

## Annex 1: Cambodia Workshop Agenda

**CSOs, Evidence and Policy Influence: A National Workshop**  
**Phnom Penh, Cambodia**  
**InterContinental Hotel, 21st & 22nd June 2005**

### Day 1


08.00 – 08.30	Registration
08.30 – 08.40	Opening and Introduction by Mr. Ros Hoy
08.40 – 08.50	Welcome Remarks by Dr. Sin Somuny, Executive Director, MEDiCAM.
08.50 – 09.00	Welcome Address by Naved Chowdury, ODI.
09.00 – 09.15	Address by the Chief Guest: His Excellency Dr. Mam Bun Heng, Secretary of State, Ministry of Health, Royal Government of Cambodia.
09.15 – 10.00	<p>Introduction to Role of Research-based Evidence and CSOs in Policy Processes.</p> <p>An Introduction to ODI's Civil Society Organisation Partnership Programme.</p> <p>Lessons Learnt from the Africa Consultations, Ethical Principles of Partnership.</p> <p><i>By Naved Chowdhury and Cokro Leksmono, Overseas Development Institute</i></p>
10.00 – 10.15	<i>Tea/Coffee</i>
10.15 – 11.00	Discussion
11.00 – 11.30	Evidence and Policy: Lessons Learnt, Opportunities and Constraints. A Case Study Presented by Dr. Brett Ballard from CDRI.
11.30 – 12.15	Discussion
12.15 – 14.00	<i>Lunch</i>
14.00 – 14.15	Summary of the Morning Seminar.
14.15 – 14.45	MEDiCAM Case Study Presented by Dr. Sin Somuny, Executive Director, MEDiCAM.
14.45 – 15.30	Discussion
15.30 – 15.45	<i>Tea/Coffee Break</i>
15.45 – 16.45	Successes, Constraints and Opportunities in Policy Making in Cambodia. <i>Plenary Discussion</i>
16.45 – 17.00	Plan for Day 2

### Day 2

08.30 – 09.00	Recap of Day 1 and Introduction to Group Work by Dr. Somuny.
09.00 – 10.00	<p>Group Work -- Each group chooses a case they are familiar with and then:</p> <p>a) Explain the approach you used to influence policy</p> <p>b) Identify the key factors that influenced your approach</p>

10.00 – 10.15	<i>Tea/Coffee</i>
10.15 – 11.30	Group Presentation
11.30 – 12.00	How to Use the CEL Framework. Example: The PRSP Story, <i>Presented by Naved Chowdhury, ODI</i>
12.00 – 13.00	<i>Lunch</i>
13.00 – 14.00	Group Work -- Use the CEL Framework approach to analyze the context for your work (this might be a specific case study, the country, a sector within the country or an organization) to: a) Identify the critical factors influencing the ability of CSOs to influence policy in that context. b) Assess the usefulness of the framework.
14.00 – 15.30	Group Presentation
15.30 – 15.45	<i>Tea + Evaluation</i>
15.45 – 16.00	An Introduction to Some Other Useful Tools for Policy Influence, <i>Presented by Cokro Leksmono, ODI</i>
16.00 – 16.45	CSO Suggestions (instructions will be given by Dr. Sin Somuny)
16.45 – 17.00	Review of suggestions <i>by Dr. Sin Somuny</i>
17.00 – 17.15	Outline of Next Steps in the CSPP and Close <i>by Naved Chowdhury, ODI</i>
18.30 – 21.30	<i>End of Workshop Dinner</i>

## Annex 2: Workshop Slide Presentations

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### CSOs, Evidence & Policy Influence: A National Workshop




Intercontinental Hotel, Phnom Penh  
21<sup>st</sup> – 22<sup>nd</sup> June 2005

Slide 1

## Opening Address

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### Outline of the Workshop

- Opening addresses and Introductions
- Presentation & discussion on the RAPID Framework
- Evidence and Policy – Case studies from Cambodia, CDR1 and MEDICAM
- Discussions – successes, constraints and opportunities in Cambodia
- Group work: sharing experiences
- Presentation and Group work- How to use the RAPID Framework
- Presentation - Tools for Policy Influence
- Suggestions from Civil Society
- What next?

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### Overseas Development Institute

- Britain's leading development Think Tank
- £8m, 60 researchers
- Research / Advice / Public Debate
- Rural / Humanitarian / Poverty & Aid / Economics (HIV, Human rights, Water)
- DFID, Parliament, WB, EC
- Civil Society

For more information see: [www.odi.org.uk](http://www.odi.org.uk)

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### RAPID Programme

- Research
  - Desk-based literature reviews
    - Bridging Research and Policy
    - Communications
    - Knowledge Management
  - GDN project:
    - 50 preliminary case studies
    - Phase II studies (25 projects)
  - ODI projects
    - 4 detailed case studies
    - HIV/AIDS
- Advisory work
- Workshops and seminars



[www.odi.org.uk/rapid](http://www.odi.org.uk/rapid)


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### CSOs and Policy Processes

- CSOs increasingly being involved in policy processes (from service delivery).
- Move from challenging state / overall governance to policy engagement.
- But, engagement often doesn't do justice to the breadth of evidence.
- Southern research capacity has been denuded.
- The credibility and legitimacy of CSO involvement is questioned.
- CSOs, researchers and policymakers seem to live in parallel universes.

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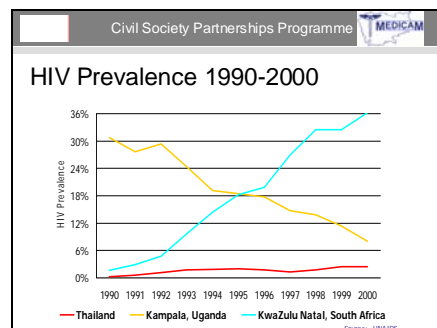
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### The potential...

*"The results of household disease surveys informed processes of health service reform which contributed to a 43 and 46 per cent reduction in infant mortality between 2000 and 2003 in two districts in rural Tanzania."*

TEHIP Project, Tanzania

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### Definitions

- Research: “any systematic effort to increase the stock of knowledge”
- Policy: a “purposive course of action followed by an actor or set of actors”
  - Agendas / policy horizons
  - Official statements documents
  - Patterns of spending
  - Implementation processes
  - Activities on the ground

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### The linear logical model...

Identify the problem

```

graph TD
    A[Identify the problem] --> B[Commission research]
    B --> C[Analyse the results]
    C --> D[Choose the best option]
    D --> E[Establish the policy]
    E --> F[Implement the policy]
    F --> G[Evaluate the results]
  
```

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### ...in reality...

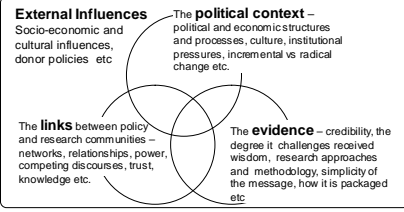
- “The whole life of policy is a chaos of purposes and accidents. It is not at all a matter of the rational implementation of the so-called decisions through selected strategies”<sup>1</sup>
- “Most policy research on African agriculture is irrelevant to agricultural and overall economic policy in Africa”<sup>2</sup>
- “Research is more often regarded as the opposite of action rather than a response to ignorance”<sup>3</sup>

1 - Clay & Schaffer (1984), Room for Manoeuvre: An Exploration of Public Policy in Agricultural and Rural Development, Heinemann Educational Books, London  
2 - Oniano (2003), Policy Research on African Agriculture: Trends, Gaps, and Challenges, International Service for National Agricultural Research (ISNAR) Research Report No 21  
3 - Surr (2003), DFID Research Review

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### The Analytical Framework




**External Influences** – Socio-economic and cultural influences, donor policies etc

**The political context** – political and economic structures and processes, culture, institutional pressures, incremental vs radical change etc.

**The links** between policy and research communities – networks, relationships, power, competing discourses, trust, knowledge etc.

**The evidence** – credibility, the degree it challenges received wisdom, research approaches and methodology, simplicity of the message, how it is packaged etc

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### Case Studies

- **Sustainable Livelihoods:** The Evolution of DFID Policy
- The **PRSP** Initiative: Research in Multilateral Policy Change
- The adoption of **Ethical Principles in Humanitarian Aid** post Rwanda
- **Animal Health Care in Kenya:** Evidence fails to influence Policy
- **50 GDN Case Studies:** Examples where evidence has or hasn't influenced policy




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### Political Context: Key Areas

- The macro political context (democracy, governance, media freedom, academic freedom)
- The sector / issue process (*Policy uptake = demand – contestation*) [NB Demand: political and societal. Power.]
- How policymakers think (narratives & policy streams)
- Policy implementation and practice (bureaucracies, incentives, street level, room for manoeuvre, participatory approaches)
- Decisive moments in the policy process (policy processes, votes, policy windows and crises)
- Context is crucial, but you can maximize your chances


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### Evidence: Relevance and credibility

- Key factor – did it provide a solution to a problem?
- **Relevance:**
  - Topical relevance – What to do?
  - Operational usefulness – How to do it? :
- **Credibility:**
  - Research approach
  - Of researcher > of evidence itself
- Strenuous advocacy efforts are often needed
- Communication


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### Links: Feedback and Networks

- Feedback processes often prominent in successful cases.
- Trust & legitimacy
- Networks:
  - Epistemic communities
  - Policy networks
  - Advocacy coalitions
- The role of individuals: connectors, mavens and salesmen, champions.


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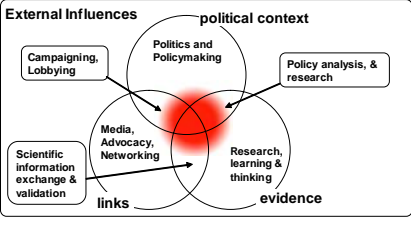
### External Influence

- Big “incentives” can spur evidence-based policy – e.g. EU accession, PRSP processes.
- And some interesting examples of donors trying new things re. supporting research
- But, we really don’t know whether and how donors can best promote use of evidence in policymaking (credibility vs backlash)


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### A Practical Framework



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### Using the framework

- **The external environment:** Who are the key actors? What is their agenda? How do they influence the political context?
- **The political context:** Is there political interest in change? Is there room for manoeuvre? How do they perceive the problem?
- **The evidence:** Is it there? Is it relevant? Is it practically useful? Are the concepts familiar or new? Does it need re-packaging?
- **Links:** Who are the key individuals? Are there existing networks to use? How best to transfer the information? The media? Campaigns?


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### What researchers need to do

What researchers need to know	What researchers need to do	How to do it
<b>Political Context:</b> <ul style="list-style-type: none"> <li>• Who are the policymakers?</li> <li>• Is there demand for ideas?</li> <li>• What is the policy process?</li> </ul>	<ul style="list-style-type: none"> <li>• Get to know the policymakers.</li> <li>• Identify friends and foes.</li> <li>• Prepare for policy opportunities.</li> <li>• Look out for policy windows.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with them – seek commissions</li> <li>• Strategic opportunism – prepare for known or exist + resources for others</li> </ul>
<b>Evidence</b> <ul style="list-style-type: none"> <li>• What is the current theory?</li> <li>• What are the narratives?</li> <li>• How divergent is it?</li> </ul>	<ul style="list-style-type: none"> <li>• Establish credibility</li> <li>• Provide practical solutions</li> <li>• Establish legitimacy.</li> <li>• Present clear options</li> <li>• Use familiar narratives.</li> </ul>	<ul style="list-style-type: none"> <li>• Build a reputation</li> <li>• Action-research</li> <li>• Pilot projects to generate legitimacy</li> <li>• Good communication</li> </ul>
<b>Links</b> <ul style="list-style-type: none"> <li>• Who are the stakeholders?</li> <li>• What networks exist?</li> <li>• Who are the connectors, mavens and salesmen?</li> </ul>	<ul style="list-style-type: none"> <li>• Get to know the others</li> <li>• Work through existing networks.</li> <li>• Build coalitions.</li> <li>• Build new policy networks.</li> </ul>	<ul style="list-style-type: none"> <li>• Build partnerships.</li> <li>• Identify key networkers, mavens and salesmen.</li> <li>• Use informal contacts</li> </ul>

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### CSOs: Definitions and Functions

- Definition: ““organizations that work in an arena between the household, the private sector and the state to negotiate matters of public concern”.
- Functions:
  - representation
  - technical inputs and advocacy
  - capacity-building
  - service-delivery
  - social functions
  - Policy engagement

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### CSPP

Aim:  
Strengthened role of southern civil society organisations in development policy processes

Through:

- Improved understanding how CSOs use research-based evidence
- Strengthened regional capacity to support CSOs
- Improved information from ODI
- Global collaboration

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### Extent of Work

- Ethical Principles of partnerships etc
- Mapping of CSO’s and organisations that support them
- Small-scale collaborations (internal)
- Regional Workshops
- Small-scale collaborations (external)
- Identification of long-term partners
- Support (and capacity-building)
- Collaboration on global projects


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### Africa Consultation

- Workshops held in Southern, Eastern and West Africa
- Organized in partnership with local CSOs
- Case studies on various issues: Budget Monitoring( Zambia), Community Participation in Waste Management ( Ghana), etc.
- Strong diversity in engagement
- Policies strongly driven by internal and external politics


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### Key Lessons

- Legitimacy and credibility of CSOs are challenged by the government
- Proposals by CSOs should be feasible and practical
- Lack of trust between CSOs and government
- CSOs need to understand policy process/context of policy making
- Authentic and up to date information is crucial


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### Suggestions for the CSPP

- Practical workshops on research methodology, strategy development, policy analysis, advocacy, and communication.
- Staff exchanges or secondments ( Malawi), collaborative training with local Think Tanks( Ghana), building on existing work (Nigeria).
- Support with institutional development including human resources, financial management, partnership, negotiation skills and fundraising.
- Efforts to build the capacity of existing networks in the South to share information and analysis
- Funds for collaborative projects and programmes in evidence based policy


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### Ethical Principles


- Partners will share a vision of the value of the partnership.
- Partners will respond to each other's needs and the needs of their beneficiaries.
- Partners will promote transparency by sharing information in an open and timely fashion.
- Partners will share outputs fairly; partners' contribution will be recognised.
- The partnership will adapt to changing circumstances.
- ODI's relationship with a partner will not result in a loss of either partners' independent character

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# Thank You!

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## MEDiCAM Case Study

Research, Advocacy, Policy  
Influence

*Presented by Dr. Sin Somuny  
Executive Director MEDiCAM*


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### Introduction to Political Context

- Legislative Body
- Executive Body
- External Influence on policy development and policy changes (country after civil war and Khmer Rouge Genocide)


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### Introduction to Political Context

- July **1996**: 1<sup>st</sup> CG Meeting in Tokyo: NGOs Strategies for development in Cambodia 1996-2000, two cases studies, MEDiCAM and Educam on "Development vs. Practices (**1997**), development of HR, Poverty Alleviation, and respect rule of law (**1998/99**), Good governance, rule of law, PAR, Public Participation in state affairs, reaching the poor (**2000**)


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### 18 TWGs in link to the CG

- TWGH, TWG-HIV/AIDS, TWGFN, TWGAW, F-TWG, TWG-F&E, PAR-TWG, D&D TWG, TWGE, PFM-TWG, P-TWG, TWG-LAND, TWG on Mine Action, IRI-TWG, PSD-TWG, TWGG, TWG-LJR, TWG-PPR

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### MEDiCAM and Its mandates

- What's MEDiCAM?
- Background
- Mandates:
  - Information Sharing
  - Representing the voice of NGOs in Cambodia's health sector
  - Facilitating advocacy
  - Capacity building

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### Introduction to Political Context

- After Paris Peace Agreement in 1991
- June 1992: Ministerial Planning Conference in Tokyo: Rehabilitation and Aid Coordination
- Sept. 1993: 1<sup>st</sup> ICORC Meeting in Paris Rehabilitation and Development, Development of Cambodia and NGO pledging statement (1994), Economic Management, Absorption Capacity, and Poverty alleviation (1995)


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### Introduction to Political Context

- 2001: Good governance, HRD, Reaching the poor
- 2002: Poverty Reduction Strategy, good governance
- 2004: Good governance, rule of law, rural livelihood.

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### Key Roles of TWGs

- Decide on the sector benchmarks and submit them to the CG
- Develop action plans to ensure that the benchmarks will be met by the end of the year
- Strategic debate for policy change or policy formulation
- Monitoring and Evaluation of sector program implementation and the progress of the CG benchmarks

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### Who are in the TWGs

- Chaired by the government, at least secretary of state
- Key donor in the sector is a co-chair or co-facilitator
- Some NGOs are currently the members of some TWGs, but not all. For example, MEDiCAM is a member of TWGH, TWG-HIV/AIDS, TWGFN, and TWG-PPR

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### MEDiCAM Position Paper

- Position Paper (who involved?) integrated into Sectoral Paper together with MEDiCAM, NGO Forum, and CCC
- Key challenges highlighted in the position paper:
  - Delay of cash disbursement to the operational level
  - Different rate of incentive/allowance payments
  - More funding to the lower level, focus on quality, public-private partnership, and roles of NGOs

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### NGOs-RHPWG

- RHPWG Background
- 29 policy bottlenecks in RH
- Male Involvement guidelines to be integrated into RH strategies
- Multiple Sectors

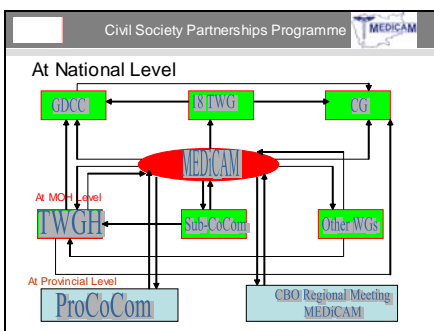
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### NGO-CSWG

- Background
- Identifying best practices in CS interventions
- Assist MoH in developing one CS Plan and one M&E Framework

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### Challenges

- Quality Information (Research-based evidence)
- Strengthening roles of CSOs, taking one's hat off and working together remain challenging due to huge diversity of CSOs
- Taking risk

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### Challenges

- Mapping of CSOs, NGOs efforts
- Alignment and Harmonization
- Under finger-pointing from government, donors, and sometime NGOs themselves
- Money talks. More money make more noise, and less money, less voice

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### Lessons Learnt

- Having empirical evidence is the best way for policy changes
- NGOs, CSOs need to work together more closely. Being together make us strong, inclusive, speak with one voice, and also help raise leverage for small, esp. local NGOs
- Well documented the consensus, and approaching key policy makers before any official events

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### Lessons Learnt

- Participation in the 18 TWGs leading us to contribute to alignment and harmonization
- Reducing risk by choosing not too confrontational, but more constructive, providing useful and feasible recommendations, and no link to any political parties in the countries.

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## PLENARY SESSION

### Successes, Constraints and Opportunities Policy making in Cambodia

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## Day 2 Using the Framework

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### PRSPs – Political Context

- Widespread awareness of a “problem” with international development policy in late 90s
- Failure of SAPs (and Asian financial crisis)
- Mounting public pressure for debt relief
- Stagnation of Comprehensive Development Framework idea
- Diverging agendas (UK – Poverty, US – Governance)
- WB/IMF Annual General Meeting, Sept 1999

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### PRSPs – Evidence

- Long-term academic research informing new focus on poverty, participation, ownership, aid effectiveness etc
- Applied policy research:
  - ESAF reviews
  - HIPC review
  - SPA Working Groups
  - NGO research on debt
- Uganda’s PEAP

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### PRSPs – Links

- WB, IMF, SPA, Bilaterals, NGOs all involved
- Formal and informal networks
- *“None of the players was more than two handshakes away from any of the others”*

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# Thank You!

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### Practical Tools

**Overarching Tools**

- The RAPID Framework
- Using the Framework
- The Entrepreneurship Questionnaire

**Communication Tools**

- Communications Strategy
- SWOT analysis
- Message Design
- Making use of the media

**Policy Influence Tools**


- Influence Mapping & Power Mapping
- Lobbying and Advocacy
- Campaigning: A Simple Guide
- Competency self-assessment

**Policy Tools**

- Stakeholder Mapping
- Policy Analysis
- Focus Group Discussion



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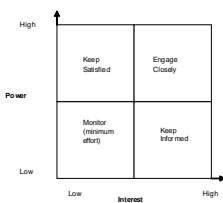
### Stakeholder Analysis

**Why:**


- To understand who gains or lose from a policy or project.
- To help Build Consensus.

**Steps:**

1. Identify Stakeholders
2. Analysis Workshop
3. Develop Strategies



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### Forcefield Analysis

- Identify what you want to achieve
- Identify forces for and against change
- Identify which are most important
- Develop strategies to reinforce those for and overcome those against

**Force Field Analysis Example**

**Forces For Change**

1. Increase core technology
2. Increase scale of production
3. Increase volume of output
4. Customers want new products

**Total: 10**

**Plan:** Upgrade factory with new manufacturing machinery

**Forces Against Change**

1. Shortage of skilled labour
1. High production costs
3. High overheads of new technology
3. High cost of new technology
3. Risk of plant obsolescence

**Total: 11**

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### Communications strategy

- Identify the audience(s)
- Identify the message(s)
- Promotion
- Evaluate impact and change as necessary
- Clear Strategy
  - Interactive
  - Multiple formats



**The DELIVER Project:**

- [Information Strategy/ Leaflet](#)
- [Materials](#)


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### Networks

- Roles of Policy Networks
  - Filtering
  - Amplifying
  - Investor / Provider
  - Facilitator
  - Convening
  - Communities
- Policy Code Sharing
- Some networks net; some networks work.


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### Writing Effective Policy Papers I

Providing a solution to a policy problem

- The policy community
- The policy process
- Structural elements of a paper
  - Problem description
  - Policy options
  - Conclusion
- Key issues: Problem oriented, targeted, multidisciplinary, applied, clear, jargon-free.



[Source: Young and Quinn, 2002]

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### Organisational development tools

- Knowledge, Attitudes and Practices:
  - The entrepreneurship questionnaire
  - Training & mentoring etc
- Knowledge Management
- Organisational development
  - Finance, admin & personnel systems
  - Strategic (action & business) planning
  - Fundraising & reporting
- Building an organisational profile
  - Communications, Public Affairs and the Media



Shryck, 2002, Local Governance Institute, Open Society Network, Budapest


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### Next steps in the CSPP


- Research on how CSOs use evidence, networks etc.
- Workshops in Cambodia, Sri Lanka, Bangladesh, Argentina and Bolivia.
- Small-scale collaborative projects.
- The "Big Think" (November 2005).
- Information, networking and collaborative projects with Southern CSOs (starting in April 2006).

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### Further Information / Resources

- ODI Working Papers
- Bridging Research and Policy Book
- Meeting series Monograph
- Tools for Policy Impact
- RAPID Briefing Paper
- RAPID CDROM
- [www.odi.org.uk/rapid](http://www.odi.org.uk/rapid)




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**Web:**  
 CSPP Programme – [www.odi.org.uk/cspp](http://www.odi.org.uk/cspp)  
 RAPID Programme – [www.odi.org.uk/rapid](http://www.odi.org.uk/rapid)



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# Thank You!

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### Annex 3: List of Workshop Participants

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## Annex 4: Evaluation Results

Participants were asked to complete an evaluation form and supply feedback about the workshop they had just attended. 17 out of 40 participants returned their forms. Below is a summary of their collective responses:

### 1. What two things you have heard about in this workshop will most help your organization? (Please be as specific as possible)

- How to produce results/evidence
- How to link evidence to policy makers
- Introduction of ODI
- Success, constraint, and opportunity
- Rapid framework
- ODI and MEDiCAM profiles
- CSO evidence
- Policy influence
- Evidence must be reliable and accurate
- Political context
- Research based evidence
- Influence policy maker through Technical Working Group (TWG)
- The experience of ODI
- Bridging research and policy
- Health education
- Components of the framework
- Link with research and policy advocacy
- Evidence
- Policy making
- Tools and policy
- Approach used to influence policy
- Key factor that influence approach

### 2. Please rate the following aspects of the workshop/seminar

	Excellent	Good	Fair	Poor	Very poor
Objectives defines and achieved	2	12	1	0	0
Concepts explain clearly	3	8	5	0	0
Time allocated for the workshop	1	8	6	0	0
Relevance to my work	5	9	2	0	0
Well-organized	2	13	1	0	0
Overall quality of the workshop	1	14	1	0	0

### 3. Please comment on the overall workshop quality and value:

- Good organization
- Good facilitation
- It was so clear
- Good
- Organization of this workshop is good because it is the appropriate time for discussion between participants and organizer.
- Participants are active and participate a lot
- Very good
- Very relevant
- The contents are relevant to what CSOs want to know in order to effectively influence policy.

### 4. Do you have any additional comments or suggestions for future workshop like this?

- Materials should be in Khmer and English
- Should invite more people
- Should provide a long time for group discussion
- I did not know whether the number of participants and the room hired are balanced or not (big room).
- Workshop should start on time
- Important papers should be translated into Khmer
- It is well organized
- Please have more group discussion
- Group discussion should be arranged with clear guidelines
- Cases for discussion should be more specific
- Longer workshop should be provided (3-4 days)
- NGOs from the same sector should be invited (e.g. education)
- Should have a follow-up workshop; one year interval

**5. What follow up support would be most useful for your work?**

- Update information
- Both technical and financial support should be given to research work (e.g. gold mining's impact on the environment, natural resources, health, etc.)
- Should have an annual workshop to follow up and work performance toward influence on policy making
- Research
- Continue more training
- Policy research training
- Learning as much more experiences from different places as possible
- Share with us if you have more information on how to influence policy
- Study tours or field visits abroad

**6. In your country, to what extent do:** (Score between 0 = none and 5 = always)

a) Policymakers use research-based evidence to be important in policy making?	4	3	4	5	5	0	2	3	4	2	2	4	2	1	3	2
b) CSOs contribute to policy making?	4	3	4	5	5	5	5	4	4	3	4	4	2	3	3	3
c) CSOs use research-based evidence to inform their work?	3	5	4	5	5	5	5	3	4	4	3	3	5	5	4	4

(each row represents one participants responses)

## **Annex 5: Cambodia Development Resource Institute (CDRI) RAPID Case Study**

### **Research Input to a New Poverty Assessment for Cambodia and its Role in the Development of the 2006-10 National Strategic Development Plan - Work in Progress**

**by**

**Larry Strange  
Executive Director, CDRI**

#### **1. Introduction - CDRI and Two Current Major Poverty Studies**

1.1 The Cambodia Development Resource Institute (CDRI) is Cambodia's leading independent development research and policy institute. It works on policy-relevant research in 5 related programme areas - poverty, rural livelihoods and agricultural development; economy and trade; natural resources and the environment, governance and decentralisation; and human security, peace building and conflict resolution. While independent, it works in close partnerships with the ministries and agencies of the government of Cambodia, provincial, district and local government, local civil society organisations including NGOs, other research and educational institutions and the private sector, and multilateral and bilateral development assistance donors. CDRI has approximately 25 research staff.

1.2 Since the establishment of its research and policy programme in 1993, CDRI has had a major focus on poverty reduction, rural livelihoods and agricultural development as key aspects of Cambodia's sustainable development. It has published several major research studies on these issues (see <http://www.cdri.org.kh>) with a particularly strong track record in provincial and rural field work-based research.

1.3 CDRI is currently undertaking two major poverty research studies, The Moving Out of Poverty Study (MOPS), part of a global study supported by the World Bank, and the Tonle Sap Participatory Poverty Assessment (PPA) supported by the Asian Development Bank (ADB). Both these studies will feed into the development of a new updated Poverty Assessment for Cambodia, coordinated by the World Bank, to underpin the poverty analysis and poverty reduction policy proposals of the 2006-10 National Strategic Development Plan currently being prepared by the Cambodian government.

1.4 This case study uses the RAPID methodology and framework questions to analyse the prospective policy impact of this research, and the processes and structures (or "narrative" in RAPID terms) within which it is located.

## 2. Context

### 2.1 Who are the key policy actors (including policy makers)?

- . Royal Government of Cambodia and line ministries (Lead actors Ministry of Planning and National Institute of Statistics)
- . RGC's international development partners who will resource implementation of NSDP (Lead actors World Bank, UNDP, ADB)
- . Civil Society Advocacy Organisations eg NGO Forum, CCC
- . Research and Policy Institutes eg CDRI, EIC

### 2.2 Is there a demand for research and new ideas among policy makers?

- . Outdated Poverty Assessment - Last assessment 6 years ago using data now 8 years old
- . Imperatives of development of 2006-10 NSDP - Government policy makers need updated poverty statistics and analysis
- . Updated poverty assessment needed to - address factors that cause and perpetuate poverty; identify poorest areas and groups to target scarce resources; establish accurate baseline for monitoring and evaluation of implementation and outcomes of NSDP (See World Bank Concept Note May 4 2005)

### 2.3 What are the sources of resistance to evidence based policy making?

- . This is not clear. MoP will focus on its own NIS data but there is also acceptance of input of the new Poverty Assessment and formal membership by CDRI of Technical Working Group to oversee and drive development of NSDP

### 2.4 What is the policy environment? - Structures, processes, legal/policy framework, opportunities and timing for input into formal processes

- . RGC NSDP Process and Timetable to end 2005; coordination of line Ministries' sectoral inputs to NSDP
- . MoP hosted Technical Working Group on Planning and Poverty Reduction (TWGPPR)
- . Role of RGC-Donor Consultative Group meeting in December 2005 to review and resource priorities of RGC's NSDP 2006-10.

### 2.5 How do global, national and community-level political, social and economic structures and interests affect the room for manoeuvre of policy makers?

- . The key policy makers within the Cambodian government are located in a very complex set of structures and processes, both internally and externally, that are often very difficult for them to navigate, make enormous demands on their time, and work against transparent and effective policy making.

### 2.6 Who shapes the aims and outputs of policies?

- . Again, this a very complex question, with many internal political and administrative pressures, interests and powerful players, and a very complex set of pressures and agendas in the international donor community and international and local civil society organisations. Decisions on major policies are often made at the highest levels of the political and administrative hierarchy, with varying degrees of reference to research based evidence or input from other policy stakeholders.

### 3. Evidence

#### 3.1 What is the current theory or prevailing narratives?

- . That an updated Poverty Assessment should utilise data from a new official Cambodia Socio-Economic Survey (CSES), undertaken by the NIS and to be released in June 2004, but complement this data with qualitative and quantitative data from two poverty studies being undertaken by CDRI - The Moving Out of Poverty Study (MOPS) commissioned by the World Bank, and the Tonle Sap Participatory Poverty Assessment (PPA) commissioned by the ADB.

#### 3.2 Is there enough evidence (research based, experience and statistics)? How divergent is the evidence?

- . It is generally accepted by key policy makers and stakeholders that the old Poverty Assessment is out of date, that a new one is needed, and that the combined data of CSES, MOPS and PPA will provide a rich source of credible research based data for a new Poverty Assessment to underpin the NSDP.

#### 3.3 What type of evidence exists? What types convinces policy makers? How is evidence presented?

- . The new CSES, along with an RGC basic poverty profile document will provide the first reliable estimates of poverty headcount, gap and severity indices since 1997.
- . The MOPS study, which employs both quantitative and qualitative methods, uses panel data from a nine-village study examining an integrated set of explanatory variables capturing change in economic, social and political factors.
- . The Tonle Sap PPA is a participatory poverty assessment of the six provinces of the Tonle Sap Basin region, undertaken to develop a deeper understanding of the social and economic dynamics of poverty in terms of peoples' livelihood strategies and management of natural resources. It is designed to develop a micro level perspective of poor peoples' experiences with and responses to poverty, with three core components - natural resources, governance and gender. It employs qualitative research methods to facilitate peoples' ability to articulate their own experiences with and understanding of the dynamics of poverty, and quantitative measures to help guide site selection and support qualitative analysis.

#### 3.4 Is the evidence relevant? Is it accurate, material and applicable?

- . The evidence being generated by these studies is generally regarded as relevant, accurate, material and applicable. However there will be areas of sensitivity for some stakeholders, where findings and analysis may be questioned,.

### 3.5 How was the information gathered and by whom?

- . The CSES data was gathered and analysed by the national Institute of Statistics within the Ministry of Planning of the RGC.
- . The MOPS and Tonle Sap PPA data was gathered and analysed by CDRI research teams.

### 3.6 Are the evidence and the source perceived as credible and trustworthy by policy actors?

- . In general yes, although with caution and sensitivity on some issues.

### 3.7 Has any information or research been ignored and why?

- . It is too early to tell. However it is anticipated that there will be some stakeholder sensitivity to the findings of the governance aspects of the two CDRI studies.

## 4. Links

### 4.1 Who are the key stakeholders?

- . Key stakeholders are the RGC and its sectoral line ministries, the international donor community, civil society organisations including advocacy and research and policy institutes and, of course, the Cambodian poor themselves.

### 4.2 Who are the experts?

- . Policy makers and technicians in RGC, MoP, NIS
- . Poverty specialists in World Bank, ADB and UNDP
- . CDRI researchers

### 4.3 What links and networks exist between them?

- . Formal and informal collaboration on development of new Poverty Assessment; membership of Technical Working Group on Planning and Poverty Reduction

### 4.4 What roles do they play? Are they intermediaries between research and policy?

- . Poverty data collection, analysis and dissemination
- . Preparation of Poverty Assessment
- . Recommendation of policies for NSDP poverty reduction strategies
- . Oversight of NSDP development process through TWG PPR

### 4.5 Whose evidence and research do they communicate?

- . MoP; NIS; CDRI; World Bank; ADB; UNDP

#### 4.6 Which individuals or institutions have a significant power to influence policy?

- . Senior officials of MoP and RGC
- . Country heads of World Bank, UNDP, ADB
- . Less so CDRI leadership, but seen as constructive player

#### 4.7 Are these policy actors and networks legitimate? Do they have a constituency among the poor?

- . They are seen as legitimate, and have a policy responsibility and commitment to act in the interests of the poor, however the issue of constituency among the poor is more complex. Both the MOPS and PPA studies are undertaken with the active cooperation of many poor communities and residents of rural Cambodia, but research institutions such as CDRI do not pretend to represent the views of the poor. However peak NGO bodies such as the NGO Forum and CCC see the MOPS and PPA studies as essential to ensuring that the voices and experiences of the poor are fed directly into the development of the Poverty Assessment and its underpinning of poverty reduction strategies in the NSDP.

### 5. External Environment

#### 5.1 Who are the main international actors in the policy process?

- . The international donor community, the Cambodian government's "development partners", diverse multilateral and bilateral donor agencies, but the major international actors are the World Bank, UNDP and related UN agencies, and the Asian Development Bank.

#### 5.2 What influence do they have? Who influences them?

- . They have very significant influence, some would say too much influence, and there is an emerging shared commitment for a move from supply-driven (ie donor-driven) development priorities, programmes and initiatives to ones that are demand-driven, with greater ownership, responsibility and control by the RGC.

#### 5.3 What are the aid priorities and policy agendas?

- . Development of a targeted and resourced 2006-10 National Strategic Development Plan, by the end of 2005, with specific development policies and implementation commitments to support Cambodia's achievement of its Cambodian Millennium Development Goals (CMDGs).

#### 5.4 What are their research priorities and mechanisms?

- . NIS - Effective national repository of credible and accessible national poverty and related data

- . WB/ADB/CDRI - Effective collaboration to generate credible research-based data to be utilised in the development of a new Poverty Assessment for Cambodia to be utilised in the development of the NSDP
- . Ministry of Planning and TWG PPR - Relevant and timely research and data input to underpin the policies and strategies of the 2006-10 NSDP

## **6. Researcher/ Policy Entrepreneur Roles**

6.1 CDRI is a neutral trusted, credible, quality reliable, research and policy actor.

6.2 CDRI plays a useful communication and facilitation between stakeholders.

6.3 CDRI provides both formal and informal support for Cambodian stakeholders and actors in policy making processes.

6.4 CDRI can undertake analysis and advocacy of necessary longer-term ongoing systemic poverty research and monitoring mechanisms formerly linked to policy making mechanisms. And most importantly, it can make recommendations on effective capacity development support for major poverty research and monitoring institutions eg MoP, NIS, CDRI etc

## **7. Conclusion - Some Comments on RAPID and Cambodia**

7.1 The cultural, historical and political context of policy making and decision making processes in Cambodia is subtle and complex, and difficult to characterise and analyse in this framework.

7.2 The whole question of aid effectiveness and government-donor relations and donor-donor relations is a major and complex set of issues underpinning research and policy-making linkages, outcomes and effectiveness in the Cambodian environment.

## **Annex 6: MEDiCAM Case Study**

### **MEDiCAM Case Study**

By Dr. Sin Somuny, Executive Director, MEDiCAM

#### **I. Policy Context**

MEDiCAM is a membership organization for NGOs active in Cambodia's Health Sector. Currently there are more than 100 NGOs, bilateral, and multilateral agencies. MEDiCAM's mandates are (1) to facilitate advocacy, (2) to share information, (3) to represent NGOs' voice, and (4) to build the capacity of local NGOs.

In advocating for policy changes, MEDiCAM works in collaboration with its members on specific issues through establishing working groups and writing its position paper to be integrated into the sectoral paper compiled by NGO Forum and the CCC. The sectoral paper covers many sectors including health, education, fishery, forestry, transportation, rural livelihood, human rights, good governance, corruption, freedom of speech, etc.

#### **Who are the policy actors or policy makers?**

Similar to many places around the world, parliamentarians, ministers and senior key officials in the Royal Government of Cambodia are the main policy makers. Over the past two decades, the policy development process in Cambodia however, has been very much under the influence of external experts from bilateral/multilateral agencies, donors, and NGOs. This is due to the lack of qualified human resources, loss of many existing policies or guidelines, and the country's stagnation as a result of civil war and the genocide of the Khmer Rouge Regime.

The National Assembly (parliamentarians) and the senate make and pass the laws in this country (the Legislative Body) and the council of ministers acts as an Executive Body. They enforce the laws, develop strategic plans, and provide the service delivery to the people. Post-conflict Cambodia needs a lot of assistance from the international community. After the Paris Peace Agreement was signed in 1991, the Ministerial Planning Conference was held in Tokyo for rehabilitation and aid coordination. The first Meeting of International Committee on Reconstruction for Cambodia (ICORC) was held in September 1993 in Paris. Until 1996 this forum was called the CG Meeting (consultative group meeting) where donors, senior government officials, private sector, and NGOs meet once a year to discuss the amount of aid to Cambodia, and what this money should be used for in order to alleviate the poverty and improve the health of the Cambodian people.

Each year, MEDiCAM together with NGO Forum and the CCC develops a sectoral paper highlighting the priority challenges and recommendations that the government needs to address in order to reduce poverty, and improve quality and accessibility of social services for the poor. The contents of the sectoral paper/NGO statement to the CG have been collectively brainstormed and agreed upon among the whole NGO community. There are always two or three NGO representatives attending this crucial meeting to speak to donors

and senior government officials about recommendations for the priority sectors that are in the agenda of the meeting. This is one of the rooms where CSOs can affect policy development, if they prepare very well for what they need to bring to the table.

In conjunction with this high-level donor-government meeting (the CG), the Royal Government of Cambodia has so far created 18 technical working groups: the Technical Working Group For Health (TWGH); Technical Working Group for Food and Nutrition (TWG-FN); TWG for HIV/AIDS (TWG-HIV/AIDS); Partnership Working Group (PWG); the Public Administration Reform TWG (The PAR TWG); the Fiscal Reform Working Group (FRWG); the Decentralization and De-concentration Working Group (the D&D WG); the TWG on Agriculture and Water (TWGAW), TWG LAND (TWGL); Mine Action TWG (MA-TWG); TWG for Fisheries (TWGF); TWG for Forestry & Environment (TWG-F&E); Infrastructure and Regional Integration Technical Working Group (IRITWG); the Private Sector Development TWG (PSD-TWG), TWG on Education (TWGE); TWG on Gender (TWGG); the TWG on Planning and Poverty Reduction (TWG-PPR); and TWG on Legal and Judicial Reform (TWG-LJR).

The TWGs are co-chaired by the government and donors. During the last CG meeting, NGO representatives successfully claimed their representation in these TWGs. MEDiCAM represents at TWGH, TWGFN, TWG-HIV/AIDS, TWG-PPR, PAR-TWG, and the ITWG-AI, while additional NGOs represent at others.

The TWGs are the best forum where CSOs/NGOs can provide technical/professional input into policy formulation or strategic debate. The TWGs are responsible for ensuring that the CG benchmarks will be met by the end of each year. In each sector, they are responsible for action plans, program implementation, strategic debate to recommend policy change, and monitoring and evaluation. Therefore, if NGOs have very good findings, empirical evidence, or successful pilot projects, this is the place where the CSOs advocacy can take more effect.

### **Is there a demand for research and new ideas among policymakers?**

Policy makers need concrete evidence. It must be admitted also that CSOs need more evidence to support their recommendation for changes. There is a lot to do just in the health sector alone. For example, in the area of HIV/AIDS, there has been very good improvement. HIV/AIDS among the general population has decreased from 2.6% in 2001 to 1.9% in 2003. We need to find out what factors have contributed to this significant improvement. It will be a very good lesson learnt for many other poor countries around the world. Another issue is contracting of health services. At the moment, there are 11 ODs under contract with third-party NGOs. We need to find out more about the impact on ODs under contracting compared to those that are not, what are NGOs experiences and perspectives concerning the current methodology, what needs to be changed for sustainability, etc. Regarding child survival activities, NGOs have developed many good practices and we need to collect these to advocate for policy change.

## **II. What has MEDiCAM actually done in regards to advocacy?**

### **1. Position Paper**

The MEDiCAM Position Paper is a document that highlights key challenges and recommendations in the health sector. This document represents the voice of the NGO

community actively working in Cambodia's health sector. Key ideas in the paper come from the General Annual Assembly Meeting of all MEDiCAM members. The steering committee of MEDiCAM, together with the Executive Director, elaborates on these ideas and presents the entire contents at the MEDiCAM Member Monthly Meeting for final comments and feedback. This paper is then sent to the senior officials at the Ministry of Health for their comments before integrating it into the Sectoral Paper and NGO statement to be sent to the key government officials, donors, and the CG. The Sectoral Paper and NGO Statement is the masterpiece of NGO Forum, CCC, and MEDiCAM. Therefore, it covers cross-cutting priority sector of the RGC.

The 2004 MEDiCAM Position Paper highlighted key challenges as follows:

- Delay of cash disbursement to the operational level
- Different rate of incentive/allowance payments
- More funding should be spent on service at lower level
- Increase effort and focus on quality
- Collaboration between private and public sector
- Roles of NGOs

## **2. Reproductive Health Promotion Working Group**

12 NGOs active in the area of reproductive health are members of the group. MEDiCAM established this working group in late 2003 in order to:

1. Share information on RH
2. Identify issues or policy barriers for operationalization of reproductive health policies
3. Set priorities for advocacy, and jointly advocate

During the first workshop, the RHPWG identified 29 policy bottlenecks. They selected male involvement as the first priority for advocacy. They strongly believe that in the Cambodian cultural context, male involvement guidelines need to be included into existing reproductive policies or strategies if reproductive health is to be improved. Before reaching the development of draft principle guidelines for male involvement, the working group implemented the following activities:

- analyzed policy gaps
- researched current practices
- developed advocacy materials
- organized stakeholder meeting
- roundtable talk with key policy makers
- drafted the basic principle guidelines for male involvement.
- WG will work together with the national reproductive health program in order to integrate these guidelines into existing reproductive health strategies

## **3. NGO-CSWG (NGO-Child Survival Working Group)**

There are more than 60 NGOs that have joined this working group. The NGO-CSWG has similar goals and objectives to the RHPWG. The difference is that this group deals with child survival. At the moment, the group is working on collecting and finalizing best

practices and priorities to be integrated into a plan on child survival that the Ministry of Health is planning to develop in July or August 2005.

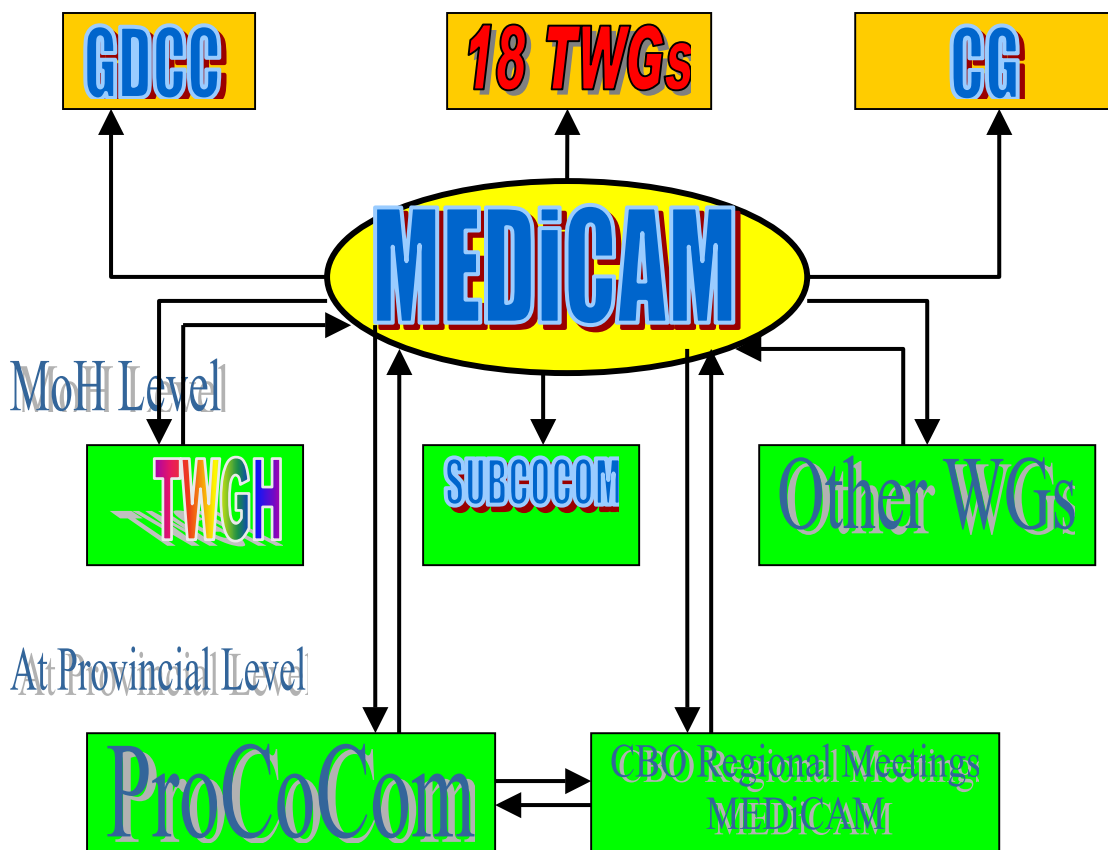
### **III. What are the Links?**

MEDiCAM remains a critical bridge between NGOs, donors, UN agencies, Ministry of Health, and the Royal Government of Cambodia. MEDiCAM is the most important coordination body between policy makers, implementers, and the grassroots level.

In the NGO community, MEDiCAM organizes the MEDiCAM Membership Monthly Meeting (4Ms) where NGOs share information and strategically debate. MEDiCAM's executive director represents the NGO community at the Technical Working Group for Health (TWGH) where key MoH officials, donors, and UN representatives meet. In addition, MEDiCAM representatives are members of most of the WGs related to health such as the WG for quality improvement, WG for BCC, WG for Consumer Rights and the Intersectoral Technical Working Group for Avian Influenza (ITWG-AI). At the grassroots levels, MEDiCAM regional officers are members of the Provincial Coordination Committee (Prococom) where MEDiCAM attends a monthly meeting on behalf of grassroots NGOs. Each month before the Prococom Meeting, MEDiCAM organizes a regional meeting with community-based NGOs, a similar forum to the 4Ms.

At the highest policymaker level between government, donors, and the UN, MEDiCAM represents in many of the 18 TWGs of the Royal Government of Cambodia. Furthermore, NGO Forum, CCC, and MEDiCAM are usually invited to represent NGOs at the most significant events such as the meeting of the Government-Donor Coordination Committee (GDCC) and the CG meeting.

## At the National Level



### **IV. Challenges**

Despite some progress made in terms of advocacy for policy change, MEDiCAM faces the following challenges:

- Quality of information (research-based evidence)
- Mapping of NGOs' efforts
- Alignment and harmonization
- Taking risks
- Huge diversity; working together is very difficult since each individual institution cares about its own image, credibility, conflict of interest, and so on
- Under finger-pointing from government, donors, and NGOs
- Money talks. It can make more noise, meaning donors are more influential

## **V. Lessons Learnt**

During its many years of experience bridging NGOs and the RGC, MEDiCAM has learned some good lessons to be shared:

- Having empirical evidence is the best way to initiate policy changes
- NGOs and CSOs need to work together more closely. Being together makes us strong and inclusive. It especially helps elevate those NGOs that may have less voice or leverage, in particular local NGOs.
- After having a collective consensus, it is important to approach key donors and government officials prior to any official events or meetings. If necessary, organizing a CSO forum to explain the key recommendations to NGOs, CSOs, donors, and government before the event is also very successful.
- Participation in the 18 TWGs leads to significant contributions to alignment and harmonization.
- Risk can be reduced by choosing not too confrontational, but more informative, providing useful and feasible recommendations and establishing no links to any political parties in the country.