

Process Evaluation of Cambodia's Social- and Rights-Based Disability Identification Mechanism

Evaluation Report
August 2024

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The evaluation report is anticipated to serve as a guiding framework for enhancing the disability identification process and improving the well-being of the most vulnerable individuals, particularly persons with disabilities, in Cambodia.

Damien Mbonitegeka, International Consultant
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Contents

ABBREVIATIONS.....	6
EXECUTIVE SUMMARY.....	7
1.INTRODUCTION.....	13
2. CONTEXT AND DESCRIPTION OF DIM.....	24
2.1. Key stakeholder involved in disability inclusion.....	24
2.2. Inclusive service delivery.....	25
2.3. Disability assessment and referral services.....	25
2.4. Policy Context.....	25
2.5. Legislative Framework.....	25
2.6. Disability identification through social-and rights-based models.....	26
2.7. Background of Disability identification Implementation Mechanisms in Cambodia.....	27
2.8. Community Engagement.....	28
2.9. Data Management.....	29
3.EVALUATION PURPOSE, OBJECTIVES, AND SCOPE.....	29
3.1. Audience for the Evaluation.....	30
3.2. Evaluation Management Team.....	31
3.3. Evaluation Framework and Questions.....	31
4.EVALUATION METHODOLOGY.....	33
4.1. Evaluation methods.....	33
4.2. Data Collection tools.....	33
4.3. Sample Size.....	33
4.4. Desk Review.....	36
4.5. Data collection.....	36
4.5.1. Key Informant Interviews (KIIs).....	36
4.5.2 Qualitative Survey Using an Online Platform.....	38
4.5.3. Focus Group Discussions (FGDs).....	38
4.5.4. Stakeholder Consultation.....	38
4.5.5. Case Studies.....	38
4.5.6. Observations.....	39
4.6. Data Processing and Analysis.....	39
4.7. Presentation of Preliminary Findings.....	40
4.8. Further Data Analysis and Presentation of Final Report.....	41
4.9. Limitations.....	41
4.9.1. Representative Sampling.....	41
4.9.2. unbiased responses.....	41
4.10. Ethical considerations.....	42
4.11. Equity, gender and human rights.....	42
5. FINDINGS.....	44
5.1. Relevance.....	44
5.1.1. Alignment with national priorities and international standards.....	45
5.1.2.DIM through a participatory approach.....	45
5.2. Effectiveness.....	46
5.2.1. Disability Identification Mechanism design.....	46
5.2.2. Effectiveness in following the steps of Identification Guidelines.....	47
5.2.3. Effectiveness in data collection Process.....	49
5.2.4. Centralized DIM database.....	50
5.2.5. Issuance of disability ID cards.....	50
5.2.6. Benefits from Disability Cards.....	51
5.3. Coherence.....	51
5.3.1. Collaboration and Coordination at central level.....	52
5.3.2. Effective implementation of DIM at the provincial, district, and commune levels.....	53
5.3.3. Synergies with social protection initiatives.....	53
5.4. Efficiency.....	54
5.4.1. Timeframe of Issuing Disability Cards.....	54
5.4.2. Monitoring and Field Support Budget	54
5.5. Sustainability.....	56

5.6. Equity, Gender Equality, and Human Rights Considerations.....	56
5.6.1. Rights-Based Approach.....	57
5.6.2. Stigma and discrimination.....	57
5.6.3. Participation of Women and Girls with Disabilities.....	58
5.7. Challenges.....	58
5.7.1. Impact of COVID-19 on Disability Identification Process.....	58
5.7.2. Human Resources Dedicated to Disability Identification Process.....	59
5.7.3. Capacity building at the province, district, and commune levels.....	59
5.7.4. Disability Card Printing Issues.....	60
5.7.5. Identification of Specific Types of Disability.....	60
5.7.6. Physical barriers.....	60
5.7.7. Informational barriers.....	61
6.CONCLUSIONS AND LESSONS LEARNED.....	62
7.RECOMMENDATIONS.....	65
8. ANNEXES.....	69

List of Tables

Table 1: Disability identification process	28
Table 2: People reached through KIIs and FGDs.....	35
Table 3: Phases of process evaluation	43

List of Figures

Figure 1: Map of Cambodia with 25 provinces	34
Figure 2: FGD with representatives of persons with disabilities and disability focal points in Preah Vihear, May 2024.	45
Figure 3: FGD with PDOSVY and district disability focal point at Preah Vihear, May 2024.	53
Figure 4: FGD with PDOSVY and district disability focal point in Ratanakiri, May 2024.....	56
Figure 5: FGDs with disability identification focal points in Teuk Chhou district, May 2024.....	59

ABBREVIATIONS

CRPD	Convention on the Rights of Persons with Disabilities
DAC	Disability Action Council
DIM	Disability Identification Mechanism
DFAT	Australian Department of Foreign Affairs and Trade
DMIS	Disability Management Information System
DRA	Disability Rights Administration
DWPD	Department of Welfare of Persons with Disabilities
EU	European Union
FGDs	focus group discussions
GS-NSPC	General Secretariat for the National Social Protection Council
KIIs	key informant interviews
M&E	monitoring and evaluation
MoH	Ministry of Health
Mol	Ministry of Interior
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NDSP	National Disability Strategic Plan
NGOs	non-governmental organizations
NSA-FP	National Social Assistance Family Package (for IDPoor households and the vulnerable)
NSPPF	National Social Protection Policy Framework
IDPoor	National Identification of Poor Households Programme
OECD	Organisation for Economic Co-operation and Development
OPDs	organizations of persons with disabilities
PDoSVY	Provincial Department of Social Affairs, Veterans and Youth Rehabilitation
RGC	Royal Government of Cambodia
RTI	Research Triangle Institute International
SDG	Sustainable Development Goal
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

EXECUTIVE SUMMARY

Context and description of the Disability Identification Mechanism

The Disability Identification Mechanism (DIM) in Cambodia serves as part of the national social protection system designed to uphold the rights of persons with disabilities and promote their inclusion in society. Its inception traces back to the adoption of the Law on the Protection and Promotion of the Rights of Persons with Disabilities in 2009, followed by Cambodia's ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in 2012. These legislative frameworks underscore Cambodia's dedication to safeguarding the rights of persons with disabilities.

To translate these commitments into action, Cambodia introduced the Guideline on Social- and Rights-Based Disability Identification in August 2020,¹ under the purview of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). This guideline established a standardized procedure for identifying persons with disabilities. Central to this process is the Disability Management Information System (DMIS), a centralized database tasked with collecting and storing disability-related data.

The MoSVY issues disability cards based on information in the DMIS used to identify individuals as persons with disabilities. Once identified and found to meet the eligibility criteria, these individuals can access various social protection benefits and services provided by the Royal Government of Cambodia (RGC) and its partners. The institutionalization of this mechanism was further solidified by the RGC Sub-decree on Identification of Disabilities by Social Model and Basic Rights adopted in July 2023.

The DIM operates through a dynamic multi-stakeholder approach, involving various government ministries, agencies and partners to ensure comprehensive implementation. MoSVY assumes a central role in coordinating and executing DIM initiatives, underscoring its commitment to disability inclusion and social protection.

Evaluation purpose, objectives and audience

The General Secretariat for the National Social Protection Council (GS-NSPC), with support from MoSVY and the United Nations Children's Fund (UNICEF) conducted a process evaluation of the DIM. The primary aim of this evaluation was to facilitate learning and improvement within the disability identification process.

The process evaluation concentrated on analysing the design and implementation of the DIM, with particular emphasis on assessing its effectiveness, efficiency and accuracy. Key objectives included evaluating the robustness of the operational framework and identifying barriers that impede the identification process.

The evaluation criteria utilized standards from the Organisation for Economic Co-operation and Development (OECD) and the Disability Action Council (DAC), which were adapted to align with the specific objectives of the process evaluation. Relevance, effectiveness, efficiency, sustainability and coherence were among the criteria considered, with a focused attention on cross-cutting themes such as equity, gender equality and human rights.

¹ Ministry of Social, Veterans and Youth Rehabilitation, 'Guideline on Social and Rights-Based Disability Identification', Phnom Penh, August 2020.

Audience for the evaluation

The primary audience and intended users of the evaluation findings comprise:

1. GS-NSPC: The GS-NSPC will utilize the findings to enhance coordination efforts and improve overall effectiveness of the identification mechanism.
2. MoSVY: Being the lead implementing ministry, MoSVY will refine its strategies and address challenges based on the evaluation results, thereby enhancing its role in disability inclusion initiatives.
3. UNICEF Cambodia: As the commissioned United Nations agency, UNICEF Cambodia will enhance its support for the DIM, including financial and technical support, as well as capacity building for disability focal points.
4. Other United Nations agencies: Sister agencies will strengthen their support for the DIM and enhance their contributions to disability inclusion initiatives in Cambodia.
5. Implementing line ministries: This includes the Ministry of Interior (Mol), the Ministry of Planning (MoP), the Ministry of Health (MoH), the Council for the Development of Cambodia, and the DAC. They will receive recommendations aimed at improving their roles in the disability identification process, fostering greater effectiveness and efficiency.

Secondary audiences include development partners and donors operating in disability inclusion and social protection sectors. They will leverage the findings to inform their strategies and investments in Cambodia and beyond, thereby contributing to broader efforts towards disability inclusion and social protection.

Evaluation methodology

The evaluation employed a mixed-methods approach, combining document review, qualitative data collection and secondary data analysis to comprehensively assess Cambodia's Social- and Rights-Based DIM. The methodology aimed to generate evidence-based recommendations for enhancing the disability identification process.

A comprehensive review of pertinent documents, including laws, guidelines, reports and protocols, provided insights into the background, objectives and implementation framework of the DIM. Key documents comprised national and international policy documents on disability rights, DIM guidelines and reports related to social protection efforts.

Secondary quantitative data, drawn from the DMIS database, underwent analysis to discern trends and patterns in DIM implementation. These data were cross-referenced with primary qualitative data to gauge the extent of the disability identification process.

Primary qualitative data were acquired through key informant interviews (KIIs), focus group discussions (FGDs), case studies and online survey questionnaires sent to Provincial Departments of Social Affairs, Veterans and Youth Rehabilitation (PDoSVYs). KIIs and FGDs delved into stakeholders' perspectives on DIM implementation and areas for improvement, while case studies provided detailed insights into specific challenges faced by individuals with disabilities. Consultations with persons with disabilities, families, caregivers and key stakeholders ensured inclusivity and captured diverse perspectives in the evaluation process. Site visits observed disability identification processes firsthand, facilitating a nuanced understanding of DIM implementation on the ground.

Semi-structured tools for KIIs and FGDs were devised, encompassing evaluation questions delineated in the evaluation matrix. Ethical data collection was ensured through an ethical review process including informed consent forms, and data collection tools were translated into Khmer for accessibility. A

strategic sampling strategy was employed to ensure comprehensive representation of key stakeholders and diverse geographical areas. Selection of 5 provinces, 5 districts and 13 communes for field visits was based on demographic characteristics and disability prevalence, guaranteeing varied perspectives.

The methodology was guided by UNICEF's Evaluation Policy, the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation, and other pertinent guidelines, ensuring rigor and adherence to ethical standards throughout the evaluation process.²

Key findings

The findings from this process evaluation are categorized according to the criteria of relevance, effectiveness, sustainability, efficiency, coherence and cross-cutting issues.

Relevance

The DIM in Cambodia is highly relevant in light of the country's growing awareness of disability rights and the obligation to address the needs of persons with disabilities. The DIM's relevance is underscored by its alignment with national and international standards, including the National Disability Strategic Plan (NDSP), the National Social Protection Policy Framework (NSPPF 2016-2025), and the CRPD guidelines and standards.

The evaluation highlighted the DIM's commendable alignment with government policies on disability inclusion, with stakeholders actively involved from the design phase onwards. A notable strength of the DIM is its collaborative approach, which engages relevant partners, including persons with disabilities and their representative organizations, at every stage. This inclusive approach not only enhances the DIM's effectiveness but also fosters a sense of ownership and empowerment among stakeholders involved in the disability identification process.

Effectiveness

The effectiveness of the DIM in Cambodia has been evident over its four years of implementation, as highlighted by findings from the process evaluation. Notably, there has been a substantial increase in the identification of persons with disabilities. From 1 January 2020 to 31 December 2022, a total of 252,808 persons with disabilities were registered in the DMIS, with 119,239 being female; by 31 December 2023, this number had increased to 321,603 persons (157,139 female); and by 31 July 2024, it had gone up to 342,756 persons (167,997 female).

The DIM has embraced inclusive practices to ensure the identification and issuance of disability cards to all persons with disabilities. There is, however, room for improvement in tailoring approaches to better accommodate the specific needs of diverse disability groups.

The evaluation team identified barriers to accessing the DIM for persons with disabilities, including inaccessible infrastructure and limited community awareness about the process. Despite these challenges, The DIM offers significant advantages by promoting inclusivity, empowering persons with disabilities and improving their access to essential services.

Furthermore, the DIM serves as a crucial platform for advocacy and awareness-raising, contributing to broader societal changes regarding disability rights and inclusion in Cambodia. This underscores the program's pivotal role in driving positive shifts in attitudes and policies towards persons with disabilities.

Coherence

² United Nations Evaluation Group, 'Ethical Guidelines for Evaluation', UNEG, New York, 2020.

The DIM in Cambodia operates within a broader framework of government social protection strategies and interventions by the RGC and development partners aimed at addressing the needs of persons with disabilities. The DIM is linked with initiatives under the National Social Security Fund (NSSF) and aligns with MoP's National Identification of Poor Households Programme (IDPoor), which targets vulnerable populations, including persons with disabilities. These specific initiatives include the Health Equity Fund, which aims to provide financial support for health services to vulnerable populations, including persons with disabilities, ensuring they have access to essential medical care; and Disability Benefits, which provides support to individuals who are unable to work due to disabilities.

Synergies between the DIM and other social protection mechanisms such as IDPoor and the National Social Assistance Family Package (NSA-FP) are essential for addressing poverty and vulnerability, including challenges related to disabilities. MoSVY coordinates the DIM through regular meetings involving relevant stakeholders at national and subnational levels, including line ministries and other partners, enhancing the DIM's effectiveness through knowledge exchange and innovative approaches.

The DIM is effectively coordinated at provincial, district and commune levels despite the absence of highly motivated staff. Members from communal councils support DIM activities, and institutional arrangements enable provinces to designate staff to support DIM processes, particularly at the commune level. District administrations coordinate DIM activities, with designated staff collaborating with commune administrations and grassroots organizations.

The process evaluation revealed that the DIM is effective for all ages, and the identification of persons with disabilities should be done equally, recognizing that disabilities can affect individuals across all age groups.

Adjustments and adaptations of assessment tools and procedures are necessary, however, to cater to the specific needs and developmental stages of different age groups, including children under 5 years old and the elderly.

Efficiency

The efficiency of the DIM has been commendable, with effective service delivery in issuing disability cards to persons with disabilities through the utilization of technology and minimized overhead costs. Concerns have arisen, however, regarding the prolonged duration from data collection to card issuance due to slow data collection processes that can take more than 3 months before issuing ID cards.

DIM implementation is closely monitored through a robust monitoring and evaluation (M&E) framework, enabling systematic tracking of progress and identification of challenges. MoSVY and development partners are actively engaged in monitoring DIM implementation through regular meetings, aiming to enhance effectiveness and responsiveness to persons with disabilities.

Interviews with PDoSVY staff highlight insufficient logistic and administrative costs for monitoring and field visits related to the disability identification process, despite high demand and support requests. Urgent prioritization of monitoring site visits and financial support from development partners, including funds for purchasing tablets and covering internet expenses, are deemed essential to address these challenges and ensure efficient DIM implementation.

Sustainability

To ensure long-term sustainability in the disability identification process, it is essential to provide comprehensive training for focal points on disability inclusion and assessment methods, establish robust monitoring mechanisms to identify gaps in the process and enhance collaboration among stakeholders, including government entities and international organizations.

In addition, the DIM received financial support from the RGC totaling approximately USD 65,000 in 2022 and USD 62,500 in 2023. This budget was allocated for internet payments for system processing, missions to targeted provinces, and printing disability cards. These funds, however, were insufficient to cover all DIM functions. Throughout its implementation, the DIM also received additional financial support from UNICEF to complement the government funds. Concerns about the adequacy and consistency of funding for the DIM were noted by the evaluation team, highlighting the need to diversify funding sources to ensure the DIM's continuity.

Strategic planning is necessary to optimize resource utilization and secure ongoing government support for disability inclusion initiatives. Additionally, exploring partnerships with international organizations, development partners, civil society and the private sector can enhance sustainability by leveraging additional resources and expertise. These collaborations not only supplement financial support but also strengthen DIM implementation and outcomes. Proposals to diversify funding sources and forge strategic partnerships aim to reduce dependence on a single funding stream, enhancing financial sustainability for DIM in the long term.

Cross-cutting dimensions

The DIM employs a rights-based approach,³ emphasizing human rights principles like privacy maintenance within the system, though challenges exist regarding confidentiality due to the lack of private spaces in some communes. Although there were no reports of stigma or discrimination from persons with disabilities and identification focal points, ongoing awareness campaigns and advocacy efforts are still crucial to reducing stigma and promoting acceptance as such issues often go unreported.

The process evaluation highlights specific challenges women with disabilities face due to physical obstacles and limited awareness of the identification process. Special attention is directed towards women with disabilities in rural areas who face travel challenges due to physical disabilities.

Identification of different age groups, particularly children and the elderly, generally faces no hindrances. Concerns arise, however, for children under 5 years old, indicating the need for specific identification tools including guidelines to ask questions specifically related to that age group. Barriers like age-related health conditions and mobility limitations affect timely identification and card issuance for the elderly. It is thus essential to implement regular health assessments for elderly individuals to proactively identify changes in health conditions that may affect their eligibility or need for specific services. Furthermore, fostering collaboration with health care providers will facilitate timely updates on the health status of elderly individuals, helping to inform their eligibility for services or benefits.

Lessons learned

The lessons learned from the process evaluation highlight the importance of community engagement as a key factor in the success of the disability identification process. Active involvement of organizations of persons with disabilities (OPDs), village chiefs and communal councils proved instrumental, leveraging existing community structures to improve the process and reduce costs.

Furthermore, strong partnerships and collaboration with government entities at various levels, alongside OPDs, were deemed crucial. These collaborations enabled the pooling of resources and expertise, ensuring long-term impact and sustainability.

³ United Nations Evaluation Group, *Integrating Human Rights and Gender Equality in Evaluations*, UNEG, New York, August 2014.

Regular coordination meetings at national level among line ministries, United Nations agencies and development partners were identified as pivotal for effective implementation. These meetings facilitated communication, shared updates, addressed challenges and coordinated efforts, thereby enhancing the efficiency of the disability identification process.

Recommendations

The recommendations provided stem from extensive discussions and interviews, conducted across various provinces, ensuring a comprehensive understanding of the disability identification process.

1. **Capacity building and empowerment of OPDs:** Seek to empower OPDs through capacity-building initiatives and involving village chiefs in training sessions to improve information dissemination.
2. **Capacity building for disability identification focal points:** Invest in capacity-building initiatives for disability focal points at the commune level, emphasizing technical and sensitivity training and highlighting the importance of empowered focal points.
3. **Diversification of funding sources:** Explore opportunities to diversify funding sources, advocating for support from various partners.
4. **Continuous monitoring of the DIM and field support:** Develop and implement robust monitoring and field support, as well as budget allocation and capacity building strategies.
5. **Enhanced communication and coordination:** Improve communication channels and coordination mechanisms among stakeholders.
6. **Enhanced integration of database systems:** Integrate the DIM database with existing systems (and those under development) to foster data sharing and interoperability, particularly the digital platform for social protection.
7. **Accelerated disability card issuance and improved registration efficiency:** Establish an implementation plan to expedite the printing and distribution of disability cards.

សេចក្តីសង្ខេប

ទស្សនៈ និងការពណ៌នាអំពីយន្តការអត្តសញ្ញាណកម្មពិការភាព (DIM)

យន្តការ អត្តសញ្ញាណកម្មពិការភាព (DIM) នៅក្នុងប្រទេសកម្ពុជា បានបំពេញមុខងារជាផ្នែកមួយនៃប្រព័ន្ធគាំពារសង្គម ដែលបានបង្កើតឡើងដើម្បីគាំទ្រសិទ្ធិជនមានពិការភាព និងលើកកម្ពស់បរិយាប័ន្នរបស់ពួកគេនៅក្នុងសង្គម។ ការបង្កើតឡើងនៃយន្តការនេះ គឺដើម្បីពិនិត្យមើលឡើងវិញអំពីការអនុម័តច្បាប់ស្តីពីកិច្ចការពារ និងលើកកម្ពស់សិទ្ធិជនមានពិការភាពក្នុងឆ្នាំ២០០៩ និងការផ្តល់សច្ចាប័នលើអនុសញ្ញាស្តីពីសិទ្ធិជនមានពិការភាព (CRPD) នៅក្នុងឆ្នាំ២០១២។ ក្របខណ្ឌនីតិប្បញ្ញត្តិទាំងនេះបានគូសបញ្ជាក់អំពីការប្តេជ្ញាចិត្តរបស់ប្រទេសកម្ពុជាដើម្បីការពារសិទ្ធិជនមានពិការភាព។

ដើម្បីធ្វើឱ្យការប្តេជ្ញាចិត្តទាំងនេះ ប្រែក្លាយទៅជាសកម្មភាព ប្រទេសកម្ពុជាបានដាក់ចេញនូវគោលការណ៍ណែនាំស្តីពីការកំណត់អត្តសញ្ញាណកម្មពិការភាព តាមគំរូសង្គម និងសិទ្ធិជាមូលដ្ឋាន នៅក្នុងខែសីហា ឆ្នាំ២០២០ ក្រោមការដឹកនាំរបស់ក្រសួងសង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទា (MoSVY)។ គោលការណ៍ណែនាំនេះ បានបង្កើតនូវនីតិវិធីស្តង់ដារសម្រាប់កំណត់អត្តសញ្ញាណកម្មពិការភាព។ ចំណុចសំខាន់ចំពោះដំណើរការនេះ គឺប្រព័ន្ធបច្ចេកវិទ្យាព័ត៌មានសម្រាប់ការគ្រប់គ្រងពិការភាព (DMIS) ដែលជាមជ្ឈមណ្ឌលផ្ទុកទិន្នន័យ និងមានតួនាទីប្រមូល និងរក្សាទុកនូវទិន្នន័យទាក់ទងនឹងពិការភាព។

ក្រសួងសង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទា បានចេញបណ្ណសម្គាល់ជនមានពិការភាពដោយផ្អែកលើព័ត៌មាននៅក្នុងប្រព័ន្ធបច្ចេកវិទ្យាព័ត៌មានសម្រាប់ការគ្រប់គ្រងពិការភាពដើម្បីកំណត់អត្តសញ្ញាណកម្មបុគ្គលដែលជាជនមានពិការភាព។ នៅពេលកំណត់អត្តសញ្ញាណកម្មបានហើយ ប្រសិនបើពួកគេបានបំពេញគ្រប់លក្ខខណ្ឌបានកំណត់ នោះពួកគេនឹងអាចទទួលបានអត្ថប្រយោជន៍ និងសេវាគាំពារសង្គមផ្សេងៗដែលផ្តល់ដោយរាជរដ្ឋាភិបាលកម្ពុជា និងដៃគូអភិវឌ្ឍន៍។ ការរៀបចំបង្កើតយន្តការនេះ ត្រូវបានពង្រឹងបន្ថែមដោយអនុក្រឹត្យរបស់រាជរដ្ឋាភិបាលកម្ពុជាស្តីអំពី អត្តសញ្ញាណកម្មពិការភាពតាមគំរូសង្គម និងសិទ្ធិជាមូលដ្ឋាន ដែលត្រូវបានដាក់ចេញនៅក្នុងខែកក្កដា ឆ្នាំ២០២៣។

យន្តការអត្តសញ្ញាណកម្មពិការភាព បានដាក់ឱ្យអនុវត្តដោយមានការចូលរួមពីដៃគូពហុភាគី រួមមានពីក្រសួងស្ថាប័នរបស់រាជរដ្ឋាភិបាល ភ្នាក់ងារ និងដៃគូអភិវឌ្ឍន៍ជាច្រើនដើម្បីធានាបាននូវការអនុវត្តយ៉ាងទូលំទូលាយ។ ក្រសួងសង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទា មានតួនាទីយ៉ាងសំខាន់ក្នុងការសម្របសម្រួល និងអនុវត្តនៅក្នុងការផ្តើមបង្កើតប្រព័ន្ធបច្ចេកវិទ្យាព័ត៌មានសម្រាប់ការគ្រប់គ្រងពិការភាពដោយគូសបញ្ជាក់ពីការប្តេជ្ញាចិត្តរបស់ខ្លួនចំពោះបរិយាបន្នពិការភាព និងកិច្ចគាំពារសង្គម។

គោលបំណង កម្មវត្ថុ និងអ្នកអានលទ្ធផលនៃការវាយតម្លៃ

អគ្គលេខាធិការដ្ឋានក្រុមប្រឹក្សាជាតិគាំពារសង្គម (GS-NSPC) ដោយមានការគាំទ្រពីក្រសួងសង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទា និងអង្គការយូនីសេហ្វ (UNICEF) បានធ្វើការវាយតម្លៃដំណើរការ យន្តការអត្តសញ្ញាណកម្មពិការភាពនេះ។ គោលបំណងចម្បងនៃការវាយតម្លៃនេះ គឺជួយសម្រួលដល់ការរៀនសូត្រ និងការកែលម្អនៅក្នុងដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការភាព។ ដំណើរការនៃការវាយតម្លៃនេះបានផ្តោតសំខាន់ទៅលើការវិភាគទម្រង់ និងការអនុវត្តយន្តការ (DIM) ដោយសង្កត់ធ្ងន់ជាពិសេសលើការវាយតម្លៃប្រសិទ្ធភាព ប្រសិទ្ធផល និងភាពជាក់លាក់របស់វា។ កម្មវត្ថុសំខាន់ៗរួមមានការវាយតម្លៃភាពងាយស្រួលនៃក្របខណ្ឌប្រតិបត្តិការ និងការកំណត់ឧបសគ្គដែលរារាំងនៅក្នុងដំណើរការកំណត់អត្តសញ្ញាណកម្ម។

លក្ខណៈវិនិច្ឆ័យនៅក្នុងការវាយតម្លៃនេះ បានប្រើប្រាស់តាមស្តង់ដាររបស់ OECD/DAC ដែលបានកែសម្រួលឱ្យស្របតាមកម្មវត្ថុជាក់លាក់នៃដំណើរការវាយតម្លៃនេះ។ ភាពពាក់ព័ន្ធ ប្រសិទ្ធភាព ប្រសិទ្ធផល និរន្តរភាព និងភាពស៊ីសង្វាក់គ្នា គឺសទ្ធសឹងតែជាលក្ខខណ្ឌដែលត្រូវបានពិចារណាដោយផ្ដោតការយកចិត្តទុកដាក់ទៅលើការឆ្លុះបញ្ចាំងអំពីប្រធានបទពាក់ព័ន្ធជាច្រើនដូចជា សមធម៌ សមភាពយេនឌ័រ និងសិទ្ធិមនុស្សជាដើម។

ក្រុមអ្នកអាន និងប្រើប្រាស់លទ្ធផលនៃការវាយតម្លៃ

អ្នកអាន និងអ្នកប្រើប្រាស់ចម្បងសម្រាប់លទ្ធផលនៃការវាយតម្លៃ រួមមាន៖

1. អគ្គលេខាធិការដ្ឋានក្រុមប្រឹក្សាជាតិគាំពារសង្គម (GS-NSPC) ៖ អគ្គលេខាធិការដ្ឋានក្រុមប្រឹក្សាជាតិគាំពារសង្គមនឹងប្រើប្រាស់លទ្ធផលនេះដើម្បីបង្កើនកិច្ចខិតខំប្រឹងប្រែងសម្របសម្រួល និងបង្កើនប្រសិទ្ធភាពរួមឱ្យកាន់តែល្អប្រសើរ។
2. ក្រសួងសង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទា (MoSVY) ៖ គឺជាក្រសួងដឹកនាំការអនុវត្ត ហើយក្រសួងសង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទានឹងកែលម្អយុទ្ធសាស្ត្រនានា និងដោះស្រាយរាល់បញ្ហាប្រឈមដោយផ្អែកលើលទ្ធផលនៃការវាយតម្លៃនេះ ដើម្បីពង្រឹងតួនាទីរបស់ខ្លួននៅក្នុងការផ្តួចផ្តើមឱ្យមានបរិយាបន្នពិការភាព។
3. អង្គការយូនីសេហ្វកម្ពុជា (UNICEF Cambodia) គឺជាតំណាងភ្នាក់ងារអង្គការសហប្រជាជាតិ ដែលនឹងពង្រឹងការគាំទ្ររបស់ខ្លួនចំពោះដំណើរការក្នុងការកំណត់អត្តសញ្ញាណពិការភាព រាប់បញ្ចូលទាំងការគាំទ្រផ្នែកហិរញ្ញវត្ថុ និងបច្ចេកទេស ក៏ដូចជាការកសាងសមត្ថភាពដល់មន្ត្រីបង្គោលដែលមានពិការភាពផងដែរ។
4. ភ្នាក់ងារអង្គការសហប្រជាជាតិផ្សេងទៀត នឹងពង្រឹងការគាំទ្ររបស់ពួកគេចំពោះដំណើរការកំណត់អត្តសញ្ញាណពិការភាព និងពង្រឹងការរួមចំណែករបស់ពួកគេចំពោះការផ្តួចផ្តើមឱ្យមានបរិយាបន្នពិការភាពនៅក្នុងប្រទេសកម្ពុជា។
5. ក្រសួងពាក់ព័ន្ធក្នុងការអនុវត្ត៖ រួមមានក្រសួងមហាផ្ទៃ ក្រសួងផែនការ ក្រសួងសុខាភិបាល ក្រុមប្រឹក្សាអភិវឌ្ឍន៍កម្ពុជា និងក្រុមប្រឹក្សាសកម្មភាពជនពិការ។ ក្រសួង ស្ថាប័នពាក់ព័ន្ធ

ទាំងអស់នឹងទទួលបានអនុសាសន៍ក្នុងគោលបំណងធ្វើឱ្យប្រសើរឡើងនូវតួនាទីរបស់ពួកគេ នៅក្នុងដំណើរការកំណត់អត្តសញ្ញាណពិការភាព និងជំរុញឱ្យដំណើរការនេះទទួលបាននូវ ប្រសិទ្ធភាព និងប្រសិទ្ធផលខ្ពស់។

ក្រុមអ្នកអាន និងអ្នកប្រើប្រាស់ផ្សេងទៀត សម្រាប់រួមមានដៃគូអភិវឌ្ឍន៍ និងម្ចាស់ជំនួយដែលធ្វើ ការក្នុងវិស័យបរិយាបន្នពិការភាព និងកិច្ចគាំពារសង្គម។ ពួកគេនឹងប្រើប្រាស់លទ្ធផលនៃការវាយតម្លៃនេះ ដើម្បីជាព័ត៌មានសម្រាប់ការរៀបចំយុទ្ធសាស្ត្រ និងការវិនិយោគរបស់ពួកគេនៅក្នុងប្រទេសកម្ពុជា ព្រម ទាំងការរួមចំណែកដល់កិច្ចខិតខំប្រឹងប្រែងឆ្ពោះទៅរកការបង្កើតឱ្យមានបរិយាបន្នពិការភាព និងកិច្ចគាំពារ សង្គមកាន់តែទូលំទូលាយ។

វិធីសាស្ត្រក្នុងការវាយតម្លៃ

ការវាយតម្លៃនេះ បានប្រើប្រាស់វិធីសាស្ត្រចម្រុះ ដែលរួមបញ្ចូលទាំងការពិនិត្យឡើងវិញនូវឯកសារ ដែលមានស្រាប់ ការប្រមូលទិន្នន័យតាមបែបគុណភាព និងការវិភាគទិន្នន័យដែលមានស្រាប់ដើម្បីវាយ តម្លៃឱ្យបានទូលំទូលាយទៅលើយន្តការ អត្តសញ្ញាណកម្មពិការភាពនៅក្នុងប្រទេសកម្ពុជាដោយផ្អែកតាម គំរូសង្គម និងសិទ្ធិជាមូលដ្ឋាន។ វិធីសាស្ត្រនេះមានគោលបំណងបង្កើតនូវអនុសាសន៍រួមដោយផ្អែកលើក ស្តុតាងជាមូលដ្ឋានសម្រាប់ការពង្រឹងដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការភាព។

ការពិនិត្យឡើងវិញឱ្យបានទូលំទូលាយនូវឯកសារពាក់ព័ន្ធរាប់បញ្ចូលទាំងឯកសារពាក់ព័ន្ធនឹងច្បាប់ គោល ការណ៍ណែនាំ របាយការណ៍ និងពិធីសារផ្សេងៗដែលបានផ្តល់ការយល់ដឹងកាន់តែស៊ីជម្រៅទៅលើប្រវត្តិ កម្មវត្ថុ និងការអនុវត្តក្របខណ្ឌនៃយន្តការកំណត់អត្តសញ្ញាណពិការភាព។ ឯកសារសំខាន់ៗរួមមានគោល នយោបាយជាតិ និងអន្តរជាតិស្តីអំពីសិទ្ធិជនមានពិការភាព គោលការណ៍ណែនាំអំពីយន្តការកំណត់អត្ត សញ្ញាណកម្មពិការភាព និងរបាយការណ៍ទាក់ទងទៅនឹងកិច្ចខិតខំប្រឹងប្រែងនៅក្នុងកិច្ចគាំពារសង្គម។

ទិន្នន័យបែបបរិមាណបន្ទាប់បន្សំ ត្រូវបានដកចេញពីប្រព័ន្ធបច្ចេកវិទ្យាព័ត៌មានសម្រាប់ការគ្រប់គ្រងពិការ ភាព (DMIS) ព្រមទាំងបានធ្វើការវិភាគដើម្បីស្វែងយល់អំពីនិន្នាការ និងគំរូនៅក្នុងការអនុវត្តយន្តការ កំណត់អត្តសញ្ញាណកម្មពិការភាព។ ទិន្នន័យនេះត្រូវបានប្រើប្រាស់ដោយផ្អែកតាមទិន្នន័យបឋមដែល ប្រមូលបានតាមបែបគុណភាព ដើម្បីវាស់វែងអំពីវិសាលភាពនៃដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការ ភាព។

ការប្រមូលទិន្នន័យបឋមតាមបែបគុណវិស័យ ត្រូវបានធ្វើឡើងតាមរយៈការសម្ភាសជនបង្គោល (KIIs) ការពិភាក្សាក្រុម (FGDs) ករណីសិក្សា និងការបំពេញការស្ទង់មតិតាមអនឡាញជាមួយមន្ទីរ សង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទារាជធានី ខេត្ត (PDoSVY)។ ការសម្ភាសជនបង្គោល និងការ ពិភាក្សាក្រុម បានដឹកកាយទស្សនៈរបស់អ្នកពាក់ព័ន្ធលើការអនុវត្តយន្តការកំណត់អត្តសញ្ញាណកម្ម ពិការភាព និងចំណុចដែលត្រូវកែលម្អឱ្យកាន់តែមានភាពល្អប្រសើរឡើង ខណៈពេលដែលករណីសិក្សា បានផ្តល់នូវទិដ្ឋភាពស៊ីជម្រៅទៅលើបញ្ហាប្រឈមជាក់លាក់ដែលបុគ្គលមានពិការភាពបានជួបប្រទះ។

ការពិគ្រោះយោបល់ជាមួយជនមានពិការភាព គ្រួសារ អ្នកថែទាំ និងអ្នកពាក់ព័ន្ធសំខាន់ៗធានាបាននូវការ

រួមបញ្ចូល និងការឆ្លុះបញ្ចាំងពីទស្សនៈខុសៗគ្នានៅក្នុងដំណើរការវាយតម្លៃនេះ។ ការចុះសង្កេតដំណើរការកំណត់អត្តសញ្ញាណពិការភាពនៅទីតាំងដោយផ្ទាល់បានជួយសម្រួលដល់ការយល់ដឹងកាន់តែច្បាស់ទៅលើការអនុវត្តយន្តការ អត្តសញ្ញាណកម្មពិការភាពនៅថ្នាក់មូលដ្ឋាន។

កម្រងសំណួរពាក់កណ្តាលបើក-បិទ សម្រាប់ការសម្ភាសជនបង្គោល និងការពិភាក្សាក្រុមត្រូវបានរៀបចំឡើងដោយរួមបញ្ចូលទាំងសំណួរវាយតម្លៃដែលបានរៀបរាប់នៅក្នុងតារាងវាយតម្លៃ។ ក្រមសីលធម៌នៅក្នុងការប្រមូលទិន្នន័យត្រូវបានធានាតាមរយៈដំណើរការត្រួតពិនិត្យក្រមសីលធម៌ដែលមានទម្រង់លិខិតសុំការយល់ព្រមជាមុន និងកម្រងសំណួរសម្រាប់ប្រមូលទិន្នន័យដែលបានបកប្រែជាភាសាខ្មែរដើម្បីឱ្យមានភាពងាយស្រួលក្នុងការអាន។ វិធីសាស្ត្រនៅក្នុងការជ្រើសរើសសំណាក ត្រូវបានប្រើប្រាស់ដើម្បីធានានូវការជ្រើសរើសតំណាងជនបង្គោលពាក់ព័ន្ធសំខាន់ៗឱ្យបានទូលំទូលាយ និងឱ្យបានគ្រប់គ្រាន់ភូមិសាស្ត្រខុសៗគ្នា។ ខេត្តចំនួន៥ ស្រុកចំនួន៥ និងឃុំចំនួន១៣ ត្រូវបានជ្រើសរើសសម្រាប់ការប្រមូលទិន្នន័យនេះដោយផ្អែកលើលក្ខណៈប្រជាសាស្ត្រ និងអត្រាសមាមាត្រនៃជនមានពិការភាព ដើម្បីធានាបាននូវការប្រមូលផ្តុំទស្សនៈខុសៗគ្នា។

វិធីសាស្ត្រនេះ ត្រូវបានណែនាំទៅតាមគោលការណ៍វាយតម្លៃរបស់អង្គការយូនីសេហ្វ និងស្តង់ដារសម្រាប់ការវាយតម្លៃ និងគោលការណ៍ណែនាំពាក់ព័ន្ធផ្សេងៗទៀត របស់ក្រុមការងារវាយតម្លៃរបស់អង្គការសហប្រជាជាតិ ដើម្បីធានាបាននូវភាពប្រាកដប្រជា និងការប្រកាន់ខ្ជាប់នូវស្តង់ដារក្រមសីលធម៌នៅក្នុងដំណើរការនៃការវាយតម្លៃនេះ។²

លទ្ធផលសំខាន់ៗ

លទ្ធផលដែលទទួលបានពីដំណើរវាយតម្លៃនេះ ត្រូវបានបែងចែកទៅតាមលក្ខណៈវិនិច្ឆ័យនៃភាពពាក់ព័ន្ធ ប្រសិទ្ធភាព និរន្តរភាព សក្តិសិទ្ធិភាព ភាពស៊ីសង្វាក់គ្នា និងបញ្ហាអន្តរវិស័យ។

ភាពពាក់ព័ន្ធ

យន្តការអត្តសញ្ញាណកម្មពិការភាព (DIM) នៅក្នុងប្រទេសកម្ពុជាមានភាពពាក់ព័ន្ធយ៉ាងខ្លាំងនៅក្នុងការបង្កើនចំណេះដឹងនៅក្នុងប្រទេសកម្ពុជាអំពីសិទ្ធិជនមានពិការភាព និងតម្រូវការក្នុងការដោះស្រាយបញ្ហារបស់ជនមានពិការភាព។ ភាពពាក់ព័ន្ធរបស់យន្តការអត្តសញ្ញាណកម្មពិការភាព ត្រូវបានគូសបញ្ជាក់ដោយការអនុលោមទៅតាមស្តង់ដារជាតិ និងអន្តរជាតិ រួមទាំងផែនការយុទ្ធសាស្ត្រថ្នាក់ជាតិស្តីពីពិការភាព (NDSP) ក្របខណ្ឌគោលនយោបាយជាតិគាំពារសង្គម (NSPPF) និងគោលការណ៍ណែនាំ ព្រមទាំងស្តង់ដារនៃអនុសញ្ញាស្តីពីសិទ្ធិជនមានពិការភាព (CRPD)។ ការវាយតម្លៃនេះ បានគូសបញ្ជាក់អំពីភាពស្របគ្នានៃយន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព ជាមួយនឹងគោលនយោបាយរបស់រដ្ឋាភិបាលស្តីពីបរិយាបន្នពិការភាព ដោយមានការចូលរួមយ៉ាងសកម្មពីភាគីពាក់ព័ន្ធចាប់តាំងពីដំណាក់កាលដំបូងក្នុងការរៀបចំយន្តការនេះឡើង។ ចំណុចខ្លាំងដែលគួរឱ្យកត់សម្គាល់នៃយន្តការអត្តសញ្ញាណកម្មពិការភាព (DIM) គឺវិធីសាស្ត្រនៅក្នុងកិច្ចសហប្រតិបត្តិការរបស់ខ្លួន ដែលបានរួមបញ្ចូលដៃគូពាក់ព័ន្ធ ព្រមទាំងជន

មានពិការភាព និងអង្គការតំណាងរបស់ពួកគេនៅគ្រប់ដំណាក់កាលទាំងអស់។ វិធីសាស្ត្ររួមបញ្ចូលនេះ មិនត្រឹមតែបង្កើនប្រសិទ្ធភាពរបស់យន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព (DIM) ប៉ុណ្ណោះទេ ប៉ុន្តែ ថែមទាំងជំរុញឱ្យមានការយល់ដឹងអំពីភាពជាម្ចាស់ និងការផ្តល់សិទ្ធិអំណាចក្នុងចំណោមភាគីពាក់ព័ន្ធ ដែលចូលរួមក្នុងដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការភាពផងដែរ។

ប្រសិទ្ធភាព

ប្រសិទ្ធភាពនៃដំណើរការអត្តសញ្ញាណកម្មពិការភាព (DIM) នៅក្នុងប្រទេសកម្ពុជាត្រូវបាន បង្ហាញឱ្យឃើញក្នុងរយៈពេលបួនឆ្នាំនៃការអនុវត្តរបស់ខ្លួន ដូចដែលបានគូសបញ្ជាក់ដោយលទ្ធផលដែល បានរកឃើញចេញពីដំណើរការនៃការវាយតម្លៃនេះ។ គួរឱ្យកត់សម្គាល់ផងដែរថា មានការកើនឡើងយ៉ាង ខ្លាំងក្នុងការចេញបណ្ណសម្គាល់ជនមានពិការភាព ដែលផ្តល់អត្ថប្រយោជន៍ដល់ជនមានពិការភាព ជាង ២៥០,០០០ នាក់។ ព័ត៌មានលម្អិតមានដូចតទៅ៖ ជនមានពិការភាពដែលបានចុះឈ្មោះនៅក្នុងប្រព័ន្ធ បច្ចេកវិទ្យាព័ត៌មានសម្រាប់ការគ្រប់គ្រងពិការភាព (DMIS) ចាប់ពីថ្ងៃទី០១ ខែមករា ឆ្នាំ២០២០ ដល់ ថ្ងៃ ទី៣១ ខែធ្នូ ឆ្នាំ២០២២ មានចំនួនសរុប ២៥២,៨០៨ នាក់ ក្នុងនោះជនមានពិការភាពជាស្ត្រីមានចំនួន ១១៩,២៣៩ នាក់។ ចាប់ពីថ្ងៃទី០១ ខែមករា ឆ្នាំ២០២០ ដល់ ថ្ងៃទី៣១ ខែធ្នូ ឆ្នាំ២០២៣ ជនមានពិការ ភាពដែលបានចុះឈ្មោះមានចំនួនសរុប ៣២១,៦០៣ នាក់ ក្នុងនោះជនមានពិការភាពជាស្ត្រីមានចំនួន ១៥៧,១៣៩ នាក់។ ចាប់ពីថ្ងៃទី០១ ខែមករា ឆ្នាំ២០២០ ដល់ ថ្ងៃទី៣១ ខែកក្កដា ឆ្នាំ២០២៤ ជនមាន ពិការភាពដែលបានចុះឈ្មោះមានចំនួនសរុប ៣៤២,៧៥៦ នាក់ ក្នុងនោះជនមានពិការភាពជាស្ត្រីមាន ចំនួន ១៦៧,៩៩៧ នាក់។

យន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព (DIM) បានអនុវត្តប្រកបដោយបរិយាបន្ន ដើម្បីធានា ដល់ការកំណត់អត្តសញ្ញាណ និងការចេញបណ្ណសម្គាល់ជនមានពិការភាពជូនដល់ជនដែលមានពិការ ភាពទាំងអស់។ ទោះបីជាយ៉ាងណាក៏ដោយ ក៏នៅតែមានចន្លោះដែលត្រូវកែលម្អឱ្យបានប្រសើរឡើងដើម្បី បំពេញតម្រូវការជាក់លាក់របស់ក្រុមជនមានពិការភាពដែលមានកម្រិតខុសៗគ្នា។ ក្រុមការងារវាយតម្លៃ បានកំណត់អំពីឧបសគ្គចំពោះការប្រើប្រាស់យន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាពសម្រាប់ជនមាន ពិការភាព រួមទាំងរចនាសម្ព័ន្ធនៅក្នុងការចូលប្រើប្រាស់យន្តការនេះ និងការយល់ដឹងរបស់សហគមន៍ ចំពោះដំណើរការកំណត់អត្តសញ្ញាណកម្មនេះនៅមានកម្រិតនៅឡើយ។ ក្រៅពីបញ្ហាប្រឈមទាំងនេះ យន្ត ការកំណត់អត្តសញ្ញាណកម្មពិការភាពបានផ្តល់អត្ថប្រយោជន៍គួរឱ្យកត់សម្គាល់ តាមរយៈការលើកកម្ពស់ បរិយាបន្ន ការផ្តល់សិទ្ធិអំណាចដល់ជនមានពិការភាព និងការធ្វើឱ្យប្រសើរឡើងនូវលទ្ធភាពក្នុងការប្រើ ប្រាស់សេវាកម្មសំខាន់ៗរបស់ពួកគេ។

លើសពីនេះទៀត យន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព (DIM) ដើរតួជាទម្រង់ដ៏សំខាន់ មួយសម្រាប់ការតស៊ូមតិ និងការបង្កើនចំណេះដឹងដែលរួមចំណែកដល់ការផ្លាស់ប្តូរសង្គមចំពោះសិទ្ធិជន មានពិការភាព និងបរិយាបន្ននៅក្នុងប្រទេសកម្ពុជាឱ្យកាន់តែមានភាពទូលំទូលាយ។ នេះគឺជាការគូស

បញ្ជាក់អំពីតួនាទីសំខាន់នៃកម្មវិធីនេះក្នុងការជំរុញឱ្យមានការផ្លាស់ប្តូរជាវិជ្ជមានទៅលើឥរិយាបថ និង គោលនយោបាយសម្រាប់ជនមានពិការភាព។

ភាពស៊ីសង្វាក់គ្នា

ដំណើរការកំណត់អត្តសញ្ញាណពិការភាព នៅប្រទេសកម្ពុជាធ្វើឡើងក្រោមក្របខណ្ឌដ៏ទូលំ ទូលាយនៃយុទ្ធសាស្ត្រកិច្ចគាំពារសង្គម និងកិច្ចអន្តរាគមន៍ដោយរាជរដ្ឋាភិបាលកម្ពុជា និងដៃគូអភិវឌ្ឍន៍ ក្នុងគោលបំណងដោះស្រាយបញ្ហាតម្រូវការរបស់ជនមានពិការភាព។ យន្តការកំណត់អត្តសញ្ញាណពិការ ភាពត្រូវបានផ្សារភ្ជាប់ជាមួយនឹងការផ្តួចផ្តើមគំនិតនៃបេឡាជាតិរបបសន្តិសុខសង្គម (ប.ស.ស) និងស្រប តាមកម្មវិធីអត្តសញ្ញាណគ្រួសារក្រីក្ររបស់ក្រសួងផែនការ ដែលផ្តោតលើប្រជាជនងាយរងគ្រោះ រួមទាំង ជនមានពិការភាពផងដែរ។ គំនិតផ្តួចផ្តើមជាក់លាក់ទាំងនេះរួមមាន មូលនិធិសមធម៌សុខភាព (HEF) ដែលមានបំណងផ្តល់ការគាំទ្រផ្នែកហិរញ្ញវត្ថុសម្រាប់សេវាសុខភាពដល់ប្រជាជនដែលងាយរងគ្រោះ រួម ទាំងជនមានពិការភាព ដោយធានាថាពួកគេមានលទ្ធភាពទទួលបានការថែទាំវេជ្ជសាស្ត្រសំខាន់ៗ និងអត្ថ ប្រយោជន៍សម្រាប់ជនមានពិការភាព ដែលផ្តល់ការគាំទ្រដល់បុគ្គលដែលមិនអាចធ្វើការងារបាន ដោយសារពិការភាព។

ការរួមបញ្ចូលគ្នារវាងយន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព (DIM) និងកិច្ចគាំពារសង្គម ផ្សេងទៀតដូចជាកម្មវិធីអត្តសញ្ញាណគ្រួសារក្រីក្រ និងកម្មវិធីជាតិជំនួយសង្គមក្នុងកញ្ចប់គ្រួសារ (NSA- FP) ដែលចាំបាច់សម្រាប់ការដោះស្រាយបញ្ហាភាពក្រីក្រ និងភាពងាយរងគ្រោះ រួមទាំងបញ្ហាប្រឈម នានាទាក់ទងនឹងពិការភាព។ ក្រសួងសង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទា (MoSVY) មានតួនាទី សម្របសម្រួលយន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាពតាមរយៈកិច្ចប្រជុំទៀងទាត់ដែលមានការចូល រួមពីភាគីពាក់ព័ន្ធនៅថ្នាក់ជាតិ និងថ្នាក់ក្រោមជាតិ រួមទាំងក្រសួងពាក់ព័ន្ធ និងដៃគូពាក់ព័ន្ធផ្សេងៗទៀត ដើម្បីបង្កើនប្រសិទ្ធភាពនៃយន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាពតាមរយៈការផ្លាស់ប្តូរចំណេះដឹង និង វិធីសាស្ត្រប្រកបដោយភាពច្នៃប្រឌិត។

យន្តការអត្តសញ្ញាណកម្មពិការភាព ត្រូវបានសម្របសម្រួលប្រកបដោយប្រសិទ្ធភាពនៅថ្នាក់ខេត្ត ស្រុក និងឃុំ បើទោះបីជាមិនមាន បុគ្គលិកដែលមានការជំរុញទឹកចិត្តខ្ពស់ក៏ដោយ។ សមាជិកមកពីក្រុម ប្រឹក្សាឃុំគាំទ្រសកម្មភាពនៃយន្តការអត្តសញ្ញាណកម្មពិការភាព និងការរៀបចំជាលក្ខណៈស្ថាប័នដែល អាចឱ្យថ្នាក់រាជធានីខេត្តចាត់តាំងមន្ត្រីទទួលបន្ទុកដើម្បីគាំទ្រដល់ដំណើរការអត្តសញ្ញាណកម្មពិការភាព ជាពិសេសនៅថ្នាក់ឃុំសង្កាត់។ រដ្ឋបាលថ្នាក់ស្រុកសម្របសម្រួលសកម្មភាពនៃយន្តការអត្តសញ្ញាណកម្ម ពិការភាព ដោយចាត់តាំងមន្ត្រីទទួលបន្ទុកឱ្យសហការជាមួយរដ្ឋបាលឃុំសង្កាត់ និង អង្គការមិនមែនរដ្ឋាភិបាលនានានៅថ្នាក់មូលដ្ឋាន។

ដំណើរការនៃការវាយតម្លៃនេះបានបង្ហាញថា យន្តការអត្តសញ្ញាណកម្មពិការភាពមានប្រសិទ្ធភាព សម្រាប់មនុស្សគ្រប់វ័យ ហើយការអត្តសញ្ញាណកម្មជនមានពិការភាពគួរតែត្រូវបានធ្វើស្មើគ្នា ដោយ ទទួលស្គាល់ថាពិការភាពអាចជះឥទ្ធិពលទៅលើបុគ្គលគ្រប់ក្រុមអាយុទាំងអស់។

ទោះជាយ៉ាងណាក៏ដោយ ការកែតម្រូវ និងការកែសម្រួល ឧបករណ៍ និងនីតិវិធីក្នុងការវាយតម្លៃ គឺ មានសារៈសំខាន់ក្នុងការបំពេញតម្រូវការជាក់លាក់ និងដំណាក់កាលអភិវឌ្ឍន៍នៃក្រុមអាយុផ្សេងៗគ្នា រួម ទាំងកុមារអាយុក្រោម ៥ឆ្នាំ និងមនុស្សចាស់ផងដែរ។

សក្តិសិទ្ធិភាព

សក្តិសិទ្ធិភាព នៃដំណើរការ អត្តសញ្ញាណកម្មពិការភាព (DIM) ត្រូវបានគេកោតសរសើរ ដោយ ការផ្តល់សេវាប្រកបដោយប្រសិទ្ធភាពក្នុងការចេញប័ណ្ណសម្គាល់ជនមានពិការភាពជូនដល់ជនមានពិការ តាមរយៈការប្រើប្រាស់បច្ចេកវិទ្យា និងកាត់បន្ថយការចំណាយលើចំណាយថ្លៃដើម។ ទោះជាយ៉ាងណាក៏ ដោយ ក៏ក្តីបារម្ភមួយចំនួនបានកើតឡើងពាក់ព័ន្ធនឹងការអូសបន្លាយពេលក្នុងការប្រមូលទិន្នន័យរហូត ដល់ការចេញប័ណ្ណសម្គាល់ជនមានពិការភាព ដោយសារដំណើរការប្រមូលទិន្នន័យមានភាពយឺតយ៉ាវ ដែលអាចចំណាយពេលលើសពី ៣ខែទម្រាំបានចេញប័ណ្ណសម្គាល់ជនមានពិការភាព។

ការអនុវត្តយន្តការ អត្តសញ្ញាណកម្មពិការភាព (DIM) ត្រូវបានត្រួតពិនិត្យយ៉ាងដិតដល់តាមរយៈ ក្របខណ្ឌពិនិត្យតាមដាន និងវាយតម្លៃ (M&E) ដ៏រឹងមាំ ដែលអនុញ្ញាតឱ្យមានការតាមដានជាលក្ខណៈ ប្រព័ន្ធនៃវឌ្ឍនភាព និងការកំណត់បញ្ហាប្រឈម។ ក្រសួងសង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទា (MoSVY) និងដៃគូអភិវឌ្ឍន៍បានចូលរួមយ៉ាងសកម្មក្នុងការពិនិត្យតាមដានការអនុវត្តយន្តការកំណត់អត្ត សញ្ញាណកម្មពិការភាព (DIM) តាមរយៈកិច្ចប្រជុំទៀងទាត់ ក្នុងគោលបំណងបង្កើនប្រសិទ្ធភាព និងការ ឆ្លើយតបចំពោះជនមានពិការភាព។

ការសម្ភាសជាមួយបុគ្គលិកមន្ទីរសង្គមកិច្ច អតីតយុទ្ធជន និងយុវនីតិសម្បទាខេត្ត (PDoSVY) គូសបញ្ជាក់ពីកង្វះខាតថវិកាក្នុងការចំណាយលើថ្លៃកសុភារ និងថ្លៃរដ្ឋបាលសម្រាប់ការពិនិត្យតាមដាន និងការចុះទៅមើលដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការភាព ទោះបីជាមានតម្រូវការ និងសំណើគាំទ្រ ខ្ពស់ក៏ដោយ។ ការផ្តល់អាទិភាពជាបន្ទាន់នៃការចុះពិនិត្យតាមដានផ្ទាល់ និងការគាំទ្រផ្នែកហិរញ្ញវត្ថុពីដៃគូ អភិវឌ្ឍន៍ រួមទាំងមូលនិធិសម្រាប់ការទិញថាប័ណ្ណ និងការគ្របដណ្តប់លើការចំណាយថ្លៃអ៊ីនធឺណិត ត្រូវ បានគេចាត់ទុកថាមានសារៈសំខាន់ក្នុងការដោះស្រាយបញ្ហាប្រឈមទាំងនេះ និងធានាឱ្យការអនុវត្តយន្ត ការកំណត់អត្តសញ្ញាណកម្មពិការភាពប្រកបដោយប្រសិទ្ធផលខ្ពស់។

និរន្តរភាព

ដើម្បីធានាបាននូវនិរន្តរភាពរយៈពេលវែងនៅក្នុងដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការភាព វា ចាំបាច់ណាស់ក្នុងការផ្តល់នូវការបណ្តុះបណ្តាលជនបង្គោលឱ្យបានទូលំទូលាយទៅលើបរិយាបន្នពិការ ភាព និងវិធីសាស្ត្រក្នុងការវាយតម្លៃ ការបង្កើតយន្តដ៏រឹងមាំក្នុងការពិនិត្យតាមដានដើម្បីកំណត់អំពីការខ្វះ ចន្លោះនៅក្នុងដំណើរការ និងការបង្កើនកិច្ចសហប្រតិបត្តិការក្នុងចំណោមភាគីពាក់ព័ន្ធ រាប់ទាំងអង្គភាព រាជរដ្ឋាភិបាល និងអង្គការអន្តរជាតិផងដែរ។

បន្ថែមពីលើនេះទៀត យន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព បានទទួលជំនួយផ្នែកហិរញ្ញវត្ថុ ពីរាជរដ្ឋាភិបាលដែលមានទឹកប្រាក់សរុបចំនួន ៦៥,០០០ដុល្លារនៅក្នុងឆ្នាំ២០២២ និង ៦២,៥០០ដុល្លារ នៅក្នុងឆ្នាំ២០២៣។ ថវិកានេះត្រូវបានបែងចែកសម្រាប់ការបង់ថ្លៃអ៊ីនធឺណិតសម្រាប់ដំណើរការប្រព័ន្ធ ថ្លៃបេសកកម្មទៅកាន់ខេត្តគោលដៅ និងថ្លៃបោះពុម្ពបណ្ណសម្គាល់ជនមានពិការភាព។ ប៉ុន្តែ ថវិកាទាំងនេះ គឺមិនគ្រប់គ្រាន់សម្រាប់គ្របដណ្តប់ការចំណាយទៅលើមុខងារនៃយន្តការកំណត់អត្តសញ្ញាណកម្មពិការ ភាពទាំងអស់នោះទេ។ យន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព (DIM) ក៏បានទទួលការគាំទ្របន្ថែម ផ្នែកហិរញ្ញវត្ថុពីអង្គការយូនីសេហ្វ ដើម្បីបំពេញបន្ថែមទៅលើមូលនិធិរបស់រាជរដ្ឋាភិបាលផងដែរ។ ការ ព្រួយបារម្ភអំពីភាពគ្រប់គ្រាន់ និងភាពស៊ីសង្វាក់គ្នានៃការផ្តល់មូលនិធិសម្រាប់យន្តការកំណត់អត្ត សញ្ញាណកម្មពិការភាព (DIM) ត្រូវបានកត់សម្គាល់ដោយក្រុមការងារវាយតម្លៃ ដោយបានគូសបញ្ជាក់ អំពីតម្រូវការផ្សេងៗនៅក្នុងការធ្វើពិពិធកម្មប្រភពមូលនិធិ ដើម្បីធានាបាននូវនិរន្តរភាពរបស់យន្តការ កំណត់អត្តសញ្ញាណកម្មពិការភាព (DIM)។

ការធ្វើផែនការយុទ្ធសាស្ត្រគឺចាំបាច់ ដើម្បីបង្កើនប្រសិទ្ធភាពនៃការប្រើប្រាស់ធនធាន និងធានា បាននូវការបន្តការគាំទ្រពីរាជរដ្ឋាភិបាលចំពោះគំនិតផ្តួចផ្តើមនៃបរិយាបន្នពិការភាព។ លើសពីនេះទៀត ការស្វែងរកភាពជាដៃគូជាមួយអង្គការអន្តរជាតិ ដៃគូអភិវឌ្ឍន៍ សង្គមស៊ីវិល និងវិស័យឯកជន អាចបង្កើន និរន្តរភាពដោយការប្រើប្រាស់ធនធាន និងជំនាញបន្ថែម។ កិច្ចសហប្រតិបត្តិការទាំងនេះ មិនត្រឹមតែ បន្ថែមការគាំទ្រផ្នែកហិរញ្ញវត្ថុប៉ុណ្ណោះទេ ប៉ុន្តែថែមទាំងពង្រឹងការអនុវត្ត និងលទ្ធផលរបស់យន្តការកំណត់ អត្តសញ្ញាណកម្មពិការភាព (DIM) ផងដែរ។ ការដាក់សំណើដើម្បីធ្វើពិពិធកម្មប្រភពមូលនិធិ និងបង្កើន យុទ្ធសាស្ត្រភាពជាដៃគូ មានគោលបំណងកាត់បន្ថយការពឹងផ្អែកលើទាំងស្រុងទៅលើលំហូរមូលនិធិតែ មួយ និងបង្កើននិរន្តរភាពហិរញ្ញវត្ថុសម្រាប់យន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព (DIM) ក្នុងរយៈ ពេលវែង។

កត្តាអន្តរវិស័យ

យន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព (DIM) បានប្រើប្រាស់វិធីសាស្ត្រ ផ្អែកលើសិទ្ធិជាមូល ដ្ឋានដោយសង្កត់ធ្ងន់លើគោលការណ៍សិទ្ធិមនុស្សដូចជា ការរក្សាឯកជនភាពនៅក្នុងប្រព័ន្ធ។ ប៉ុន្តែបញ្ហា ប្រឈមនៅតែមានចំពោះការរក្សាការសម្ងាត់ដោយសារនៅក្នុងឃុំឃ្លុំយចំនួនមិនមានទឹកនៃសមរម្យ សម្រាប់ភាពជាឯកជន ។ ទោះជាមិនមានរបាយការណ៍ស្តីអំពីការមាក់ងាយ ឬការរើសអើងក្នុងចំណោម ជនមានពិការភាព និងមន្ត្រីបង្គោលក៏ដោយ យុទ្ធនាការបង្កើនការយល់ដឹង និងកិច្ចខិតខំប្រឹងប្រែងតស៊ូមតិ ដែលកំពុងធ្វើ គឺមានសារៈសំខាន់ខ្លាំងណាស់ក្នុងការកាត់បន្ថយការមាក់ងាយ និងលើកកម្ពស់ការទទួល យកជនមានពិការភាព ព្រោះបញ្ហាទាំងនេះជារឿយៗមិនត្រូវបានគេរាយការណ៍នោះទេ។

ការវាយតម្លៃយន្តការនេះ បានគូសបញ្ជាក់ពីបញ្ហាប្រឈមជាក់លាក់ដែលស្ត្រីមានពិការភាពបាន ជួបប្រទះ ដោយសារតែឧបសគ្គផ្នែករាងកាយ និងចំណេះដឹងអំពីដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការ

ភាពនៅមានកម្រិតនៅឡើយ។ ការយកចិត្តទុកដាក់ជាពិសេស គឺផ្ដោតលើស្ត្រីមានពិការភាពនៅតំបន់ ជនបទដែលបានជួបប្រទះបញ្ហាប្រឈមក្នុងការធ្វើដំណើរដោយសារតែពិការភាពផ្នែកកាយសម្បទា។

ការកំណត់អត្តសញ្ញាណកម្មក្រុមអាយុផ្សេងៗគ្នា ជាពិសេសកុមារ និងមនុស្សចាស់ ជាទូទៅមិន មានឧបសគ្គអ្វីឡើយ។ ទោះជាយ៉ាងណាក៏ដោយ ក្តីបានម្តងបានកើតឡើងចំពោះកុមារអាយុក្រោម ៥ឆ្នាំ ដែលចាំបាច់ត្រូវមានឧបករណ៍កំណត់អត្តសញ្ញាណកម្មជាក់លាក់ រួមទាំងគោលការណ៍ណែនាំក្នុងការសួរ សំណួរទាក់ទងនឹងកុមារអាយុក្រោម ៥ឆ្នាំផងដែរ។ ឧបសគ្គដូចជាលក្ខខណ្ឌសុខភាពទាក់ទងនឹងអាយុ និងការធ្វើដំណើរបានជះឥទ្ធិពលដល់ការកំណត់អត្តសញ្ញាណកម្ម និងការចេញប័ណ្ណសម្គាល់ពិការភាព សម្រាប់មនុស្សចាស់ឱ្យបានទាន់ពេលវេលា។ ទោះជាយ៉ាងណាក៏ដោយ វាចាំបាច់ណាស់ក្នុងការអនុវត្តការ វាយតម្លៃសុខភាពជាប្រចាំសម្រាប់បុគ្គលវ័យចំណាស់ ដើម្បីកំណត់អំពីការប្រែប្រួលនៃលក្ខខណ្ឌសុខភាព ដែលអាចជះឥទ្ធិពលដល់សិទ្ធិទទួលបាន ឬតម្រូវការសម្រាប់សេវាកម្មជាក់លាក់របស់ពួកគេ។ លើសពី នេះទៀត ការជំរុញកិច្ចសហការជាមួយអ្នកផ្តល់សេវាថែទាំសុខភាពនឹងជួយសម្រួលដល់ការធ្វើបច្ចុប្បន្ន ភាពទាន់ពេលវេលាអំពីស្ថានភាពសុខភាពរបស់បុគ្គលវ័យចំណាស់ តាមរយៈការជូនដំណឹងអំពីសិទ្ធិ ទទួលបានសេវាកម្ម ឬអត្ថប្រយោជន៍ផ្សេងៗរបស់ពួកគេ។

បទពិសោធពីការវាយតម្លៃ

បទពិសោធដែលបានរៀនសូត្រពីដំណើរការនៃការវាយតម្លៃនេះ បានគូសបញ្ជាក់ពីសារៈសំខាន់ នៃការចូលរួមរបស់សហគមន៍ដែលជាកត្តាសំខាន់ក្នុងការទទួលបានជោគជ័យនៅក្នុងដំណើរការកំណត់ អត្តសញ្ញាណកម្មពិការភាព។ ការចូលរួមយ៉ាងសកម្មរបស់អង្គការតំណាងជនពិការ (OPDs) ប្រធានភូមិ និងក្រុមប្រឹក្សាឃុំ បានបង្ហាញឱ្យឃើញនូវសារៈសំខាន់នៃការប្រើប្រាស់រចនាសម្ព័ន្ធសហគមន៍ដែលមាន ស្រាប់ ដើម្បីកែលម្អ និងកាត់បន្ថយការចំណាយនៅក្នុងដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការភាព។ លើសពីនេះ ភាពជាដៃគូ និងកិច្ចសហប្រតិបត្តិការដ៏រឹងមាំជាមួយអង្គការរាជរដ្ឋាភិបាលនៅកម្រិតខុសៗ គ្នាដែលនៅកៀកនឹងជនមានពិការភាពត្រូវបានជឿជាក់ថាពិតជាមានសារៈសំខាន់ណាស់។ កិច្ចសហការ ទាំងនេះ បានអនុញ្ញាតឱ្យមានការប្រមូលផ្តុំធនធាន និងអ្នកជំនាញដើម្បីធានាបាននូវផលជះ និងនិរន្តរ ភាពរយៈពេលវែង។

ការសម្របសម្រួលកិច្ចប្រជុំជាទៀងទាត់នៅថ្នាក់ជាតិក្នុងចំណោមក្រសួងពាក់ព័ន្ធ ទីភ្នាក់ងារអង្គ ការសហប្រជាជាតិ និងដៃគូអភិវឌ្ឍន៍ ត្រូវបានកំណត់ថាជាចំណុចសំខាន់សម្រាប់ការអនុវត្តប្រកបដោយ ប្រសិទ្ធភាព។ កិច្ចប្រជុំទាំងនេះបានជួយសម្រួលដល់ការទំនាក់ទំនង ការចែករំលែកការធ្វើបច្ចុប្បន្នភាព ការដោះស្រាយបញ្ហាប្រឈម និងការសម្របសម្រួលកិច្ចខិតខំប្រឹងប្រែងនានាក្នុងការបង្កើនប្រសិទ្ធភាពនៃ ដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការភាព។

អនុសាសន៍

អនុសាសន៍ជាច្រើនត្រូវបានផ្តល់ជូន តាមរយៈការដកស្រង់ចេញពីការពិភាក្សាក្រុម និងការសម្ភាសដ៏ទូលំទូលាយដែលបានធ្វើឡើងនៅទូទាំងខេត្តនានា ដើម្បីធានាឱ្យមានការយល់ដឹងកាន់តែទូលំទូលាយអំពីដំណើរការកំណត់អត្តសញ្ញាណកម្មពិការភាព។

1. **ការកសាងសមត្ថភាព និងការផ្តល់សិទ្ធិអំណាចដល់ជនមានពិការភាព៖** អនុសាសន៍នេះសង្កត់ធ្ងន់លើការផ្តល់សិទ្ធិអំណាចដល់ជនមានពិការភាព តាមរយៈការផ្តួចផ្តើមកសាងសមត្ថភាព និងការចូលរួមពីសំណាក់ប្រធានភូមិនៅក្នុងវគ្គបណ្តុះបណ្តាល ដើម្បីធ្វើឱ្យប្រសើរឡើងនូវផ្សព្វផ្សាយព័ត៌មាននេះ។
2. **ការកសាងសមត្ថភាពសម្រាប់ជនបង្គោលដែលជាអ្នកកំណត់អត្តសញ្ញាណកម្មពិការភាព៖** អនុសាសន៍នេះ ស្នើឱ្យមានការវិនិយោគទៅលើគំនិតផ្តួចផ្តើមកសាងសមត្ថភាពសម្រាប់ជនបង្គោលដែលជាអ្នកកំណត់អត្តសញ្ញាណកម្មពិការភាពនៅថ្នាក់ឃុំ។ វាសង្កត់ធ្ងន់ទៅលើការបណ្តុះបណ្តាលបច្ចេកទេស និងចំណុចរសើបនានា និងគូសបញ្ជាក់អំពីសារៈសំខាន់នៃការផ្តល់សិទ្ធិអំណាចឱ្យជនបង្គោល។
3. **ការធ្វើពិពិធកម្មប្រភពមូលនិធិ៖** អនុសាសន៍នេះ ផ្តោតលើការស្វែងរកឱកាសដើម្បីធ្វើពិពិធកម្មប្រភពមូលនិធិ និងការតស៊ូមតិដើម្បីទទួលបានការគាំទ្រពីដៃគូផ្សេងៗ។
4. **ការបន្តការត្រួតពិនិត្យតាមដាននៃយន្តការកំណត់អត្តសញ្ញាណកម្មពិការភាព និងការគាំទ្រទៅលើការចុះពិនិត្យនៅទីតាំងផ្ទាល់៖** អនុសាសន៍នេះ សង្កត់ធ្ងន់លើសារៈសំខាន់នៃការគាំទ្រដល់ការត្រួតពិនិត្យតាមដាន និងការចុះពិនិត្យនៅទីតាំងផ្ទាល់ ដោយស្នើឱ្យមានការបែងចែកថវិកា និងយុទ្ធសាស្ត្រនានាក្នុងការកសាងសមត្ថភាព។
5. **ពង្រឹងការទំនាក់ទំនង និងការសម្របសម្រួល៖** អនុសាសន៍នេះ គូសបញ្ជាក់ពីសារៈសំខាន់នៃការកែលម្អបណ្តាញទំនាក់ទំនង និងយន្តការសម្របសម្រួលក្នុងចំណោមភាគីពាក់ព័ន្ធ។
6. **ពង្រឹងសមាហរណកម្មប្រព័ន្ធផ្ទុកទិន្នន័យ៖** អនុសាសន៍នេះ ស្នើឱ្យមានសមាហរណកម្មប្រព័ន្ធទិន្នន័យកំណត់អត្តសញ្ញាណកម្មពិការភាពជាមួយនឹងប្រព័ន្ធដែលមានស្រាប់ (និងប្រព័ន្ធដែលកំពុងបង្កើតឡើង) ដើម្បីជំរុញឱ្យមានការចែករំលែកទិន្នន័យ និងផ្លាស់ប្តូរព័ត៌មានគ្នាទៅវិញទៅមក
ជាពិសេសសម្រាប់វេទិកាឌីជីថលរបស់ប្រព័ន្ធគាំពារសង្គម។
7. **ជំរុញការចេញបណ្ណពិការភាព និងប្រសិទ្ធភាពនៃការចុះឈ្មោះ៖** បង្កើតផែនការសកម្មភាពដើម្បីជំរុញការបោះពុម្ព និងចែកចាយបណ្ណ។

1. INTRODUCTION

Data from the 2019 General Population Census revealed that 4.9 per cent of the population aged 5 years and above in Cambodia were persons with disabilities who were facing challenges in performing basic functions. According to the report from MoSVY on Social- and Rights-Based Disability Identification for 2022, a total of 230,588 persons with disabilities were identified, constituting 1.36 per cent of the Cambodian population of approximately 16,967,399.⁴

The age distribution reveals that 9.32 per cent of the population aged 80 years and above are registered as persons with disabilities, followed by 2.15 per cent of those aged 50–80, and 0.54 per cent of those aged 20–50. Concerning disability severity, 27.9 per cent are classified as having severe disabilities, 20.7 per cent as having moderate disabilities, and 51.4 per cent as having mild disabilities. In terms of disability type, 51.5 per cent have physical disabilities, 29.7 per cent have sensory disabilities, 7.7 per cent have intellectual disabilities, 4.1 per cent have mental disabilities, and 7.0 per cent have other disabilities. Among men with disabilities, 26.5 per cent have severe disabilities compared to 29.6 per cent for women, 19.0 per cent have moderate disabilities compared to 22.6 per cent for women, and 54.5 per cent have mild disabilities compared to 47.8 per cent for women. The main causes of disability include illness (38.8 per cent), congenital disability (26.7 per cent), disability resulting from traffic accidents (8.1 per cent), disability due to war/landmine/UXO (12.2 per cent), and other causes (14.3 per cent).⁵

Regarding social participation and support needs, 57.3 per cent of persons with disabilities aged 8 years and above encounter difficulties, require support or are unable to participate in community activities. Children with disabilities and individuals aged 75 years and above with disabilities require more intensive support, with three out of four persons with disabilities requiring constant assistance. Only 25.6 per cent of all persons with disabilities possess an equity card, with 10.0 per cent classified as IDPoor 1 (very poor) and 15.6 per cent as IDPoor 2 (poor). There are more women with disabilities in IDPoor families than men. The number of registered persons with disabilities is highest in Svay Rieng province at 2.9 per cent and lowest in Phnom Penh capital at 0.3 per cent.⁶

Despite this situation, Cambodia has demonstrated a robust commitment to advancing disability rights. The country's ratification of the CRPD and its Optional Protocol, along with its endorsement of the Marrakesh Treaty, underscores its dedication to upholding the rights of persons with disabilities on an international platform. Moreover, Cambodia has established legislative frameworks such as the National Disability Law and the NDSP 2019–2023, which serve as vital pillars for concerted action across governmental ministries and agencies at both national and subnational levels.

Notably, efforts are underway to revise the National Disability Law to align more closely with the rights-based principles enshrined in the CRPD, reflecting Cambodia's ongoing commitment to enhancing disability rights and inclusivity. The DIM, the subject of this process evaluation, was inaugurated in 2020 by MoSVY.

At the operational level, the disability identification process is carried out within communes, with commune administrations tasked with conducting interviews using a standardized questionnaire and capturing photos of persons with disabilities. The funding for this process stems from the RGC, totalling approximately USD 65,000 in 2022 and USD 62,500 in 2023 – as reported by government officials from

⁴ National Institute of Statistics, *General Population Census of the Kingdom of Cambodia 2019: National report on final census results*, Ministry of Planning, Phnom Penh, October 2020.

⁵ Report on Social and Rights-Based Disability Identification, MoSVY, September 2022.

⁶ Ibid.

MoSVY – with additional technical and financial support provided by UNICEF and the European Union (EU).

2. CONTEXT AND DESCRIPTION OF THE DIM

In Cambodia, disability inclusion has been a pressing issue, with persons with disabilities historically facing societal stigma and discrimination, hindering their access to education, employment, health care and essential services. Concerted efforts by the RGC, non-governmental organizations (NGOs) and international agencies, however, have aimed to address these challenges and promote disability rights and inclusion.

A significant milestone was the adoption of the Law on the Protection and Promotion of the Rights of Persons with Disabilities in 2009, signaling the RGC's commitment to ensuring equal opportunities, access to services and protection against discrimination for persons with disabilities. Additionally, organizations like the Cambodian Disabled People's Organization (CDPO) have played crucial roles in advocating for disability rights and providing essential support services. These collective efforts have resulted in tangible improvements in accessibility, education, vocational training and employment opportunities for persons with disabilities throughout Cambodia.

2.1. Key stakeholders involved in disability inclusion

In Cambodia, disability inclusion coordination involves a diverse range of stakeholders, each playing a crucial role in shaping policies, implementing initiatives and advocating for the rights of persons with disabilities.

At the national level, the DAC serves as the primary coordination body, wielding significant influence, resources and staffing dedicated to addressing disability issues. OPDs hold permanent seats within the DAC, granting them substantial influence over decision-making processes at both national and subnational levels. While the DAC leads the development of national strategies and action plans as well as the implementation of the CRPD and related laws, the GS-NSPC coordinates stakeholders and provides direction to develop social assistance systems for persons with disabilities.

Key government entities, such as MoSVY and its Department of Welfare of Persons with Disabilities (DWPD), lead efforts to develop policies and programmes aimed at social assistance and security for persons with disabilities.

The Disability Rights Administration (DRA), a division within the DWPD, plays a pivotal role in monitoring and promoting the implementation of the Disability Law. Its responsibilities include conducting inspections, providing legal consultations, mediating conflicts and lodging complaints in cases of law violations.

Contributing to disability inclusion efforts is the CDPO, serving as a vital channel for promoting disability rights and fostering inclusion. With a widespread network spanning all provinces and engaging in various forums, the CDPO actively participates in policy development, strategic planning and advocacy. Strategic partnerships with United Nations agencies enhance the CDPO's capacity to address emerging issues and advocate for disability rights.

The United Nations system collaborates with persons with disabilities and their representative organizations to drive disability-inclusive programmes and projects. Initiatives like the Disability Rights Initiative Cambodia, jointly implemented starting in 2013 by the United Nations Development Programme (UNDP), UNICEF, the United Nations Entity for Gender Equality and the Empowerment of

Women (UN Women), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO), demonstrated the commitment to empowering persons with disabilities. Lastly, committed development partners such as the Australian Department of Foreign Affairs and Trade (DFAT), Research Triangle Institute International (RTI) and the EU provide sustained support to disability initiatives through long-standing partnerships and investments in Cambodia. Together, these stakeholders form a dynamic ecosystem of collaboration, advocacy and action, working tirelessly to advance disability inclusion in Cambodia.⁷

2.2. Inclusive service delivery

In Cambodia, strides have been taken to foster inclusive service delivery across various sectors, with a focus on social protection, health, education and employment. Challenges persist, however, in fully realizing inclusivity goals outlined in existing policies and programmes.

In the social protection sector, significant gaps remain, particularly in the coverage and accessibility of social assistance programmes for vulnerable groups, including persons with disabilities. While efforts have been made to implement initiatives like cash transfer programmes and social security schemes, some vulnerable groups, including persons with disabilities, are often left out of these vital support systems.

2.3. Disability identification and referral services

In Cambodia, the establishment of the Council for Disability Classification marked a significant step towards enhancing disability identification and referral services. The primary objective of the council is to evaluate persons with disabilities, determining the nature and severity of their condition, while also streamlining data collection processes for more effective policy formulation and implementation under the Disability Law.

Central to this initiative is the provision of disability cards to eligible persons with disabilities, granting them access to essential services such as free health care. Despite these efforts, however, numerous barriers persist, hindering the accessibility of disability identification services. Foremost among these challenges is the accessibility of assessment centres, which are predominantly located in commune offices. Some persons with disabilities, particularly those with specific types of disabilities, face significant challenges in traveling to these centers, often due to distance and associated costs.

Moreover, a lack of awareness about the identification process further compounds these difficulties, leaving individuals uninformed about their rights and available support services.

2.4. Policy context

In Cambodia, the pursuit of disability inclusion and rights protection is anchored in the country's robust policy framework, epitomized by the Social- and Rights-Based DIM. This mechanism finds its roots in Cambodia's overarching disability policy framework, characterized by key documents such as the NDSP and the NSPPF 2016–2025.⁸ Together, these policy documents provide a comprehensive roadmap for

⁷ United Nations Partnership on the Rights of Persons with Disabilities Multi-partner Trust Fund and United Nations Cambodia, *Situational Analysis of the Rights of Persons with Disabilities: Cambodia – Country report*, UNPRPD MPTF and United Nations Cambodia, Phnom Penh, November 2022.

⁸ Royal Government of Cambodia, National Social Protection Policy Framework 2016–2025, 24 March 2017.

addressing the needs of persons with disabilities and championing their rights and inclusion within society.

The NDSP serves as a guiding principle, demarcating Cambodia's strategic priorities for disability inclusion across various domains, including accessibility, education, health, employment and social protection. Embedded within this framework, the DIM operates in harmony with the NDSP's objectives, ensuring that disability identification processes are seamlessly integrated into the national agenda and strategies.

Likewise, the NSPPF underscores the pivotal role of social protection in safeguarding vulnerable groups, including persons with disabilities. Within this context, the DIM is meticulously crafted to bolster the social protection of persons with disabilities by facilitating their access to essential services and support mechanisms.

Significantly, Cambodia's Social- and Rights-Based DIM is not an isolated endeavour but an integral component of the country's broader policy landscape for disability inclusion. By aligning closely with the NDSP and NSPPF, the DIM underscores Cambodia's unwavering commitment to advancing the rights and well-being of persons with disabilities, ensuring their full participation and empowerment across all facets of society.

In essence, Cambodia's policy context surrounding disability inclusion is characterized by a synergistic interplay of strategic frameworks, with the DIM standing as a testament to the country's resolute dedication to promoting equity, dignity and social justice for all individuals, including those with disabilities.

2.5. Legislative framework

Cambodia's constitution reinforces the rights of persons with disabilities and prohibits discrimination on the grounds of disability. This constitutional provision serves as a cornerstone of the country's commitment to promoting disability rights and inclusion, providing further impetus for initiatives such as the DIM.

Cambodia has laid a robust legislative foundation to support its Social- and Rights-Based DIM, emphasizing the country's commitment to advancing disability rights and inclusion. This legislative framework comprises key laws and regulations that underpin the DIM and provide essential legal safeguards for disability identification and rights protection.

Central to this framework is the Law on the Protection and the Promotion of the Rights of Persons with Disabilities, enacted in 2009. This pivotal legislation is dedicated to promoting and safeguarding the rights of persons with disabilities across Cambodia, ensuring their full and equal participation in all aspects of society. By establishing a legal basis for the DIM, this law delineates the rights and entitlements of persons with disabilities, including access to education, employment, health care and social protection.

In addition to the disability-specific law, Cambodia has enacted supplementary legislation relevant to the DIM. Notably, the Law on Social Protection Schemes approved in 2019 provides the necessary legal framework for implementing social protection programmes, encompassing initiatives tailored to support persons with disabilities. This legislation underscores the RGC's commitment to inclusivity, ensuring that persons with disabilities are integrated into social protection schemes and receive the assistance required to lead dignified and independent lives.

2.6. Disability identification through social- and rights-based models

The disability identification procedure in Cambodia, as outlined in the Sub-decree on Disability Identification by Social Models and Basic Rights delineates a structured process aimed at accurately identifying and providing support to persons with disabilities. The procedure is delineated across several articles, each contributing to the overarching goal of promoting the well-being and inclusive development of persons with disabilities in alignment with the RGC's policy.

Article 4 serves as the cornerstone of the procedure, detailing the initial steps for disability identification. Persons with disabilities along with their guardians initiate the process by submitting applications through their residing commune/sangkat. Commune/sangkat administrations are tasked with collecting comprehensive disability data, conducting interviews with persons with disabilities in their village or home, and entering the gathered information into the DMIS. Subsequently, these data are forwarded to the capital or PDoSVY for review, verification and eventual issuance of a disability card by MoSVY.

Article 5 outlines provisions for updating disability status, allowing individuals to request modifications to their disability records. Similar to the initial identification process, the commune/sangkat administration conducts interviews and updates the DMIS accordingly.

In cases of erroneous, lost or damaged disability cards, article 6 provides procedures for reapplication. Individuals must follow the outlined process in article 4, attaching the erroneous card in case of incorrect information, or submitting an application and required documents for a duplicate card if lost or damaged.

Article 7 establishes the evaluation criteria for acquiring a disability card, categorizing disabilities into five types and further subdividing them into three levels based on severity. This categorization ensures that individuals receive appropriate support corresponding to their specific type and level of disability.

Articles 10–18 elaborate on the roles and responsibilities of various ministries, institutions and administrative levels involved in implementing, managing and utilizing disability data and cards. Additionally, article 23 outlines procedures for resolving disputes or complaints related to disability identification, ensuring accountability and transparency throughout the process.

Finally, articles 24–25 address interim and final provisions, ensuring the validity and effectiveness of existing legal documents related to disability identification and classification for soldiers and veterans with disabilities.

Collectively, these articles establish a comprehensive framework for disability identification, management and utilization of cards in Cambodia. By adhering to this structured procedure, Cambodia aims to uphold the rights and promote the inclusive development of persons with disabilities, thereby fostering a more equitable and supportive society for all.

2.7. Background of the DIM

The DIM in Cambodia reflects the country's commitment to upholding the rights of persons with disabilities through legislative frameworks and operational mechanisms. Cambodia's journey began with the enactment of the Law on the Protection and Promotion of the Rights of Persons with Disabilities in 2009, followed by the ratification of the CRPD in 2012.

To implement these legal foundations, Cambodia introduced the Guideline on Social- and Rights-Based Disability Identification in August 2020, overseen by MoSVY. This guideline standardizes the process of identifying persons with disabilities, with the DMIS serving as a central database for recording relevant information.

The institutionalization of the DIM received a significant boost with the adoption of the Sub-decree on Disability Identification by Social Models and Basic Rights in July 2023. The DIM operates through a multi-stakeholder approach involving various ministries, agencies and partners for comprehensive implementation.

MoSVY plays a central role in coordinating and executing DIM initiatives, alongside the DAC, which provides technical expertise and guidance for inclusive DIM strategies. Collaboration with NGOs, community-based organizations and international partners extends support to remote and marginalized communities, fostering synergy among stakeholders to address evolving needs.

In essence, Cambodia's DIM reflects a collaborative ethos, aiming to create an inclusive environment where persons with disabilities can thrive. Through concerted action and partnership, the DIM seeks to dismantle barriers and champion the rights and well-being of all individuals, fostering a society where everyone can contribute meaningfully.

Table 1: Disability identification process

Step 1: Prepare for data collection	Communes/sangkats organize meetings on planning for data collection activities such as scheduling interviews and updating general disability data.
Step 2: Collect, enter and transfer data	Communes/sangkats conduct interviews of persons with disabilities, enter data and send data to the PDoSVY.
Step 3: Request disability card	The PDoSVY reviews, verifies and requests disability cards for persons with disabilities.
Step 4: Issue disability card	MoSVY reviews, approves, prints and issues disability cards for persons with disabilities.

Source: Report on Social and Rights-Based Disability Identification, September 2022

2.8. Community engagement

In Cambodia, the Social- and Rights-Based DIM recognizes the indispensable role of community engagement in fostering disability inclusion and ensuring the responsiveness of the DIM to local contexts. At the heart of this endeavour lies the integration of Community Based Inclusive Development (CBID) networks, pivotal community-driven initiatives aimed at bolstering community ownership and the sustainability of the DIM.

CBID networks epitomize grassroots efforts to enhance the quality of life for persons with disabilities by fostering community-based services and support mechanisms. Comprising diverse stakeholders including persons with disabilities, their families, local leaders and volunteers, these networks collaborate to identify and address the unique needs of persons with disabilities within their communities.

Within the DIM framework, CBID networks assume a central role in identifying eligible persons with disabilities for disability identification and rights protection services. Moreover, they serve as catalysts for raising awareness about disability rights and inclusion, fostering social participation and integration of persons with disabilities, and providing invaluable support to persons with disabilities and their families.

By embedding community-level participation through CBID networks, the DIM ensures its alignment with the grassroots realities of the communities it serves. This fosters a sense of ownership and

empowerment among community members, ensuring that the DIM is tailored to address the specific needs and priorities of each community.

Furthermore, community engagement fosters trust between persons with disabilities and service providers, laying the groundwork for more effective and sustainable outcomes for persons with disabilities in Cambodia. This trust serves as a cornerstone for collaboration and cooperation, fostering an environment where persons with disabilities feel valued, respected and supported in their journey towards full inclusion and participation in society.

In essence, Cambodia's DIM embraces community engagement through CBID networks as a fundamental pillar of its approach to disability inclusion. By harnessing the collective wisdom and resources of communities, the DIM endeavours to create a more inclusive and supportive environment where persons with disabilities can thrive and contribute meaningfully to society.

2.9. Data management

The implementation of the DIM has been greatly enhanced by the establishment of a centralized database, the DMIS. This innovative initiative has revolutionized the collection, management and monitoring of disability-related data, leading to significant improvements in decision-making processes and outcomes.

At the core of this initiative is the systematic collection of data on persons with disabilities identified through the DIM. This comprehensive dataset encompasses crucial information such as the types and severity of disabilities, demographic details and the specific services and support required by persons with disabilities. By consolidating this wealth of information into a centralized database, the DIM is able to effectively track the progress of registration of persons with disabilities, monitor the impact of interventions and identify areas for enhancement.

Moreover, the centralized database not only enhances data availability but also elevates data quality. Through standardized data collection protocols implemented consistently across all levels of the DIM, the database minimizes errors and discrepancies, thereby enhancing the reliability and validity of the collected data. This ensures that the data generated are of high quality and can be relied upon for informed decision making.

3. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

The GS-NSPC, with support from MoSVY and UNICEF, conducted a process evaluation of the DIM. The primary purpose of the process evaluation was to facilitate learning and improvement within the disability identification process. Additionally, the evaluation aimed to assess the sustainability of the DIM and the contributions to the overall well-being of persons with disabilities in Cambodia.

The process evaluation focused on assessing the DIM, encompassing its design, implementation and operational aspects, with particular emphasis on effectiveness, efficiency and accuracy. The intent was to identify key lessons learned from the disability identification process to provide recommendations for improvements.

The primary objectives of the process evaluation were as follows:⁹

- Analyse DIM design and implementation framework against established assessment criteria, including guidelines, processes and the DMIS to assess the robustness and coherence of the operational framework;
- Assess the effectiveness and efficiency of DIM implementation, focusing on key components outlined in the operational manual. This involves evaluating mobilization, communication

⁹ United Nations Children's Fund, 'Terms of Reference for Individual Consultants: International consultancy – Process evaluation of Cambodia's Social- and Rights-Based Disability Identification Mechanism', UNICEF, New York, January 2024.

channels, identification processes and institutional arrangements, particularly at provincial, district and commune level, to identify areas for improvement; and

- Identify barriers hindering the steps of the identification process, including physical, informational and social barriers.

The scope of the process evaluation involved engagement with various stakeholders at different levels, including persons with disabilities, United Nations agencies, civil society organizations, OPDs and disability focal points at central, provincial, district and commune levels. The inclusive approach ensured diverse perspectives were captured and considered.

The evaluation time frame covered the period from August 2020, when the DIM guidelines were adopted by MoSVY, until the time of evaluation.

The evaluation strategically sampled five provinces for field data collection representing different geographic areas, reflecting the varied realities of persons with disabilities in Cambodia, including those from rural and urban settings.

The evaluation utilized the OECD/DAC evaluation criteria,¹⁰ supplemented and adjusted as necessary to align with the specific objectives of the process evaluation, including relevance, effectiveness, efficiency, sustainability, efficiency and coherence, with a particular emphasis on cross-cutting themes such as equity, gender equality and human rights considerations.¹¹

3.1. Audience for the evaluation

The primary audience and intended users of this process evaluation are:

- GS-NSPC: The GS-NSPC will utilize the evaluation findings to enhance coordination efforts and improve the overall effectiveness of the process.
- MoSVY: As the lead implementing ministry of the DIM, MoSVY will leverage the evaluation results to refine its implementation strategies, address identified challenges and ensure the successful execution of the disability identification process.
- UNICEF Cambodia: As the commissioned United Nations agency, UNICEF Cambodia will utilize the evaluation findings to strengthen its support for the DIM through collaboration with MoSVY.
- Other United Nations agencies: Sister agencies such as UNDP, the Office of the United Nations High Commissioner for Human Rights (OHCHR), UN Women, the International Labour Organization (ILO) and UNESCO will benefit from the evaluation insights to enhance their contributions to disability inclusion initiatives.
- Implementing line ministries: Ministries involved in the DIM, including MoI, MoP, MoH, the CDPO and the DAC, will receive recommendations aimed at improving their roles and contributions to the process.

Secondary audiences include:

1. Development partners: Organizations and entities working in the disability inclusion and social protection sector, including DFAT, Australia-Cambodia Cooperation on Equitable Sustainable Services (ACCESS),¹² RTI, Australian Aid, World Vision, CBM International and Handicap

¹⁰ 'Ethical Guidelines for Evaluation'.

¹¹ Ibid.

¹² ACCESS consists of USAID-funded programs in Cambodia.

International, will use the evaluation findings to inform their strategies, interventions and investments in Cambodia and beyond.

2. Other donors: Partners such as the EU will leverage the evaluation results as evidence of effective practices, challenges faced and lessons learned in disability identification processes.

3.2. Evaluation Management Team

The process evaluation was coordinated by UNICEF Cambodia in collaboration with the GS-NSPC and MoSVY. The Evaluation Management Team comprised key staff from PPF4C and Evaluation Specialists from UNICEF Cambodia, the GS-NSPC and MoSVY, who were also members of the Evaluation Reference Group.¹³ Other key stakeholders involved in the process evaluation included development partners such as DFAT and ACCESS, as well as other United Nations Agencies such as UNDP, OHCHR and UNESCO, which collaborate regularly with the GS-NSPC and MoSVY to support disability inclusion initiatives.

3.3. Evaluation framework and questions

The evaluation framework for this process evaluation was constructed based on the OECD/DAC evaluation criteria, with adjustments made as necessary to align with the specific objectives of the evaluation. The criteria encompassed relevance, effectiveness, sustainability, efficiency and coherence. Additionally, cross-cutting considerations such as gender equality and human rights were also taken into account.

- Relevance: Alignment with national policies and international frameworks, using a participatory approach involving various partners including persons with disabilities.
- Effectiveness: How well the DIM achieved its intended objectives, including data collection and the issuance of disability cards.
- Coherence: Collaboration and coordination of the DIM at central, provincial, district and commune levels, and synergies with social protection initiatives including IDPoor and NSA-FP.
- Efficiency: Time frame for issuing disability cards, and allocation of monitoring and field support budget.
- Sustainability: Active engagement of different partners and institutional commitment.
- Equity, gender equality and human rights: Stigma, discrimination and participation of women and girls with disabilities

Evaluation questions

The evaluation questions were designed by the evaluators, then reviewed and agreed upon with the Evaluation Management Team during the inception phase to provide a comprehensive understanding of the DIM. They served as guiding principles for data collection, analysis and interpretation throughout the evaluation process. The questions were structured to assess various aspects of DIM implementation, including its design, processes, outcomes and sustainability. Additionally, evaluation questions aimed to identify key lessons learned and areas for improvement to enhance the overall effectiveness of the DIM.

Key evaluation questions include:

Relevance of the DIM

1. To what extent is the DIM relevant to the identified needs of target populations and their families? Are the DIM and the resulting interventions customized enough to address the needs of the target population by age, gender, type of disability, place of residence and other factors?
2. Were relevant partners involved in the disability identification process design and implementation, including target populations, their families and OPDs?

¹³ United Nations Evaluation Group, 'Norms and Standards for Evaluation', UNEG, New York, June 2016.

3. Is the DIM responsive to changing needs and circumstances? Was it adjusted through the course of its implementation?

Effectiveness of the DIM, including its delivery mechanisms

4. To what extent have the objectives of the DIM been realized? Are there signs that the DIM is facilitating access to services for persons with disabilities?
5. How effective is the DIM in identifying different types of disability? What are the main constraints/challenges in assessing all types of disability?
6. Does the DIM involve any practices that may have a differential impact on specific groups? Is the process inclusive and equitable?
7. Are the methods and procedures (e.g., awareness raising and outreach activities, on-demand approach, grievance mechanism) used in DIM accessible and acceptable for individuals with different types of disabilities?
8. What are the main barriers in accessing the DIM for persons with disabilities?
9. What are the (perceived) advantages of the DIM?

Coherence

10. To what extent are there synergies and interlinkages between the DIM and other interventions carried out by the government and partners (such as those under NSSF, the Ministry of Labour and Vocational Training for workplace injuries, and the MoP IDPoor process)? Do coordination mechanisms between key stakeholders exist, and if so, to what extent are they well designed, clear and active? Are there differences in coordination at national and subnational levels?
11. Does the DIM identification process work coherently across different age categories?

Efficiency

12. How cost effective is the DIM from the perspective of administrative costs versus the benefits received?
13. Is the project implementation appropriately monitored? How are the results of monitoring used? Will the DIM be reviewed/adjusted regularly over the course of its implementation?
14. Is the DIM time efficient from the perspective of supporting beneficiaries in a timely manner?

Sustainability of the DIM's service provision

15. To what degree does the DIM build capacities of relevant service providers for implementation of the DIM? How is this capacity built? Are there any specific capacity gaps in following the identification steps that need to be addressed and/or strengthened?
16. Are there sufficient resources allocated from the government to sustain the DIM in the future? Is the current budget allocation approach sustainable?

Cross-cutting dimensions

17. Are there any difficulties in accessing the DIM for women with disabilities? Are there any special barriers or concerns from a gender perspective?
18. What are the main concerns and/or barriers linked to the assessment of different age groups, particularly young children and the elderly, under DIM?

4. EVALUATION METHODOLOGY

4.1. Evaluation methods

The process evaluation employed a mixed-methods approach, incorporating document review, qualitative data analysis, an online survey of PDoSVs and secondary data analysis. The evaluation team conducted a thorough examination of documents with the aim of establishing evidence pertaining to the disability identification process. A comprehensive list of the reviewed documents is provided in the annex of this report.

For the analysis of secondary quantitative data, the evaluation team used data from the DMIS covering the period under the evaluation. Data trends were cross-referenced with primary qualitative data to ascertain the extent of the disability identification process.

Primary qualitative data were gathered through KIIs, FGDs and case studies. KIIs and FGDs were utilized to collect primary qualitative data concerning process evaluation inquiries, gathering perspectives from diverse stakeholders on the implementation of the DIM and avenues for enhancing DIM implementation. Each FGD involved ten to twelve participants, including persons with disabilities. Audio recordings of FGDs facilitated the transcription of key ideas, encompassing best practices, lessons learned and recommendations. Case studies were conducted to delve into the experiences of persons with disabilities in the disability identification process.

These methodologies were instrumental in identifying best practices and areas for improvement. Additionally, secondary data analysis was undertaken to furnish evidence regarding the effectiveness and efficiency of the DIM. The overarching objective of this methodology was to provide a rigorous and comprehensive assessment of Cambodia's Social- and Rights-Based DIM, with a focus on generating evidence-based recommendations for enhancing the DIM.

The methodology was guided by UNICEF's revised Evaluation Policy as well as its Procedures on Ethical Standards in Research, Evaluation, Data Collection and Analysis; UNEG's Norms and Standards for Evaluation along with its Ethical Guidelines for Evaluation; and other pertinent M&E guidelines and standards.

4.2. Data collection tools

The evaluation team developed semi-structured tools to facilitate the KIIs and FGDs. These instruments comprehensively addressed all evaluation questions outlined in the evaluation matrix. Subsequently, the data collection tools underwent review by an external ethical review team (coordinated by UNICEF) and were translated into Khmer. National consultants underwent training on these tools to ensure a thorough understanding of the intent behind each question and to explore probing options effectively. The KIIs typically lasted approximately 1.5 hours each, while FGDs were approximately one hour in duration.

Informed consent forms tailored to both KIIs and FGDs were formulated, outlining the objectives of the process evaluation, detailing the measures undertaken by the evaluation team to uphold confidentiality, and securing consent for audio recording usage. Additionally, the informed consent script was translated into Khmer to ensure accessibility. The KII and FGD guides along with other pertinent data collection tools and questionnaires are attached to this report's annex.

4.3. Sample size

The evaluation team implemented a strategic sampling approach to carefully select government and national-level entities, as well as provinces, districts and communes for KIIs, FGDs and case studies. This method ensured a comprehensive representation of key stakeholders and diverse geographical areas. The sampling strategy was designed to encompass various disability types and locations, including both urban and rural settings, thereby capturing the broad spectrum of experiences of persons with disabilities in Cambodia. DMIS data played a pivotal role in identifying areas with high concentrations of persons with disabilities, thereby ensuring the inclusion of geographic areas that accurately reflect the status of persons with disabilities across Cambodia.

Based on these meticulous criteria, five provinces were purposefully selected for field data collection to offer a well-rounded representation of geographical regions and demographic characteristics within Cambodia. The chosen provinces include Phnom Penh, Kampong Thom, Preah Vihear, Ratanak Kiri and Kampot. Within each of these provinces, one district was systematically chosen. To enhance accessibility and foster participation, two to three communes within the selected districts were incorporated into the evaluation process. This resulted in a total of 5 districts and 13 communes being selected.

Furthermore, in addition to these on-the-ground assessments, a qualitative survey was administered via an online platform to PDoSVs, covering all 25 provinces. This holistic approach ensured that the evaluation captured a wide range of perspectives and experiences across Cambodia.

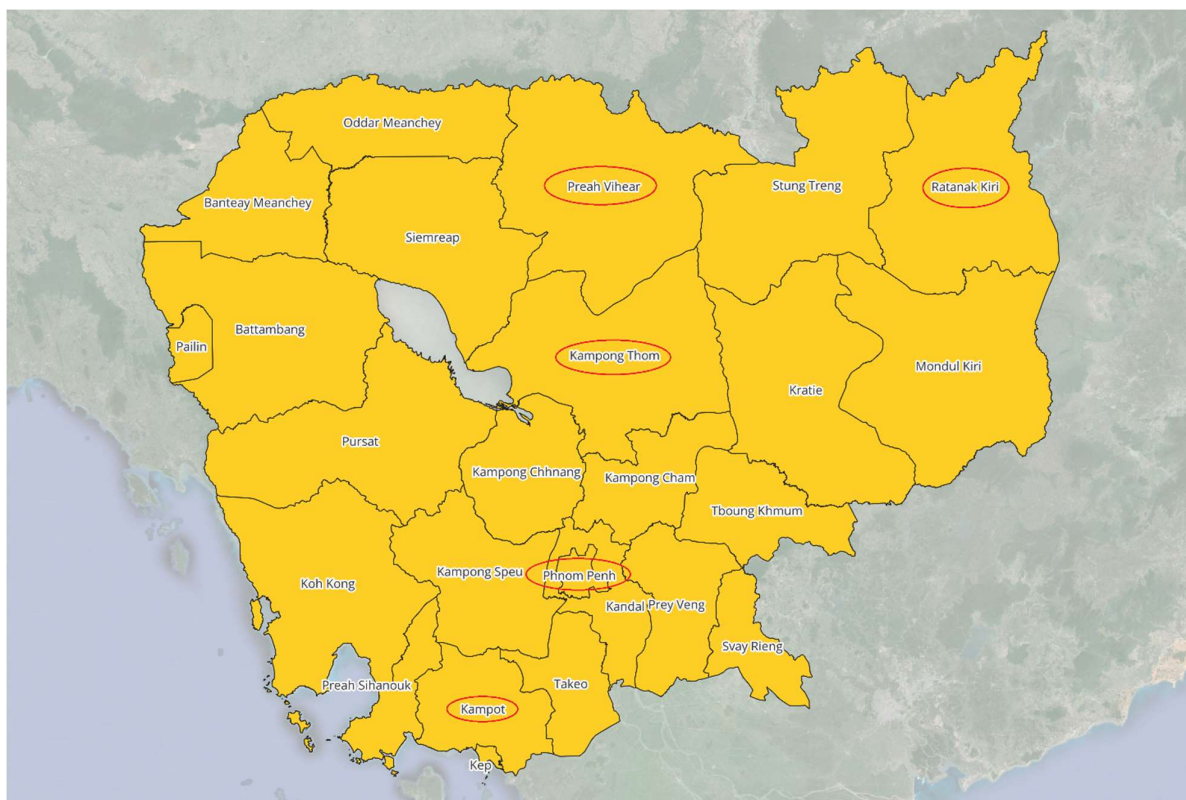


Figure 1: Map of Cambodia with 25 provinces

The sample size utilized aims to ensure that the process evaluation captured variations in the context and needs of persons with disabilities across different administrative regions. This methodological

approach enabled broader community engagement and ensured that voices from various localities were heard.¹⁴

Table 2: People reached through KIIs and FGDs

Provinces	Districts	Communes	Planned	Reached	Women	Men
Phnom Penh			15 (KII)	41	11	30
Phnom Penh	Sen Sok	Kouk Khleang	26 (FGD)	8	5	3
Kampong Thom	Kampong Thom	Kampong Thom, Kampong Krabau	5 (KII)	6	3	3
Kampong Thom	Kampong Thom		25 (FGD)	11	5	6
Preah Vihear	Tbaeng M eanchey	Pou, Prame, Preah Khlaeng, Chhean Mukh	6 (KII)	13	7	6
Preah Vihear	Tbaeng M eanchey		25 (FGD)	30	13	17
Ratanakiri	Banlung	Boeng Kansaeng, Kachanh, Labansiek	5 (KII)	10	3	7
Ratanakiri	Banlung		25 (FDG)	13	7	6
Kampot	Teuk Chhou	Trapeang Sangkae, Koun Sat, Trapeang Pring	5 (KII)	4	2	2
Kampot	Teuk Chhou		26 (FGD)	10	6	4
Online survey			25	21	—	21
Case studies			10	5	3	2
Total	5	13	198	172	65	108

¹⁴ United Nations Evaluation Group, *Integrating Human Rights and Gender Equality in Evaluations*, UNEG, New York, August 2014.

4.4. Desk review

The desk review conducted for the process evaluation of Cambodia's Social- and Rights-Based DIM entailed a thorough examination of various documents, reports, guidelines and related materials. Its primary objective was to acquire a comprehensive understanding of the programme's background, objectives and implementation framework.

Policy documents scrutinized during this review included the 2009 Law on the Protection and Promotion of the Rights of Persons with Disabilities, the CRPD and other pertinent national and international policy documents concerning disability rights and social protection. Additionally, detailed attention was given to the Guideline on Social- and Rights-Based Disability Identification, adopted by MoSVY in August 2020, alongside other relevant guidelines or protocols associated with the DIM. The examination also encompassed the RGC Sub-decree on Disability Identification by Social Models and Basic Rights enacted in July 2023, to grasp the legal framework underpinning the DIM. Documents pertaining to the NSA-FP for IDPoor households, comprising programme design documents, implementation plans and monitoring reports, were also reviewed to comprehend the integration of the DIM into broader social protection endeavours.

Furthermore, quantitative data related to the DIM implementation process and intermediary outcomes underwent analysis. This involved scrutinizing data encompassing the number of persons with disabilities identified, types of disabilities, geographic distribution and access to services.

4.5. Data collection

4.5.1. Key informant interviews

KIIs played a critical role in the process evaluation of Cambodia's Social- and Rights-Based DIM. These interviews engaged key stakeholders involved in the DIM, including persons with disabilities. The primary objective was to gather comprehensive insights into their perceptions, experiences and challenges related to the DIM.

The KIIs targeted essential stakeholders across various administrative levels involved in the DIM, including disability identification focal points and persons with disabilities themselves. The selection process prioritized inclusivity, ensuring representation from diverse age demographics, disability categories and regional contexts.

4.5.1.1. KIIs with governmental institutions

KIIs were conducted both at the national and subnational levels, involving governmental institutions responsible for the design and implementation of the DIM. These institutions encompassed the GS-NSPC, MoSVY, MoI, MoP, MoH, the DAC, the Disability Action Working Groups, the DWPD, and the DRA operating under the DWPD umbrella.

These interviews delved into their motivations behind the development of the DIM, their comprehension of disability rights and their perspectives on the effectiveness of the DIM in advancing the rights of persons with disabilities.

4.5.1.2. KIIs with United Nations agencies and development partners

KIIs were carried out with United Nations agencies and development partners actively engaged in disability inclusion efforts. These entities included UNICEF, UNDP, OHCHR and UNESCO, as well as development partners like DFAT, RTI, the Rabbit School, ACCESS and the CDPO.

These interviews aimed to gather insights from these stakeholders who play a significant role in the disability identification process. Topics covered during the interviews included their contributions to disability inclusion efforts, their perspectives on the disability identification process and their strategies for enhancing disability rights and inclusion in Cambodia.

4.5.1.3. KIIs with disability identification focal points

KIIs were conducted with disability identification focal points from the five selected districts and 13 communes. These focal points are pivotal figures in identifying and addressing the needs of persons with disabilities at the grassroots level.

During these interviews, the focal points shared their insights on human rights awareness and provided valuable suggestions for enhancing the DIM to better cater to the needs of persons with disabilities. Additionally, these interviews facilitated the collection of in-depth information on individual experiences and perspectives, enriching the evaluation process.

4.5.2. Qualitative survey using an online platform

In addition to conducting KIIs in the five selected provinces, a qualitative survey¹⁵ was administered using an online platform as part of the evaluation process. The survey was extended to all 25 provinces, where respondents from each PDoSVY provided insights via the online platform. This approach aided in comprehensively assessing the strengths and areas for improvement of the DIM across all provinces.

An online questionnaire was developed, featuring a series of open-ended questions designed to elicit perspectives and insights from respondents regarding the DIM. Clear instructions were provided to facilitate easy access and completion of the survey online. Continuous monitoring of online survey responses ensured data completeness and quality, with responses promptly downloaded as they were received.

Upon completion of data collection, analysis of the online survey was undertaken to identify common themes, patterns and insights pertaining to the strengths and areas for improvement of the DIM. Summarized findings from the online survey, including key insights, strengths, weaknesses and recommendations for enhancing the DIM, were then incorporated into the final report.

4.5.3. Focus group discussions

FGDs were organized at both district and commune levels, with a minimum of 10 participants in each group at the grassroots level. These discussions served as a platform for persons with disabilities to share their experiences, challenges and needs, ensuring inclusivity by involving both men and women to gather gender-sensitive insights.

FGDs constituted a crucial aspect of the process evaluation of Cambodia's Social- and Rights-Based DIM. They engaged groups of persons with disabilities and community members at the commune level, providing valuable insights into their experiences with the DIM and its impact on their lives.

Organized in the five selected provinces within the designated districts, FGDs comprised 10–12 participants each, totaling 137 individuals including persons with disabilities and community members. These discussions facilitated the sharing of diverse experiences, challenges and needs related to the DIM.

Furthermore, FGDs included participants who had received cards as well as those who had not yet received cards, enabling a comprehensive understanding of their experiences with the DIM.

FGDs involved women and men above 18 years of age from various geographic areas to ensure a broad spectrum of perspectives. The insights gathered through these discussions were instrumental in assessing the effectiveness of the DIM and informing recommendations for its improvement.

4.5.4. Stakeholder consultation

Stakeholder consultation played a vital role in the process evaluation of Cambodia's Social- and Rights-Based DIM. This inclusive approach ensured that the evaluation process was participatory and reflective of the perspectives and experiences of key stakeholders affected by or involved in the DIM.

Consultations were conducted in two communes with persons with disabilities to gain insights into their experiences with the DIM, including any challenges they encountered in accessing the programme and its benefits. Additionally, consultations were held with families and caregivers of persons with disabilities to gather their perspectives on the DIM and its impact on their lives.

The stakeholder consultation process prioritized the active engagement of persons with disabilities, ensuring that their perspectives, experiences and needs were thoroughly considered and integrated into the evaluation process.

4.5.5. Case studies

In addition, the evaluation incorporated five case studies (one case study in each province visited) profiling persons with disabilities who encountered unique challenges in accessing or navigating the DIM. These case studies offered nuanced insights into specific barriers and facilitators within the disability identification process, enriching the evaluation's overall findings and recommendations.

Case studies were a valuable component of the process evaluation of Cambodia's Social- and Rights-Based DIM. These studies focused on persons with disabilities who posed identification challenges. The purpose of these case studies was to illuminate the unique experiences and hurdles faced by these groups in accessing the DIM and to pinpoint areas for improvement. They delved into specific challenges encountered by persons with disabilities in accessing services and sought their input on enhancing the disability identification process.

Furthermore, case studies centred on individuals confronting barriers such as geographic isolation, limited awareness of their rights and other factors hindering their access to the DIM. By providing in-depth insights into the experiences of these groups, case studies aided in identifying specific areas where the DIM could be enhanced to ensure equitable access to services and support for all persons with disabilities.

4.5.6. Observations

Observation of disability identification processes served as a pivotal component of the process evaluation, providing invaluable insights into the practical implementation of the DIM and its efficiency. Through site visits and firsthand engagement with persons with disabilities, the evaluation team conducted a comprehensive assessment of how the DIM operates on the ground and its impact on beneficiaries.

The evaluation team meticulously observed the execution of DIM procedures, encompassing disability identification protocols and service delivery mechanisms. By directly witnessing these processes, the evaluation team gained a nuanced understanding of how effectively the DIM is translated into action, evaluating its efficiency and alignment with predefined objectives.

Embedding observation within the evaluation methodology facilitated the gathering of real-time feedback, offering critical insights into the DIM's functionality and its ability to cater to the needs of persons with disabilities in Cambodia. This hands-on approach enriched the evaluation findings, contributing to a comprehensive assessment and facilitating informed recommendations for programme optimization and efficacy enhancement.

4.6. Data processing and analysis

KIIs, FGDs and case studies were transcribed in Khmer and subsequently translated into English. The English transcripts were organized based on the KII and FGD tools, aligning the guiding questions with the evaluation questions.

Data from KIIs, FGDs and case studies were entered into an Excel spreadsheet to enable the evaluation team to compare responses across variables and identify similarities and differences in perspectives by gender and geography.

The data analysis for the process evaluation of the DIM employed qualitative data processing that involved several techniques to analyse and make sense of non-numerical data collected through methods such as interviews, observations and open-ended survey responses. Thematic analysis was used to identify patterns and themes within qualitative data, while content analysis involved systematically categorizing and interpreting textual information. Lastly, narrative analysis focused on understanding the stories and narratives that individuals, particularly those with disabilities, construct to make sense of their experiences. Data underwent rigorous cleaning to rectify errors, inconsistencies and missing values. This meticulous process ensured the accuracy and reliability of the dataset, laying a solid foundation for subsequent analysis.

To enhance the credibility and validity of the findings, triangulation was employed. This involved cross-verifying results obtained from different data sources and methods, thereby corroborating the conclusions drawn from the process evaluation. Triangulation was a key methodological approach used in the process evaluation of Cambodia's Social- and Rights-Based DIM, involving multiple data sources, methods and perspectives to validate findings and ensure the reliability and validity of the evaluation results.

4.7. Presentation of preliminary findings

On 16 May 2024, the evaluation team presented preliminary findings to key stakeholders, including government entities at the national level such as MoSVY, MoI, MoP, MoH, the DAC, United Nations agencies (specifically UNICEF, UNDP and OHCHR), and development partners such as RTI, the Rabbit School, ACCESS and the CDPO. The objective was to receive feedback on and validate the preliminary findings from the evaluation and gather recommendations to enhance the disability identification process.

During the validation workshop,¹⁶ following a presentation from the lead consultant, participants raised concerns regarding challenges encountered in the DIM process. The challenges reported by persons with disabilities and disability identification focal points included limited skills and knowledge on disability inclusion and various types of disabilities.

Disability focal points involved in the identification process lack the expertise needed to effectively address the diverse needs of persons with disabilities. Moreover, many communes and districts struggle with staffing and budget constraints for the disability identification process. There is also a lack of awareness among community members about the disability identification process, its importance, and its benefits for persons with disabilities.

During the validation workshop, attention was drawn to issues affecting migrant workers returning home for the DIM. Most of these migrant workers came to the city looking for jobs, and many of them

¹⁶ See 'Annex 5: Agenda of validation workshop for the process evaluation of the DIM'.

do not have permanent residences. Often, they are not known by the village chief, which is why they are asked to return to their home village to be registered.

Participants in the workshop also discussed the lack of clear guidelines, pointing to a need for capacity building, and inquiries regarding the assessment of intellectual disabilities, disability card validity and the establishment of a timeline for disability card issuance.

4.8. Further data analysis and presentation of final report

After receiving feedback and validating the preliminary findings, the evaluation team embarked on a thorough data analysis process. This involved delving deeper into the collected data to generate conclusive insights, identify key lessons learned and formulate actionable recommendations aimed at enhancing the disability identification process.

The recommendations were meticulously crafted to be feasible, relevant and actionable, with a clear delineation of the key stakeholders responsible for implementation and a proposed time frame categorized into three phases: immediate, short term (1–2 years), and long term (2–5 years).

This final report summarizes the culmination of the evaluation efforts, presenting a comprehensive overview of the findings, conclusions and recommendations derived from data analysis. The report aims to serve as a valuable resource for stakeholders involved in disability inclusion efforts, providing strategic guidance for improving the efficacy of the disability identification process in Cambodia.

4.9. Limitations

One of the main limitations of the process evaluation was the availability and quality of secondary data. The evaluation relied on existing data, which sometimes proved to be incomplete. Efforts were made, however, to utilize the most recent and reliable data sources and to verify data accuracy where feasible.

4.9.1. Sampling

Primary data collected in the process evaluation were qualitative to best address the evaluation questions. Consequently, the sample of geographic locations and participants for KIIs, FGDs and case studies was purposively selected, using criteria deemed most conducive to providing in-depth information. This sampling strategy did not aim to be representative of all provinces of Cambodia, however, considering the specific nature of the Cambodian context and the uniqueness of the DIM.

To address this limitation, the analysis incorporated secondary quantitative data and conducted an exhaustive review of documents related to disability inclusion in Cambodia. Additionally, an online survey was conducted across all 25 provinces where PDoSVYs provided their insights on the disability identification process.

4.9.2. Unbiased responses

Precautions were taken to ensure genuine and unbiased responses from persons with disabilities and disability focal points at the district and commune levels. The evaluation team familiarized themselves with data collection tools, which were translated into the local language. It is possible, however, that some information was lost in the translation process.

Additionally, the evaluation team comprised a mix of international and local consultants, including a local research assistant and translator who understood the local context well to facilitate data collection and translation into the local language.

Interviewers could have provided inaccurate or biased responses, either intentionally or unintentionally, potentially affecting the validity of the findings. Efforts were made to establish rapport with interviewees by asking questions in a neutral and non-leading manner.

These limitations are crucial to consider when interpreting the findings of this process evaluation and should be taken into account when utilizing the results to inform future programming and policy development in the area of disability inclusion in Cambodia.

4.10. Ethical considerations

The process evaluation of Cambodia's Social- and Rights-Based DIM was meticulously designed to adhere to stringent ethical considerations and uphold the standards set by UNICEF, prioritizing the dignity, privacy and safety of all participants, particularly vulnerable populations like persons with disabilities. The evaluation adhered to the UNEG Ethical Guidelines for Evaluation and the UNICEF Procedure for Ethical Standards in Research, Evaluation, and Data Collection and Analysis.¹⁷

A formal ethical review was conducted through UNICEF's global long-term agreement with Health Media Lab Institutional Review Board. The process evaluation underwent a comprehensive research ethics review (HML IRB Review #881CAMB24) by HML IRB from 14 to 22 April 2024, with ethics review approval granted as of 22 April 2024.

In addition, all participants in KIIs and FGDs were fully briefed on the purpose, procedures and potential risks and benefits of the process evaluation before providing their consent to participate. Informed consent, including from persons with disabilities, was obtained verbally. Participants for evaluation interviews were selected randomly, and measures were implemented to safeguard their privacy and confidentiality. Data were anonymized and securely stored to prevent unauthorized access, with utmost consideration given to data protection and the respect of participants' rights, beliefs and cultural practices.

Participation in the process evaluation was voluntary, and participants retained the right to withdraw at any time without consequence. Steps were taken to minimize potential harm or discomfort, ensuring that questions remained sensitive and non-intrusive. The evaluation prioritized inclusivity and equity, affording all participants an equal opportunity to engage regardless of background or circumstances. Transparency was maintained throughout the evaluation process, with clear communication about its purpose, methodology and findings provided to all stakeholders.

4.11. Equity, gender and human rights

The process evaluation of Cambodia's Social- and Rights-Based DIM was steadfastly guided by the principles of equity, gender equality and human rights, aligning with the standards outlined by UNEG and the guidance on Integrating Human Rights and Gender Equality in Evaluations (2014).¹⁸ These principles served as the bedrock of the evaluation process, ensuring fairness and inclusivity at every juncture.

Throughout the data collection process, the evaluation team meticulously adhered to the principle of equality, ensuring that all participants were treated with equal respect and dignity, free from any form of discrimination. Special attention was devoted to the selection of provinces, districts and communes to uphold inclusive principles, guaranteeing representation from all demographics and locations,

¹⁷ 'Ethical Guidelines for Evaluation'.

¹⁸ Ibid.

including persons with disabilities. To facilitate meaningful participation, translation between English and Khmer was provided for the data collection tools and during interviews, ensuring comprehensive engagement of all selected respondents.

Furthermore, the evaluation team was gender-balanced, comprising one international consultant (an M&E and disability expert) and two national consultants (one woman and one man), each possessing robust experience in research and a deep understanding of the Cambodian social protection context. This composition underscored the commitment to gender equality and ensured diverse perspectives were integrated into the evaluation process.¹⁹

4.12. Evaluation work plan

The process evaluation was structured into three distinct phases.²⁰ The inception phase commenced on 12 March 2024, focusing on laying the groundwork for the evaluation. The key deliverable for this phase was the inception report, outlining the evaluation's objectives, methodology and timeline.

The subsequent phase involved extensive fieldwork in five selected provinces for qualitative data collection. This phase encompassed various activities, including conducting KIIs, organizing FGDs and gathering case studies. Additionally, data transcription from Khmer to English and initial data analysis were conducted to generate preliminary findings. These preliminary findings were then presented to United Nations agencies, development partners and government entities in a consultative (in-person) workshop on 16 May 2024, facilitating early feedback and validation.

The final phase of the evaluation was the reporting process, wherein comprehensive data analysis is conducted and the evaluation report is drafted. This phase involved synthesizing all findings, conclusions and lessons learned from the evaluation. A set of actionable recommendations were formulated, tailored to addressing identified gaps and enhancing the effectiveness of the disability identification process. The evaluation report, along with the recommendations, were then shared with key stakeholders, including the GS-NSPC, MoSVY and UNICEF, for their review and feedback, ensuring the incorporation of diverse perspectives and insights into the final report.

Table 3: Phases of process evaluation

	Phase 1: Inception	Phase 2: Data collection	Phase 3: Reporting
Key activities	<ul style="list-style-type: none"> • Perform documents review • Analyse secondary data • Formulate methodology and data collection tools • Conduct ethical review process • Develop inception report 	<ul style="list-style-type: none"> • Test data collection tools • Train data collection team • Perform field work for data collection • Conduct transcript and data analysis • Elaborate preliminary findings • Hold validation workshop to test preliminary findings 	<ul style="list-style-type: none"> • Complete data analysis • Develop lessons learned and conclusions • Develop final recommendations • Draft evaluation report • Develop final evaluation report • Develop executive summary
Deliverables	Inception report	Preliminary findings (PPT)	Final evaluation report

¹⁹ Integrating Human Rights and Gender Equality in Evaluations.

²⁰ 'Terms of Reference For Individual Consultant'.

5. FINDINGS

The process evaluation findings are structured around key criteria, offering insights into the effectiveness, efficiency, coherence, sustainability and relevance of Cambodia's DIM. Findings from KIIs and FGDs acknowledge the DIM's importance as a mechanism aimed at addressing the diverse needs of persons with disabilities in Cambodia, aligning perfectly with national and international policy frameworks aimed at promoting their rights and inclusion.

Sustainability of the DIM presents a challenge, however, particularly regarding funding, institutional capacity and coordination mechanisms. Despite reported challenges relating to skills and knowledge limitations of focal points and physical and communication barriers, DIM implementation demonstrated efficiency in resource utilization and service delivery.

Nonetheless, there are opportunities for enhancement, particularly in restructuring administrative processes and strengthening monitoring mechanisms to further optimize efficiency. Enhanced coherence between the DIM and other social protection programmes emerges as a critical consideration. While efforts have been made to align the DIM with existing policies and initiatives, further coordination is necessary to ensure comprehensive support for persons with disabilities in Cambodia.

5.1. Relevance

Overall, the DIM is highly relevant, effective and well aligned with national policies and international frameworks, contributing significantly to the promotion of disability rights and inclusion in Cambodia. Findings from the evaluation reveal that the DIM has demonstrated commendable alignment with the RGC's policies related to disability inclusion by actively involving stakeholders in the disability identification process from its design phase.

This collaborative approach is a key strength of the DIM, and includes active participation of persons with disabilities and organizations representing them. Such inclusivity not only enhances the DIM's effectiveness but also fosters a sense of ownership and empowerment among stakeholders involved in the disability identification process.

The DIM has demonstrated a commendable ability to adapt to changing needs and circumstances. Throughout its implementation, there have been instances where adjustments were made to better address emerging challenges, especially during the COVID-19 pandemic. This flexibility ensures that the DIM remains relevant and responsive to the evolving needs of persons with disabilities in Cambodia.

Evaluation questions: Relevance

1. *To what extent is the DIM relevant to the identified needs of target populations and their families? Are the DIM and interventions customized enough to address the needs of the target population by age, gender, type of disability, place of residence and other factors?*
2. *Were relevant partners involved in the disability identification process design and implementation, including target population, their families and OPDs?*
3. *Is the DIM responsive to changing needs and circumstances? Was it adjusted through the course of its implementation?*

5.1.1. Alignment with national priorities and international standards

The DIM, designed to address key challenges faced by persons with disabilities in Cambodia, is well aligned with the country's development and social protection priorities, policies and sectoral plans relevant to disability inclusion. This mechanism is intended to contribute to national goals and targets outlined in the NDSP and the NSPPF.

The DIM plays a crucial role in ensuring inclusive education for children with disabilities, who often face exclusion from mainstream education systems. By providing support at an early stage and facilitating access to inclusive classrooms and specialized teaching methods, the DIM aims to address this challenge effectively. Additionally, the DIM is instrumental in accessing social services and benefits specified in various sub-decrees by ministries and government institutions, including financial assistance.

The DIM is also closely aligned with the CRPD and adheres to its guidelines and standards, particularly those concerning disability inclusion and the promotion of the rights of persons with disabilities.

Furthermore, the DIM contributes to the principles of the Sustainable Development Goals (SDGs), particularly those related to leaving no one behind and achieving SDG 4 (Quality Education), SDG 8 (Decent Work and Economic Growth) and SDG 10 (Reduced Inequalities).

5.1.2. The DIM through a participatory approach

Discussions with various partners during interviews confirmed that the DIM is implemented through a participatory approach, engaging various stakeholders, including persons with disabilities. Implemented by MoSVY with financial and technical support from UNICEF and the EU, the DIM operates at both national and subnational levels. This operation is facilitated by disability identification focal points who adhere to a standardized system in conducting interviews and capturing photos of persons with disabilities. Subsequently, the collected information is submitted via a mobile application to provincial levels for verification. Data are then transferred to the national-level database for additional scrutiny and approval before physical disability cards are printed.

Interviews with representatives of OPDs revealed that MoSVY involved them from the initial design of guidelines to the development of sub-decrees facilitating the launch of the disability identification process. Members of associations and groups of persons with disabilities participated in training sessions organized by MoSVY, covering topics such as data collection processes, photography and the use of mobile applications. At the commune level, persons with disabilities actively participated and coordinated with village chiefs to identify persons with disabilities.



Figure 2: FGD with representatives of persons with disabilities and disability focal points in Preah Vihear, May 2024. Photo by MoSVY.

There is, however, a prevailing feeling that their involvement is still limited and needs to be increased. A representative of OPDs stated that "OPDs understand the concerns and issues faced by persons with disabilities better than anyone else, and if empowered, they can expedite the process". Therefore, there is a request for increased involvement of OPDs in all aspects of the disability identification process to ensure that it truly reflects the needs and realities of persons with disabilities.

The implementation of the DIM is also participatory, as evidenced by the active involvement of different stakeholders, including development partners, United Nations agencies and OPDs.

5.1.3 Involvement of OPDs in the DIM

Since June 2022, MoSVY has been implementing the DIM with the aim of identifying persons with disabilities across the country. This initiative involves collaboration with various stakeholders, including OPDs, to ensure the effective identification and support of persons with disabilities.

Despite significant progress, a representative of OPDs revealed some challenges that hinder the identification process, including limited knowledge among disability focal points and technical issues such as internet connectivity and system downtime that disrupt the process. To address these challenges, a representative of OPDs suggested ongoing capacity building and system improvements.

A representative of OPDs confirmed that the disability card facilitates access to social protection benefits, rehabilitation services and employment opportunities. Challenges persist, however, regarding recognition by MoH for accessing health care services. Nevertheless, the card's recognition by other ministries will ensure access to essential benefits for persons with disabilities.

A representative of OPDs added that the DIM actively engages with stakeholders, including OPDs, through regular meetings to ensure awareness and participation and concluded that involvement of OPDs and other stakeholders in Cambodia's disability identification process has demonstrated a comprehensive and collaborative approach to address the needs of persons with disabilities.

5.2. Effectiveness

This section evaluates the effectiveness of the DIM by assessing the extent to which they achieved their intended objectives. This involves examining whether the disability identification process, which includes data collection and transfer and the issuance of disability cards, was effective in promptly delivering the intended outcomes, particularly in enabling those who received disability cards to access benefits. Therefore, this section focuses on determining the degree to which all steps in the disability identification process were followed.

The DIM was established in August 2020 with the introduction of the Disability Identification Guidelines aimed at creating a standardized system for disability identity data in Cambodia. The DIM was designed to be comprehensive, sensitive and inclusive, considering not only visible disabilities but also hidden or invisible ones such as mental health conditions or chronic illnesses. To effectively identify persons with disabilities, it required effective coordination of multiple stakeholders, including persons with disabilities and their families as well as health care professionals, to ensure a holistic and nuanced understanding of different types of disabilities.

Findings from the process evaluation revealed that the DIM in Cambodia has demonstrated effectiveness in achieving its objectives over the past four years of its implementation. This effectiveness is evidenced by the notable increase in the issuance of disability cards during this period, with around 250,730 persons with disabilities having already received their disability cards by the end of 2023.

The DIM has adopted inclusive practices to ensure that all persons with disabilities are identified and issued disability cards. While methods utilized in the DIM strive to be acceptable for persons with diverse disabilities, there is still room for improvement in tailoring approaches to better accommodate their specific needs.

Evaluation questions: Effectiveness

1. *To what extent have the objectives of the DIM been realized? Are there signs that the DIM is facilitating access to services for persons with disabilities?*
2. *How effective is the DIM in identifying different types of disability? What are the main constraints/challenges in assessing all types of disability?*
3. *Does the DIM involve any practices that may have a differential impact on specific groups? Is the process inclusive and equitable?*
4. *Are the methods and procedures (e.g., awareness raising and outreach activities, on-demand approach, grievance mechanism) used in the DIM accessible and acceptable for individuals with different types of disabilities?*
5. *What are the main barriers in accessing the DIM for persons with disabilities? What are the (perceived) advantages of the DIM?*

5.2.1. DIM design

During the initial stage of DIM design, guidelines were established to define a systematic process for collecting and transmitting disability data, which are collected at commune/sangkat levels and transferred to the PDoSVYs and to MoSVY, employing technology-based systems for efficient data management. The DIM was implemented to effectively identify and support persons with disabilities, fostering their rights and inclusion within society.

At the commune level, the DIM is supported by disability identification focal points responsible for adhering to standardized forms to ensure consistency and accuracy in data collection. Collaboration between MoSVY and provincial and district focal points facilitates regular monitoring, verification and resolution of data discrepancies. Disability cards are issued centrally by MoSVY based on verified data, ensuring reliability and consistency in the distribution process.

5.2.2. Effectiveness in following the steps of identification guidelines

During interviews with disability identification focal points, the evaluation team observed meticulous adherence to the steps outlined in the DIM, confirming their alignment with established guidelines. The initial step involves commune/sangkat disability focal points gathering disability data utilizing a technology-based system by conducting interviews with persons with disabilities, often in collaboration with their family members (especially for those requiring assistance due to their specific types of disabilities).

All disability focal points interviewed at the communal level affirmed that the collected data, including responses to questions and photos taken, are securely and directly transmitted to central databases. This facilitates efficient data management and accessibility for provincial focal points, who verify the information gathered at the commune level. IT staff at the central level meticulously review and validate transmitted data to uphold their accuracy and completeness, thereby ensuring the reliability of the information.²¹

²¹ 'Guideline on Social and Rights-Based Disability Identification.'

5.2.2.1. DIM implementation at commune level

At the commune level, the implementation of the DIM involves several crucial steps and responsibilities aimed at accurately identifying persons with disabilities within the community.

Firstly, the commune administration initiates the identification process by disseminating information about the DIM to village chiefs and community members, sharing details about the sub-decree and relevant information related to persons with disabilities. This aims to raise awareness and encourage identification within the villages. Additionally, the commune informs persons with disabilities about the upcoming interview process and the documents they need to prepare, such as birth certificates and family residency documents.

Secondly, the commune administration schedules interviews with persons with disabilities, either at assessment centres in the commune buildings, at the house of the village chief or directly at the homes of persons with disabilities who are unable to travel due to age or the severity of their disability. This ensures that interviews are inclusive and do not discriminate based on socio-economic status. Generally, the disability focal point contacts persons with disabilities a day or two in advance to confirm the interview schedule and provide them with sufficient time to prepare supporting documents.

During the interviews, commune officers collect data from persons with disabilities – including personal information and details about their disabilities – and enter them into the DIM mobile application and IT system, ensuring accuracy and completeness.

After the initial interviews, commune officers follow up with persons with disabilities who may need to undergo a second interview, as referred by the relevant PDoSVY, ensuring that all necessary information is collected and entered into the DIM system accurately to facilitate the identification process.

These disability identification steps were found to be effective. The process was significantly enhanced by proactively disseminating information about the DIM. Village chiefs effectively communicated with persons with disabilities regarding the interview process, which led to better engagement and participation. In addition, offering flexible interview locations, such as the village chief's house or directly at the homes of persons with disabilities, has proven effective in accommodating diverse needs and improving accessibility.

5.2.2.2. DIM implementation at district level

At the district level, the implementation of the DIM is facilitated by a series of key responsibilities aimed at ensuring effective coordination, support and oversight.

One of the primary functions of the district-level officer is to facilitate training sessions for focal points from each commune within its jurisdiction. These training sessions are conducted in collaboration with the PDoSVY. The district ensures that all commune focal points receive the necessary training on DIM procedures, guidelines and technical aspects to effectively carry out their roles in the identification process.

Following the training sessions, the district serves as a resource hub for communes requiring assistance with technical aspects related to DIM implementation. This includes clarifications on procedures, troubleshooting technical issues and providing guidance on data entry or verification processes.

The district acts as a liaison between the provincial department and the communes, facilitating communication and collaboration between all stakeholders involved in DIM implementation. They

ensure smooth coordination of activities, resolve any interdepartmental issues or conflicts and provide support to communes as needed to ensure adherence to established guidelines and timelines.

Another critical role of the district-level officer is to monitor and follow up on the progress of DIM implementation within its jurisdiction. This involves regularly assessing the performance of communes in carrying out their responsibilities, verifying the accuracy of data entry and identifying any areas requiring improvement or intervention.

The district serves as a central communication hub, relaying information, updates and directives from higher authorities, such as the provincial department or ministry, to the communes. They also gather feedback, concerns and suggestions from communes and convey them to higher authorities for consideration or action, facilitating a two-way flow of communication within the DIM implementation framework.

The evaluation revealed that the district-level implementation of the DIM was characterized by effective robust technical support, efficient coordination, diligent monitoring and effective communication, despite limited financial resources for conducting field missions in different communes.

5.2.2.3. DIM implementation at provincial level.

The PDoSVYs play a pivotal role in the effective execution of the DIM in Cambodia. With a comprehensive set of responsibilities aimed at upholding accuracy and efficiency throughout the process, the PDoSVYs ensure that persons with disabilities receive the support they need.

Initially, each PDoSVY oversees the reception and integration of data from commune administrations into the DIM system by meticulously verifying the accuracy of information, including personal details and supporting documentation. In cases of ambiguity or inconsistency, the PDoSVY collaborates with commune authorities to clarify details and ensure the integrity of the database.²²

Secondly, each PDoSVY conducts training sessions for disability focal points at district level. Following this training, district disability focal points play a pivotal role in cascading knowledge and skills to commune-level focal points. Collaborating closely with MoSVY, the PDoSVYs ensure that training programmes adhere to national guidelines and schedules.

With a commitment to quality assurance, each PDoSVY oversees the DIM process through systematic monitoring and site visits, assessing implementation at district and commune levels and ensuring adherence to national standards and guidelines. During these visits, the PDoSVY offers assistance to persons with disabilities and addresses any challenges or discrepancies encountered, thereby maintaining the integrity of the identification process.

Overall, the PDoSVYs' comprehensive responsibilities are to ensure that DIM implementation is accurate, efficient and supportive of persons with disabilities throughout the process. The evaluation found that this was achieved through systematic monitoring of the DIM process via site visits at district and commune levels and by conducting training sessions for district-level disability focal points.

5.2.2.4. Technical support needed for successful implementation of the DIM

Effective training programmes tailored to the specific needs of each community are essential for building the capacity of responsible personnel, including village chiefs and commune officers. Ongoing

²² 'Guideline on Social and Rights-Based Disability Identification.'

support and resources from government entities and development partners are necessary to ensure the success of training initiatives, especially in rural and remote areas.

Findings from discussions with disability focal points revealed that providing necessary resources, such as smartphones for conducting interviews and funding for internet access, is crucial for the smooth implementation of the DIM at the commune level. As a disability focal point in Ratanakiri province put it, "Government entities should ensure that communes have access to adequate resources to carry out their responsibilities effectively and efficiently. Government entities like PDoSVY should provide technical support and guidance to communes facing challenges in DIM implementation. Regular site visits of PDoSVY and MoSVY will help identify and address issues promptly, ensuring the continuity of work and the effective functioning of DIM."

5.2.3. Effectiveness in data collection process

According to one person with disability interviewed in Ratanakiri province, the identification process went smoothly with straightforward questions. The person found the questions easy to answer, especially since they were related to personal identification. Before the identification process, however, persons with disabilities were asked to provide documentation such as a family book or birth certificate. In some cases, these documents were not available, and family members had to assist in finding evidence of the person's identity.

During FGDs with persons with disabilities in Kampot, it was confirmed that identification was conducted on a voluntary basis, and none of them felt forced to participate. They expressed difficulty, however, with the questionnaire used in the process. While questions about age, gender, name, location and residency were easy to respond to, questions about disability types were challenging to understand.

Understanding the reason why they were asked those questions was another challenge. One person with disability from Kampot observed, "But when it comes to disability types, it was difficult to understand why they were asking those questions." These insights highlight the importance of ensuring clarity and simplicity in the interview processes for persons with disabilities, as well as the need for flexibility and support in providing necessary documentation.

In DIM data collection, there were no significant differences observed between genders or among different age groups.

5.2.4. Centralized DIM database

A conversation with IT staff responsible for the centralized DIM database at MoSVY described how the DMIS serves as a centralized platform for organizing data concerning persons with disabilities. The primary objective of the database is to update disability-related information to support evidence-based decision making.

MoSVY oversees the management of collected data, ensuring their completeness and integrity. Data are stored in a centralized database, organized in a structured manner for easy retrieval and analysis, as confirmed by IT staff. Rigorous data security measures are implemented to safeguard sensitive information and ensure compliance with privacy regulations. The DMIS is designed to accommodate a diverse range of data types, including demographic information and disability classifications, as further confirmed by the MoSVY IT staff.

A government official has suggested, however, that the current DMIS database should be linked to other government information systems and databases. This integration would facilitate data sharing and interoperability, enabling smooth exchange of information between different sectors and government institutions involved in social protection and disability-related initiatives.

5.2.5. Issuance of disability cards

Findings from the process evaluation revealed remarkable progress in the disability identification process since its inception in 2020. According to data provided by MoSVY, the completion rate of the identification process and the issuance of cards for persons with disabilities over the span of four years has been considerable. The Census 2019 estimated the population of persons with disabilities to be approximately 670,000. From 1 January 2020 to 31 December 2022, a total of 252,808 persons with disabilities were registered in the DMIS, with 119,239 being female; by 31 December 2023, this number had increased to 321,603 persons (157,139 female); and by 31 July 2024, it had gone up to 342,756 persons (167,997 female).

Furthermore, within this cohort, a significant milestone has been reached. As of 4 July 2024, a total of 250,730 disability cards have been printed, of which 49,958 had already been distributed to persons with disabilities while the remaining 200,772 were sent to the PDoSVYs for distribution to communes and persons with disabilities.

This achievement underscores the dedication and efficacy of the DIM and the commitment of government institutions and stakeholders involved in this identification process. It is important to recognize, however, that this journey towards full coverage is ongoing and requires the participation of different partners. Continual efforts in coordinating data collection and verification are needed to achieve the overall objective of the DIM, which is to issue disability cards for all persons with disabilities.

5.2.6. Benefits from disability cards

Since the launch of the DIM, MoSVY focused on developing guidelines and sub-decrees that will be used for advocating for the benefits accessible via the cards. Disability cards are now linked to the NSA-FP programme and other benefits. These benefits are still limited, however, and not widely recognized by service providers and institutions, which require time and effort to collaborate with different stakeholders in order to broaden the benefits of the disability cards and meet the needs of persons with disabilities.

In Kampot, persons with disabilities expressed a desire to receive financial assistance with the card. "Until now, commune and village chiefs have not yet informed us about the benefits of the cards. We are still waiting," said one person with disability from Kampot. Disability cards and the benefits associated with them should be communicated to various institutions, including hospitals and clinics, to ensure that persons with disabilities can access the support they need. It was reported by persons with disabilities from Ratanakiri province, however, that some clinics are still unaware of disability cards.

Currently, clinics only provide free treatment for persons with disabilities who have an IDPoor status. "Persons with disability cards should be given priority and receive treatment first," suggested a person with disability in Ratanakiri province.

5.3. Coherence

This section assesses the consistency of the disability identification process with other social protection initiatives in Cambodia. It examines complementarity, harmonization, coordination with others, and the extent to which the disability identification process adds value to social protection initiatives while avoiding duplication of effort.

Evaluation questions: Coherence

- 1. To what extent are there synergies and interlinkages between the DIM and other interventions carried out by the government and partners (such as those under NSSF, the Ministry of Labour and Vocational Training for workplace injuries, and the MoP IDPoor process)?*
- 2. Do coordination mechanisms between key stakeholders exist, and if so, to what extent are they well designed, clear and active? Are there differences in coordination at national or subnational levels?*
- 3. Does the DIM identification process work coherently across different age categories?*

5.3.1. Collaboration and coordination at central level

MoSVY disclosed that the DIM is coordinated centrally through regular meetings aimed at supporting its implementation at both national and subnational levels. "Since its establishment, there have been regular meetings with relevant stakeholders coordinated by the MoSVY, involving other line ministries such as the MoH, MoP and MoI," stated a government official during an interview.

In addition to its internal coordination efforts, MoSVY has strengthened partnerships with various stakeholders to ensure the effectiveness of the disability identification process. These partnerships span different sectors and involve United Nations agencies and development partners. Notable partners include UNICEF, UNDP, UN Women, OHCHR, the ILO, UNESCO, the EU, DFAT, ACCESS, the German Development Cooperation (GIZ), RTI and the CDPO.

These collaborations serve multiple purposes, including sharing expertise and best practices, as well as enhancing coordination efforts. Furthermore, these partnerships facilitate the exchange of knowledge and experiences, enabling the implementation of innovative approaches and strategies to address challenges in disability identification.

UN agencies' Involvement in the DIM

United Nations agencies have played pivotal roles in advancing social rights and economic protection systems for persons with disabilities in Cambodia, with a specific focus on their involvement in the DIM. Their initiatives encompass advocacy for rights, safeguarding persons with disabilities, raising awareness and facilitating their participation in diverse processes.

Throughout interviews, a United Nations staff member attested that in recent years, United Nations agencies have concentrated efforts on promoting access to justice for persons with disabilities and enhancing general awareness about disability rights. They stressed the prioritization of persons with disabilities' involvement in decision-making processes and the conduct of training sessions for persons with disabilities on the DIM in collaboration with MoSVY. Additionally, United Nations agencies actively engage in the legal analysis of draft laws pertaining to disability, with UNDP, UNESCO and the ILO playing active roles.

While recognizing the significance of medical assessments in categorizing and identifying disabilities, the United Nations staff member highlighted concerns regarding the availability of medical teams at the

local level. They emphasized the imperative of conducting interviews in a non-intrusive manner, ensuring the protection, respect, confidentiality and voluntary participation of persons with disabilities. The staff member underscored the necessity of awareness campaigns to combat the stigma surrounding disability and encourage persons with disabilities' participation in the identification process.

Moreover, United Nations staff emphasized the importance of safeguarding privacy, maintaining confidentiality and ensuring voluntary participation in the identification process, in accordance with human rights principles. They advocated for heightened awareness of the benefits of identification and the accurate classification of mental health issues.

5.3.2. Coherent implementation of the DIM at the provincial, district and commune levels

Despite the absence of dedicated staff assigned to the DIM, the evaluation team observed the effective implementation of the DIM at provincial, district and commune levels, utilizing members of commune councils. MoSVY, in collaboration with its provincial departments, has established institutional arrangements enabling districts and communes to designate government staff to support DIM processes. These arrangements contribute to the effective implementation of the DIM, particularly at the commune level.

At the provincial level, the PDoSVYs typically oversee DIM implementation. They provide guidance for DIM activities at the district and commune levels within their provinces to ensure comprehensive coverage and efficient implementation. District administrations play a crucial role in coordinating DIM activities within their areas. Designated district-level staff, acting as focal points for disability issues, collaborate with commune/sangkat administrations to ensure smooth DIM processes at the commune level.



Figure 3: FGD with PDoSVY and district disability focal point at Preah Vihear, May 2024. Photo by MoSVY.

Commune/sangkat administrations serve as the front line in the disability identification process. They appoint focal points to oversee DIM activities at the community level, working closely with village chiefs and grassroots organizations, including those representing persons with disabilities, to facilitate interviews and photo sessions.

5.3.3. Synergies with social protection initiatives

Discussions with various partners during interviews underscored the necessity of establishing significant synergies and interlinkages between the disability identification process, the IDPoor programme and the NSA-FP in Cambodia. These programmes collectively aim to boost the social protection sector in the country and address diverse dimensions of poverty and vulnerability, including challenges related to disabilities.

The NSA-FP for poor and vulnerable households identified through the IDPoor programme is a social protection programme approved by the RGC, designed to strengthen the ability of poor households to invest in human capital, achieve long-lasting prosperity, and reduce poverty and vulnerability in families through the integration of cash transfers. The NSA-FP integrates several programmes such as the Cash Transfer Programme for Pregnant Women and Children under 2, scholarships for primary and secondary students, the Cash Transfer Programme for Persons with Disabilities, and the Cash Transfer Programme for Elderly and People Living with HIV/AIDS.²³

"Incorporating disability status into the criteria for identifying poor families renders these programmes more inclusive and responsive to the needs of vulnerable populations," reported a member of a development partner. Additionally, through interlinkages between these initiatives, families identified as poor and having members with disabilities gain access to a comprehensive package of support, as confirmed by a person with disability.

Moreover, integrating the disability identification process with the IDPoor and NSA-FP programmes facilitates enhanced access to services and benefits for persons with disabilities and their families. "Synergies between these programmes facilitate data sharing and coordination among relevant government agencies and stakeholders, improving the efficiency and effectiveness of service delivery while minimizing duplication of efforts," observed a government official in Phnom Penh.

5.4. Efficiency

This section assesses the efficiency of the DIM by determining whether the financial and human resources allocated to the process were utilized in a cost-effective manner, and whether the mechanisms were implemented according to plan without significant delays.

Evaluation questions: Efficiency

- 1. How cost effective is the DIM from the perspective of administrative costs versus the benefits received? Is the project implementation appropriately monitored?*
- 2. How are the results of monitoring used? Will the DIM be reviewed/adjusted regularly over the course of its implementation? Is the DIM time efficient from the perspective of supporting beneficiaries in a timely manner?*

5.4.1. Time frame of issuing disability cards

During interviews with disability identification focal points at the district and commune levels, concerns arose regarding the prolonged duration from data collection to the issuance of disability cards. This extended wait, approximately three months on average, frustrates persons with disabilities who expect

²³ National Social Protection Policy Framework 2016–2025.

quick access to a card but find services may not be ready. The frustration the expressed centred on the slow pace of data collection processes – including the transmission of data to central databases, highlighting that step as a major bottleneck. One person with disability suggested that increasing the number of IT staff at provincial levels could expedite the process, and recommended enhancing accessibility of IT systems and increasing the budget associated with data collection and technology infrastructure to streamline processes and reduce waiting time for persons with disabilities.

5.4.2. Monitoring and field support budget

According to interviews with PDoSVY staff, logistic and administrative costs for monitoring and field visits related to the disability identification process are low relative to the demand and support requests from provinces, districts and communes. Staff interviews also stressed that, for monitoring purposes, site visits from PDoSVYs to commune focal points must be prioritized in budgets. "Right now, provincial focal points are unaware of any challenges that need their attention at the community level," reported a disability focal point from Preah Vihear. "If there are regular site visits, they will be aware of challenges in a timely manner and can be resolved promptly to speed up the process." Disability focal points at the district and provincial levels reported a lack of budget allocation for monitoring, rendering them unable to conduct field monitoring visits to support communes in conducting interviews and capturing photos.

Interviews with focal points highlighted calls for development partners to increase their active participation (both technical and financial) in the monitoring of the disability identification process, as this would allow them to provide support to persons with disabilities based on the realities observed in the field. "Regular field visits will help developing partners gain first-hand insights into the challenges faced by persons with disabilities during the identification process, interact directly with persons with disabilities to understand their specific needs and concerns, and offer timely assistance and guidance to both persons with disabilities and local stakeholders involved in the disability identification process," suggested a Ratanakiri disability identification focal point.

A government official in Phnom Penh suggested during interview that development partners need to be involved in the disability identification process by providing financial support. This includes allocating funds for purchasing tablets and covering internet expenses. Communes often have limited resources and numerous tasks to manage. "Internet bills ranging from \$2 to \$5 per month for conducting interviews are appropriate, but sometimes communes are unable to afford them," reported a Disability identification focal point in Ratanakiri. This highlights the financial constraints faced by communes in rural areas, making it challenging for them to sustainably support the DIM.



Figure 4: FGD with PDoSVY and district disability focal point in Ratanakiri, May 2024. Photo by MoSVY.

The evaluation team noted that the DIM has effectively utilized its resources, including financial resources, to efficiently achieve its objectives, such as issuing more than 200,000 disability cards since 2020.

5.5. Sustainability

Evaluation questions: Sustainability

- 1. To what degree does the DIM build capacities of relevant service providers for implementation of the DIM? How is this capacity built? Are there any specific capacity gaps in following the identification steps that need to be addressed and/or strengthened?*
- 2. Are there sufficient resources allocated from the government to sustain the DIM in the future? Is the current budget allocation approach sustainable?*

Active engagement with government entities at the provincial, district and commune levels, OPDs and persons with disabilities has increased the likelihood of sustaining the disability identification process. Concerns about the sustainability of the DIM as an ongoing activity were voiced, however, by various development partners interviewed. A major worry revolves around the regular costs associated with capacity building for interviewers involved in the identification process. Financial stability and institutional commitment were identified as crucial factors for the sustainability of the DIM. Interviews with MoSVY indicated that the stability of financial resources allocated to the DIM is assured. Nevertheless, financial resources may not always be sufficient to meet operational needs and support ongoing activities throughout the year.

"To ensure long-term support, the best option should be to diversify funding sources used in the disability identification process and forge strategic partnerships with key organizations and donors engaged in disability inclusion" suggested one government official. In addition, donors must have a strategy for addressing gaps before withdrawing support to ensure that the government can allocate a sufficient budget and continue the programme without risk.

This approach would help mitigate overreliance on government budget and UNICEF funding for the financial sustainability of the DIM.

Regarding sustainable funding mechanisms, it was reported during FGDs that limited financial resources present a significant obstacle to DIM implementation. To overcome this challenge, it is imperative to establish sustainable funding mechanisms. "These mechanisms should not only cover ongoing training, site visits and operational expenses, but also ensure the programme's continuity even amidst budgetary constraints," suggested a representative of an OPD, adding that accessible infrastructure such as smartphones and internet access is essential for DIM sustainability.

Moreover, another government official emphasized that continuous capacity building of disability focal points at the commune level should be a priority for the substantiality of the DIM. These capacity-building efforts would adequately equip disability focal points with the necessary tools and competencies to carry out their roles effectively, thereby contributing to the sustainable implementation of the DIM. This would complement the level of commitment of government entities at provincial, district and commune levels, including the involvement of OPDs and persons with disabilities themselves, as well as the willingness of the central government to allocate financial resources and support the continuation of the disability identification process.

5.6. Cross-Cutting Dimensions This section assesses equity, gender equality and human rights considerations in the implementation of the DIM by determining whether a rights-based approach was used, evaluating the participation of women and girls with disabilities, and examining any signs of stigma and discrimination practices observed in the implementation of the disability identification process.

Evaluation questions: Cross-cutting dimensions

- 1. Are there any difficulties in accessing the DIM for women with disabilities? Are there any special barriers or concerns from a gender perspective?*
- 2. What are the main concerns and/or barriers linked to the assessment of different age groups, particularly young children and the elderly, under the DIM?*

5.6.1. Rights-based approach

According to MoSVY, the DIM process follows human rights principles such as maintaining the privacy of information within the system. An OPD member confirmed that the DIM is based on a social rights approach, as only relevant IT staff can access the data in the system. Confidentiality should also be ensured during the processing of identification, however, considering the environments and places where interviews are conducted. Most of the communes visited during the process evaluation do not have private spaces that can be used by disability focal points to conduct interviews and take photos in privacy.

5.6.2. Stigma and discrimination

In KIIs and FDGs with persons with disabilities, there were no reports of stigma or discrimination by persons with disabilities or disability identification focal points. A commune council official noted that while some interviewers may hold cultural beliefs or misconceptions about disabilities, they properly perform their tasks of conducting interviews and taking photos of persons with disabilities. The official emphasized the importance of ongoing awareness campaigns and advocacy efforts in communities to reduce stigma, promote acceptance and raise awareness about the significance of disability identification and inclusion. Additionally, engaging communities – including persons with disabilities,

their families and village chiefs – in the implementation of DIM activities will foster ownership, participation and collaboration.

According to information received from Ratanakiri province, as a preventive measure, special emphasis has been placed on maintaining confidentiality for persons with disabilities who have HIV, in order to protect their privacy and prevent potential discrimination.

5.6.3. Participation of women and girls with disabilities

Research conducted by various scholars has highlighted that women with disabilities face unique barriers and concerns from a gender perspective compared to other women without disabilities. During discussions with persons with disabilities, especially women, it became evident that women with disabilities encounter challenges during the disability identification process (although women do represent nearly 50 per cent of those registered through the DIM). Disability focal points reported that special attention was observed for women with disabilities in rural areas who often need to travel long distances from home to commune buildings, with some facing physical disabilities that restrict their ability to travel long distances. Even though home visits are conducted in some communes, women and girls with disabilities – particularly those living in rural areas – encounter several specific challenges. These challenges include mobility impairments that make it difficult to navigate rough terrain, and a lack of accessible infrastructure such as restrooms. This further complicates their ability to participate in the identification process. Additionally, women with disabilities in rural areas face economic hardships that limit their ability to afford transportation. Social stigma also contributes to their isolation, affecting their confidence and ability to seek help when needed.

One case reported during discussions involved a disability focal point at the commune level. "A woman with a disability managed to go alone to the commune office for disability identification but did not find anyone to support her in the process, resulting in her leaving without being interviewed and not returning again," testified a disability focal point interviewee.

Commune councils in areas visited confirmed, however, that, in general, no woman with a disability known by the village chief was left behind during the identification process. Special efforts were made by village chiefs and disability focal points to ensure that all persons with disabilities in remote and hard-to-reach areas, including women and girls with disabilities, were not excluded. Outreach mechanisms were established in different communes to overcome these challenges and ensure the participation of all persons with disabilities in interviews and photo sessions, whether they were at home or at commune buildings.

5.7. Challenges

Key challenges reported by persons with disabilities and disability identification focal points include limited skills and knowledge on disability inclusion and on different types of disabilities. It was reported that individuals involved in the identification process lack the necessary expertise to effectively address the diverse needs of persons with disabilities. There is also a lack of awareness among community members about the disability identification process, its significance, and how it can benefit persons with disabilities. Additionally, there is a need for clear and effective communication channels to disseminate information about the disability identification process.

5.7.1. Impact of COVID-19 on the DIM

The implementation of the DIM has been significantly impacted by the COVID-19 pandemic, exacerbating the existing challenges faced by persons with disabilities in Cambodia. One of the reported challenges is the disruption of essential health services caused by lockdown measures. Furthermore, the

transition to remote work and virtual platforms for government staff, including commune council members and disability focal points at the commune level, has affected persons with disabilities, especially those in rural communities who are not easily accessible by village chiefs and disability focal points for disability identification activities such as interviews and photo sessions.

5.7.2. Human resources dedicated to the DIM

During interviews with OPDs in Preah Vihear, it became evident that disability identification focal points at the commune level face challenges in effectively executing the DIM. These challenges include a lack of sufficient human resources dedicated to this specific task, and limited capacity in the methodology and techniques required for conducting interviews and photo sessions.

"To address this issue, strategic allocation of human resources and targeted capacity-building efforts for disability identification focal points at the commune level are essential," suggested a person with disability, adding that by prioritizing the allocation of personnel and providing tailored training and technical support, communes will enhance their ability to conduct disability identification effectively. He confirmed that this approach would ensure that the identification process is conducted accurately and efficiently.

5.7.3. Capacity building at the provincial, district and commune levels

During interviews with government officials at the provincial level, the importance of capacity building for disability identification focal points was underscored, highlighting the need for comprehensive training on disability identification guidelines, interview questionnaires and data processing. It was noted that gaps persist in skills, knowledge and awareness among community councils and disability identification focal points regarding the DIM.

Disability identification focal points emphasized the necessity for MoSVY to regularly update training curricula and incorporate more practical sessions to enhance understanding of the functionality and methodology of questioning related to disabilities. They stressed that providing text alone without clear instructions is insufficient for effective retention of the steps and procedures. Furthermore, they expressed the need for instructional materials in the form of a manual to aid in remembering the steps and procedures during the identification process.



Figure 5: FGDs with disability identification focal points in Teuk Chhou district, May 2024. Photo by MoSVY.

"Disability identification focal points and commune council members are tasked with conducting interviews to identify persons with disabilities eligible for disability cards, but some of us struggle to comprehend the questionnaire used in this process. Additionally, training is essential for us to effectively utilize the new technology and mobile applications, including techniques for capturing better photographs of persons with disabilities," stated a disability focal point interviewee.

5.7.4. Disability card printing issues

Budget constraints for printing disability cards pose a significant challenge for MoSVY, with current funding for card printing provided by UNICEF. To ensure the sustainability of the identification process and the issuance of disability cards for persons with disabilities, a government official suggested promoting the digitization of the disability identification process, utilizing both physical and electronic cards.

"With the emergence of digital transformation in the country, we can use now simple physical disability card with QR code on it," stated a government official during an interview in Phnom Penh. "The printing cost for a single disability card is 1 USD, suggesting that adopting digital cards and printing physical ones solely for specific purposes could potentially save up to 321,603 USD" added the official.

This shift to digital cards offers a cost-effective solution that aligns with modern technological advancements. By leveraging QR codes for verification, the identification process can become more efficient and sustainable while minimizing expenditure on physical card printing.

5.7.5. Identification of specific types of disability

The DIM faces notable challenges, particularly concerning the identification of specific types of disabilities, according to district and communal authorities. Among these challenges is the necessity for interviewers to possess specialized knowledge and expertise in identification techniques. Interviews with PDoSVY staff in Kampot underscored difficulties encountered in identifying certain disabilities, including autism, intellectual disabilities and mental health issues.

Furthermore, it was observed that individuals who are deaf or blind encounter obstacles in participating in the identification process and obtaining disability cards. Deaf and blind individuals often require assistance to engage in the disability identification process, including attending interviews and photo sessions at commune buildings. When their relatives are unaware of this process, they may not be able to provide the necessary support. Therefore, the initial step involves mobilizing family members to ensure they understand the importance of disability cards and are willing to assist. Without family support, deaf and blind individuals face challenges in navigating the process effectively.

Raising awareness and providing more information about disability identification are essential to encourage family members to support their deaf and blind relatives. When family members comprehend the benefits of disability cards, they are more likely to offer assistance. Hence, efforts should focus on educating and informing communities about the significance of disability identification, particularly for individuals with specific types of disabilities such as deafness and blindness.

5.7.6. Physical barriers

The process evaluation revealed significant challenges encountered by persons with disabilities due to physical barriers during the disability identification process. These barriers present formidable obstacles, as noted by the evaluation team during data collection in Kampot. Key challenges include inaccessible infrastructure and facilities within commune buildings, impeding the access of persons with disabilities. Specifically, individuals with physical disabilities encounter difficulties in accessing commune buildings after traveling long distances and utilizing inadequate transport methods to reach the commune.

5.7.7. Informational barriers

Limited awareness about the DIM was reported by disability focal points during interviews, highlighting informational barriers faced by persons with disabilities. The mobilization strategy and communication channels utilized by disability identification focal points and village chiefs to promote awareness of the DIM process were found to be limited and hindered by obstacles to reaching all persons with disabilities.

OPDs identified numerous obstacles, including difficulties in communicating with persons with disabilities about the identification process. Some persons with disabilities had not yet heard about the identification process, indicating a gap in communication channels. Disability focal points also expressed concerns that the strategies used to mobilize communities and communicate the process were insufficient in ensuring widespread awareness.

According to MoSVY, various platforms and communication channels have been utilized since the launch of the identification process. These include meetings, radio broadcasts and social media platforms as well as producing banners that can be displayed at the commune hall and information stickers for all villages in the country. In rural areas, commune administrations primarily use posters displayed at government buildings and hospitals to advertise the disability identification process. Feedback from disability identification focal points at the commune level, however, indicates that some of these posters were destroyed due to inclement weather conditions, rendering them ineffective in the long term.

Disability focal points from Preah Vihear province have suggested effective communication channels for sharing information at the commune level and reaching the entire population. They recommended the use of banners and posters at commune buildings and other high-traffic areas where people frequently gather, such as football stadiums. Additionally, they emphasized the importance of relaunching advertisements on the radio, as this method has proven to be successful in disseminating information in the past.

This feedback suggests that while initial communication strategies effectively reached communities, they lacked durability. Moving forward, it is crucial to develop more resilient and sustainable communication channels to ensure continuous awareness and engagement of persons with disabilities in the identification process.

Involvement of a person with disability in the DIM

In Kampong Thom Province, the process of identifying disabilities presents complex challenges, particularly for individuals with mental disabilities. This case study delves into the experiences of a 42-year-old female and her daughter, who were previously unaware of the disability card system and its associated benefits. The mother is unemployed and primarily focuses on caring for her daughter, who is grappling with a mental disability.

The interviewee's daughter has been struggling with mental health issues since 2001, exhibiting symptoms such as paranoia, social anxiety and auditory hallucinations. Despite her prominent role in local government, she was initially unaware of the disability card system and its registration process.

Her knowledge of disability-related support systems was limited to the at-risk card, which she utilized to procure monthly medication for her daughter at the provincial hospital without payment. She lacked awareness, however, regarding the registration process for the disability card and its associated benefits, including the NSA-FP.

Communication channels within the village heavily relied on the commune administration, which would relay information to her for dissemination. While community gatherings were organized to share important information, the effectiveness of this method in reaching all residents, especially those with disabilities, remains limited.

She proposed utilizing advertising via Grab/Tuk Tuk, akin to election propaganda, to disseminate information about the disability card. Her expectations towards the government revolve around continued support for her daughter's health care needs.

She underscored the importance of raising awareness about disability support systems and dispelling misconceptions within communities. Efforts to enhance communication channels, improve understanding of available benefits and address perceived barriers are imperative to ensure that persons with disabilities receive the requisite support for their well-being and integration into society.

6. CONCLUSIONS AND LESSONS LEARNED

Conclusions

Relevance

The DIM in Cambodia emerges from the evaluation as highly relevant and closely aligned with national policies and international frameworks aimed at advancing disability rights and inclusion. The mechanism demonstrates commendable alignment with Cambodia's development and social protection priorities, as outlined in the NDSP and the NSPPF. Through its participatory approach, the DIM engages stakeholders including persons with disabilities, government bodies and development partners at all stages of its implementation, fostering inclusivity and ownership among stakeholders. This collaborative effort not only enhances the DIM's effectiveness but also ensures its adaptability to evolving needs, as demonstrated during challenges such as the COVID-19 pandemic.

Effectiveness

The DIM in Cambodia has proven effective in achieving its intended objectives since its establishment in August 2020. Through a systematic approach encompassing data collection, verification and issuance of disability cards, the DIM has demonstrated significant progress in facilitating access to benefits for persons with disabilities. The mechanism's inclusive design, which considers both visible and hidden disabilities, reflects a comprehensive effort involving multiple stakeholders, including persons with disabilities, families, health care professionals and government bodies. Key strengths identified include rigorous adherence to standardized procedures at commune and district levels, facilitated by dedicated disability focal points and robust IT systems for data management.

The evaluation highlights a notable increase in the issuance of disability cards, reaching 250,730 persons with disabilities by July 2024, indicating widespread implementation and acceptance. While the DIM has effectively engaged stakeholders and ensured data accuracy through regular monitoring and verification processes, there are opportunities for improvement. Feedback from persons with disabilities

underscores the need for clearer and more accessible identification processes, especially regarding disability-related questions and documentation requirements.

Coherence

The DIM in Cambodia demonstrates robust coordination and collaboration efforts, both internally within MoSVY and externally with various stakeholders, including United Nations agencies, development partners and other line ministries such as MoH, MoP and MoI. Regular meetings and partnerships fostered by MoSVY enhance the effectiveness of the DIM by sharing expertise, best practices and innovative strategies across sectors. This coordinated approach ensures comprehensive coverage and efficient implementation of the DIM at national, provincial, district and commune levels.

The integration of the DIM with other social protection initiatives, such as the IDPoor programme and the NSA-FP, underscores its role in enhancing social inclusion and addressing poverty and vulnerability among persons with disabilities. By incorporating disability status into the criteria for identifying beneficiaries, these programmes become more inclusive and responsive to the specific needs of vulnerable populations. Synergies between the DIM, IDPoor, and the NSA-FP facilitate data sharing, improve coordination among government agencies and stakeholders, and optimize service delivery efficiency while minimizing duplication of efforts.

Despite challenges such as the absence of dedicated DIM staff, the evaluation confirms effective implementation facilitated by institutional arrangements at provincial, district and commune levels. These arrangements empower local government staff, including commune focal points, to manage DIM processes effectively in collaboration with community leaders and grassroots organizations. This decentralized approach ensures that the DIM operates efficiently as a front-line service for identifying and supporting persons with disabilities across Cambodia.

Efficiency

The efficiency of the DIM in Cambodia faces significant challenges, primarily related to delays in the issuance of disability cards. Interviews with focal points at district and commune levels revealed concerns about prolonged data collection processes and slow transmission to central databases. This bottleneck frustrates persons with disabilities who expect prompt access to services. Recommendations to increase IT staff at district and provincial levels, improve IT system accessibility and enhance budget allocation for technology infrastructure underscore the need for streamlined processes to reduce wait times.

There is a notable deficiency in budget allocation for monitoring and field support related to the disability identification process. Interviews with PDoSVY staff highlighted low logistic and administrative budgets relative to the demand for monitoring site visits. Lack of regular field visits inhibits timely identification and resolution of challenges at commune levels, as reported by disability focal points. Development partners are encouraged to increase technical and financial support to facilitate effective monitoring, address operational challenges and provide timely assistance to persons with disabilities and local stakeholders.

Efficient utilization of financial and human resources allocated to the DIM remains critical. Budget constraints at commune levels, particularly for internet access and IT equipment, impede effective implementation. Support from development partners for funding tablets, covering internet expenses and enhancing capacity building for disability identification focal points is essential.

Sustainability

Active engagement with government entities at various administrative levels, OPDs and persons with disabilities has significantly bolstered the sustainability prospects of the DIM in Cambodia. This collaborative approach ensures broader support and involvement in the implementation and oversight of DIM activities across the country.

Despite the progress made in stakeholder engagement, concerns regarding the long-term sustainability of the DIM persist. Development partners and stakeholders express apprehension about the ongoing costs associated with capacity building for interviewers and operational expenses. In the long run, the government should take responsibility for financing all necessary costs for the identification process to ensure long-term sustainability.

Cross-Cutting Dimensions

The DIM process is fundamentally aligned with human rights principles, particularly in maintaining the confidentiality of information by restricting access to authorized IT personnel. Nevertheless, privacy challenges persist due to the lack of private spaces in many communes, which impacts the effectiveness and confidentiality of data collection.

There are no significant reports of stigma or discrimination from disability identification focal points; however, cultural misconceptions remain. Addressing these requires continuous awareness campaigns and active community engagement to reduce stigma, promote acceptance, and enhance participation in the DIM process.

Lessons learned

Key lessons learned from the disability identification process provide valuable insights into the coordination mechanisms of disability-related initiatives, shaping future disability inclusion efforts and fostering greater commitment to the identification process:

- Active involvement of OPDs, village chiefs and communal councils significantly contributes to the success of the disability identification process. Leveraging existing community structures not only improved the process but also saved costs.
- Strong partnerships and collaboration with government entities at various levels, alongside OPDs, are instrumental in the process's success. These partnerships harnessed resources and expertise, ensuring long-term sustainability.
- Regular coordination meetings at the central level among government entities, United Nations agencies and development partners involved in the disability identification process facilitate effective implementation of the DIM. These meetings maintained communication, shared updates, addressed challenges and coordinated efforts efficiently.
- Close collaboration between government entities at the subnational level – including commune councils, district entities and governors' offices – enhances support and services for persons with disabilities at the grassroot level. Involvement of other partners such as local NGOs complements government efforts, providing additional resources and support for comprehensive implementation of the DIM. This multi-sectoral approach ensured holistic assistance for persons with disabilities.
- The DIM facilitates the collection of accurate data on persons with disabilities, including details about their types and levels of disabilities. These data informed targeted interventions and services to meet specific needs.

7. RECOMMENDATIONS

The recommendations that are included in this section arise from the discussions and interviews with persons with disabilities, disability focal points, government officials and development partners, during both the field work conducted in five provinces and the online survey conducted in 21 provinces.²⁴

The recommendations are organized by priority – from high to medium – considering the immediate and long-term actions that could be taken by government entities and development partners.

Recommendation 1: Capacity building and empowerment of OPDs

Empower OPDs through capacity-building initiatives and involvement of village chiefs in training sessions to improve information dissemination.

Efforts should be made to empower OPDs through comprehensive capacity-building initiatives. This involves providing training sessions and resources aimed at enhancing their skills in advocacy and leadership. By equipping OPDs with the necessary tools and knowledge, they will be better positioned to contribute effectively to the disability identification process and advocate for the rights and needs of persons with disabilities within their communities. It is recommended to conduct more frequent training sessions, ideally 2–3 times a year, to ensure a thorough understanding of the DIM process. Moreover, including village chiefs in these training sessions can improve information dissemination and ensure they receive the necessary knowledge. Moving forward, increased involvement of OPDs could further strengthen the mechanism, ensuring it more comprehensively addresses the diverse needs and perspectives of persons with disabilities across Cambodia. Enhancing the involvement of OPDs in all phases of the DIM could further strengthen its responsiveness and inclusivity.

- Time frame: Ongoing and short term; Priority: High; Responsible: GS-NSPC, MoH, MoP, MoSVY and other government institutions, United Nations agencies, and development partners including local NGOs with MoSVY as a lead

Recommendation 2: Capacity building for disability identification focal points

Build capacity for disability identification focal points at the commune level by focusing on technical and sensitivity training, highlighting the importance of empowering disability focal points.

Invest in comprehensive capacity-building initiatives for disability identification focal points at the commune/sangkat level to enhance their skills in conducting assessments, interviews and data collection. Training should encompass technical aspects as well as sensitivity, empathy and understanding of diverse disabilities. Empowering focal points is crucial for ensuring the accuracy, consistency and inclusivity of the identification process.

By prioritizing capacity building for disability focal points at the commune level, they will be equipped with the necessary tools, knowledge and competencies to carry out their roles effectively. This investment in capacity building will simplify the DIM process and improve understanding, especially regarding technical terms and questions about disability types.

The DIM has been viewed as an ongoing process without a target completion date or a specified number of persons with disabilities to be identified. This creates a lack of guidance on when and to what extent focal points should work to identify all eligible persons with disabilities in their area. Therefore, it is recommended to establish clear guidance on both the urgency (time frame) and the target (indicative indicators and number of eligible persons with disabilities) to be achieved within a certain period. This

²⁴ All 25 provinces were targeted for the online survey, but only 21 responded.

guidance should be communicated to disability focal points and specified in monitoring and training sessions.

- Time frame: Immediate, ongoing and short term; Priority: High; Responsible: GS-NSPC, MoH, MoP, MoSVY and other government institutions, United Nations agencies, and development partners including local NGOs with MoSVY as lead

Recommendation 3: Advocacy for an increased budget allocation for the DIM

Advocate for an increased budget allocation from the government and explore opportunities to diversify funding sources by advocating for support from various partners.

To enhance the effectiveness and efficiency of the DIM, it is recommended to advocate for an increased budget allocation for the DIM and to create fiscal space by implementing cost-cutting measures such as the digitalization of ID card systems, which can streamline processes, reduce administrative costs and improve service delivery. This transition to digital ID cards can lead to significant long-term savings and more efficient use of resources.

In addition, to enhance financial sustainability, it is essential to explore opportunities to diversify funding sources used in the disability identification process. This involves forging strategic partnerships with key development partners and donors engaged in disability inclusion initiatives. Diversified support should also be sought by advocating for funding and resources for DIM implementation from United Nations agencies and development partners. By leveraging multiple funding streams, the DIM will reduce reliance on a single source and ensure continuity of operations even in the face of fluctuations in funding availability.

To ensure that any increases in funding go where they are needed most, more financial assistance should be provided to commune administrations – including small grants – to support DIM operations and training activities.

- Time frame: Medium term; Priority: High; Responsible: MoSVY, MoP, Ministry of Economy and Finance (MEF) and other related Government institutions, development partners, private sector

Recommendation 4: Continuous monitoring of the DIM and field support

Provide robust and continuous monitoring and field support, and advocate for budget allocation and capacity building strategies.

Implementing robust monitoring of the DIM is essential to assess its effectiveness. Regular monitoring and site visits from provincial focal points to commune focal points will help identify challenges in a timely manner and facilitate prompt resolution, ensuring that the process remains inclusive and responsive to the needs of persons with disabilities.

Allocating a sufficient budget for monitoring and field visits related to the disability identification process is important for the sustainability of the DIM. MoSVY should allocate sufficient funding to support the PDoSVYs in their DIM implementation efforts. Funding should be flexible and responsive to the specific needs of each commune, especially in remote areas with challenging accessibility.

Recruiting and promoting contractual officers from within the commune could help address workload issues and ensure continuity in DIM implementation. Development partners should also increase their field visits to actively contribute to monitoring and provide support to persons with disabilities based on observed realities in the field.

Additionally, financial support from development partners should include funds for purchasing tablets and covering internet expenses to alleviate financial constraints faced by communes. This support should, however, be considered a temporary solution while the government mobilizes funding to cover all costs for the DIM in the long term.

- Time frame: Immediate; Priority: High; Responsible: Ministry of Economy and Finance, MoSVY and other government institutions, United Nations agencies, and development partners including local NGOs with MoSVY as lead

Recommendation 5: Enhanced communication and coordination

Improve communication channels and coordination mechanisms among stakeholders.

The recommendation to enhance communication and coordination within the disability identification process entails implementing a series of strategic measures.

Importantly, formal channels of communication need to be established between key stakeholders. This encompasses MoSVY, the PDoSVYs, commune councils and development partners. Regular meetings, email updates or dedicated communication platforms will facilitate the smooth exchange of information and foster collaboration among these entities.

Leveraging platforms for disseminating information about DIM benefits is essential. This approach enables reaching a broader audience, thereby enhancing awareness among stakeholders and the public.

In addition to digital efforts, employing traditional communication methods is recommended. Posters, banners and loudspeaker announcements at commune offices could serve as effective means to raise awareness about DIM benefits, ensuring that information reaches communities with limited access to digital media.

Addressing operational challenges within the DIM requires the development of coordination mechanisms. Task forces, working groups or joint committees could be established to identify and quickly resolve bottlenecks, thereby streamlining processes.

Existing communication platforms such as app-based group chats could be instrumental in facilitating quick communication and collaboration among relevant stakeholders. Real-time discussions and problem solving through these platforms will ensure that issues are addressed promptly.

Lastly, establishing communication channels between provincial departments, commune administrations and village chiefs is essential. This will facilitate effective information sharing and ensure that relevant information permeates all levels of administration, reaching communities effectively.

- Time frame: Immediate; Priority: High; Responsible: GS-NSPC, MoSVY and other Government institutions, United Nations agencies, and development partners including local NGOs with MoSVY as lead

Recommendation 6: Enhanced integration of database systems

Integrate the DMIS database with existing systems to foster data sharing and interoperability.

Acknowledge the suggestion for integrating the DMIS database with existing information systems and databases of other ministries and government institutions. This integration would foster data sharing and interoperability, improving coordination and collaboration across different sectors involved in disability-related activities.

By integrating databases and information systems, relevant government agencies and stakeholders will be able to exchange data more efficiently, ensuring accurate targeting, streamlined service delivery and improved M&E. This integrated approach will enhance the overall coherence and effectiveness of social protection efforts in Cambodia.

In addition, implementing a user-friendly data management system that allows communes to monitor and verify data entry progress will improve transparency and accountability. Allowing communes to edit and correct data errors while maintaining confidentiality and security will enhance data accuracy and empower communes to actively participate in the process.

Integrating the disability identification process with the IDPoor and NSA-FP programmes will involve establishing a shared database or integrating existing databases to ensure that disability identification data are accessible to both programmes. This integration should include personal details, disability status and eligibility information to streamline access and reduce duplication of efforts.

For better integration, it is recommended to enhance the DMIS, which is currently only compatible with Android phones, so that it becomes effective on both iOS and Android phones and tablets.

- Time frame: Medium term; Priority: Medium; Responsible: MoSVY, MoP, IT agencies (General Department of Information Technology – GDIT, and Cambodian Development Resource Institute – CDRI), development partners with MoSVY as lead

Recommendation 7: Accelerated disability card issuance and improved registration efficiency

Establish an implementation plan to expedite the printing and distribution of disability cards.

The disability identification process has documented around 321,603 individuals with disabilities as of December 2023, but only approximately 250,730 disability cards have been printed. This leaves 70,873 individuals still awaiting their cards, which impacts their ability to register for the NSA-FP cash transfer programme (for those eligible through IDPoor).

To address this issue and enhance the registration process, it is recommended that a plan be implemented to expedite the printing and distribution of disability cards. MoSVY should consider adopting practices from systems such as the NSSF, where cards are produced immediately following registration. Additionally, MoSVY should collaborate with other institutions to standardize and streamline the approach.

- Time frame: Ongoing and short-term; Priority: Medium; Responsible: GS-NSPC, MoH, MoP, MoSVY, and other government institutions, as well as United Nations agencies, development partners, and local NGOs, with MoSVY as lead

8. ANNEXES

Annex 1: Ethical review approval



Research Ethics Approval

22 April 2024

Damien Mbonitegeka, MS
c/o UNICEF Cambodia CO
Juanita Vasquez-Escallon
Exchange Square 5th Floor
19&20 Street 106
Phnom Penh, Cambodia

RE: Ethics Review Board findings for: *Process Evaluation of Cambodia's Social- and Rights-Based Disability Identification Mechanism, Phnom Penh, Cambodia*
(HML IRB Review #881CAMB24)

Dear Damien Mbonitegeka,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 14 – 22 April 2024. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Erika Tsuruyama, Lisa-Marie Ouedraogo-Wasi, Peter Leth, Penelope Lantz, JD

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Annex 2: List of documents consulted

Royal Government of Cambodia, National Social Protection Policy Framework 2016–2025, 24 March 2017.

National Institute of Statistics, Directorate General for Health and the DHS Program, Cambodia Demographic and Health Survey 2021–2022: Key indicator report, Ministry of Planning, Ministry of Health and ICF International, Phnom Penh and Rockville, Md., June 2022.

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United Nations Children's Fund – Evaluation Office, 'UNICEF-Adapted UNEG Evaluation Reports Standards', UNICEF, New York, June 2017.

United Nations Children's Fund – Division of Data, Research and Policy, 'UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis', UNICEF, New York, 1 April 2015.

Annex 3: Primary data collection sources and locations

Data collection plan		
Capital/Province	Date/Time	Participants
Kampong Thom	29 April 08:00–10:00	Province: PDoSVY & district focal points
	10:30–12:00	District: CS focal persons from nearby CS (2–3) at district
	14:00–16:00	CS: FGD persons with disabilities (8–10 pax)
	30 April	Travelling
Preah Vihear	1 May 08:00–10:00	Province: PDoSVY & district focal points
	10:30–12:00	District: CS focal persons from nearby CS (2–3) at district
	14:00–16:00	CS: FGD persons with disabilities (8–10 pax)
	2 May	Travelling
Ratanakiri	3 May 08:00–10:00	Province: PDoSVY & district focal points
	10:30–12:00	District: CS focal persons from nearby CS (2–3) at district
	14:00–16:00	CS: FGD persons with disabilities (8–10 pax)
	4 May	Travelling
	5 May	Travelling
Kampot	6 May 08:00–10:00	Province: PDoSVY & district focal points
	10:30–12:00	District: CS focal persons from nearby CS (2–3) at district
	14:00–16:00	CS: FGD persons with disabilities (8–10 pax)
	7 May	Travelling
Phnom Penh	8 May 08:00–10:00	Province: PDoSVY & district focal points
	10:30–12:00	District: CS focal persons from nearby CS (2–3) at district
	14:00–16:00	CS: FGD persons with disabilities (8–10 pax)

Annex 4: List of KII and FGD participants

Province	Designation	Location
Phnom Penh	MoSVY	Phnom Penh
Phnom Penh	GS-NSPC	Phnom Penh
Phnom Penh	OHCHR	Phnom Penh
Phnom Penh	UNDP	Phnom Penh
Phnom Penh	Team leader (ACCESS)	Phnom Penh
Phnom Penh	Executive director (CDPO)	Phnom Penh
Phnom Penh	RTI	Phnom Penh
Phnom Penh	MoP	Phnom Penh
Phnom Penh	First secretary of Development Cooperation (DFAT)	Phnom Penh

Phnom Penh	UNESCO	Phnom Penh
Phnom Penh	DAC	Phnom Penh
Phnom Penh	IT team (MoSVY)	Phnom Penh
Phnom Penh	Director of Hospital Department (MoH)	Phnom Penh
Phnom Penh	EU	Phnom Penh
Phnom Penh	Chief of Office of Provisions and Professionalism	Kouk Khleang District
Phnom Penh	Chief of the Office of Rehabilitation	Kouk Khleang District
Phnom Penh	Kouk Khleang Commune administration	Sen Sok District
Kampong Thom	PDoSVY	Stueng Saen City
Kampong Thom	Officer of the Bureau of Social Affairs and Welfare	Stueng Saen City
Kampong Thom	Assistant to the commune administration	Kampong Krabau Commune
Kampong Thom	Chief of village	Kampong Krabau Commune
Kampong Thom	Assistant to the social service (handling on equity cards)	Kampong Krabau Commune
Preah Vihear	Deputy of the PDoSVY of Preah Vihear	Preah Vihear City
Preah Vihear	District administration, Tbaeng Meanchey District	Tbaeng Meanchey District
Preah Vihear	Chief of the Office of Social Affairs and Social Welfare	Preah Vihear
Preah Vihear	Assistant of social service to the Prame Commune	Prame Commune
Preah Vihear	Deputy of the Prame Commune	Prame Commune
Preah Vihear	Chief of village of Chhean Mukh Commune	Chhean Mukh Commune
Preah Vihear	Chief of village of Preah Khlaeng Commune	Chhean Mukh Commune
Preah Vihear	Assistant to Preah Khlaeng Commune	Chhean Mukh Commune
Preah Vihear	Deputy chief of Chhean Mukh Commune	Chhean Mukh Commune
Preah Vihear	Assistant to Pou Commune	Pou Commune
Preah Vihear	Clerk of Pou Commune	Pou Commune
Preah Vihear	Chief of village of Pou Commune	Pou Commune
Ratanakiri	Director of the PDoSVY of Ratanakiri	Banlung District
Ratanakiri	Deputy director of the PDoSVY	Banlung District
Ratanakiri	Officer of the PDoSVY of Ratanakiri	Banlung District
Ratanakiri	PDoSVY of Ratanakiri	Banlung District
Kampot	Deputy director of the PDoSVY of Kampot	Kampot
Kampot	Chief of the Office of Social Affairs and Social Welfare	Teuk Chhou District
Kampot	First deputy chief of Trapeang Sangkae Commune	Trapeang Sangkae Commune
Kampot	Assistant to the Trapeang Sangkae Commune	Trapeang Sangkae Commune
Kampot	Assistant to the Trapeang Pring Commune	Trapeang Pring Commune

Annex 5: Agenda of validation workshop for the process evaluation of the DIM



ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

អគ្គលេខាធិការដ្ឋានក្រុមប្រឹក្សាជាតិការពារសង្គម

របៀបវារៈ:

សិក្ខាសាលាពិនិត្យការងារ សេចក្តីស្នើសុំការវាយតម្លៃដំបូង
“ការវាយតម្លៃដំបូងនៃការអនុវត្តយន្តការសម្រួលស្ថានភាពសេដ្ឋកិច្ចសង្គម និងសិទ្ធិជាមូលដ្ឋាន”
 Agenda for the Validation Workshop on the Preliminary Findings of Process Evaluation of Cambodia's
 Social-and Rights-Based Disability Identification Mechanism (DIM Process Evaluation)

ថ្ងៃទី១៦ ខែឧសភា ឆ្នាំ២០២៤

16 May 2024

សណ្ឋាគារកាំបូមីយ៉ាណា រាជធានីភ្នំពេញ / Cambodiana Hotel, Phnom Penh

ម៉ោង Time	សកម្មភាព Activities
8:00 - 9:00	ការអញ្ជើញមកដល់ និងចុះឈ្មោះរបស់អ្នកចូលរួម/ Registration
9:00 - 9:05	គោរពភ្លេងជាតិ / National Anthem
9:05 - 9:25	មតិស្តារតម្កល់របស់ ឯកឧត្តម យ៉ុក សាមធី អគ្គលេខាធិការរងនៃអគ្គលេខាធិការដ្ឋានក្រុមប្រឹក្សាជាតិការពារសង្គម Opening Remarks by H.E. YOK Samedy , Deputy Secretary-General of the National Social Protection Council
9:25 - 10:15	បទបង្ហាញស្តីពី “សេចក្តីស្នើសុំការវាយតម្លៃដំបូង ក្នុងការអនុវត្តយន្តការសម្រួលស្ថានភាពសេដ្ឋកិច្ចសង្គម និងសិទ្ធិជាមូលដ្ឋាន” ដោយក្រុមអ្នកជំនាញការបស់មូលនិធិសហប្រជាជាតិ ដើម្បីតុ មារ (UNICEF) / Presentation on Preliminary Findings of DIM Process Evaluation by the Consultants from UNICEF
10:15 - 10:30	សម្រាកអាហារសម្រន់ / Break
10:30 - 11:30	ពិភាក្សា សំណួរ ចម្លើយលើបទបង្ហាញ / Discussion, Questions, and Answers on the presentation
11:30 - 11:45	ការសំយោគលទ្ធផល និងការសន្និដ្ឋានដើម្បីផ្តល់សុពលភាពលើលទ្ធផលនៃការវាយតម្លៃដំបូង ដោយ ឯកឧត្តម យ៉ុក សាមធី , អគ្គលេខាធិការរង នៃអគ្គលេខាធិការដ្ឋានក្រុមប្រឹក្សាជាតិការពារសង្គម / The syntheses and the conclusion to validate the findings by H.E. YOK Samedy , Deputy Secretary-General for the National Social Protection Council
11:45 - 12:00	មតិបិទសិក្ខាសាលារបស់ ឯកឧត្តម យ៉ុក សាមធី , អគ្គលេខាធិការរងនៃអគ្គលេខាធិការដ្ឋានក្រុមប្រឹក្សាជាតិការពារសង្គម / Closing Remarks by H.E. YOK Samedy , Deputy Secretary-General for the National Social Protection Council
12:00 - 13:30	សម្រាកអាហារថ្ងៃត្រង់ / Lunch Break

(***អគ្គលេខាធិការដ្ឋានក្រុមប្រឹក្សាជាតិការពារសង្គមសូមរក្សាសិទ្ធិកែប្រែរបៀបវារៈក្នុងករណីចាំបាច់)

***The General Secretariat for the National Social Protection Council (GS-NSPC) reserves the right to change the agenda if necessary.

Annex 6: Data collection instruments

1. KIIs guide for government institutions

Categories: Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), Ministry of Health (MoH), Ministry of Interior (Mol), Ministry of Planning (MoP)

Introduction

Thank you for agreeing to participate in this interview. The purpose of this interview is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your input is valuable in helping us understand the strengths and areas for improvement of the mechanism.

Questions

1. Can you please provide a brief overview of your role and responsibilities within your respective institution?
2. How long have you been involved in disability identification processes?
3. Was the Disability Identification Mechanism (DIM) relevant to the country's policy and the needs of the target group at the time of design? Please justify your answer.
4. Has the DIM continued to be relevant to the country's disability inclusion policy and strategy? If so, why?
5. Has the DIM demonstrated responsiveness to the objectives and priorities of the target group, especially persons with disabilities? Please elaborate.
6. Were the proposed steps of the DIM realistic when compared to the DIM budgetary resources and implementation time frame?
7. What is your opinion on the DIM implementation modalities? Were they appropriate for an efficient, cost-effective DIM implementation, and was the allocated budget sufficient to produce expected results?
8. Were there any changes made in the course of DIM implementation to:
 - a) the initial design;
 - b) implementation modalities?
9. If so, please state the changes and discuss the relevance and appropriateness of such changes.

Relevance

10. Please rate (and justify) the relevance of the DIM and its responsiveness to disability inclusion policy and strategy using this scale: Highly unsatisfactory, Unsatisfactory, Moderately unsatisfactory, Moderately satisfactory, Satisfactory, and Highly satisfactory.
11. In your opinion, has the DIM demonstrated responsiveness to the short-term and longer-term needs and priorities of the target group including persons with disabilities? Please elaborate.
12. How would you characterize the overall implementation of the DIM? Is there anything that could have been done differently to improve the DIM's effective implementation? If so, what?
13. How would you characterize the Government's performance regarding supporting effective implementation of the DIM? Is there anything the Government could have done differently to better support the DIM's effective implementation? If so, what?
14. To what extent does the DIM address the identified needs of target populations and their families?
15. Are the programmes and interventions sufficiently tailored to address the diverse needs of the target population, including factors such as age, gender, type of disability, place of residence and other relevant considerations?
16. Were relevant partners involved in the programme design and implementation, including the target population, their families and organizations of people with disabilities?
17. How responsive is the project to changing needs and circumstances?

18. Has the DIM been adapted or modified throughout its implementation in response to evolving needs and circumstances?

Effectiveness

- 19. To what extent has the DIM achieved its objectives in identifying individuals with disabilities?
- 20. Are there observable signs indicating that the DIM is facilitating access to services for persons with disabilities?
- 21. How effective is the DIM in identifying different types of disability, and what are the primary constraints or challenges in assessing all types of disabilities?
- 22. Does the DIM employ any practices that may disproportionately affect specific groups? Is the process inclusive and equitable?
- 23. Are the methods and procedures used in the DIM, such as awareness-raising and outreach activities, on-demand approach, and grievance mechanism, accessible and acceptable for individuals with different types of disabilities?
- 24. What are the main barriers to accessing the DIM for persons with disabilities?
- 25. What are the perceived advantages of the DIM?

Sustainability

- 26. To what extent is the DIM sustainable in terms of funding and institutional support? What measures are in place to ensure its long-term sustainability?
- 27. How does the programme build the capacities of relevant service providers for DIM implementation? Are there specific capacity gaps in following the identification steps that need to be addressed or strengthened?

Efficiency

- 28. How efficiently are resources allocated and utilized in the implementation of the DIM? What are the administrative costs of the DIM compared to the benefits received by individuals with disabilities?
- 29. How cost effective is the DIM in terms of administrative costs versus the benefits received?
- 30. Is the project implementation appropriately monitored, and how are the results of monitoring used? Will the DIM be regularly reviewed/adjusted over the course of its implementation?
- 31. Is the DIM time efficient in supporting beneficiaries in a timely manner?

Coherence

- 32. To what extent are there synergies and interlinkages between the DIM and other interventions carried out by the government and partners, such as those under NSSF, the Ministry of Labour and Vocational Training for workplace injuries, and the MoP IDPoor process?
- 33. Do coordination mechanisms between key stakeholders exist, and if so, to what extent are they well designed, clear and active?
- 34. Are there differences in coordination at the national or subnational levels?
- 35. Does the DIM identification process work coherently across different age categories?

Cross-cutting dimensions

- 36. Are there any difficulties in accessing the DIM for women with disabilities? Are there any special barriers or concerns from a gender perspective?
- 37. What are the main concerns and/or barriers linked to the assessment of different age groups, particularly young children and the elderly, under the DIM?
- 38. How inclusive and equitable is the DIM in reaching marginalized and vulnerable groups within the disability community?
- 39. What efforts are made to ensure that the DIM is accessible to all persons with disabilities, including those in remote or hard-to-reach areas?
- 40. How well is the DIM coordinated with other programmes and services for persons with disabilities?
- 41. Are there any synergies or overlaps between the DIM and other initiatives in Cambodia?
- 42. How accessible are the DIM processes and services to persons with different types of disabilities?

43. What measures are in place to ensure that persons with disabilities can easily access and participate in the DIM?
44. To what extent does the DIM comply with international human rights standards and conventions on disability rights?
45. Are there any aspects of the DIM that need to be improved to ensure full compliance with these standards?
46. How well has the capacity of stakeholders involved in the DIM been built to effectively implement the program?
47. What are the key capacity gaps that need to be addressed to enhance the effectiveness of the DIM?

Closing

Thank you for sharing your insights with us today. Do you have any additional comments or suggestions for improving Cambodia's Social- and Rights-Based Disability Identification Mechanism?

2. KIIs guide for government institutions

Categories: Central level (General Secretariat for the National Social Protection Council (GS-NSPC)), Disability Action Council (DAC), and Cambodian Disabled Persons Organization (CDPO))

Introduction

Thank you for participating in this interview as part of the process evaluation of Cambodia's Disability Identification Mechanism. Your insights are invaluable in assessing the effectiveness of current processes and identifying areas for improvement. The information gathered will be used to inform future policies and initiatives aimed at promoting disability rights and inclusion.

Questions section 1

1. Background Information
 - Can you please provide a brief overview of your role and responsibilities within your respective institution?
 - How long have you been involved in disability identification processes?
2. Disability Identification Mechanism
 - Can you describe the process currently used by your institution for identifying persons with disabilities?
 - What criteria or indicators are used to determine disability status?
 - Are there specific tools or instruments utilized in the identification process?
3. Collaboration and Coordination
 - How does your institution collaborate with other government agencies and organizations involved in disability identification?
 - Are there established mechanisms for coordination and information sharing among stakeholders?
4. Challenges and Barriers
 - What are the main challenges or barriers encountered in the disability identification process?
 - How do these challenges impact the effectiveness of the mechanism?
5. Support Services and Accessibility
 - What support services are provided to individuals identified as having disabilities?
 - How accessible are these services to persons with disabilities?
6. Rights-Based Approach
 - To what extent does your institution incorporate a rights-based approach in the disability identification process?
 - Are there specific measures in place to ensure the rights and dignity of persons with disabilities are upheld?
7. Monitoring and Evaluation
 - How is the effectiveness of the Disability Identification Mechanism monitored and evaluated?
 - Are there mechanisms for feedback and review to address any shortcomings identified?

8. Capacity Building and Training

- Are there training programmes or capacity-building initiatives available for staff involved in disability identification?
- How do these programmes contribute to improving the quality of identification processes?

9. Future Directions

- In your opinion, what are the key areas for improvement in Cambodia's Disability Identification Mechanism?
- What steps can be taken to enhance the effectiveness and inclusivity of the process?

10. Closing Remarks

- Is there any additional information or insights you would like to share regarding disability identification in Cambodia?
- Thank you for your time and valuable input. Your contribution to this evaluation is greatly appreciated.

Questions section 2

1. In your opinion, was the DIM design participatory? Please elaborate.
2. Please rate (and justify) the relevance of the DIM and its responsiveness to disability inclusion policy and strategy using this scale: Highly unsatisfactory, Unsatisfactory, Moderately unsatisfactory, Moderately satisfactory, Satisfactory, and Highly satisfactory.
3. In your opinion, has the DIM demonstrated responsiveness to the short-term and longer-term needs and priorities of the target group including persons with disabilities? Please elaborate.
4. How would you characterize the overall implementation of DIM? Is there anything that could have been done differently to improve DIM's effective implementation? If so, what?
5. How would you characterize the Government's performance regarding supporting effective implementation of DIM? Is there anything the Government could have done differently to better support DIM's effective implementation? If so, what?
6. What would you say were the external factors that facilitated DIM achievement of objectives?
7. Please specify at least two negative experiences that you would like to be avoided in future DIM design and implementation.
8. Please specify at least two positive experiences that you would like to be emphasized in future DIM design and implementation.
9. Please provide at least two lessons of experience that could benefit the design and/or implementation of similar or related disability inclusion initiatives in the future.
10. Please provide any other comments or recommendations you may have for improving the design and implementation of future related or similar disability inclusion initiatives.

Closing

Thank you for sharing your insights with us today. Do you have any additional comments or suggestions for improving Cambodia's Social- and Rights-Based Disability Identification Mechanism?

3. KIIs guide for United Nations agencies and partners

Categories: United Nations agencies and partners (United Nations Development Programme (UNDP), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), United Nations Population Fund (UNFPA), European Union (EU), Australian Department of Foreign Affairs and Trade (DFAT), Research Triangle Institute International (RTI), Rabbit School, AGILE)

Introduction

Thank you for agreeing to participate in this interview. The purpose of this interview is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your input is valuable in helping us understand the strengths and areas for improvement of the mechanism.

Questions section 1

Background Information

1. Can you please tell me about your role and affiliation?
2. How long have you been involved with Cambodia's Social- and Rights-Based Disability Identification Mechanism?
3. What role do you play in the implementation of the mechanism?
4. How would you describe your overall experience with the Disability Identification Mechanism?
5. In your opinion, how well does the mechanism address the specific needs of persons with disabilities in Cambodia?

Relevance

6. To what extent does the DIM address the identified needs of target populations and their families?
7. Are the programmes and interventions sufficiently tailored to address the diverse needs of the target population, including factors such as age, gender, type of disability, place of residence and other relevant considerations?
8. Were relevant partners involved in the programme design and implementation, including the target population, their families and organizations of people with disabilities?
9. How responsive is the project to changing needs and circumstances?
10. Has the DIM been adapted or modified throughout its implementation in response to evolving needs and circumstances?

Effectiveness

11. To what extent has the DIM achieved its objectives in identifying individuals with disabilities?
12. Are there observable signs indicating that the DIM is facilitating access to services for persons with disabilities?
13. How effective is the DIM in identifying different types of disability, and what are the primary constraints or challenges in assessing all types of disabilities?
14. Does the DIM employ any practices that may disproportionately affect specific groups? Is the process inclusive and equitable?
15. Are the methods and procedures used in the DIM, such as awareness-raising and outreach activities, on-demand approach, and grievance mechanism, accessible and acceptable for individuals with different types of disabilities?
16. What are the main barriers to accessing the DIM for persons with disabilities?
17. What are the perceived advantages of the DIM?

Sustainability

18. To what extent is the DIM sustainable in terms of funding and institutional support? What measures are in place to ensure its long-term sustainability?
19. How does the programme build the capacities of relevant service providers for DIM implementation? Are there specific capacity gaps in following the identification steps that need to be addressed or strengthened?

Efficiency

20. How efficiently are resources allocated and utilized in the implementation of the DIM? What are the administrative costs of the DIM compared to the benefits received by individuals with disabilities?
21. How cost effective is the DIM in terms of administrative costs versus the benefits received?
22. Is the project implementation appropriately monitored, and how are the results of monitoring used? Will the DIM be regularly reviewed/adjusted over the course of its implementation?
23. Is the DIM time efficient in supporting beneficiaries in a timely manner?

Coherence

24. To what extent are there synergies and interlinkages between the DIM and other interventions carried out by the government and partners, such as those under NSSF, the Ministry of Labour and Vocational Training for workplace injuries, and the MoP IDPoor process?

25. Do coordination mechanisms between key stakeholders exist, and if so, to what extent are they well designed, clear, and active?
26. Are there differences in coordination at the national or subnational levels?
27. Does the DIM identification process work coherently across different age categories?

Cross-cutting dimensions

28. Are there any difficulties in accessing the DIM for women with disabilities? Are there any special barriers or concerns from a gender perspective?
29. What are the main concerns and/or barriers linked to the assessment of different age groups, particularly young children and the elderly, under the DIM?
30. How inclusive and equitable is the DIM in reaching marginalized and vulnerable groups within the disability community?
31. What efforts are made to ensure that the DIM is accessible to all persons with disabilities, including those in remote or hard-to-reach areas?
32. How well is the DIM coordinated with other programmes and services for persons with disabilities?
33. Are there any synergies or overlaps between the DIM and other initiatives in Cambodia?
34. How accessible are the DIM processes and services to persons with different types of disabilities?
35. What measures are in place to ensure that persons with disabilities can easily access and participate in the DIM?
36. To what extent does the DIM comply with international human rights standards and conventions on disability rights?
37. Are there any aspects of the DIM that need to be improved to ensure full compliance with these standards?
38. How well has the capacity of stakeholders involved in the DIM been built to effectively implement the program?
39. What are the key capacity gaps that need to be addressed to enhance the effectiveness of the DIM?

Questions section 2

1. Is there anything that could have been done differently to improve the DIM's effective implementation? If so, what?
2. What would you say were the external factors that facilitated achievement of DIM objectives?
3. In your opinion, to what extent did the support provided by United Nations agencies and partners ensure an effective DIM implementation?
4. How would you characterize the adequacy and effectiveness of the measures taken to adjust the DIM process?
5. How would you characterize the Government's performance regarding supporting effective implementation of the DIM?
6. Is there anything the Government could have done differently to better support the DIM's effective implementation? If so, what?
7. Please provide at least two lessons of experience that could be of benefit to the implementation of similar or related disability inclusion initiatives in the future.
8. Please provide any other comments or recommendations you may have for improving implementation of future related or similar disability inclusion initiatives.

Closing

Thank you for sharing your insights with us today. Do you have any additional comments or suggestions for improving Cambodia's Social- and Rights-Based Disability Identification Mechanism?

4. KIIs guide for partners at provincial/district/commune level

Categories: Provincial Department of Social Affairs, Veterans and Youth Rehabilitation (PDoSVY), Provincial Disability Action Council (DAC), Provincial Health Department, District Disability Identification Focal Points, Disability Identification Focal Points at Commune Level

Introduction

Thank you for agreeing to participate in this interview. The purpose of this interview is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your input is valuable in helping us understand the strengths and areas for improvement of the mechanism.

Questions

1. Can you please tell me about yourself?
2. How long have you been involved with Cambodia's Social- and Rights-Based Disability Identification Mechanism?
3. What role do you play in the implementation of the mechanism?
4. Were all DIM steps implemented as planned? If not, what were the reasons?
5. What external factors facilitated the achievement of DIM objectives?
6. How well do you believe your institutions coordinated DIM steps? Justify your answer.
7. To what extent did the services and support provided by your institutions ensure effective DIM implementation?
8. Did your institutions provide adequate support through supervision?
9. Were supervision missions useful and timely?
10. Did your institutions ensure proactive problem identification?
11. How would you characterize the appropriateness of the supervision? Justify your answer.
12. Was there any aspect of the original design judged to be inadequate? If so, what was it?
13. How would you characterize the adequacy and effectiveness of measures taken to adjust DIM implementation?
14. In your opinion, to what extent did the services and support provided by the Government ensure effective DIM implementation?
15. What else could the Government have done to ensure a more effective environment for DIM implementation?
16. Please specify at least two negative experiences you would like to be avoided in future DIM implementations.
17. Please specify at least two positive experiences you would like to be emphasized in future DIM implementation.
18. Were specific measures undertaken to promote participation of persons with disabilities in DIM steps? If so, what implementation approaches were used?
19. In your opinion, was DIM innovative? If so, what are some innovations you can mention?
20. Overall, how would you characterize the sustainability of the DIM, including community ownership?
21. Please provide at least two lessons of experience (positive or negative) that could benefit the design and/or implementation of similar or related disability inclusion initiatives in the future.
22. Please provide any other comments/recommendations you may have for improving design and implementation of future related or similar disability inclusion initiatives.

Closing

Thank you for sharing your insights with us today. Do you have any additional comments or suggestions for improving Cambodia's Social- and Rights-Based Disability Identification Mechanism?

5. KII's guide for persons with disabilities

Introduction

Thank you for agreeing to participate in this interview. The purpose of this interview is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your input is valuable in helping us understand the strengths and areas for improvement of the mechanism.

1. Can you please tell me about yourself?
2. How long have you been involved in disability identification processes?
3. In your opinion, was the DIM design participatory? Please elaborate.

Relevance

4. Please rate (and justify) the relevance of the DIM and its responsiveness to disability inclusion policy and strategy using this scale: Highly unsatisfactory, Unsatisfactory, Moderately unsatisfactory, Moderately satisfactory, Satisfactory, and Highly satisfactory.
5. In your opinion, has the DIM demonstrated responsiveness to the short-term and longer-term needs and priorities of the target group including persons with disabilities? Please elaborate.
6. How would you characterize the overall implementation of the DIM? Is there anything that could have been done differently to improve the DIM's effective implementation? If so, what?
7. How would you characterize the Government's performance regarding supporting effective implementation of the DIM? Is there anything the Government could have done differently to better support the DIM's effective implementation? If so, what?
8. To what extent does the DIM address the identified needs of target populations and their families?
9. Are the programmes and interventions sufficiently tailored to address the diverse needs of the target population, including factors such as age, gender, type of disability, place of residence and other relevant considerations?
10. Were relevant partners involved in the programme design and implementation, including the target population, their families and organizations of people with disabilities?
11. How responsive is the project to changing needs and circumstances?
12. Has the DIM been adapted or modified throughout its implementation in response to evolving needs and circumstances?

Effectiveness

13. To what extent has the DIM achieved its objectives in identifying individuals with disabilities?
14. Are there observable signs indicating that the DIM is facilitating access to services for persons with disabilities?
15. How effective is the DIM in identifying different types of disability, and what are the primary constraints or challenges in assessing all types of disabilities?
16. Does the DIM employ any practices that may disproportionately affect specific groups? Is the process inclusive and equitable?
17. Are the methods and procedures used in the DIM, such as awareness-raising and outreach activities, on-demand approach, and grievance mechanism, accessible and acceptable for individuals with different types of disabilities?
18. What are the main barriers to accessing the DIM for persons with disabilities?
19. What are the perceived advantages of the DIM?

Sustainability

20. To what extent is the DIM sustainable in terms of funding and institutional support? What measures are in place to ensure its long-term sustainability?
21. How does the programme build the capacities of relevant service providers for DIM implementation? Are there specific capacity gaps in following the identification steps that need to be addressed or strengthened?

Efficiency

22. How efficiently are resources allocated and utilized in the implementation of the DIM? What are the administrative costs of the DIM compared to the benefits received by individuals with disabilities?
23. How cost effective is the DIM in terms of administrative costs versus the benefits received?
24. Is the project implementation appropriately monitored, and how are the results of monitoring used? Will the DIM be regularly reviewed/adjusted over the course of its implementation?
25. Is the DIM time efficient in supporting beneficiaries in a timely manner?

Closing

Thank you for sharing your insights with us today. Do you have any additional comments or suggestions for improving Cambodia's Social- and Rights-Based Disability Identification Mechanism?

6. KIIs guide for partners consultation

Introduction

Thank you for agreeing to participate in this interview. The purpose of this interview is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your input is valuable in helping us understand the strengths and areas for improvement of the mechanism.

Questions

1. Can you please tell me about yourself?
2. How long have you been involved with Cambodia's Social- and Rights-Based Disability Identification Mechanism?
3. What role do you play in the implementation of the mechanism?
4. Is there anything that could have been done differently to improve the DIM's effective implementation? If so, what?
5. What would you say were the external factors that facilitated achievement of DIM objectives?
6. In your opinion, to what extent did the support provided by United Nations agencies and partners ensure an effective DIM implementation?
7. How would you characterize the adequacy and effectiveness of the measures taken to adjust the DIM process?
8. How would you characterize the Government's performance regarding supporting effective implementation of the DIM?
9. Is there anything the Government could have done differently to better support the DIM's effective implementation? If so, what?
10. Please provide at least two lessons of experience that could be of benefit to the implementation of similar or related disability inclusion initiatives in the future.
11. Please provide any other comments or recommendations you may have for improving implementation of future related or similar disability inclusion initiatives.

Closing

Thank you for sharing your insights with us today. Do you have any additional comments or suggestions for improving Cambodia's Social- and Rights-Based Disability Identification Mechanism?

7. Guide for focus group discussions (all categories)

Introduction

- Welcome participants and explain the purpose of the FGD

- Emphasize the importance of their input in evaluating the DIM
- Ensure confidentiality and encourage open discussion

Relevance

1. To what extent does the DIM address the identified needs of target populations and their families?
2. Are the programmes and interventions sufficiently tailored to address the diverse needs of the target population, including factors such as age, gender, type of disability, place of residence, and other relevant considerations?
3. Were relevant partners involved in the programme design and implementation, including the target population, their families, and organizations of people with disabilities?
4. How responsive is the project to changing needs and circumstances?
5. Has the DIM been adapted or modified throughout its implementation in response to evolving needs and circumstances?

Effectiveness

6. To what extent has the DIM achieved its objectives in identifying individuals with disabilities?
7. Are there observable signs indicating that the DIM is facilitating access to services for persons with disabilities?
8. How effective is the DIM in identifying different types of disability, and what are the primary constraints or challenges in assessing all types of disabilities?
9. Does the DIM employ any practices that may disproportionately affect specific groups? Is the process inclusive and equitable?
10. Are the methods and procedures used in the DIM accessible and acceptable for individuals with different types of disabilities?
11. What are the main barriers to accessing the DIM for persons with disabilities?
12. What are the perceived advantages of the DIM?

Sustainability

13. To what extent is the DIM sustainable in terms of funding and institutional support? What measures are in place to ensure its long-term sustainability?
14. How does the programme build the capacities of relevant service providers for DIM implementation? Are there specific capacity gaps that need to be addressed or strengthened?

Efficiency

15. How efficiently are the resources allocated and utilized in the implementation of the DIM?
16. What are the administrative costs of the DIM compared to the benefits received by individuals with disabilities?
17. How cost effective is the DIM in terms of administrative costs versus the benefits received?
18. Is the project implementation appropriately monitored, and how are the results of monitoring used? Will the DIM be regularly reviewed/adjusted over the course of its implementation?
19. Is the DIM time efficient in supporting beneficiaries in a timely manner?

Coherence

20. To what extent are there synergies and interlinkages between the DIM and other interventions carried out by the government and partners?
21. Do coordination mechanisms between key stakeholders exist, and if so, to what extent are they well designed, clear and active?

22. Are there differences in coordination at the national or subnational levels?
23. Does the DIM identification process work coherently across different age categories?

Cross-cutting dimensions

24. Are there any difficulties in accessing the DIM for women with disabilities? Are there any special barriers or concerns from a gender perspective?
25. What are the main concerns and/or barriers linked to the assessment of different age groups, particularly young children and the elderly, under the DIM?
26. How inclusive and equitable is the DIM in reaching marginalized and vulnerable groups within the disability community?
27. What efforts are made to ensure that the DIM is accessible to all persons with disabilities, including those in remote or hard-to-reach areas?
28. How well is the DIM coordinated with other programmes and services for persons with disabilities?
29. Are there any synergies or overlaps between the DIM and other initiatives in Cambodia?
30. How accessible are the DIM processes and services to persons with different types of disabilities?
31. What measures are in place to ensure that persons with disabilities can easily access and participate in the DIM?
32. To what extent does the DIM comply with international human rights standards and conventions on disability rights?
33. Are there any aspects of the DIM that need to be improved to ensure full compliance with these standards?
34. How well has the capacity of stakeholders involved in the DIM been built to effectively implement the program?
35. What are the key capacity gaps that need to be addressed to enhance the effectiveness of the DIM?

Closing

- Thank participants for their valuable insights
- Summarize key points discussed during the FGD
- Provide information on next steps in the evaluation process

Note: Ensure that the facilitator encourages participation from all FGD participants, maintains focus on the evaluation questions, and allows for diverse perspectives to be heard.

In addition, the evaluators should explain clearly that the discussions from the focus group discussions (FGDs) will remain internal to the groups and be kept confidential from anyone outside the group.

8. Observation checklists

Observation checklists for each step of the process measures for the Disability Identification Mechanism in Cambodia

- Commune/sangkat prepares data collection workplan:
 - Did the Commune/sangkat hold a meeting to prepare general data on disability?
 - Is there an interviewing schedule in place?
 - Has the Commune/sangkat prepared and updated the general data on disability?
- Commune/sangkat interviews, enters and transfers data:
 - Are interviews being conducted with those who do not have a disability ID card?
 - Are interviews being conducted with those who need to modify disability identities?
 - Are the data of those who exit from the programme being updated?
 - Are data being entered and transferred accurately?

- Capital/provincial Department of Social Affairs, Veterans and Youth Rehabilitation requests disability ID cards:
 - Are the data being reviewed, verified and modified as necessary?
 - Are complaints being disseminated and resolved?
 - Are requests for disability ID cards being made in a timely manner?
- Ministry of Social Affairs, Veterans and Youth Rehabilitation issues the disability ID cards:
 - Are the disability identification data being reviewed and verified?
 - Are disability ID cards being issued promptly?
 - Are the disability ID cards being provided to the individuals?

These checklists can be used to observe and collect data on the process measures involved in the disability identification process in Cambodia.

9. Data collection tool for case studies

Categories: Data collection tool for a case study focusing on women and men with disabilities who are difficult to identify.

1. Introduction and Participant Information

- Gender
- Age
- Type of disability (if known)
- Socio-economic background

2. Identification Process

- How did you become aware of the Disability Identification Mechanism?
- Can you describe the steps involved in the identification process?
- Were there any challenges or barriers you encountered during the identification process?

3. Accessibility and Inclusivity

- Were the facilities and materials used in the identification process accessible to people with disabilities?
- Did you feel included and respected throughout the identification process?
- Were accommodations provided to meet your specific needs during the identification process?

4. Awareness and Education

- How knowledgeable were you about your rights as a person with a disability before participating in the identification process?
- Did the identification process provide any information or education regarding your rights and available support services?
- Were there any gaps in awareness or understanding that you encountered during the process?

5. Interaction with Staff

- How would you describe your interaction with the staff involved in the identification process?
- Did you feel that your concerns and preferences were listened to and addressed by the staff?
- Were there any instances of discrimination or bias that you experienced during the process?

6. Documentation and Record-Keeping

- Were you provided with any documentation or records regarding your disability identification?
- Did you have any concerns regarding the confidentiality and security of your personal information during the process?
- Were there any challenges in accessing or obtaining necessary documents or records related to your identification?

7. Impact and Satisfaction

- How has the disability identification process impacted your access to services and support?

- Are there any specific improvements or changes you would suggest to enhance the effectiveness of the Disability Identification Mechanism?
- Overall, how satisfied are you with your experience with the Disability Identification Mechanism?

8. Additional Comments

- Is there any additional information or feedback you would like to provide regarding your experience with the Disability Identification Mechanism?
- Do you have any suggestions for addressing the needs of individuals who are difficult to identify or may face barriers in accessing the identification process?

9. Demographic Data

- Additional demographic questions may include marital status, educational background, employment status and geographic location.

10. Closing

- Thank you for sharing your insights with us today. Do you have any additional comments or suggestions for improving Cambodia's Social- and Rights-Based Disability Identification Mechanism?

10. Informed consent form for adult above age 18

Categories: KII with persons with disabilities, United Nations agencies and partners, government staff

Hello, my name is Damien Mbonitegeka, and I work with UNICEF. We are conducting an evaluation about Cambodia's Social- and Rights-Based Disability Identification Mechanism.

The purpose of this interview/focus group discussion is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your input is valuable in helping us understand the strengths and areas for improvement of the mechanism.

The aim of this evaluation is to learn from your experience and improve the design and delivery of the Disability Identification Mechanism. With a focus on improving the effectiveness, efficiency and accuracy of disability identification processes, the evaluation also aims to explore opportunities for leveraging disability data for broader social protection initiatives and potential integration with other data systems.

The evaluation will be conducted by myself, an international consultant who will be facilitated by a local consultant familiar with the context of Cambodia who requests permission to record audio and video and take notes.

Your participation in this study is voluntary. If you don't want to be in the study, it is okay. If you want to be in the study now and change your mind later, that is okay too. You can decide not to answer any question and can stop at any time. Your decision about whether to participate or to answer any questions will not affect any services you receive. If you choose to participate, please answer the questions honestly, so that we can understand your experience. The interview will last around 45 minutes. Do you allow us to record audio and video? If you are not comfortable with it, we can proceed without recording.

The information you provide will be strictly confidential and never connected to you. We will put information from you together with information from other people in this evaluation. No one will be able to tell what information came from you. When we report on this evaluation, we will not use your name, and no one except the evaluators [and other participants *for FDGs*] will know what answers you gave. Only the evaluators will have access to this information, and all information will be stored safely under the care of the lead researcher.

We will listen to all audio recording of the discussions and all of the material will be transcribed which will be analysed qualitatively and included in a report. Data collected will be used by the Ministry of Social Affairs, Veterans and Youth Rehabilitation and UNICEF to improve Cambodia's Disability Identification Mechanism.

We assure you that there are no risks associated with participating in this evaluation. Your participation in this evaluation may not benefit you directly, but it may benefit others. Your responses may improve the Government's and UNICEF's work and understanding about ways to provide better services to people.

Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask me questions at any time. If you have any questions or concerns regarding your participation in this interview, you may also contact UNICEF Cambodia representatives Sovannary Keo: sovakeo@unicef.org or Peter Leth: pleth@unicef.org.

By signing below, you indicate that you understand the purpose of the evaluation, your rights as a participant, and the voluntary nature of your participation.

Do you have any questions now? (Yes: answer questions / No)

Do you understand everything I have explained? (Yes / No)

Do you agree to participate in this interview? (Yes / No)

Signature and Date:

Participant's Name: _____ Date: _____

Participant's Signature: _____

Interviewer's Name: _____ Date: _____

Interviewer's Signature: _____

11. Informed consent form for adult above age 18

Categories: FGDs with persons with disabilities and community members

Hello, my name is Damien Mbonitegeka, and I work with UNICEF. We are conducting an evaluation about Cambodia's Social- and Rights-Based Disability Identification Mechanism.

The purpose of this interview/focus group discussion is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your input is valuable in helping us understand the strengths and areas for improvement of the mechanism.

The aim of this evaluation is to learn from your experience and improve the design and delivery of the Disability Identification Mechanism. With a focus on improving the effectiveness, efficiency and accuracy of disability identification processes, the evaluation also aims to explore opportunities for leveraging disability data for broader social protection initiatives and potential integration with other data systems.

The evaluation will be conducted by myself, an international consultant who will be facilitated by a local consultant familiar with the context of Cambodia who requests permission to record audio and video and take notes.

Your participation in this study is voluntary. If you don't want to be in the study, it is okay. If you want to be in the study now and change your mind later, that is okay too. You can decide not to answer any question and can stop at any time. Your decision about whether to participate or to answer any questions will not affect any services you receive. If you choose to participate, please answer the questions honestly, so that we can understand your experience. The discussions will last around 45 minutes. Do you allow us to record audio and video? If you are not comfortable with it, we can proceed without recording.

The information you provide will be strictly confidential and never connected to you. We will put information from you together with information from other people in this evaluation. No one will be able to tell what information came from you. When we report on this evaluation, we will not use your name, and no one except the evaluators [and other participants *for FDGs*] will know what answers you gave. Only the evaluators will have access to this information, and all information will be stored safely under the care of the lead researcher.

We will listen to all audio recording of the discussions and all of the material will be transcribed which will be analysed qualitatively and included in a report. Data collected will be used by the Ministry of Social Affairs, Veterans and Youth Rehabilitation and UNICEF to improve Cambodia's Disability Identification Mechanism.

We assure you that there are no risks associated with participating in this evaluation. Your participation in this evaluation may not benefit you directly, but it may benefit others. Your responses may improve the Government's and UNICEF's work and understanding about ways to provide better services to people.

Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask me questions at any time. If you have any questions or concerns regarding your participation in this interview, you may also contact UNICEF Cambodia representatives Sovannary Keo: sovakeo@unicef.org or Peter Leth: pleth@unicef.org.

By signing below, you indicate that you understand the purpose of the evaluation, your rights as a participant, and the voluntary nature of your participation.

Do you have any questions now? (Yes: answer questions / No)

Do you understand everything I have explained? (Yes / No)

Do you agree to participate in this interview? (Yes / No)

Signature and Date:

Participant's Name: _____ Date: _____

Participant's Signature: _____

Interviewer's Name: _____ Date: _____

Interviewer's Signature: _____

12. Informed consent form for adult above age 18

Categories: Case studies focusing on women and men with disabilities

Hello, my name is Damien Mbonitegeka, and I work with UNICEF. We are conducting an evaluation about Cambodia's Social- and Rights-Based Disability Identification Mechanism.

The purpose of this interview/focus group discussion is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your input is valuable in helping us understand the strengths and areas for improvement of the mechanism.

The aim of this evaluation is to learn from your experience and improve the design and delivery of the Disability Identification Mechanism. With a focus on improving the effectiveness, efficiency and accuracy of disability identification processes, the evaluation also aims to explore opportunities for leveraging disability data for broader social protection initiatives and potential integration with other data systems.

The evaluation will be conducted by myself, an international consultant who will be facilitated by a local consultant familiar with the context of Cambodia who requests permission to record audio and video and take notes.

Your participation in this study is voluntary. If you don't want to be in the study, it is okay. If you want to be in the study now and change your mind later, that is okay too. You can decide not to answer any question and can stop at any time. Your decision about whether to participate or to answer any questions will not affect any services you receive. If you choose to participate, please answer the questions honestly, so that we can understand your experience. The interview will take about 45 minutes. Do you allow us to record audio and video? If you are not comfortable with it, we can proceed without recording.

The information you provide will be strictly confidential and never connected to you. We will put information from you together with information from other people in this evaluation. No one will be able to tell what information came from you. When we report on this evaluation, we will not use your name, and no one except the evaluators [and other participants *for FDGs*] will know what answers you gave. Only the evaluators will have access to this information, and all information will be stored safely under the care of the lead researcher.

We will listen to all audio recording of the discussions and all of the material will be transcribed which will be analysed qualitatively and included in a report. Data collected will be used by the Ministry of Social Affairs, Veterans and Youth Rehabilitation and UNICEF to improve Cambodia's Disability Identification Mechanism.

We assure you that there are no risks associated with participating in this evaluation. Your participation in this evaluation may not benefit you directly, but it may benefit others. Your responses may improve the Government's and UNICEF's work and understanding about ways to provide better services to people.

Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask me questions at any time. If you have any questions or concerns regarding your participation in this interview, you may also contact UNICEF Cambodia representatives Sovannary Keo (sovakeo@unicef.org) or Peter Leth (pleth@unicef.org).

By signing below, you indicate that you understand the purpose of the evaluation, your rights as a participant, and the voluntary nature of your participation.

Do you have any questions now? (Yes: answer questions / No)

Do you understand everything I have explained? (Yes / No)

Do you agree to participate in this interview? (Yes / No)

Signature and Date:

Participant's Name: _____ Date: _____

Participant's Signature: _____

Interviewer's Name: _____ Date: _____

Interviewer's Signature: _____

13. Informed consent form for the observations

Categories: Staff of different Government institutions and ministries

Informed Consent Form

Study Title: Evaluation of Cambodia's Social- and Rights-Based Disability Identification Mechanism

Researcher: Damien Mbonitegeka, International consultant, UNICEF

Introduction

Hello, my name is Damien Mbonitegeka, and I work with UNICEF. We are conducting an evaluation about Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your participation in this

evaluation is crucial for providing insights that will help us understand the strengths and areas for improvement of the mechanism.

Purpose of the Study

The purpose of the observation is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. The aim is to learn from your experience and improve the design and delivery of the Disability Identification Mechanism. Additionally, we aim to explore opportunities for leveraging disability data for broader social protection initiatives and potential integration with other data systems.

Voluntary Participation

Your participation in this study is voluntary. You have the right to refuse to participate, and your decision will not affect any services you receive. You can also choose to withdraw from the study at any time without consequence. The discussions will last around 45 minutes. Do you allow us to record audio and video? If you are not comfortable with it, we can proceed without recording.

Confidentiality

Any information you provide will be strictly confidential and anonymized. Your identity will not be disclosed in any reports or publications resulting from this evaluation. Only the evaluators will have access to this information, and it will be stored securely.

Data Analysis and Use

All audio recordings and materials collected during the evaluation will be transcribed and analysed qualitatively. The data collected will be used to improve Cambodia's Disability Identification Mechanism by the Ministry of Social Affairs, Veterans and Youth Rehabilitation and UNICEF.

Risk Statement

There are no risks associated with participating in this evaluation.

Benefits

While participating may not directly benefit you, your insights may help improve services for others in the future.

Contact Information

If you have any questions or concerns regarding your participation, you may contact UNICEF Cambodia representatives Sovannary Keo (sovakeo@unicef.org) or Peter Leth (pleth@unicef.org).

Consent

Before you agree to participate, we will address any questions you have. Do you have any questions now? (Yes / No)

Do you understand everything I have explained? (Yes / No)

Do you agree to participate in this interview? (Yes / No)

Signature and Date:

Participant's Name: _____ Date: _____

Participant's Signature: _____

Interviewer's Name: _____ Date: _____

Interviewer's Signature: _____

1. Informed consent form for the observations

Categories: Persons with disabilities

Informed Consent Form

Study Title: Evaluation of Cambodia's Social- and Rights-Based Disability Identification Mechanism

Researcher: Damien Mbonitegeka, International consultant, UNICEF

Introduction

Hello, my name is Damien Mbonitegeka, and I work with UNICEF. We are conducting an evaluation about Cambodia's Social- and Rights-Based Disability Identification Mechanism. Your participation in this evaluation is crucial for providing insights that will help us understand the strengths and areas for improvement of the mechanism.

Purpose of the Study

The purpose of this observation is to gather your insights and perspectives on Cambodia's Social- and Rights-Based Disability Identification Mechanism. The aim is to learn from your experience and improve the design and delivery of the Disability Identification Mechanism. Additionally, we aim to explore opportunities for leveraging disability data for broader social protection initiatives and potential integration with other data systems.

Voluntary Participation

Your participation in this study is voluntary. You have the right to refuse to participate, and your decision will not affect any services you receive. You can also choose to withdraw from the study at any time without consequence. The observation will last around 45 minutes. Do you allow us to record audio and video? If you are not comfortable with it, we can proceed without recording.

Confidentiality

Any information you provide will be strictly confidential and anonymized. Your identity will not be disclosed in any reports or publications resulting from this evaluation. Only the evaluators will have access to this information, and it will be stored securely.

Data Analysis and Use

All audio recordings and materials collected during the evaluation will be transcribed and analysed qualitatively. The data collected will be used to improve Cambodia's Disability Identification Mechanism by the Ministry of Social Affairs, Veterans and Youth Rehabilitation and UNICEF.

Risk Statement

There are no risks associated with participating in this evaluation.

Benefits

While participating may not directly benefit you, your insights may help improve services for others in the future.

Contact Information

If you have any questions or concerns regarding your participation, you may contact UNICEF Cambodia representatives Sovannary Keo (sovakeo@unicef.org) or Peter Leth (pleth@unicef.org).

Consent

Before you agree to participate, we will address any questions you have. Do you have any questions now? (Yes / No)

Do you understand everything I have explained? (Yes / No)

Do you agree to participate in this interview? (Yes / No)

Signature and Date:

Participant's Name: _____ Date: _____

Participant's Signature: _____

Interviewer's Name: _____ Date: _____

Interviewer's Signature: _____