

CSOs, Evidence and Policy Influence: A National Workshop

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Executive Summary

For the past 40 years, Overseas Development Institute has been active in research and policy analysis. As the organization became increasingly interested in bridging research and policy, it has launched a new program to build the capacity of Civil Society Organizations (CSOs) in developing countries to use research-based evidence to promote policy change. ODI has spread this information through similar workshops in Africa, Asia, and South America.

The Cambodian workshop of ODI's Civil Society Partnership Programme's (CSPP) was held in Phnom Penh on the 21st and 22nd of June 2005, in collaboration with MEDiCAM. A local NGO, MEDiCAM is a membership organization representing NGOs active in Cambodia's health sector. It facilitates information exchange, advocacy, and capacity building, and acts as its members' voice when it comes to policy influence with the Royal Government of Cambodia.

The two-day event involved a total of 40 participants representing 35 CSOs, NGOs and donor agencies. The workshop acted as a forum for non-governmental agencies and policy research institutes to discuss the opportunities and challenges that CSOs face when using evidence to influence policy development. Participants shared experiences from their own activities and learned about the latest tools for research and policy change. They also identified areas where they could collaborate among themselves and with others.

Two presentations were given on policy influence in Cambodia. The first by the Cambodian Development Resource Institute (CDRI) concerned "Evidence and Policy: Lessons Learnt, Opportunities and Constraints". The second was a case study on MEDiCAM presented by its executive director. Both addressed the challenges CSOs face in Cambodia and the strategies they found useful in dealing with them. The relationship between the size of donor contributions and their extent of influence, as well as issues of evidence and institutional credibility were common themes.

Several group work sessions occurred throughout the workshop to encourage active involvement from the participants. Large discussions of the presented case studies and other plenary talks were held, as well as smaller group work concentrating on participants' own experience in policy change. Group members also learned how to apply the CEL Framework approach to better focus their influence on policymakers.

Workshop participants offered many suggestions for further aid that ODI should consider providing to continue their skills in policy influence.

Opening Session

Participants were first welcomed by co-facilitators Dr. Sin Somuny, Executive Director of MEDiCAM and Mr. Ros Hoy, MEDiCAM BMCC Trainer. The workshop was honorably presided over by H.E. Dr. Mam Bun Heng, Secretary of State, Ministry of Health, the Royal Government of Cambodia.

In his welcome remarks, Dr. Sin Somuny thanked all the participants for attending, as it reflected the good solidarity among CSOs in Cambodia. He also thanked ODI for jointly organizing the workshop with MEDiCAM, and he hoped that this would be an opportunity where both CSOs and ODI could learn from each other. Dr. Somuny touched on some of Cambodia's tragic history of chronic civil war and genocide, and how civil society has made many contributions in social service delivery to what has become the poorest country in the region.

H.E. Dr. Mam Bun Heng, on behalf of the Ministry of Health and the Royal Government of Cambodia, also gave a welcome address. He stated that Cambodia has a good track record of partnerships with organizations, especially in health, and that this workshop could help form a more productive collaboration between civil society and government.

Mr. Naved Chowdury welcomed attendees and thanked H.E. Dr. Mam Bun Heng, and Dr. Sin Somuny for their remarks. He explained ODI's role as a "think tank" interested in encouraging others on policy influence and development. He explained that the Civil Society Partnership Programme (CSPP) and the Research and Policy Development Programme (RAPID) emphasize the importance of research and research-based evidence in advocating for policy change in the developing world. Major aims of the workshop were to share experiences, find areas of collaboration and present methods and tools for influencing policy in the participants' own areas of interest. He mentioned that the workshop is part of a 6-year program sponsored by DFID to share policy development experiences between ODI and CSOs in developing countries.

Introduction to Research-based Evidence, the CSPP, and Lessons Learned From the Africa Consultations

ODI representatives Naved Chowdury and Cokro Leksmono introduced participants to ODI's activities. They mentioned that the intention is to partner with CSOs in developing countries so they can share experiences, learn from each other and develop ways of working together. CSPP intends to assist CSOs in better engaging with government in policy making through the use of information gathered from research. Details were also presented on principles to guide and ensure that the intended partnerships are ethical and participative. Lessons learned from ODI's work in Africa were also shared.

Mr. Leksmono talked of how CSOs are increasingly being involved in policy and that there is a move from simply challenging government to more constructive policy engagement. This engagement often doesn't do justice to the breadth of the evidence and the Southern research capacity has been "denuded." Often CSO credibility and legitimacy is in question and CSOs, researchers and policy people act as though they are from completely different worlds. However, there is much potential that is not being realized.

He mentioned that most people think policy is a linear process, but in fact it is really much more chaotic. Politics is the biggest factor influencing policy. Most policy research done on African agriculture is irrelevant, and research is often regarded as the opposite of action rather than a response to ignorance. Policy needs to be based on relevant research. CSOs need to learn local context so that research-to-policy connection is achieved better.

4 major factors were given which can affect CSOs ability to influence policy:

Political context: A country's culture, economic structure, processes, and institutional pressures.

- Key areas are democracy, media freedom, and academic freedom.
- Must understand how policymakers think.
- Important to act fast with the information at our fingertips.

Evidence: Experiences, stories, research approaches

- Depends on credibility of the evidence and who conveys it.
- Good evidence should be able to provide a solution to the problem.
- Relevance – Is a topic relevant? Is it useful?
- Advocacy efforts are essential

Links: The connection between policy and research communities; involves networks, power, trust, knowledge.

- There is feedback processes prominent in successful cases
- Trust/legitimacy is key
- Networks: Policy networks, advocacy coalitions

External influences: Donor policies, socio-economic and cultural influences.

- Big incentives can spur evidence-based policy

A participant brought up the important point of ownership. If people are not part of the process of developing the solution, and don't feel any ownership to it, it will not be accepted as easily. Mr. Leksmono acknowledged that ownership is indeed a problem in the developing world. He gave an example of the milk industry in Kenya where much research was done but no one could figure out how to market it properly. The policy making process was misunderstood. After consultation with CSOs, it was seen how strategic cooperation among stakeholders was necessary for it to be effective. Sometimes in the policy process, people just lose sight of who has ownership of the project. He said ODI's tools would help identify ownership.

An audience member from the ADB expressed his concern that ODI is emphasizing the credibility of the researcher instead of the evidence itself. Mr. Leksmono said ODI has seen that often evidence is packaged in a way benefiting those who pay for it. However good the evidence is, if the person who conveys it is not well respected, the evidence will not be taken as seriously as it should.

Naved Chowdury then began to present on the CSPP (Civil Society Partnership Program). His presentation touched on the definition of CSOs, the aim of the CSPP, ethical principles for partnership, and suggestions for the CSPP. CSOs are universally defined as organizations that lie between households, the private sector and the state which negotiate matters of public concern. He stated that the program's main role is to strengthen southern civil society organizations in developing policy processes. This is done through:

- Improved understanding of how CSOs use research-based evidence
- Strengthening regional capacity to support CSOs
- Improved info from ODI
- Global collaboration

He also highlighted that sharing vision, outputs, mutual benefits and transparency are critical points in ethical principles of partnership.

A participant asked: What if your research becomes policy on paper only, and not in practice? She was told that ODI is not specifically interested in whether it becomes implemented or not. It is not part of ODI's mandate and they do not cross the line into people's personal affairs. Dr. Sin Somuny responded that policy development and implementation must be interlinked. To ensure that the formulated policy will be implemented and produce the best results to help the poor, the issues of ownership among stakeholders, empirical evidence relevant to local needs, quality and credibility of information, and effectively using this information to influence policy change must be addressed in the policy development process.

Mr. Chowdury said that the program is about ODI collaborating with partners. The first consultation ODI did was in Africa, where case studies were done on various issues (budget monitoring, community participation in waste management, etc.) There was strong diversity in engagement; some countries were highly vocal, others were less comfortable talking with government. Policies were strongly driven by internal and external politics.

ODI has so far learned several key lessons through the program. One is that the government often challenges the legitimacy and credibility of CSOs, and there can be a lack of trust. For their part, CSOs should make feasible/practical proposals and need to

understand the policy process and the context of how it is made. Timely information is crucial, and ethically, partnerships should be developed that share a common value.

Suggestions for the CSPP that came from Africa included the desire for more workshops on research methodology, advocacy, etc; staff exchanges; collaboration with think tanks; support for institutional development; building the capacity of existing networks; and the provision of funds for collaborative projects.

CDRI Case Study

Evidence and Policy: Lessons Learnt, Opportunities and Constraints *Presented by Dr. Brett Ballard, CDRI*

Dr. Brett Ballard from Cambodia Development Resource Institute (CDRI) presented “Evidence and Policy: Lessons Learnt, Opportunities and Constraints”. Two local Cambodian case studies dealing with participatory poverty assessment in the Tonlé Sap region were discussed. Dr. Ballard spoke of how big donors have the advantage over smaller CSOs in Cambodia. There is much competition among donors and organizations, and those with more resources come out on top. He mentioned how it’s important for any organization, such as CDRI, to develop credibility through a reputation of quality research over a number of years. Dr. Ballard felt over time, good research would create well-respected researchers. During audience discussion, several points were brought up. It was expressed that policy should be developed “from the bottom up” and that the trend in Cambodia is to produce quantitative rather than qualitative material, which policy makers often see as soft and unimpressive.

During the discussion that followed, it was agreed that researchers could also influence donor policies, not just government ones. Mr. Chowdury asked about the influence of external donors on policy development in Cambodia (ODI noticed in Africa it was prevalent). Audience members confirmed that external influence is a huge factor in Cambodia. Policies can be developed by donors/organizations that local people don’t understand the purpose of.

It was also asked whether in Cambodia CSOs actually represent the people themselves. Dr. Ballard said policy work is about debate, and people have different ideas about objectives that can compete. Dr. Somuny reminded participants that MEDiCAM, NGO Forum, and the CCC put together a sectoral paper that advocates on their behalf to policymakers.

One participant was of the opinion that Cambodian CSOs should have their own voice, and not simply rely on outsiders to represent them. Dr. Somuny responded by saying that MEDiCAM has noticed an increase in the number of local NGOs who have joined as members, suggesting that this is already happening.

Another participant stressed that evidence must be accurate and have linkage to donors in order for it to gain more support. Dr. Somuny briefly discussed Cambodia’s political parties and how the work of CSOs should not be affiliated with any specific party.

The audience expressed that the role of donors in policy development is very influential. Strengthening the role of civil society would also mean improving the relationship between CSOs and the donor community.

Finally, an audience member expressed his belief in the importance of actual policy outcome. Dr. Ballard agreed that implementation is not always seen as essential, and Dr. Somuny thought that policy enforcement is critical.

MEDiCAM Case Study

Research, Advocacy, and Policy Influence

Presented by Dr. Sin Somuny, Executive Director, MEDiCAM

Dr. Sin Somuny, Executive Director of MEDiCAM, presented a case study on the organization as an example of a Cambodian CSO that advocates for policy change. Started in 1989, MEDiCAM is a membership organization for NGOs active in Cambodia's health sector. Its main mandates include information sharing, advocacy, capacity building, and representing the collective voice of health NGOs. Dr. Somuny briefly discussed the political context in which his organization operates, as well as a short history of significant policy development in during the past 15 years.

His presentation began with a strong remark that the Cambodian policy development process is still very much under the influence of the donor community. He mentioned that apart from the National Assembly (the legislative body) and the government (the executive body) there is a high forum called the Consultative Group (CG). This is a platform where the donor community, CSO representatives, the private sector, and the top decision makers of the government annually meet. They decide on how much funding to provide to the government, what priority agenda the money should be used for, and what benchmarks to monitor for the outcomes of government implementation.

Dr. Somuny also spoke of the 18 Technical Working Groups (TWGs) for priority sectors that were established by the Royal Government of Cambodia and link with the CG. These groups decide on sector benchmarks, develop action plans to ensure they are met, initiate strategic debates for policy change and formulation, and monitor and evaluate sector program implementation and benchmarks. Each group is chaired by a member of government and is co-chaired by a key donor. Only some NGOs are currently members of these working groups. To further influence policy, Dr. Somuny recommended that all NGOs/CSOs work more closely with the TWGs of the government. MEDiCAM itself is a key member of several TWGs, including ones for overall health, HIV/AIDS, food security and nutrition, and planning and poverty reduction (PPR). To increase the strength of its members' voices even more, MEDiCAM has also formed its own NGO working groups: the NGO Reproductive Health Partnership Working Group (NGO-RHPWG) and the NGO Child Survival Working Group (NGO-CSWG).

Since 1996, important NGO statements have been made with MEDiCAM's help. MEDiCAM also writes its annual position paper in collaboration with its members and other NGOs. Information in the paper is then integrated into the official sectoral paper that is presented to the government for consideration of its policy suggestions. Key challenges highlighted in the paper include the delay of cash disbursement to the operational level, the different rate of incentive payments, the focus on quality, public-private partnerships, roles of NGOs, etc.

Challenges faced by MEDiCAM have been the quality of research-based information, strengthening roles of CSOs and getting them to work together. Other problems have included taking risks, mapping of CSO/NGO efforts, alignment and harmonization, finger pointing between government/NGOs/donors. A major hurdle has been the fact that often the more money a donor gives, the louder their voice in policy-making.

MEDiCAM has accumulated many lessons learned over the years. Dr. Somuny listed some of the significant ones:

- Empirical evidence is the best way to achieve policy change.
- NGOs/CSOs need to work closely together.
- A well-documented consensus needs to be met.
- Participation in all TWGs contributes to alignment and harmonization.
- Risk can be reduced by not being too confrontational with the government and not aligning with any one political party.
- Constructive criticism and informally reaching both the government and donors before any official event is more likely to be successful in advocacy.

During the discussion that followed, participants made many poignant comments. A representative of a major donor agreed with the idea of collaboration between donors and implementers. She pointed out that recipients can't rely on money alone – each must do its part. Dr. Somuny affirmed this, and said Cambodian civil society is weak and that the voice of the citizen is not heard.

Audience members also raised a question about monitoring the CG benchmarks. In responding to this question, Dr. Somuny said that NGOs should join the TWGs in the sectors where they work because it is a forum in which they can jointly monitor the CG benchmark. In addition to this, MEDiCAM, NGO Forum and CCC collect, collate and develop a joint NGO Statement, which is sent to the semi-annual review meeting of the CG or government-donor coordination committee meeting.

Furthermore, the audience expressed their interest in learning from the experience of MEDiCAM's network at the national and provincial levels. Dr. Somuny welcomed any future request for MEDiCAM to share its experiences.

When asked whether the NGO-RHPWG has drafted its guidelines yet, Dr. Somuny answered yes, but they are to be included with the national guidelines soon to be released by the government's National Program on Reproductive Health.

Plenary Discussion on Successes, Constraints and Opportunities in Policy Making in Cambodia

During the plenary discussion at the end of Day 1, the audience was asked to brainstorm on successes, constraints and opportunities in policy making in Cambodia.

The issue of cash disbursement was first addressed. It was said to have been an issue for at least 10 years or more, but still very little progress has been made. CSOs don't want confrontation, but how do they make things improve. One thing missing is the consumer himself (e.g. people in the provinces). Influencing policy is fine, but then where do we go? Is civil society adequately represented?

Dr. Somuny mentioned that the government has frankly said that the delay in cash disbursement is due to an old debt and the lack of money in the national treasury. Therefore, advocacy efforts to improve this process of disbursement have had only a small impact. However, there are other things to be tackled than just the lack of money. While the process itself still needs to be strengthened, it is also critical that the government improves its transparency, accountability, public access to information (re: significant decision making of the government) and good governance practices in order to increase income into the state coffer.

Another participant said he has observed that given civil society's experience, citizens seem hopeless in their efforts because there has been no change. There is a need to look at what events can be used to gather together and report accurate info to the government. It must be identified who is influential and powerful in conveying the message to decision makers. He agreed with Dr. Somuny that CSOs must be in the middle of the road between confrontation and non-confrontation. They need to use people's power to influence the government. If people lack information, they cannot make good decisions. This is the case with the general public -- their ignorance affects their children's future. An example given was Cambodia's Land Law. The government promises to find land for people but then gives land to private developers instead. Civil society needs to bring issues to the people so they know what the government is doing or not doing so people can voice their concerns. He also was concerned about the lack of agreement among NGOs on their activities.

Dr. Somuny agreed. He said people must be informed about how much the government is getting from donors and how much it owes. Civil society needs to work more to make sure it has a collective voice.

A participant representing the donor community observed that the workshop is attended by NGOs, not CSOs. She was interested in linking trade unions into the dialogue. They are part of a global network that can bring international pressure on government for change. She noted that challenging government could be a dangerous thing to do if you are in an isolated rural area. There is a problem with how to raise issues, and it makes people feel unsafe if they do. Public dialogue is key. Other audience members agreed. They emphasized the empowerment of local organizations to address local and provincial authorities, and that there must be a link with the private sector.

It was also suggested that CSOs also need a clear vision. They need to research data from other countries so there are more options to emulate. It must be known who to lobby to in the government and what paths to take to get things done. Sometimes it is necessary to work both inside and outside the government. Capacity building for government officials is required. The suggestion was made for CSOs to “share” confrontation – spreading it among them so none is left standing alone.

An audience member from NEP, an NGO network for the education sector, told participants that the disbursement in Education seems to be good, and he asked why the health sector has a problem. Dr. Somuny replied that as far as he knows, by the end of May 2005 the Priority Action Program (PAP) in the health sector had disbursed 2% of the total budget. That is the highest cash disbursement among all priority sectors, and there has actually been no PAP disbursement for education's 2005 budget according to a report from H.E. Dr. Aun Porn Moniroth, Secretary of State, Ministry of Economics and Finance.

It was suggested that perhaps the Cambodian parliament representatives should be more involved as potential links. Dr. Somuny stated that if parliament truly represents the people, they must indeed get involved. However, people vote for a political party according to the current proportional election system. The winning political party appoints their representatives in each electoral province. Therefore, the parliamentarians nominally represent the people, but they actually work more for the interest of their party. People have no voice and the system of election needs to be changed for parliamentarians to serve the people. One participant urged people not to forget commune councils, who actually have a large amount of power with the people. If higher positions were also elected by the people, things would move forward faster.

Summary Table of the Plenary Discussion

Success Factors	Constraints	Opportunities
Consumer rights empowerment	Huge diversity/differences among CSOs/NGOs	Capacity building for both CSOs and government
Identify influential informal/formal network—working inside and outside the government	Inadequate capacity and infrastructure	Quality of information needs to be improved
Need to be both confrontational and constructive	Lack of funding	CSOs need to work together better
Improve access to information for the public	Limited collaboration from government	Many systems in the government are not effective
Empower the community (esp. local authorities like commune councils) to participate in the policymaking process	Government does not accept some reports	
Linkage to trade union/private sector	Short notice	
The more critical mass (joint force), the safer it is		
CSOs need a clear vision		
CSOs campaign		

Group Discussion 1

Day 2 of the workshop began with a recap of Day 1's activities. Dr. Somuny of MEDiCAM then introduced the outline for small group discussion. Participants were divided into three small groups who were given the task of choosing a case study they were personally familiar with. They were then to discuss the approach used to influence policy in this case, and to identify the key factors that influenced that approach. After adequate discussion time amongst themselves, groups rejoined the larger audience and presented their findings.

Group 1: Health Service Delivery at the Community Level

The first group chose the example of Action Aid International, an NGO in Battambang that tries to increase the use of local public health care services. The organization had to address issues of land grabbing, health problems, fishing lots, lack of access to information, migratory workers bringing HIV/AIDS home during the unemployment of the rainy season.

Group 2: Gender Mainstreaming

The second group addressed the problem of woman's limited participation in decision-making. Two approaches were taken: empowerment (women should understand their own power) and gender sensitizing. A working group was created and a statement made. There were meetings with government officials, as well as a public forum. Gender mainstreaming workshops were held, and there was a conference held on International Women's Day. As a result of these activities, women's participation in government increased a small amount after the 2003 elections.

Group 3: Amendment on Article 57 on Common Statute on Civil Servants

The final group chose to examine a Cambodian law that allows government officials who commit offenses to have impunity. The approach taken was to inform the public and make people understand the point through a public forum, radio broadcasting, public education, and preparation of a petition for elimination or amendment of this law, which people signed with thumbprints. Afterwards, activists met with the council of ministers to discuss and advocate their position. Their point was accepted and Article 57 was eliminated. Involvement of the population was seen as a key success, whereas maintaining public awareness proved difficult because people felt frightened or intimidated by local officials.

ODI Presentation: How to Use the CEL Framework

The PRSP Story

Presented by Mr. Naved Chowdury, ODI

An example was given of how ODI has used the CEL/RAPID framework to examine PRSP (Poverty Reduction Strategy Papers) development. Mr. Chowdury arranged the information using the standard context/evidence/links format:

- Political Context of PRSPs: There was widespread awareness of a “problem” with international development policy in late 90s. There was a failure of SAPs (Structural Adjustment Policy), an Asian financial crisis, and mounting public pressure for debt relief. Stagnation of comprehensive development framework idea and diverging agendas (UK —Poverty, US – Governance) dominated. WB/IMF Annual General Meeting took place in Sept 1999.
- Evidence for PRSPs: Long term academic research with new focus on poverty, participation, ownership, aid effectiveness; Applied policy research: ESAF reviews, HIPC review, SPA Working Groups, NGO research on debt; Uganda’s PEAP was “mother” of PRSP – a good model that inspired PRSP.
- Links for PRSPs: WB, IMF, SPA, bilaterals, NGOS all involved; formal and informal networks; none of the players were more than two handshakes away from any of the others; many NGO people moved to WB, WB employees moved to bilaterals, etc – people influenced each other.

Mr. Chowdury showed how the framework was used to organize the reason behind PRSP development. He then touched quickly on some other case studies ODI has collected from other organizations that are available on their website.

Group Discussion 2

After exposure to the PRSP example given by ODI's Naved Chowdury, participants were asked to reform their previous 3 small groups and re-address the case studies they had chosen earlier. This time however, they were told to apply the CEL Framework to each. The goal was to clarify and focus their previous efforts into a concise plan of action for achieving their policy changing goals.

Group 1: Health Service Delivery at the Community Level

Objective – Increase utilization of health care services at Ta Png HC, Songka OD, Battambang

- Political context – High demand/low supply
- Evidence – Get data from PRA; look at previously collected evidence; look at demographic health survey, DHS 2000 survey, health care seeking behavior survey; commune councils have their own data about health centre use; MoH HIS info; all info indicates demand is high
- Linkages – Identify all stakeholders; possible ways to link include ProCoCom meeting, monthly OD meeting

Group 2: Gender Mainstreaming

Objective – Increase women's participation in decision-making at all levels in the country

- Political context – 3 main actors (government, donors, CSOs); there are gender stereotypes within policymakers; government supports women's participation in theory, but in practice it is not strong; donors can influence, CSOs can make recommendations
- Evidence – In the government's rectangular strategy, gender mainstreaming is mentioned as key to sustaining development; many surveys and research have been conducted by stakeholders, Ministry of Women's Affairs, NGOs; evidence has already been collected
- Links – Government, donors, CSOs, communities, research institutions

Suggestion from audience: create a political party that deals with advocacy

Group 3: Amendment on Article 57 on Common Statute on Civil Servants

Objective — Demand amendment or repeal of Article 57

- Political context – Key policy actors are cabinet, national assembly, senate, Ministry of Interior
- Evidence – Impunity report produced by human rights group
- Links – NGOs, the public, civil societies, parliament, human rights groups, government, donors, diplomats, journalists

ODI Presentation: An Introduction to Some Other Useful Tools for Policy Influence

Presented by Mr. Cokro Leksmono, ODI

Following the presentations of the final group discussions, Mr. Leksmono explored additional tools that may be useful to CSOs when planning their policy influencing activities.

- **Overarching Tools** – RAPID Framework, Using the Framework, Entrepreneurship
- **Questionnaire Context Assessment Tools** – Stakeholder Analysis, Force field Analysis, Writeshops, Policy Mapping, Political Context Mapping
- **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
- **Research Tools** – Case Studies, Episode Studies, Surveys, Focus Group Discussions

Mr. Leksmono used the example of the Stakeholder Analysis Tool to explain. For instance, in improving gender mainstreaming, the Minister of Women's Affairs is identified as a key stakeholder that must be engaged very closely. Others require fractionally less attention.

CSO Suggestions to ODI

Workshop participants were asked to each write three suggestions regarding what key areas ODI could help Cambodia strengthen in partnership with CSOs. After participants submitted their responses, Dr. Somuny reviewed them with the entire group:

- Provide training on research methodology.
- Work with NGO networks to provide negotiation skills with policy makers.
- Offer funding for local NGOs if possible.
- Send experts to train people in Cambodia.
- Create a network with NGOs to ensure there is information and problem sharing.
- Develop capacity on policy analysis, human resource capacity development and support institutional development.
- Provide advocacy training and skills for negotiating with high-level officials.
- Organize study tours to foreign countries to build up capacity of networks.
- Give funding for support of technical capacity on research.
- Share experience through website, e-mails.
- Capacity building on advocacy and communications.
- Hold more workshops.
- Provide training on creating ownership in communities.
- Make a “Sharing Information” handbook.
- Strengthen organizational development tools.

Outline of Next Steps in the CSPP

ODI's Naved Chowdury closed the workshop by outlining some of the next steps to be taken by the CSPP. These included:

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

Mr. Chowdury finished by providing participants with contact details for key people at ODI, as well as information about accessing ODI's website, where they can find further resources regarding policy influence and tools to achieve it.