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RESILIENCYCAMBODIA IE FINDINGS REPORT

Findings From a Civil Society RCT in Cambodia: Local Organizations—Movement Towards Self-Reliance (LO-MTSR) Activity

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ACRONYMS

CDCS	Country Development Cooperation Strategy
CSO	Civil society organization
DRG	Democracy, human rights, and governance
HHI	Herfindahl–Hirschman Index
HI	High-intensity
IE	Impact Evaluation
IWE	Interaction-weighted estimator
KS	Kolmogorov–Smirnov
LANGO	Law on Associations and Non-Governmental Organizations
LG	Local government
LI	Low-intensity
LO-MTSR	Local Organizations—Movement Towards Self-Reliance
MAD	Mean absolute deviation
NGO	Non-governmental organization
PAP	Pre-analysis plan
R+	Resiliency+
RCT	Randomized Control Trial
RGC	Royal Government of Cambodia
ROC	Resilient Organizations in Cambodia
SBAR	Small Business Applied Research
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

In Cambodia, nearly 5,000 local and international civil society organizations (CSOs) play a critical role as service providers in the health, education, democracy, governance, and agriculture sectors, especially in remote communities. However, shrinking civic space and volatile donor funding threaten the ability of civil society to do this important work. The United States Agency for International Development (USAID)/Cambodia relies heavily on local CSOs to achieve its development objectives. This findings report describes an innovative impact evaluation (IE) testing an intervention designed to build CSOs' resiliency to closing civic space and funding uncertainties through capacity-building, network-strengthening, and financial diversification.

This IE is an innovative, first-of-its-kind experimental evaluation to measure the key development impacts of the **Resiliency**Cambodia program under the Local Organizations—Movement Towards Self-Reliance (LO-MTSR) activity. **Resiliency**Cambodia draws on the **Partners**Global **Resiliency**+ (**R+**) model, expanded to focus on revenue diversification and "scaled up" to reach a larger, more diverse group of CSOs. The IE represents the first attempt by USAID to design and evaluate CSO programming using the highest scientific standards.

EVALUATION PURPOSE AND EVALUATION QUESTIONS

USAID/Cambodia identified improved organizational capacity and expanded networks as avenues to help organizations access new sources of funding. Furthermore, the combination of improved capacity, expanded networks, and more diverse revenue streams has the potential to increase the ability of CSOs to adapt to increasing legal and informal restrictions on their resources and activities.

Drawing on this theory, the overarching policy question underlying the evaluation is:

Does building organizational capacity, networks, and financial diversification increase resilience to closing civic space?

Specifically, the evaluation will investigate the extent to which the activities under the LO-MTSR activity generate the following outcomes:

1. Increase the managerial and administrative capacity of CSOs.
2. Increase the size and strength of CSO networks.
3. Increase the financial diversification of CSOs.
4. Increase the resiliency of CSOs to closing civic space.

Components of the ResiliencyCambodia Intervention

- Resiliency Orientation
- Resilient Organizations in Cambodia (ROC) Assessment
- Resiliency Roadmaps
- Coaching and Mentoring
- Capacity Development Funds
- Trainings
- Resiliency Resources and Toolkits
- Social Lab

These four evaluation objectives form the basis for a series of testable development hypotheses and indicators on the impact of the LO-MTSR activity. Under each of these outcomes, the Cloudburst Group (Cloudburst) and the DevLab@Penn (DevLab—formerly the DevLab@Duke), in consultation with **Partners**Global, identified a variety of measures to assess the success of the program.

METHODS

The **Resiliency**Cambodia IE is a randomized control trial (RCT). RCTs estimate the impact of an intervention (referred to as the "treatment") by comparing outcomes for participants that receive the treatment against outcomes for a "control" group of similar participants that were randomly selected to not receive the treatment. This technique gives implementers and donors a straightforward way to understand program effects and how outcomes would be different if the intervention had not taken place. The LO-MTSR team recruited 105 Cambodian CSOs to participate in the **Resiliency**Cambodia program. The team then assigned each CSO to a treatment arm using matched-quadruplet randomization, resulting in a sample of 49 treatment and 53 control organizations.

To investigate each evaluation objective, the evaluation utilizes organization-level data measuring changes in organizational administrative and managerial practices, challenges that affect their operations, networks and networking efforts, and revenues and revenue-seeking activities. Data sources include a baseline and endline survey, comprehensive data on Facebook posts and interactions during the project period, and detailed data on all revenues and expenditures collected by digitizing and classifying each CSO's financial records for the 2019 and 2021 fiscal years. These data allow the team to identify the size of any differential improvements on these outcomes over the course of the projective that are attributable to the **Resiliency**Cambodia intervention. The team collected baseline data from April–June 2020 and endline data from April–June 2022.

FINDINGS OUTCOME 1: MANAGERIAL AND ADMINISTRATIVE CAPACITY OF TREATED CSOS

Overall, there is little evidence of an impact of the treatment on the managerial and administrative capacity of CSOs that participated in **Resiliency**Cambodia. While CSOs in the treatment group do report spending a greater share of their time on core programmatic activities (including political advocacy and community outreach), this difference is substantively small. Furthermore, there is no evidence for a differential decrease in their reporting of internal challenges that the intervention was designed to address, a differential increase in their administrative capacity (measured by the accuracy of their financial records), or a differential increase in the success of their adaptations to COVID-19.

FINDINGS OUTCOME 2: NUMBER OF CONNECTIONS BETWEEN TREATED CSOS AND CITIZENS, THE PRIVATE FOR-PROFIT SECTOR, AND OTHER CSOS

Overall, there is no evidence of an increase in the size or strength of CSO networks among members of the treatment group. Looking at both self-reported and objective measures of network size and strength, as well as measures of effort to expand or strengthen networks, there are no significant differences between the treatment and control groups. Although treatment CSOs do report a greater increase in the self-reported strength of their networks, this difference is substantively small and is not statistically significant. As discussed in greater detail in the final section, this may be due in part to the program's heavy reliance on remote activities during the first year of COVID-19 lockdowns. Many activities were initially designed to provide in-person opportunities for networking and partnership-building, and the switch to remove workshops and trainings precluded these activities. These findings do suggest that the social media trainings offered to treatment CSOs were not effective at improving their ability to foster public engagement with their Facebook content.

FINDINGS OUTCOME 3: FINANCIAL RESILIENCY OF TREATED CSOS

Overall, there is little evidence that the treatment increased the financial resiliency of CSOs. Looking at both objective measures drawn from current budget data as well as self-reported measures of recent and future planned behavior, there are no significant differences between the treatment and control groups. There is some evidence for a small increase in the total value of revenue from donations and earned income and in the total value of revenue from local sources. However, these results are imprecisely estimated due to the small sample size and are only apparent when removing outlier observations from the sample.

FINDINGS OUTCOME 4: RESILIENCY TO CHANGING CIVIC SPACE OF TREATED CSOS

There is mixed evidence for the impact of the treatment on CSO resiliency to changing civic space. Counter to expectations, reporting of external challenges increased more for members of the treatment group. Furthermore, the effect size is moderate at 0.3 standard deviations and statistically significant. These unexpected findings may suggest that the treatment increased CSOs' awareness of civic space issues. There is also evidence for a greater increase in the share of time treatment CSOs spend on political advocacy compared to control CSOs. Increased time spent on advocacy may be driving increases in the number of external challenges CSOs face in a heavily restrictive environment like Cambodia. Alternatively, the intervention's emphasis on civic space issues may have increased the salience of these issues for treatment CSOs.

RECOMMENDATIONS AND LESSONS LEARNED

Unfortunately, the bulk of the evidence suggests that **Resiliency**Cambodia did not cause meaningful improvements in CSO capacity, networks, finances, or resiliency to closing civic space. The team's analyses estimate small differences in how outcomes for treatment and control CSOs changed over, suggesting that these results are not attributable to small sample sizes or attrition from the evaluation sample. Furthermore, the prevalence of these null results across both objective and self-reported measures, indicating that treatment and control CSOs changed in very similar ways over the course of the program on the key outcomes, strengthens the team's conclusion that the program largely failed to achieve its objectives.

However, the **Resiliency**Cambodia intervention still provides many lessons and recommendations for future USAID capacity-building programs. Recommendations from the IE include:

- USAID should **invest in programs to help organizations across all sectors combat closing civic space**. IE data show that the diverse sample of CSOs participating in **Resiliency**Cambodia reported high levels of external challenges related to closing civic space but were also willing and able to increase the share of time spent on political advocacy. The LO-MTSR activity represented an important effort to design programming that directs civic space programming across technical areas to bolster organizations working not just on democracy, human rights, and governance (DRG) issues like political advocacy on human rights but also ostensibly apolitical sectors like health, education, and agriculture. The team recommends that USAID/Cambodia continue their support for such work and encourage other missions to build on these efforts.
- **IEs are a smart investment to ensure taxpayer dollars are spent on maximizing program impacts**. In this IE, as in any applied research endeavor, even null results are helpful for providing concrete feedback on program successes and failures, potential unexpected consequences, and the need to adapt or redesign activities.

Without the rigorous design of an RCT, it would have been easy to rely only on the qualitative feedback from organizations that reported overall satisfaction with the program and decide that the **Resiliency**Cambodia model should be scaled.

- There is a **need to build the evidence base around each component of the program's theory of change**. The original theory that motivated this project states the expectation that organizations would increase their organizational capacity through increasing financial diversification, networks and partnerships, and communications strategies. The null results for this initial, necessary outcome are one potential explanation for the null results across other outcomes. Each of these outcomes requires its own researched theory of change to show that these outcomes are backed by evidence to promote organizational capacity.

1.0. EVALUATION PURPOSE AND QUESTIONS

1.1 EVALUATION PURPOSE

This report presents findings from an IE of USAID/Cambodia's LO-MTSR activity. LO-MTSR is a three-year, $2,230,510 USD project funded by USAID/Cambodia as part of the Small Business Applied Research (SBAR) pilot mechanism. The LO-MTSR activity includes two primary components. The first component is the implementation of a civil society capacity-building program, known as **Resiliency**Cambodia. The second component is an RCT evaluating the impact of **Resiliency**Cambodia on key development outcomes. Cloudburst is conducting both **Resiliency**Cambodia and the IE in partnership with **Partners**Global and DevLab.

ResiliencyCambodia draws on the **Partners**Global **R+** model, which has been implemented in countries around the world. However, **Resiliency**Cambodia was modified in several important ways to meet the needs of USAID/Cambodia and Cambodian civil society. First, whereas **R+** focuses more narrowly on civic space issues, the content of **Resiliency**Cambodia is expanded to address other dimensions of organizational capacity, including revenue diversification. Second, while **R+** focuses on engaging a small number of CSOs working on civic space issues with intense coaching and mentoring, **Resiliency**Cambodia is "scaled up" to reach a larger and more diverse group of CSOs.

The IE is an innovative, first-of-its-kind experimental evaluation to measure the key development impacts of the **Resiliency**Cambodia program under the LO-MTSR activity. It represents USAID's first attempt to design and evaluate CSO programming using the highest scientific standards. The project also demonstrates several novel approaches to research design and data collection that should be used in future evaluations of CSO programming. By testing the impact of **Resiliency**Cambodia on the outcomes it was designed to improve, this evaluation provides an evidence base for improved policymaking and programming.

Importantly, this evaluation estimates the impact of receiving access to the entire **Resiliency**Cambodia program. The program is a "bundled treatment" containing numerous components. This means that the team is not able to identify the impact of individual components, such as the coaching CSOs received or the specific trainings they attended.

The bulk of the evidence in this report suggests that **Resiliency**Cambodia did not cause improvements in the resiliency of participating CSOs. However, it is important to note that the program was implemented during the first two years of COVID-19, which posed unprecedented challenges to the implementation team. Specifically, much of the programming that was designed to take place in person had to be moved online, which potentially reduced engagement and limited opportunities for networking.

Although these challenges do not limit the team's ability to evaluate the impact of this implementation, they do limit the team's ability to make inferences about the expected effectiveness of similar programming implemented during more typical conditions. Importantly, the results suggest several lessons for the design of future CSO capacity-building interventions, including the limitations of remote implementation. The final section discusses these lessons in greater detail and offers recommendations for the design of future CSO and resiliency programs.

1.2 EVALUATION QUESTIONS AND THEORY OF CHANGE

The LO-MTSR IE was intended to design, implement, and rigorously evaluate the impact of programming designed to decrease CSOs' reliance on foreign donors and make CSOs more resilient to an increasingly difficult external environment. USAID/Cambodia identified improved organizational capacity and expanded networks as avenues to help organizations access new sources of funding. Furthermore, the combination of improved capacity, expanded networks, and more diverse revenue streams has the potential to increase the ability of CSOs to adapt to increasing legal and informal restrictions on their resources and activities.

Drawing on this theory, the overarching policy question underlying the evaluation is:

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Specifically, the evaluation investigates the extent to which the activities under the LO-MTSR activity generate the following outcomes:

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4. Increase the resiliency of CSOs to closing civic space.

These four evaluation objectives form the basis for a series of testable development hypotheses and indicators on the impact of the LO-MTSR activity. Under each of these outcomes, Cloudburst and DevLab, in consultation with **Partners**Global, identified a variety of measures to assess the success of the program.

1.3 PROJECT BACKGROUND

In Cambodia, nearly 5,000 local and international CSOs play a critical role as service providers in the health, education, democracy, governance, and agriculture sectors, especially in remote areas and communities. For USAID/Cambodia to achieve its development objectives, CSOs must be resilient and self-reliant. As donor funding becomes more limited or tied to specific governmental objectives, growing competition for these resources threatens to divide local organizations working toward development goals. While Cambodian organizations have "graduated" to become direct and successful USAID grantees, they have failed to thrive as independent, Mission-oriented organizations with diverse funding sources to insulate them from external shocks. Furthermore, while governments around the world strive to shrink civic space and restrict the operations of organizations promoting accountability and good governance, reduced access to international funding will decrease the independence of CSOs and erode their ability to provide checks on governments. Encouraging CSOs to shift to more sustainable financing models is important for them to continue fulfilling this purpose.

CURRENT CHALLENGES FACING CIVIL SOCIETY IN CAMBODIA

In recent years, the Royal Government of Cambodia (RGC) has intensified its interference in CSO activities. While this increased scrutiny has resulted in burdensome registration requirements and invasive monitoring practices that affect the entire sector, the brunt of this interference has been targeted toward CSOs receiving foreign support for rights-based advocacy and democracy promotion, as well as local organizations focused on land rights and environmental protection (Springman et al., 2022). Much of this increased interference has found a legal basis in the Law

on Associations and Non-Governmental Organizations (LANGO) enacted in August 2015 (Curley, 2018), which was met with widespread criticism from civil society and the international community. Chief concerns about the LANGO are mandatory registration for all domestic and international associations, unfettered discretion by the Ministry of Interior over registration, and the requirement that all associations and organizations be "politically neutral."

Legal restrictions on civil society are part of a broader push by the RGC to stifle dissent and undermine political competition. LANGO was accompanied by similar legal restrictions on the media and the freedoms of expression and assembly, including the use of social media. In recent years, the RGC has used legal channels to limit the main opposition party, expel foreign non-governmental organizations (NGOs), and eliminate independent media critical of the ruling party. These moves come despite increased pressure from the European Union and other international actors to discourage the Cambodian People's Party's turn toward closing space. While these actions represent a purposeful closure, Cambodian CSOs' reliance on international funding, lack of social embeddedness, divisions within civil society, and insufficient CSO capacity make CSOs in Cambodia especially vulnerable to this type of restrictive legislation.

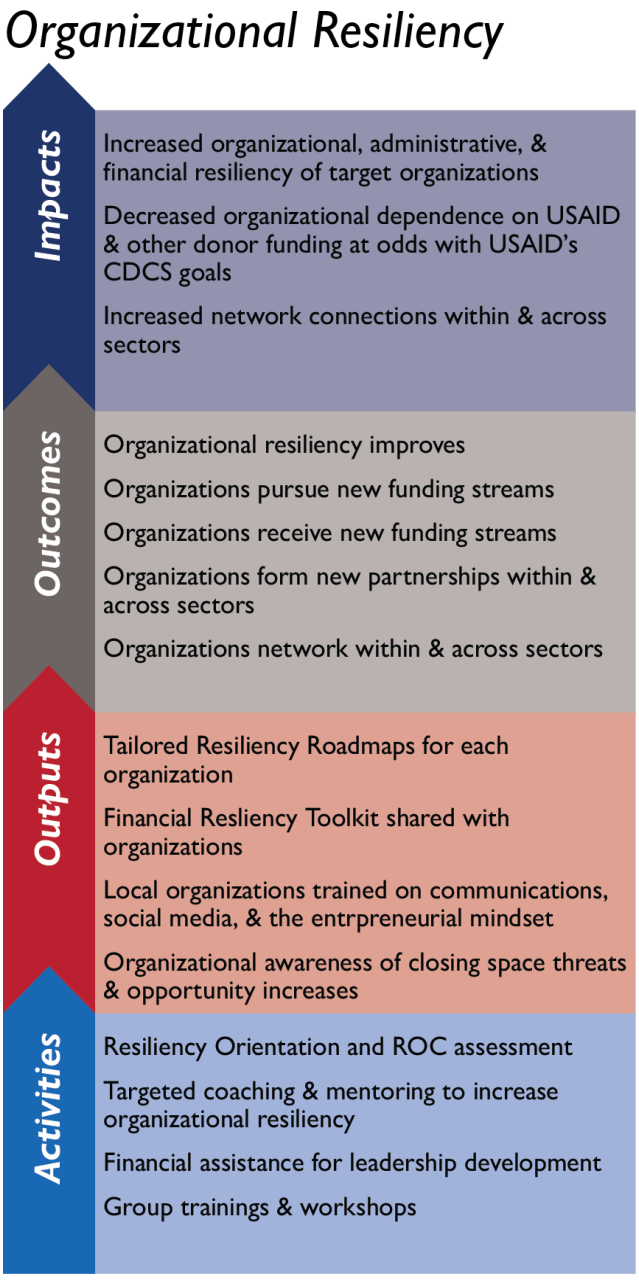
Cambodian CSOs also struggled to operate in a fractionalized civil society sector. Using baseline data from this project, Springman and Wibbels (2021) document a relatively low level of connectivity and a strong desire to improve connections and engagement with both the public and other CSOs. The concept of civil society implies a dense network of individuals and organizations capable of engaging in collective action in pursuit of shared goals (Viterna, Clough, and Clarke, 2015; Petrova and Tarrow, 2007). Networks also convey material benefits to individuals and organizations, including facilitating the flow of resources, whether these resources are material, legal, political, or technological (Dalaibuyan, 2013; Marshall and Suárez, 2014; Suárez and Marshall, 2014; Beaman et al., 2018; Cruz, Labonne, and Querubin, 2020). This lack of connectivity among Cambodian CSOs likely limits their ability to organize and operate. For more details about the current circumstances of CSOs in Cambodia, see Appendix A. Design Report.

2.0 RESILIENCYCAMBODIA OVERVIEW

This section describes the **Resiliency**Cambodia intervention under evaluation. The goal of the **Resiliency**Cambodia program is to build the organizational resiliency of targeted CSOs so they are better able to strategically plan for and expand network connections outside of primary donors. In doing so, organizations will be less dependent on government or large international donor funding that may be at odds with USAID's Country Development Cooperation Strategy (CDCS) objectives.

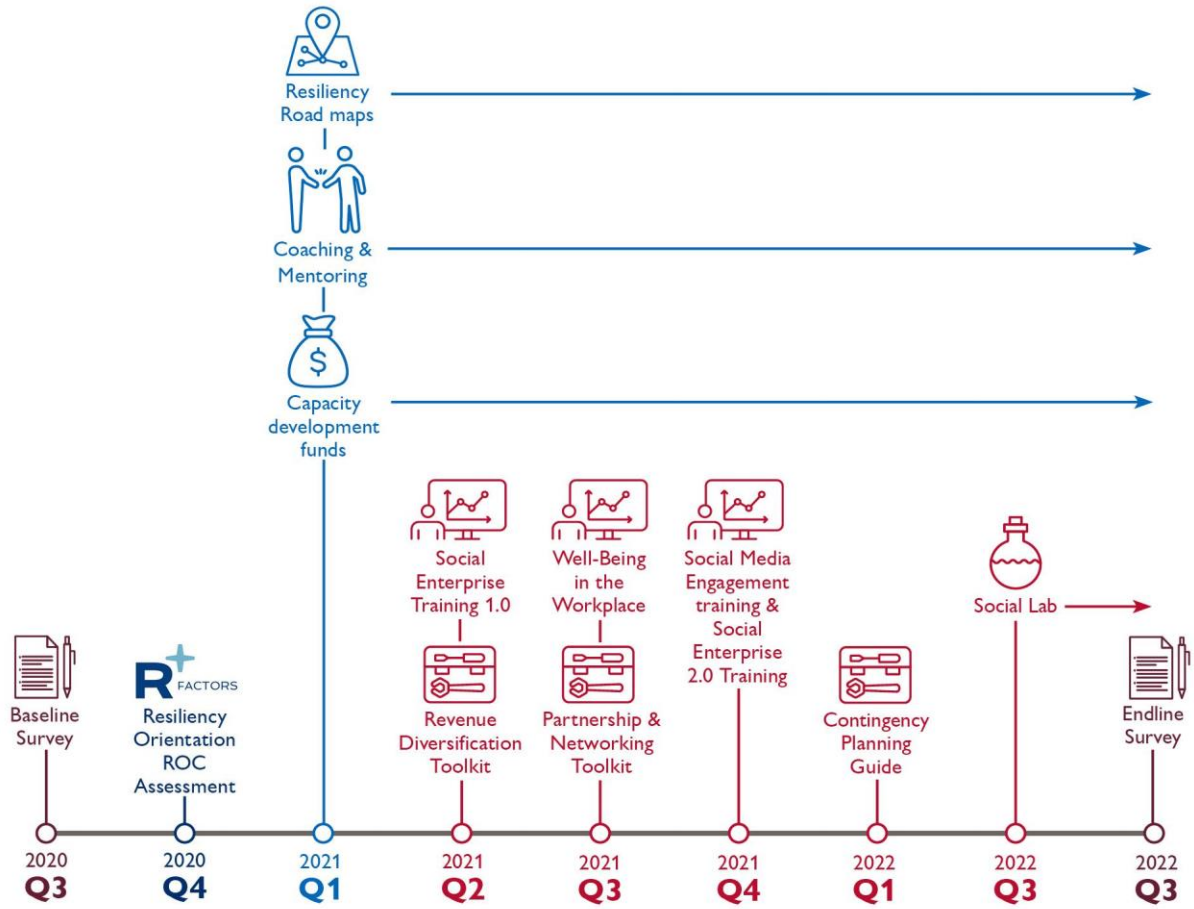
The primary development hypothesis driving the LO-MTSR activity is that by increasing the organizational resiliency of targeted CSOs through the **Resiliency**Cambodia suite of activities—including the ROC workshop and assessment, one-on-one coaching, resources for leadership development, and training on entrepreneurship, communications, and social media—organizations will be better positioned to seek out and gain access to funding streams outside traditional international donors (such as USAID) or other funding that may be at odds with USAID's CDCS objectives. This increased financial diversity will empower local organizations to be increasingly independent of donor funds. Figure 1, to the right, outlines the causal model approach to implementing performance metrics of the LO-MTSR activity.

FIGURE 1. CAUSAL MODEL



The **Resiliency**Cambodia program consists of a bundled intervention of capacity-building activities targeted at improving organizations' organizational capacity, reliance on USAID and other donors, and networks. Interventions took place over 24 months from August 2020 to August 2022, but the IE only captures changes through April 2022. Figure 2 below shows the timeline of the various interventions, and each intervention is described in greater detail below.

Figure 2. Timeline of ResiliencyCambodia intervention activities



RESILIENCY ORIENTATION & ROC ASSESSMENT

The team invited all organizations to send two staff representing various levels of seniority to participate in a Resiliency Orientation. The one-day small group workshop introduced organizations to the **Resiliency**Cambodia Framework, including discussions of the most prevalent civic space threats and common vulnerabilities that make organizations susceptible to civic space shifts. During the workshops, CSOs implemented the ROC Self-Assessment Tool.

RESILIENCY ROADMAP

Following the Resiliency Orientation, each of the 52 CSOs created a Resiliency Roadmap with assistance from **Partners**Global and each organization's Resiliency Coach. The roadmap was comprised of strategies, tools, tactics, and approaches that correlate to the challenges identified through ROC. Organizations worked with their coach to develop personalized targets and action plans and continued to update their roadmap throughout the project.

COACHING AND MENTORING

Treatment organizations benefited from one day per month of on-demand coaching services by trained Resiliency Coaches from October 2020–September 2021.[1] Organizations called on their coaches for support when writing funding proposals, developing social enterprise plans, re-designing their organization's websites, and making connections to new partners, among many other things.

GROUP TRAININGS

A core component of the intervention was a series of capacity-building trainings conducted by **Partners**Global to help each organization achieve its roadmap goals. Originally planned to be conducted in person, the COVID-19 pandemic forced training to be conducted virtually via zoom. Trainings included Revenue Generation Training, Wellbeing in the Workplace, Social Media Strategy, Enterprise Strategies 2.0, and Strategic Communication. For more information on the objectives and content of each training, please refer to Appendix C. Pre-Analysis Plan.

TABLE 1. SAMPLE TRAINING TOPICS

TRAINING MODULE	DATES	# OF ORGANIZATIONS IN ATTENDANCE
Revenue Generation Training	January 18–March 5, 2021	49
Wellbeing in the Workplace	June 1–June 9, 2021	24
Social Media Engagement and Digital Security	August 9–August 27, 2021	34
Enterprise Strategies 2.0	September 7–September 21, 2021	41

RESILIENCY RESOURCES AND TOOLKITS

In addition to group trainings, **Resiliency**Cambodia also developed three stand-alone manuals on topics of interest identified in each organization's ROC assessment and Resiliency Roadmap priorities. Each toolkit was customized for the Cambodian context, and available in Khmer and English. Topics included revenue diversification, partnership and networking, and contingency planning.

TABLE 2. RESILIENCYCAMBODIA MANUALS

RESILIENCY RESOURCES	DATE DISTRIBUTED	# OF ORGANIZATIONS THAT RECEIVED THE RESOURCE
Contingency Planning Guide	December 2021	49
Revenue Diversification Toolkit	April 2021	49
Partnership and Networking Toolkit	June 2021	49

[1] Originally, coaching support for CSOs assigned to the low-impact (LI) treatment arm was to be capped at one day per quarter, but the availability of additional resources allowed for the tripling of the amount of coaching offered to this group.

SOCIAL LAB

In Year 3, the LO-MTSR team added a new intervention to the bundle of interventions specifically to strengthen organizations' networks and partnership-building. The "Social Lab" intervention included a Building Systems Resilience workshop focused on collecting data for systems mapping and conducting relationship- and trust-building activities to break down organizational and sectoral barriers. The second component was a Social Lab for groups of 6–10+ organizations to vote on the most important ideas for cross-collaborations, form teams on those topics, and begin to design lean experiments (small activities for learning or testing assumptions about those ideas). Thirty organizations ultimately chose to participate in the Social Lab experiment. The **Resiliency**Cambodia activity provided each of the three teams with $3,000 in funding to help facilitate learning meetings and activities. After the initial workshop in March, the organizations participating in Social Lab teams continued to meet and participate in monthly reflection meetings. This intervention was not part of the initial IE design, and none of the evaluation activities were designed to measure its impact.

RESOURCES FOR INSTITUTIONAL DEVELOPMENT

CSOs randomly assigned to a high-intensity (HI) treatment arm were eligible to apply for a $3,000 grant for institutional development, paid in two installments over 18 months. The funds provide leadership development and institutional support needed to implement their Resiliency Roadmaps. Resiliency Coaches helped organizations identify appropriate leadership and organizational coaching opportunities, focusing on building organizational capacity or helping implement identified improvements. The funds could be used to hire consultants for grant or proposal writing, hire consultants to develop monitoring, evaluation, and learning protocols, purchase computers or other office equipment, or attend other trainings or networking opportunities. Of the 30 HI organizations, 23 ultimately applied for and received these funds. Organizations experienced significant challenges complying with USAID regulations on the purpose of the funds, as well as the Cloudburst regulations on how to apply for and receive each payment. This delayed the receipt of funding for many organizations until the last quarters of the program, which limits the IE's ability to detect any change due to receiving the funds.

3.0 EVALUATION METHODS

3.1 METHODS

The **Resiliency**Cambodia IE, under the LO-MTSR activity, is an RCT. RCTs estimate the impact of an intervention by comparing outcomes for treated units against outcomes for a "counterfactual" group that was randomly selected to not receive the treatment. This technique gives implementers and donors a straightforward way to understand program effects and how outcomes would be different if the intervention had not taken place. The random assignment of treatment and control units is the most scientifically rigorous way to establish a causal relationship between an intervention and outcome; it is considered the "gold standard" in policy evaluation. Random assignment is also a normatively fair method for assigning CSOs to programming, given that a limited budget necessarily implies that the programming can only be provided to a modest number of CSOs. There have been very few rigorous evaluations of programming on CSOs, so this approach provides an enormous opportunity for USAID to learn crucial, rigorous lessons that might help civil society programming writ large.

The IE was originally designed as a tiered intervention with two treatments "arms": one receiving an LI treatment and the other receiving an HI treatment. A third group serves as a control. The design called for 30 CSOs to be assigned to the LI cohort, 30 CSOs to be assigned to the HI cohort, and 60 to be assigned to the control group. The tiered approach was designed primarily due to resource constraints, but it also provided an opportunity to learn whether, and to what extent, CSO resilience can be improved with a light touch, or if it requires larger, more sustained programming and coaching. The tiered design would also allow for a cost-benefit analysis of LI vs. HI programming. However, when the **Resiliency**Cambodia intervention adapted its intervention to COVID-19, the LI cohort was able to receive equally intensive coaching, mentoring, and training. After these adaptations, the only difference between the two cohorts was the availability of capacity-building funds, which remained exclusive to the HI group. Because of this, the endline analysis combines the HI and LI groups into a single treatment group.

3.2 OUTCOME FAMILIES, HYPOTHESES, AND INDICATORS

This IE report presents results testing the impact of the **Resiliency**Cambodia intervention on the four families of outcomes targeted by the intervention. The findings section describes each outcome family and the specific intervention activities designed to target that outcome and presents formal hypotheses specifying the expected impact on each outcome. Primary outcomes are those that will be interpreted as the strongest evidence for each objective and secondary outcomes represent measures that are either less likely to be affected by the treatment or are less directly related to the objective under consideration.

Outcome families and their associated primary and secondary outcomes are listed below.

- *Outcome Family 1: Increased managerial and administrative capacity of treated CSOs*
  - Primary Outcome 1.1: Managerial Capacity Index
  - Primary Outcome 1.2: COVID-19 Adaptation Index
  - Primary Outcome 1.3: Administrative Capacity
- *Outcome Family 2: Increased number of connections between treated CSOs and citizens, the private for-profit sector, and other CSOs*
  - Primary Outcome 2.1: Count of Partnerships Index
  - Primary Outcome 2.2: Social Media Interactions Index
  - Secondary Outcome 2.3: Self-Reported Network Strength Index
  - Secondary Outcome 2.4: Partnership-Seeking Behavior Index
  - Secondary Outcome 2.5: Network Density Among Treatment and Control Sample
- *Outcome Family 3: Increased financial resiliency of treated CSOs*
  - Primary Outcome 3.1: Revenue Generation Index
  - Primary Outcome 3.2: Revenue Diversification Index
  - Secondary Outcome 3.3: Financial Health
  - Secondary Outcome 3.4: Diversification Away from Aid: Local Revenue Index
  - Secondary Outcome 3.5: Share of Revenue from Foreign Sources
- *Outcome Family 4: Increased resiliency of treated CSOs to changing civic space*
  - Primary Outcome 4.1: External Challenges Index
  - Primary Outcome 4.2: CSO Network Diversification
  - Secondary Outcome 4.3: Share of Time Engaging in Advocacy

For more details on each outcome family and the data that is used to construct each, please refer to Appendix C. Pre-Analysis Plan.

3.3 SAMPLING AND RANDOMIZATION

To secure a sufficiently large sample of local organizations, Cloudburst attempted to recruit at least 120 organizations through a call for applications distributed by the partner organizations in Cambodia. The organizations were filtered to include only those CSOs with at least three full-time staff members, that existed for at least three years, that are registered with the RGC as NGOs, and that have been approved by USAID/Cambodia.

Challenges during recruitment ultimately led to 105 organizations applying to and being selected for the program. While Cloudburst ultimately received 127 completed applications, seven organizations were rejected for not meeting the program requirements and another 15 organizations did not complete the necessary surveys by the deadline. The team then asked each of the 105 organizations to complete one survey about their organization's management, characteristics, and behavior and one survey asking for detailed financial data.

Using data collected from these surveys, the team divided the sample into 25 groups of very similar CSOs using a non-bipartite matching algorithm. To identify similar organizations, the team focused on characteristics related to either the outcomes of interest or how CSOs might respond to the intervention. Within each block, the team randomly selected half of the units to receive the treatment and the other half to serve as controls. The final randomization resulted in 32 HI organizations, 20 LI organizations, and 53 control organizations.

Matching organizations on relevant characteristics and randomizing within these matched groups allows the team to compare outcomes across very similar organizations. This technique can dramatically reduce variance and increase statistical power. In short, this matching exercise ensures that the team's **R+** cohorts and control group are as similar as possible, thereby improving the team's capacity to detect differences at endline between organizations that did and did not receive programming. This permits a more precise measurement of measure program effects. This also helps to ensure that important organizational characteristics that shape how organizations respond to the program are distributed equally between the treatment and control groups.

Of the 105 CSOs that applied to participate in **Resiliency**Cambodia, six CSOs dropped out prior to the start of intervention activities. These CSOs either withdrew over concerns about the amount of staff time required to participate or ceased responding to the team's attempts to contact them. These six CSOs were distributed equally between the treatment and control arms, eliminating concerns that this attrition may bias the results. For this reason, the team dropped these CSOs from the sample prior to estimation.

A detailed description of the measures, algorithms, randomization procedures, and software used to perform the matching and randomization is available in the Baseline Report referenced in Appendix B. Results presented in the pre-analysis plan (PAP) referenced in Appendix C demonstrate that the sample is well-balanced and the design is powered to detect medium-sized effects between 0.34 and 0.37 standard deviations.

Figure 3. CSO sampling methodology

3.4 DATA SOURCES

The evaluation utilizes three primary sources of organizational-level data to investigate outcomes of interest, including organizational characteristics, networks, revenue-generating activities, employee perspectives of political and financial independence, funding sources, and revenue. The three sources of data were:

1. CSO survey: The survey firm collected organization-level data from 105 organizations at baseline and 82 organizations at endline. A CSO employee completed an approximately one-hour-long, self-administered Qualtrics online survey. For most organizations, the executive director completed the survey. The survey focused on organization characteristics, budget and fundraising information, networking, and challenges faced.

2. Budgets: The survey firm collected detailed budget data for 2019 and 2021 from 94 organizations at baseline and 78 organizations at endline. Teams of two enumerators visited the offices of 85 organizations, spending approximately four hours conducting an interview with a member of the NGO's leadership team and a member of the NGO's finance team. The finance member provided complete budgets from 2019 and 2021, with information on income, expenses, and assets. Enumerators classified budget line items into a series of categories created by the research team, asking clarification questions to organizations' finance teams whenever necessary. Budget categories included grant sources (USAID, the European Union, China, etc.) while expense categories included labor and various types of project material or expenses. The financial manager remained available to answer any questions while the enumerator classified each line item in the budget. Income was classified by source, while expenditures were classified by type. The full list of budget categories and subcategories is detailed in Appendix E. Budget Categories. To the best of the authors' knowledge, this represents the most detailed financial data ever collected from a sample of non-profit organizations in the global south.

3. Social media data scraping: Cloudburst and DevLab collected organization-level data on each post made to a CSO's Facebook page from 87 organizations at baseline and 89 organizations at endline. Data collected included the date of the post, the content (text and images), and the number of likes, comments, and shares that the post received. This information provided multiple measures for each organization's Facebook activity and the extent of its online following. This information was collected through an automated Python script. In addition to the automated data scraping, Cloudburst hand-collected information about the organizations' Mission statements, number of page likes, number of page followers, number of events (in 2021 and in the future), number of top fans, and if the page was running ads.

TABLE 3. SAMPLE SIZE BY DATA COLLECTION ROUND

DATA SOURCE	BASELINE	ENDLINE

CSO survey	105	87
Budget (2019 and 2021)	94	78
Social media data scraping	87	89

BASELINE DATA COLLECTION

The team collected data through an online survey hosted by the online survey platform Qualtrics. After applying and being selected to receive the baseline survey, organizations received an initial Qualtrics contact form requesting the primary point of contact at the organization to nominate two staff members to complete the CSO survey and a third staff member to complete the budget survey. The contact form requested the names, positions, and email addresses of the employees who would complete the survey. This information became the sampling list for each survey instrument.

Baseline data collection took place between April 20 and July 10, 2020. Respondents entered data directly into the online form, which the team then exported into comma-separated value files and cleaned and analyzed in R. Once contact information was collected, Qualtrics generated an email to link each survey respondent to its survey. This allowed Cloudburst to track who had opened each email, who had started a survey, and who had finished a survey, and then follow up appropriately. Each week, respondents who had not yet completed their survey received a personalized email reminder, and as the survey end date approached, respondents received phone call reminders from a **Resiliency**Cambodia coach. Respondents were offered a $10 payment, sent through the mobile money app Wing, in exchange for completing the survey.

ENDLINE DATA COLLECTION

Cloudburst and DevLab designed endline data collection protocols and instruments that rely on in-person enumeration. After soliciting applications from research firms working in Cambodia to lead the implementation of in-person enumeration, Cloudburst contracted the local survey firm, IndoChina Research Limited (IRL), to manage all aspects of endline data collection through a competitive request for proposal process. IRL has extensive experience working in the social research sector over the past decade, including work on cross-cutting issues such as political issues, health and maternal rights, feasibility, and access to WATSAN products and services. The IRL team consisted of eight enumerators, each with extensive knowledge of the Cambodian NGO space.

After a week of enumerator training and discussion of the objectives of data collection, the team finalized the data collection protocols and instruments based on feedback from the enumerator team and three pilot organizations. Enumerators became familiarized with the survey and budget data collection protocols and instruments through a detailed overview of the **Resiliency**Cambodia project, the CSO Qualtrics Survey, budget data categories, and the budget data collection spreadsheet.

Endline data collection began on April 4, 2022 and continued until the end of June, 2022. Teams of two enumerators visited the offices of 85 organizations, spending approximately four hours conducting an interview with a member of the NGOs leadership team and a member of the NGOs finance team. Organizations completed an online Qualtrics survey on the organization's activities and fundraising. The finance member provided complete budgets from 2019 and 2021, with information on income, expenses, and assets. Enumerators classified budget line items into a

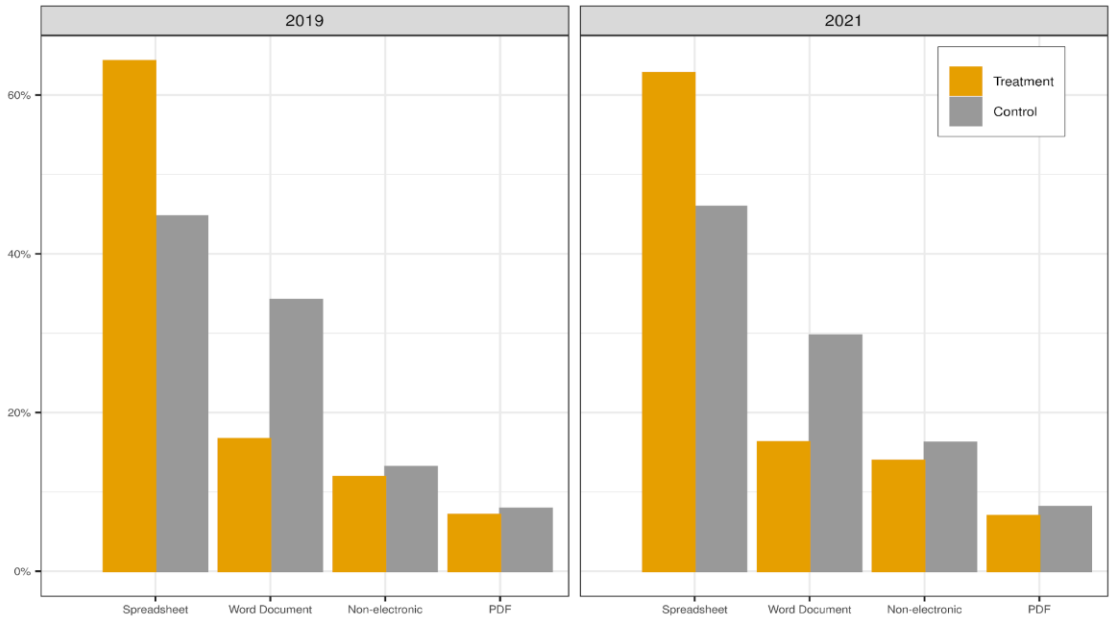
series of categories created by the research team, asking clarification questions to organizations' finance teams whenever necessary. Budget categories included grant sources (USAID, the European Union, China, etc.) while expense categories included labor and various types of project material or expenses. Throughout the data collection process, enumerators addressed any questions or concerns organizations had. Organizations were paid $75 for their time, and individuals who completed each survey were paid $15 each.

DATA QUALITY

Throughout the data collection, Cloudburst and the DevLab monitored for data quality through individual reviews of each CSO Qualtrics survey and the budget spreadsheets. These checks searched for systematic errors, including short survey times, missing responses, outliers, and illogical responses in the CSO survey as well as missing responses, outliers, incorrect classifications, and improperly aggregated responses in the budget spreadsheets. To reconcile differences, the team sent follow-up emails to organizations requesting clarification. The research team was in constant contact with the IRL enumerators, providing support and addressing any questions they had. The team also compared results to the CSO baseline survey and CSO budgets, if available. Organizations could also clarify any points of confusion by contacting Cloudburst or Duke personnel directly through email, WhatsApp, and Telegram.

Organizations varied widely on how their budgets were formatted, stored, and shared. While some organizations kept their transactions coded by project in accessible Excel spreadsheets, other organizations required substantial effort to decipher paper records. Some organizations kept a detailed record for every expense in a project's budget, while others only had highly aggregated sums for broad categories. The assessment team was mindful of possible biases that may have arisen from these different formats. Figure 4 below shows that roughly 10 percent of organizations kept only nonelectronic records, with little difference between treatment and control organizations. Organizations generally kept the same method of record-keeping from 2019 to 2021, so there was little variation from year to year.

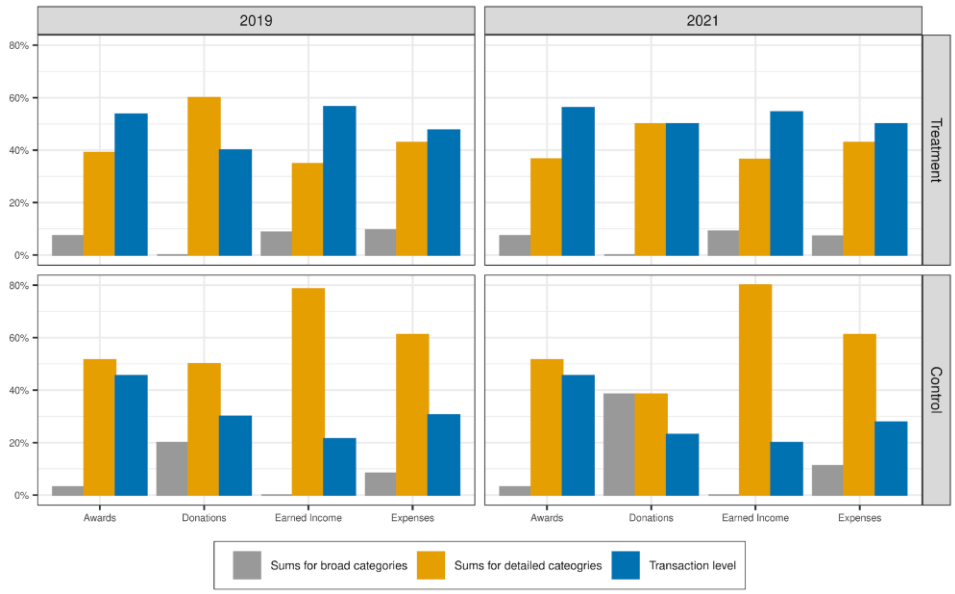
Figure 4. Type of records provided and level of detail across groups



Roughly half of the organizations provided detailed transaction-level detail. The assessment team impressed on the enumerators the importance of receiving budgets as detailed as possible and provided guidance on how to assuage any privacy concerns organizations had. The assessment team also followed up directly with organizations on these concerns, providing reassurances of confidentiality and clarifying the project's goals.

Figure 5 below shows the level of aggregation provided across five of the budget categories, broken down by treatment group and by year. Control organizations were less likely to provide detailed, transaction-level budgets than the treatment organizations. This difference is especially notable for earned income and expenses. This may be due to lower levels of familiarity and trust with the **Resiliency**Cambodia project. It is important to note that this could bias the team's primary measure of financial misreporting (Outcome 1.3) or line-item measures of revenue concentration (one measure discussed under Outcome 3.2) to make treatment CSOs look like they have lower levels of misreporting and concentration. However, because this difference in reporting between the treatment and control groups is present at both baseline and endline, this should not bias the statistical analysis, which identifies differential changes in these outcomes between baseline and endline for both treatment assignment groups.

Figure 5. Type of records provided and level of detail across groups



PANEL ATTRITION

Attrition was a significant problem in this project. In addition to reducing sample size and statistical power, attrition may bias estimation when there is differential attrition across treatment assignment. Of the 53 control and 52 treatment CSOs, 16 control and 14 treatment CSOs did not fully participate in endline data collection. Because attrition was relatively balanced between treatment and control arms and most estimated treatment effects are close to zero, the substantive impact of these limitations on the findings in this report is minimal.

Of the 105 CSOs that applied to participate in **Resiliency**Cambodia, six CSOs dropped out prior to the start of intervention activities. These CSOs either withdrew over concerns about the amount of staff time required to participate or ceased responding to the team's attempts to contact them.

These six CSOs were distributed equally between the treatment and control arms, eliminating concerns that this attrition may bias the results. One additional treatment CSO dropped out after the start of intervention activities.

The team expected further attrition to be a significant problem for endline data collection due to the time-intensive nature of data collection, the potential for NGOs to close or experience changes in leadership, and factors like confusion about why control groups are expected to participate in the evaluation. For this reason, the team designed the endline data collection activities to minimize further attrition of NGOs from the sample. First, rather than distributing fully self-administered online data collection instruments by email (as at baseline), the team hired a survey firm to make contact with each NGO prior to data collection, schedule a meeting with the necessary employees, and travel to their offices to administer data collection in person. This dramatically reduced the amount of effort required by respondents and allowed the research team to build trust with respondents and communicate with those that had reservations about allocating staff time or sharing potentially sensitive information. Second, the team substantially increased financial incentives.

Despite these efforts, attrition was high. In total, two treatment and three control CSOs closed between 2019 and 2021, the survey firm was unable to make contact with two control CSOs that also likely closed, and six treatment and seven control CSOs refused to participate in at least one component of endline data collection. Four treatment CSOs completed the survey but did not complete budget data collection. To maintain balance in attrition, the results presented in this report exclude those CSOs from all analyses. Due to the relative balance in attrition, the already-small sample size, and the prevalence of null results, the team does not estimate results with and without blocks from which attrition occurred. The team also does not estimate Lee bounds for the treatment effect. These changes are also noted in the section on departures from the PAP referenced in Appendix C.

Figure 6. Attrition by treatment and control groups

	Treatment	Control
Budget Data	40	38
Survey Data	44	38
Refused Budget	6	7
Refused Survey	2	7
Unreachable	0	2
Closed	2	3
Dropout	4	3

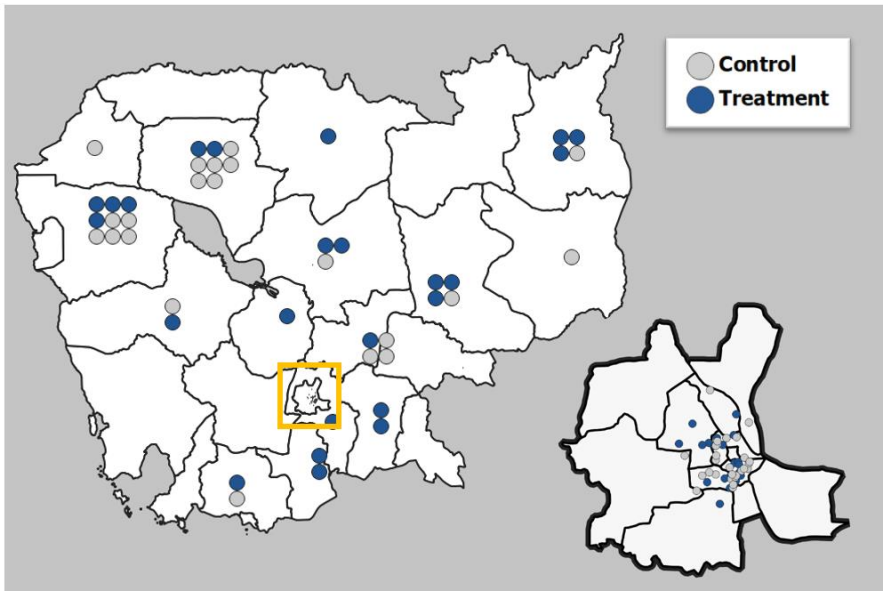
One additional treatment and one additional control CSO did not finalize endline data collection. Both provided only one year of budget data to enumerators. This results in a final sample of 39 treatment and 37 control NGOs for which there is complete data. This reduces statistical power

and limits the ability to conduct several tests and test certain hypotheses (noted in the section on departures from the PAP). However, the substantive impact of these limitations on the findings in this report is minimal. In general, the models estimate very small differences between the treatment and control groups. For the majority of the outcomes, these estimates would indicate a small impact of the intervention, even if differences were statistically significant. The issues of each outcome are discussed in the relevant section of the text. Due to the reduced sample size, the team also refrains from trying to estimate differential treatment effects for the LI and HI treatment arms which decision the team also made in light of the low levels and late timing of updates, as discussed earlier.

3.5 SAMPLE CHARACTERISTICS

Participants in the **Resiliency**Cambodia program originated from 16 of Cambodia's 25 provinces. This represented every major region of the country. Just under two-thirds of CSOs (60 percent, N=63) in the **Resiliency**Cambodia program were headquartered in Phnom Penh, reflecting the large clustering of CSOs nationally in the capital. A distant second was Battambang, a major commercial hub and agriculture center located in the northwest of the country. Siem Reap, a tourist and commercial hub also located in the northwest of the country was the third largest. These provinces contained nine and eight organizations that participated in the program, respectively. Other provinces represented included (but were not limited to) Kampong Cham, Kampong Thom, Ratana Kiri, and Kratie. Figure 7 shows each province and the number of participating organizations from each. Colors represent the treatment status of the organizations, which control in grey, HI in dark blue, LI in light blue, and the three dropouts in red.

Figure 7. Map of CSO locations



Organizations in the sample were diverse, ranging from small, relatively recently founded organizations to large, well-established organizations. Table 4 below shows the total number of employees—broken into full-time employees, part-time employees, and volunteers—at endline. Full time is defined as being paid for over 30 hours a week. There was a wide range in organization staff size, with the largest organization (Cambodian Children's Fund) having 464 employees and the smallest (Rehabilitation and Development for Cambodians Organization) having three. Organizations had an average of 44.5 total employees, which represents an increase from the

baseline mean of 35 employees. Except for a few much larger organizations, organizations typically do not have many part-time employees (an average of 2.5). The average number of volunteers at an organization is 6.4, although the larger organizations can employ over 100.

TABLE 4. CHARACTERISTICS OF ORGANIZATIONS

	MEAN (STANDARD DEVIATION)	MIN–MAX
TOTAL EMPLOYEES	44.5 (60.4)	3–464
FULL-TIME EMPLOYEES	33.0 (51.6)	1–399
PART-TIME EMPLOYEES	2 .5 (5.8)	0–30
VOLUNTEERS	6.4 (19.9)	0–150

The sample for baseline data collection included 105 CSOs working in sectors across all three of USAID's technical areas: agriculture/food security, health/education, and DRG. Table 5 illustrates the disaggregation of the sample across these sectors. Please note that because organizations frequently work across multiple sectors, some organizations are counted more than once.

TABLE 5. SAMPLE SIZE BY USAID SECTOR

	AGRICULTURE/FOOD SECURITY		HEALTH/EDUCATION		DRG	
	Baseline	**Endline**	**Baseline**	**Endline**	**Baseline**	**Endline**
Treatment	29	28	36	33	23	20
Control	21	15	27	36	20	14
Total	51	43	73	59	43	34

4.0 ANALYSIS

MAIN OUTCOMES ANALYSIS

To estimate the effect of **Resiliency**Cambodia on the outcomes of interest, the team estimates Equation 1 using ordinary least squares.

Equation 1: $Yi = B1*Zi + B2*lag(Yi) + B3*\alpha + ei$

Yi is the endline value of an outcome variable, Zi is an indicator for each CSO's treatment status, lag(Yi) is the baseline value of the outcome variable, α indicates fixed effects for each matched quadruplet "block," and ei is an error term. To account for heteroskedasticity, the team calculates robust standard errors. Specifically, the team implements more conservative HC3 standard errors for their superior performance with small sample sizes (Long and Erwin, 2000). Due to the potential for HC3 standard errors to over-correct in some cases, the team highlights and discusses estimates that are substantively meaningful even if they are not statistically significant.

The team opted for ANCOVA rather than a difference-in-differences estimator due to the greater statistical power when autocorrelation of outcome variables is relatively low without reduced power when autocorrelation is high (McKenzie, 2012). Although respondents are assigned to treatment arms with the same probability across blocks, attrition is not perfectly balanced between the treatment and control arms, introducing the possibility of some bias in estimation. Furthermore, the potential for heterogeneous effects across treatment blocks also creates the potential for bias in the estimates. To address these concerns, the team reports findings with and without the interaction-weighted estimator (IWE) suggested by Gibbons et al. (2018). Further discussion of these decisions is available in the PAP referenced in Appendix C.

As is indicated in Figure 6, there are lower levels of attrition for the CSO survey data compared to the budget data. As a result, attrition from the survey is much less balanced between the treatment and control groups. For all outcomes measured using survey data, the team reports results excluding CSOs that completed the survey but did not complete budget data collection. However, results are unaffected when including these CSOs in the analyses.

When looking at outcomes measured using data from CSO budgets, some results are sensitive to the inclusion of data from a small number of CSOs that reported extremely large changes in outcome values between baseline and endline. These outliers may represent errors in reporting or highly anomalous financial circumstances. With a small sample, outlier values can drive estimates. In these cases, the team reports results obtained when excluding the most extreme outliers. The team identifies these cases when reporting the results and notes that this adds additional uncertainty to the results. However, there are no cases where findings that include these outliers suggest a positive impact of the treatment, reinforcing the team's conclusions about the failure of the treatment to accomplish its objectives.

When possible, the team tests each hypothesis using a single index variable that summarizes variation across individual measures. This strategy reduces concerns about multiple hypothesis testing. For each index, the team first converts all measures included in the index (component variables) into a z-score and then combines these into a single average z-score. Z-scores are constructed by subtracting the mean of the control group from each observation and dividing by the standard deviation of the control group. The averaged z-score index is constructed by averaging the z-scores across component variables. Prior to construction, component variables are re-scaled to ensure that positive/negative values have the same direction.

One advantage of z-scores is that they can be interpreted in terms of standard deviations, allowing for direct comparisons of magnitudes across different outcomes. Generally, effect sizes around 0.2 are considered small, around 0.5 are considered medium, and around 0.8 are considered large (Cohen, 1992). For results that are reported as a z-score, the team discusses their magnitude in terms of standard deviations to facilitate comparison. As shown in the PAP, pre-registered power calculations indicate that the team can detect treatment effects of between 0.34 and 0.37 standard deviations. This means that the team will be able to detect medium-sized effects as statistically significant but are unlikely to detect small effects. Additional details about multiple-hypothesis testing and index construction are available in the PAP referenced in Appendix C.

5.0 FINDINGS—MANAGERIAL AND ADMINISTRATIVE CAPACITY OF TREATED CSOS

Figure 8. Summary of results for Outcome Family 1

OUTCOME FAMILY 1	INCREASED MANAGERIAL AND ADMINISTRATIVE CAPACITY		
	**OUTCOME**	**RESULTS**	**MAGNITUDE**
	1.1 Managerial Capacity Index	**Null**	**N/A**
	1.1.1 Share of time spent on core programming activities	*Positive*	*Small*
	1.1.2 Likelihood to report that these internal challenges are interfering with their ability to fulfill their missions	*Negative*	*Small*
	1.2 COVID-19 Adapatation Index	**Null**	**N/A**
	1.3 Administrative Capacity	**Null**	**N/A**

Overall, there is little evidence of an impact of the treatment on the managerial and administrative capacity of CSOs that participated in **Resiliency**Cambodia. The **Resiliency**Cambodia intervention includes organizational planning, management coaching, and targeted skills training to improve the management, adaptation, and administrative capacity of treatment CSOs. While CSOs in the treatment group do report spending a greater share of their time on core programmatic activities (including political advocacy and community outreach), this difference is substantively small. Furthermore, there is no evidence of a differential decrease in their reporting of internal challenges that the intervention was designed to address, a differential increase in their administrative capacity (measured by the accuracy of their financial records), or a differential increase in their adaptations to challenges related to COVID-19.

PRIMARY OUTCOME 1.1: MANAGERIAL CAPACITY INDEX: INTERNAL CHALLENGES AND TIME ALLOCATION

ResiliencyCambodia trainings in Organizational Planning, Management Coaching, and Wellbeing in the Workplace were designed to help treatment CSOs identify and address internal challenges that inhibit the organization's resiliency and capacity. All components of the Management Capacity Index are drawn from the CSO baseline and endline surveys. The first set of components is drawn from a question that asks respondents to identify internal challenges that inhibit the ability of the organization to achieve its goals or fulfill its Mission. Specifically, the team selects six internal challenges that the Wellbeing in the Workplace webinars are designed to address.

The second set of components is drawn from a question that asks about the share of management and staff time spent on a series of activities during a typical month. Specifically, the team selects three activities that constitute the core of most CSOs' Missions. Although the intervention is likely to increase the share of time spent on some non-core activities, such as capacity-building and fundraising, the team expects that more effective management will allow CSOs to increase the amount of time spent on core activities.

The team hypothesizes that the Managerial Capacity Index will increase more for CSOs in the treatment group than for CSOs in the control group. The team combines the following variables into a single index variable as described in Section 4, with higher values of the index indicating a more desirable outcome. The team then estimates Equation 1 taking this index as the outcome variable.

Internal challenges:

- Unable to adapt the organization in response to environmental changes.

- Lack of inter-generational leadership.
- Unclear Mission and goals.
- Lack of staff.
- Overworked staff.
- Lack of staff training.

Time utilization: share of time spent on each activity:

- Directly providing services.
- Advocating or raising awareness.
- Conducting community outreach and communication.

Figures 9 and 10 below plot the observed values for each component of the Managerial Capacity Index. Figure 9 plots the values for the internal challenges components, showing that although the share of CSOs reporting that each of these challenges are an obstacle decreases between baseline and endline, it decreases more for the control group. Figure 10 plots values for the time utilization components, where the share of time spent on advocacy and outreach increases for the treatment group and decreases for the control group while the share of time spent on service delivery decreases for both groups, but the decrease is greater for the treatment group. In Figure 11, the team plots values for index variables created by combining the internal challenges components only, the time utilization components only, and an index that combines all of these variables. In the final combined index, internal challenges components are inverted to ensure that a positive value indicates an increase in organizational capacity.

Figure 9. Share of CSOs reporting that each of these internal challenges interferes with their ability to fulfill their Mission

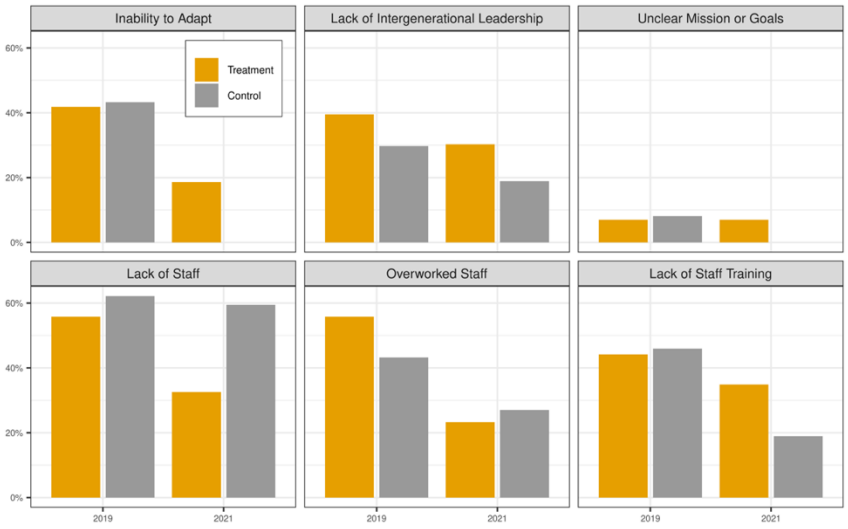


Figure 10. Share of time spent engaging in political advocacy, community outreach, and service delivery

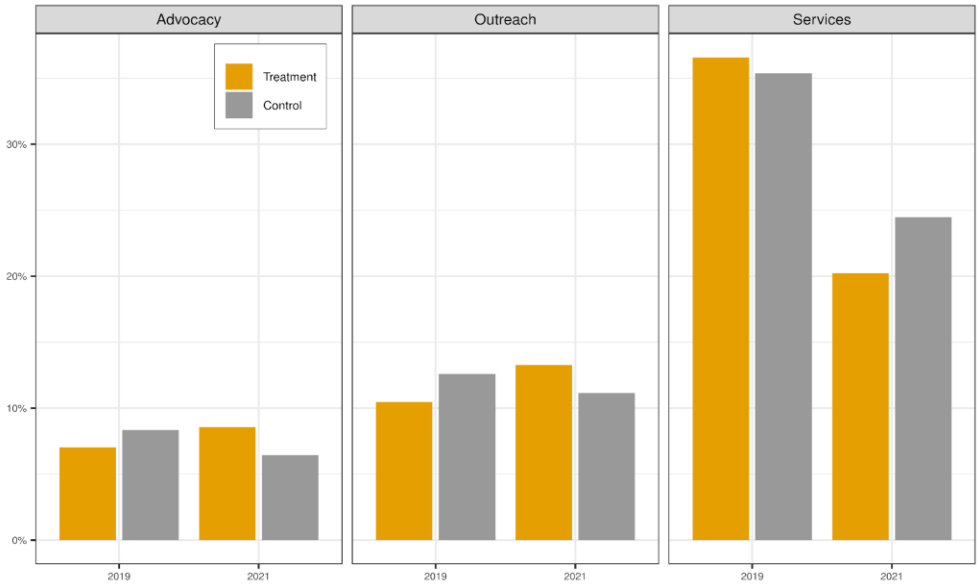


Figure 11. Distribution of averaged z-score index variables for the full index combining all component variables (Row 1), an averaged z-score combining components of the internal challenges in Figure 9 (Row 2), and an averaged z-score combining components of the time utilization in Figure 10 (Row 3)

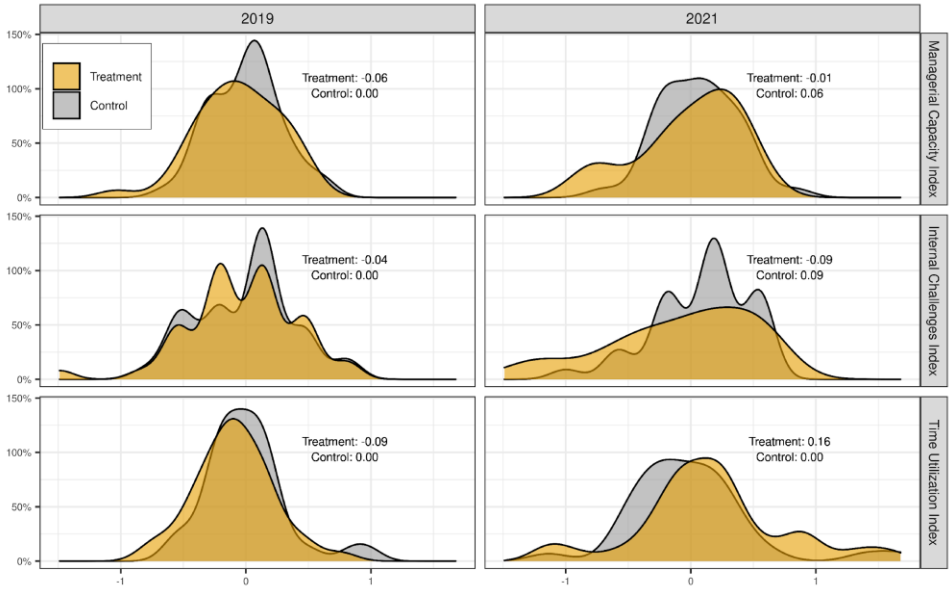
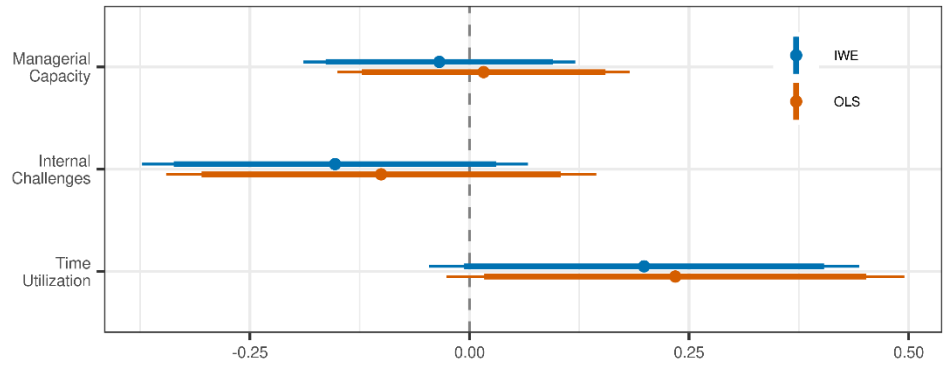


Figure 12 plots the estimated coefficients measuring the impact of the treatment on each outcome and 90 percent and 95 percent confidence intervals. Overall, there is no evidence of an increase in overall managerial capacity. In fact, treatment CSOs are slightly more likely to report that these internal challenges are interfering with their ability to fulfill their Missions. However, there is some evidence for a small increase in the share of time spent on core programming activities, including political advocacy, community outreach, and service delivery. At about 0.2 standard deviations, this difference is small but statistically significant. This increase corresponds roughly with a 3 percent increase in time spent on these core programmatic activities. Looking at Figure 10, the share of time spent on service delivery decreases more for the treatment than for the control group, suggesting that this overall increase across the three time utilization categories is driven by increases in time spent on advocacy and community outreach. Importantly, this is only one component of the pre-registered index, so one must be cautious when interpreting this finding.

Figure 12. Plot coefficients estimating the impact of the treatment on managerial capacity outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals



PRIMARY OUTCOME 1.2: COVID-19 ADAPTATION INDEX

For many CSOs, the COVID-19 situation in Cambodia shifted organizational priorities away from those established at the outset of the intervention and toward financial survival. Many organizations expressed concerns that donors were almost exclusively focused on either COVID-19 or major NGOs within the country and not small, locally based ones. To assess whether **Resiliency**Cambodia trainings and coaching put treatment CSOs in a better position to adapt, the team added a short module to the endline survey asking about organizational experiences with and responses to COVID-19.

This outcome is drawn from a question that asks respondents to select from a list which changes their organization made as a direct result of financial pressures created by COVID-19. **The team hypothesizes that the COVID-19 Adaptation Index will increase more for CSOs in the treatment group than for CSOs in the control group over the intervention period.** The team combines the following survey questions (listed below) into a single index variable using the method described in Section 4. The team then estimates Equation 1 taking this index as the outcome variable (excluding the control for baseline values). When combined into the index, the values for negative components that may harm organizational resiliency and indicate immediate distress are inverted to ensure that positive values of the index are associated with improved adaptation to COVID-19.

CSOs made the following positive adaptations to financial pressures created by COVID-19:

- Changed program activities to increased or purely remote work.
- Formed new partnerships.
- Pursued new revenue-seeking activities.
- Planned or hosted events online (for example, on Zoom or Facebook Live) because they could not be held in person.
- Pivoted projects to focus on COVID-19-related activities.

CSOs made the following negative adaptations to financial pressures created by COVID-19:

- Permanently reduced the number of staff or staff working hours.
- Reduced expenditures on other non-staff recurrent expenses, such as office space.

- Permanently suspended or reduced any programming.
- Sold assets to cover expenses.

Figure 13 below plots the share of CSOs reporting that they engaged in each of the COVID-19 adaptation activities. Importantly, these variables are measured at endline only, meaning that the team cannot control for pre-randomization baseline differences between treatment and control organizations.

Figure 13. Share of CSOs reporting that they engaged in each of the COVID-19 adaptation activities

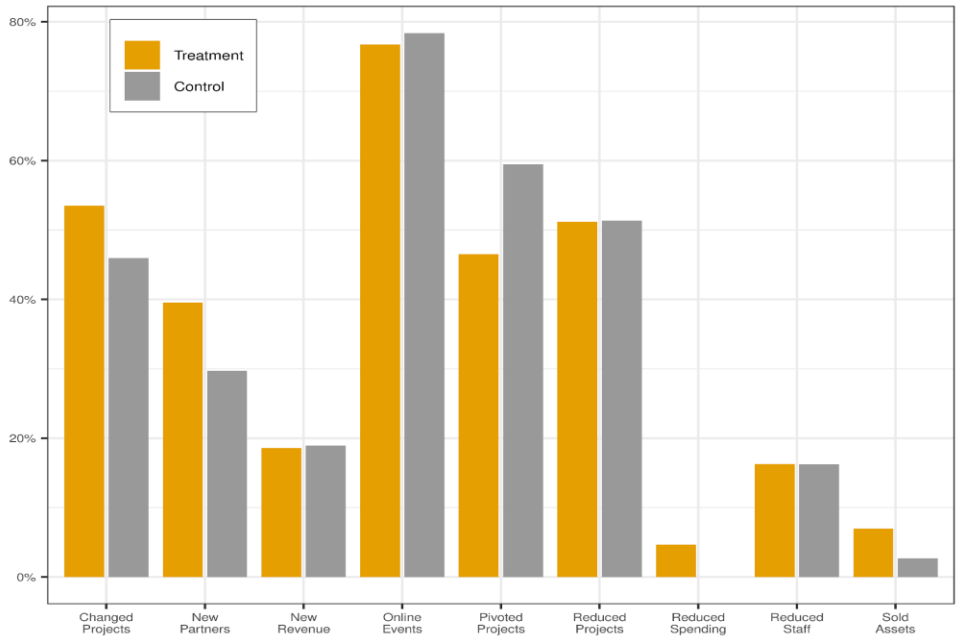
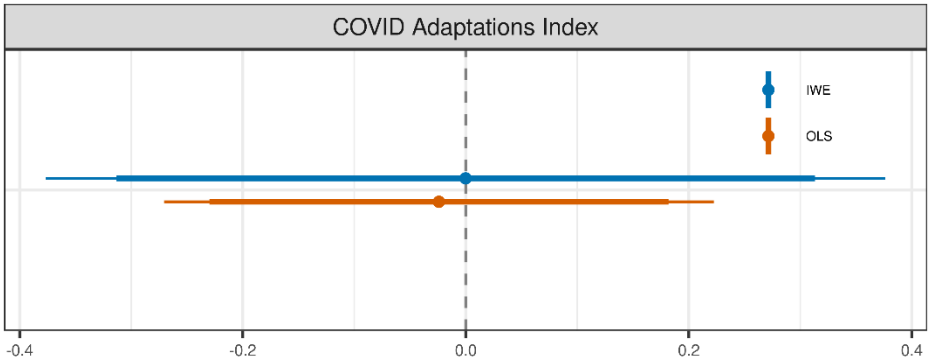


Figure 14 below plots the estimated coefficients measuring the impact of the treatment on the index and 90 percent and 95 percent confidence intervals. There is no evidence that the treatment increased the quality of CSOs' COVID-19 adaptations. Although the confidence intervals are wide, the extremely small size of the coefficient (~0.025 standard deviations) indicates that there is no meaningful difference between treatment and control CSOs.

Figure 14. Plot coefficients estimating the impact of the treatment on COVID-19 adaptations outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals.



PRIMARY OUTCOME 1.3: ADMINISTRATIVE CAPACITY

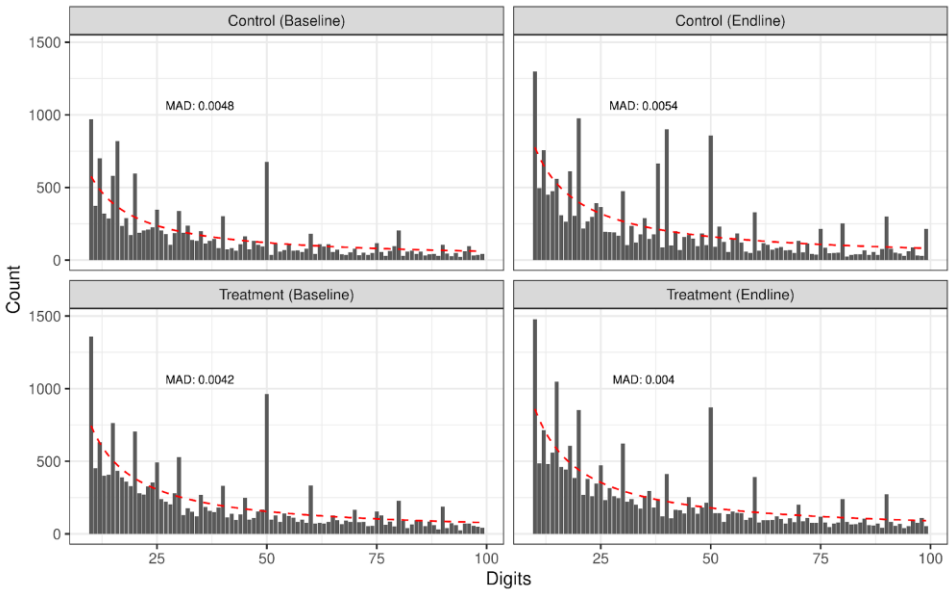
To assess administrative capacity, the team uses a technique from forensic accounting to measure the ability of CSOs to maintain accurate financial reports. Maintaining an accurate budget is essential to gaining access to new sources of revenue and navigating more stringent regulations in the NGO sector. Benford's Law holds that the observed distribution of digits in many numeric distributions will follow a logarithmic distribution. This empirical phenomenon has been shown to apply to sources of data ranging from the surface area of rivers and the molecular weights of chemical compounds to house prices and the luminance values of pixels in photographs.

A Benford analysis of financial records compares the distribution of leading digits (typically, the first one or two digits) of all numeric entries in an organization's financial data with the Benford distribution. The greater the deviation of observed leading digits from the expected Benford distribution, the less likely it is that the data are being reported accurately. Like other financial data, CSOs' financial data are expected to conform to the Benford distribution (Nigrini, 1999; Qu, Steinberg, and Burger, 2020; Dang, Burger, and Owens, 2020).

Following Dang and Owens (2020), the team adheres to the Benford distribution as a measure of administrative capacity for CSOs. Hill (1995) states that data must meet three conditions in order to be expected to adhere to the Benford distribution: Data should not have a natural maximum or minimum, the values should be naturally occurring rather than externally assigned, and the distribution should be positively skewed with a median that is lower than the mean. The team's data meet all of these criteria. **The team hypothesizes that the size of the deviation from the Benford distribution will decrease more for the treatment group than for the control group.**

The team begins by combining the responses from all CSOs into a single list of numeric values. This yields 71,477 distinct financial entries. To assess the adherence of these numbers to the Benford distribution, the team plots the count of observed first two digits against the count of first digits expected by the Benford distribution, disaggregated by year and treatment assignment. To provide a statistical test of conformity with the Benford distribution, the team also calculates the mean absolute deviation (MAD), which quantifies the absolute value of the difference among observed and expected frequencies of leading digits. MAD scores between 0.004 and 0.008 indicate "acceptable" conformity to the Benford distribution (Drake and Nigriri, 2000). Scores below this range indicate extremely high conformity while higher scores above this range indicate potential misreporting. Figure 15 plots the count of observed occurrences of 10–99 as the leading two digits for each financial entry in the data. Grey bars indicate the observed distribution of leading digits of each financial entry. The red line indicates the distribution of leading digits that is expected by Benford's Law. Looking at the MAD scores printed in each facet of the plot, there is little evidence of non-conformity in these aggregated data. There is a small increase in conformity in the treatment group along with a small decrease in conformity among the control group. However, these differences are small and suggest high levels of conformity for both groups at baseline and endline.

Figure 15. Count of observed occurrences of 10–99 as the leading two digits for the full sample of CSO financial entries

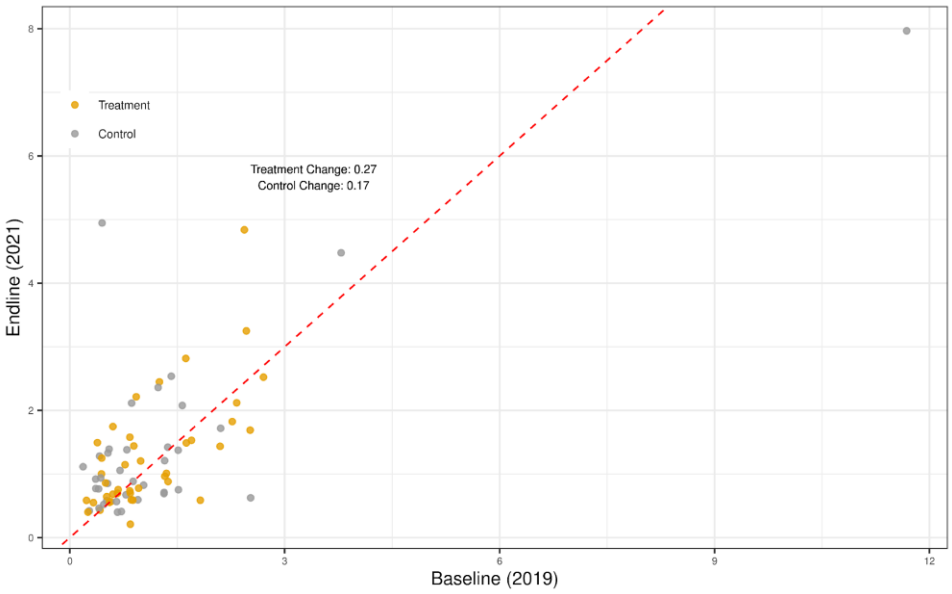


To investigate how widespread misreporting is within the sample, the team now tests the conformity of financial entries to the Benford distribution for each CSO individually. Due to the small number of financial entries for individual CSOs, the team limits its analysis to the first digit only and drops the MAD test statistic in favor of the Kolmogorov–Smirnov (KS) test, which is better suited for applications with fewer than 100 entries (Dang and Owens, 2020). Similar to MAD, the KS test assigns a score that measures the extent to which the observed distribution of digits departs from the distribution expected by Benford's Law. All but 10 CSOs have at least 20 distinct financial entries, suggesting a large enough sample to apply the KS test to each CSOs' financial records.

Figure 16 plots a comparison of observed values of the KS score for each CSO between the baseline and endline periods. The red line indicates zero changes between baseline and endline. The black text indicates the change in the mean value of the KS-score for each treatment group between the baseline and endline periods.[2] A higher score indicates a larger departure from the Benford distribution. Values above the red line indicate an increase in the KS score between baseline and endline. The KS score increases between baseline and endline for both the treatment and control groups. This change is slightly larger for the control group. However, the average increase in the KS score for both the treatment and control groups is relatively small (~0.2 standard deviations). In the sample, KS scores range from 0.19 to 8 with a standard deviation of 1.33. Furthermore, the increase observed in the treatment group is only 0.1 greater than the increase in the control group (0.08 standard deviations).

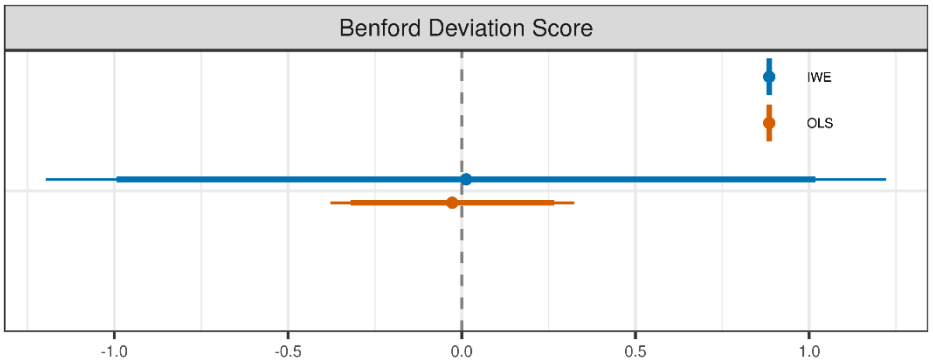
[2] At the individual level, the KS test flags 63 out of 160 budgets across 44 out of 80 CSOs as exhibiting a statistically significant deviation from the Benford distribution.

Figure 16. Comparison of observed values of the KS score for each CSO between the baseline and endline periods



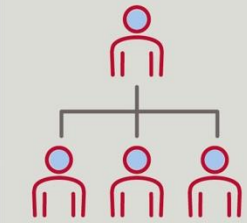
Looking at Figure 17, there is no evidence of a statistically significant change in the KS score between treatment and control. The two models produce conflicting evidence about the direction of the impact and both coefficients are extremely small at around 0.01 standard deviations.

Figure 17. Plot coefficients estimating the impact of the treatment on managerial capacity outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals



6.0 FINDINGS—CONNECTIONS BETWEEN TREATED CSOS AND CITIZENS, THE PRIVATE FOR-PROFIT SECTOR, AND OTHER CSOS

Figure 18. Summary of results for Outcome Family 2

OUTCOME FAMILY 2	INCREASED NUMBER OF CONNECTIONS BETWEEN TREATED CSOS AND CITIZENS, THE PRIVATE FOR-PROFIT SECTOR, AND OTHER CSOS		
	**OUTCOME**	**RESULTS**	**MAGNITUDE**
	2.1 Count of Partnership Index	Null	N/A
	2.2 Social Media Interactions Index	Null	N/A
	2.3 Self-Reported Network Strength Index	Null	N/A
	2.4 Partnership-Seeking Behavior Index	Null	N/A
	2.5 Network Density Among Treatment and Control Sample	Null	N/A

The concept of civil society implies a dense network of individuals and organizations capable of engaging in collective action in pursuit of shared goals (Viterna, Clough, and Clarke, 2015; Petrova and Tarrow, 2007). Networks also convey material benefits to individuals and organizations, including facilitating the flow of resources, whether these resources are material, legal, political, or technological (Dalaibuyan 2013; Marshall and Suárez 2014; Suárez and Marshall 2014; Beaman et al. 2018; Cruz, Labonne, and Querubin 2020). Among **Resiliency**Cambodia CSOs, Springman and Wibbels (2021) document a relatively low level of connectivity and a strong desire to improve connections and engagement with both the public and other CSOs.

The **Resiliency**Cambodia intervention includes organizational planning, intensive management coaching, and targeted skills trainings to help NGOs expand and better use their networks. This includes a detailed guide and coaching on building networks and developing partnerships, a three-module training course on using social media for strategic communications, and nine remote interactive discussion sessions and one in-person workshop where organizations could meet with other organizations within and outside their traditional sectors to learn from one another.

To estimate the impact of the **Resiliency**Cambodia intervention on CSO networks, the team utilizes two primary and four secondary measures. The primary measures focus on objective measures of the size of NGO networks, including the number of partnerships a CSO has formed and the amount of social media interaction a CSO has. The team tests the impact of **Resiliency**Cambodia on these two outcome measures separately because they capture different types of networks and different intervention activities are designed to target them. This provides evidence regarding the effectiveness of specific clusters of intervention activities on their associated outcome. The secondary measures rely on subjective reports on the quality of these networks or the CSO's ability to communicate or utilize network connections.

Overall, there is no evidence for an increase in the size or strength of CSO networks among members of the treatment group. Looking at both self-reported and objective measures of network size and strength, as well as measures of effort to expand or strengthen networks, there are no significant differences between the treatment and control groups. Although treatment CSOs do report a greater increase in the self-reported strength of their networks, this difference is substantively small and is not statistically significant. As discussed in greater detail in the final section, this may be due in part to the program's heavy reliance on remote activities during the

first year of COVID-19 lockdowns. Many activities were initially designed to provide in-person opportunities for networking and partnership-building, and the switch to remove workshops and trainings precluded these activities. These findings do suggest that the social media trainings offered to treatment CSOs were not effective at improving their ability to foster public engagement with their Facebook content.

PRIMARY OUTCOME 2.1: COUNT OF PARTNERSHIPS INDEX

The first primary outcome under CSO networks is the change in the number of partnerships reported between January and December 2019 (12-month pre-treatment period before the call for applications) and April 2021 and March 2022 (12-month post-treatment period before endline). The team measures organizational networks by asking respondents to report the names and sectors of up to 15 non-profit or other private organizations with which they have partnered over the past year.[3] **The team hypothesizes that the number of connections reported will increase more for the treatment group than for the control group.** The team combines the following variables into a single count of partnerships to use as an outcome variable in Equation 1:

- The number of non-profit organization partners reported (Cambodian NGOs, foreign NGOs).
- The number of non-profit organization partners named (Cambodian NGOs, foreign NGOs).
- The number of other private organization partners reported (domestic corporations, foreign corporations, local businesses, professional associations, unions).
- The number of other private organization partners named (domestic corporations, foreign corporations, local businesses, professional associations, unions).

Figures 19 and 20 plot the average number of non-profit and other private partners (total and by sector) reported by CSOs in the treatment and control groups in both the baseline and endline surveys. Both figures show substantial variation in the change in the number of partnerships across sectors and treatment assignments. Figure 21 plots the coefficients estimating whether the treatment group experienced a significantly larger increase in partnerships between baseline and endline. There is no evidence of a significant difference in the change between baseline and endline for the treatment group.

Figure 19. Average number of non-profit partners (total and by sector) reported by CSOs

[3] The team provides respondents with the following definition of partnerships: A partnership could mean that your organizations have signed a Memorandum of Understanding, submitted a funding proposal together, served as a primary or sub-contractor on a contract or grant together, shared resources or expertise, or worked together on a specific project.

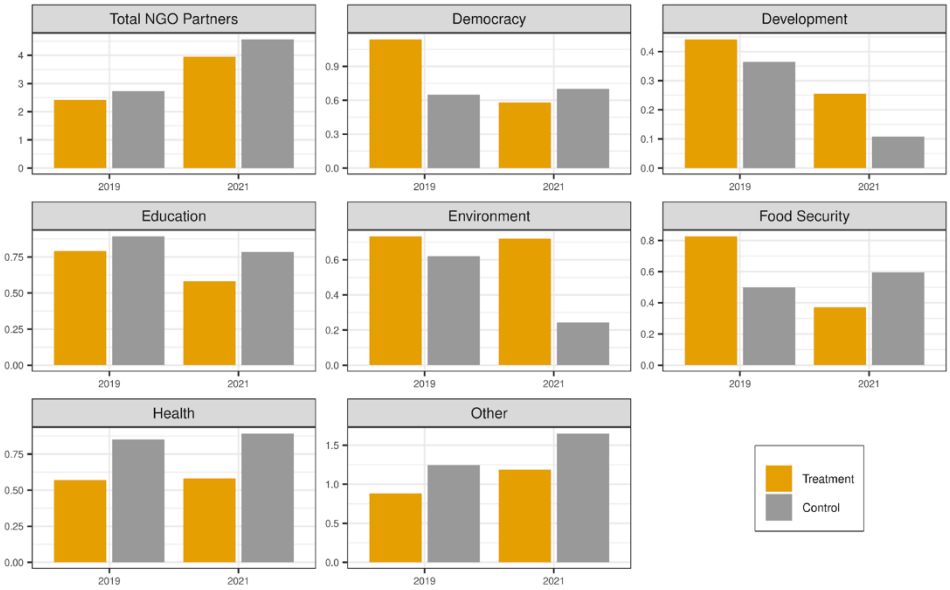
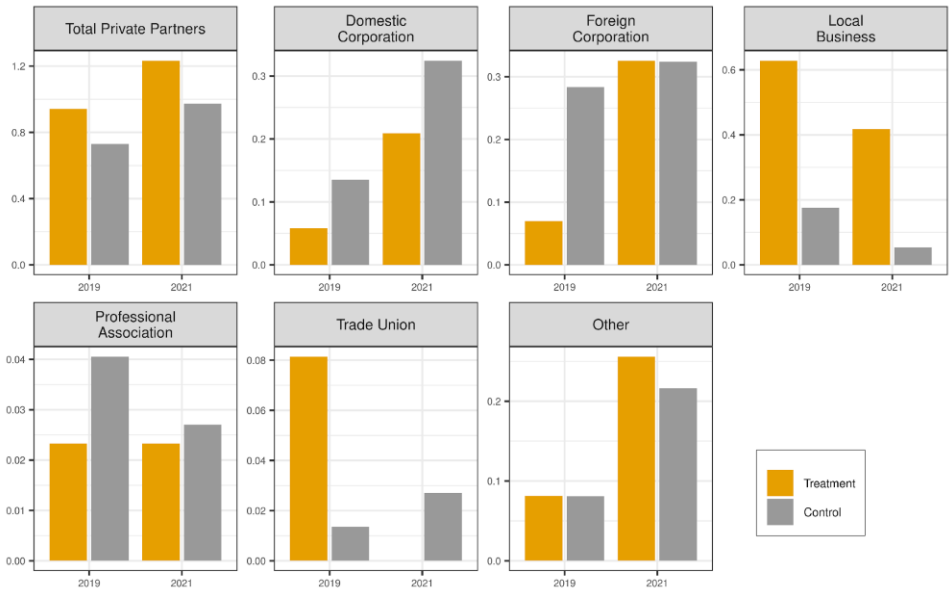

Total NGO Partners
Democracy
Development
Education
Environment
Food Security
Health
Other
2019
2021
Treatment
Control

Figure 20. Average number of other private partners (total and by sector) reported by CSOs



The team combines the count of non-profit and other private partners named by each CSO with two similar measures asking CSOs to report the total number of non-profit and other private partners. The former measure forces respondents to name and classify each partner, reducing the chances of misreporting. However, these measures limit the number of potential partners to 15. The second set of measures has no upper limit and therefore may capture larger increases for CSOs with more than 15 partners.

Figure 21 plots the distribution of an average z-score across these four measures of the number of partners for each CSO. There is a small decrease in the average number of partners for the control group and a slight increase for the treatment group. However, these changes between baseline and endline are very small in magnitude at 0.01 to 0.04 standard deviations. Figure 21 plots coefficients estimating whether the treatment group experienced a significantly larger increase in partnerships between baseline and endline for the combined index in Figure 22 and for individual index variables for non-profit and other private partnerships, respectively. There is no evidence of a significant impact of the treatment on the increase in partnerships. Although the coefficient on the combined index is positive, it is very small in magnitude at around 0.02 to 0.1 standard deviations.

Figure 21. Distribution of combined index measuring the total number of non-profit and other private partners reported by CSOs

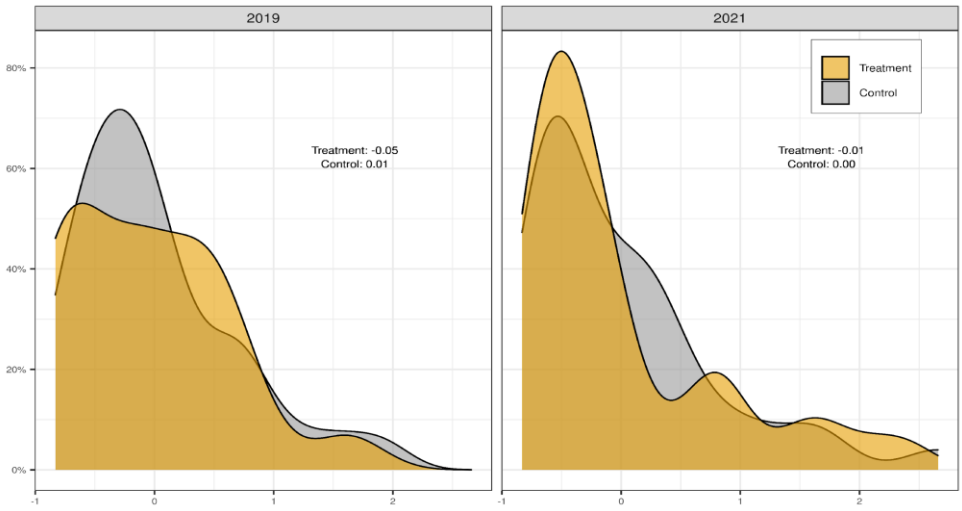
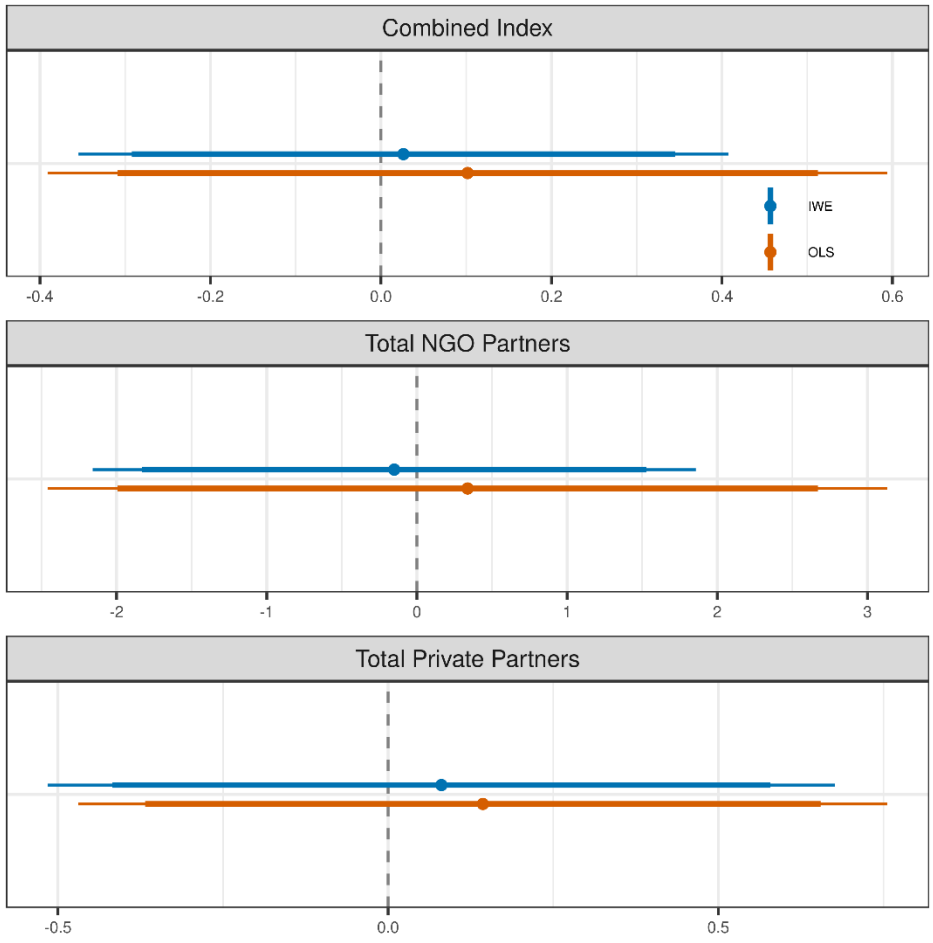


Figure 22. Plot coefficients estimating the impact of the treatment on partnership outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals



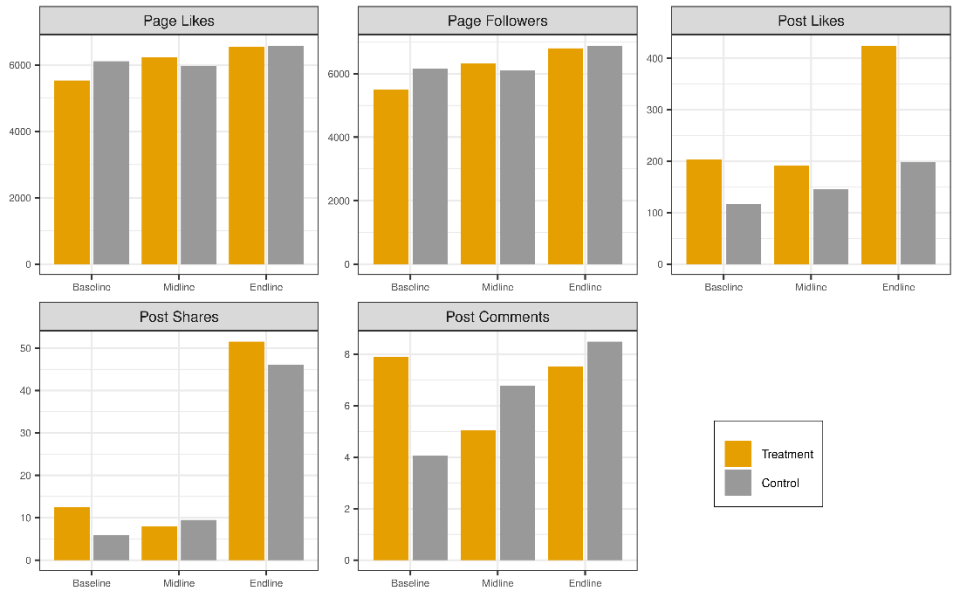
PRIMARY OUTCOME 2.2: SOCIAL MEDIA INTERACTIONS INDEX

The team's second primary outcome under CSO networks is the change in the volume of social media followers and interactions. **Resiliency**Cambodia included a designated social media training designed to increase CSOs' social media presence. **The team hypothesizes that the number of followers and interactions will increase more for the treatment group than for the control group.** The team combines the following variables into a single index variable to use as an outcome variable in Equation 1:

- Total Facebook page followers.
- Total Facebook page likes.
- Total Facebook post likes per month.
- Total Facebook post shares per month.
- Total Facebook post comments per month.

Figure 23 plots the average number of social media interactions per month across the five measures. Figure 24 plots the averaged z-scores index combining these five social media interactions. Figure 25 plots coefficients estimating whether the treatment caused a larger increase in social media interactions for CSOs in the treatment group.[4] There is no evidence of a positive impact of the treatment on social media interactions.[5] There is some evidence for a differential increase in the average number of monthly post likes received by treatment CSOs. However, this effect is very small, indicating a less than 0.5 increase in likes per month.

Figure 23. Average number of social media interactions per month



[4] The results presented here exclude four control CSOs with extremely large changes in outcome values between midline and endline. However, results are similar when these four outlier observations are included.
[5] Figure 24 plots results from a model comparing midline and endline values only. This approach maximizes the sample size and statistical power because baseline data was unavailable for several CSOs. However, the team re-estimates these models controlling for both midline and baseline values and controlling for unit-specific trends between baseline and endline. Results are unaffected.

Figure 24. Averaged z-scores index combining average social media interactions per month

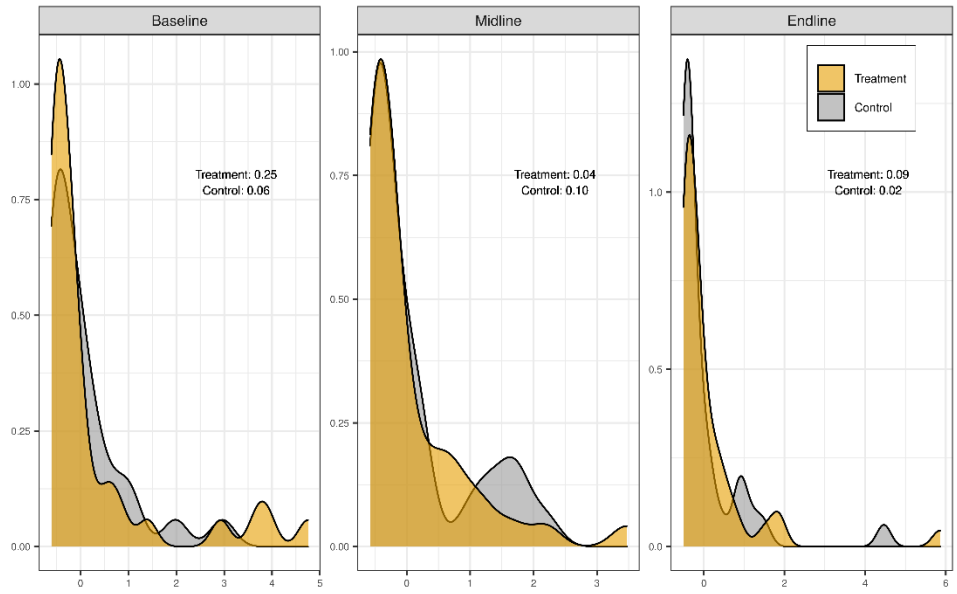
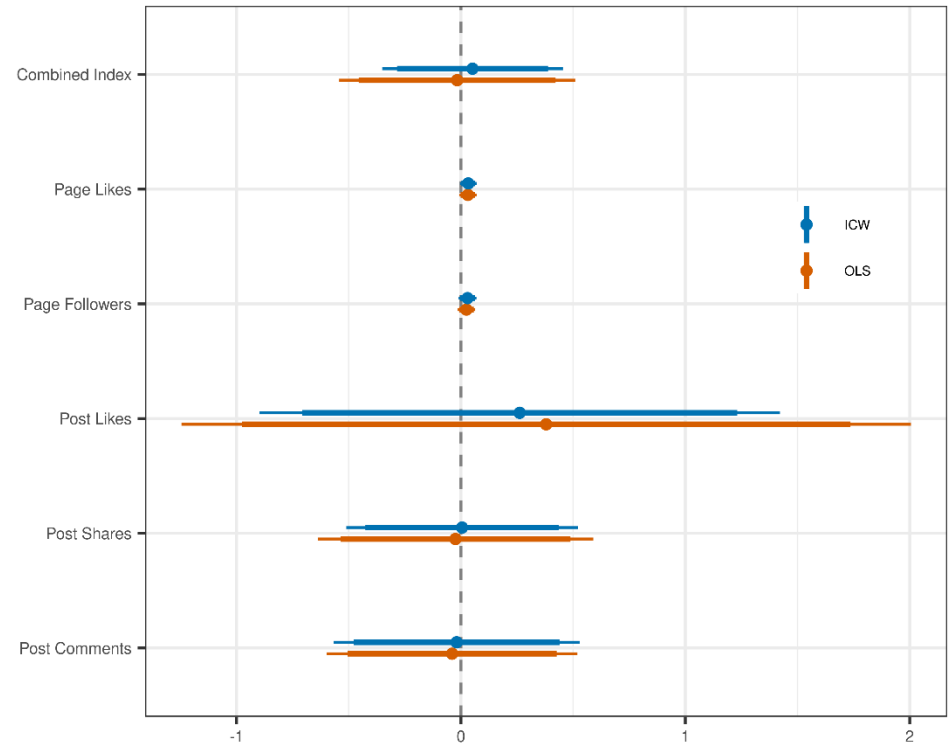


Figure 25. Plot coefficients estimating the impact of the treatment on social media outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals



SECONDARY OUTCOME 2.3: SELF-REPORTED NETWORK STRENGTH INDEX

The team's first secondary outcome combines four components from a question that asks respondents to identify internal challenges that inhibit the ability of the organization to achieve its goals or fulfill its Mission. Specifically, the team includes internal challenges that indicate weak connections or engagement with the public or other CSOs. **The team hypothesizes that the number of challenges inhibiting the CSO will decrease more for the treatment group than for the control group.** The team combines the following variables into a single count variable to use as an outcome variable in Equation 1.

Internal challenges:

- Weak leverage of networks.
- Not sufficiently connected to constituents/beneficiaries.
- Inability to communicate effectively with constituents.
- Inability to communicate effectively with other NGOs.

Figure 26 plots the share of CSOs reporting that network-related internal challenges interfere with their ability to fulfill their Mission. Figure 26 plots an averaged z-score index combining network-related internal challenges. Higher values indicate more reporting of network-related challenges. Figure 27 plots coefficients estimating whether the treatment caused a larger decrease in network-related internal challenges for CSOs in the treatment group. There is no evidence that the treatment decreased reporting of network-related internal challenges. In fact, the treatment group reports a greater increase in levels of network-related challenges, although this difference is substantively small (between 0.15 and 0.2 standard deviations) and not statistically significant.

Figure 26. Share of CSOs reporting that network-related internal challenges interfere with their ability to fulfill their Mission—higher values indicate worse outcomes (i.e., insufficient beneficiary connections)

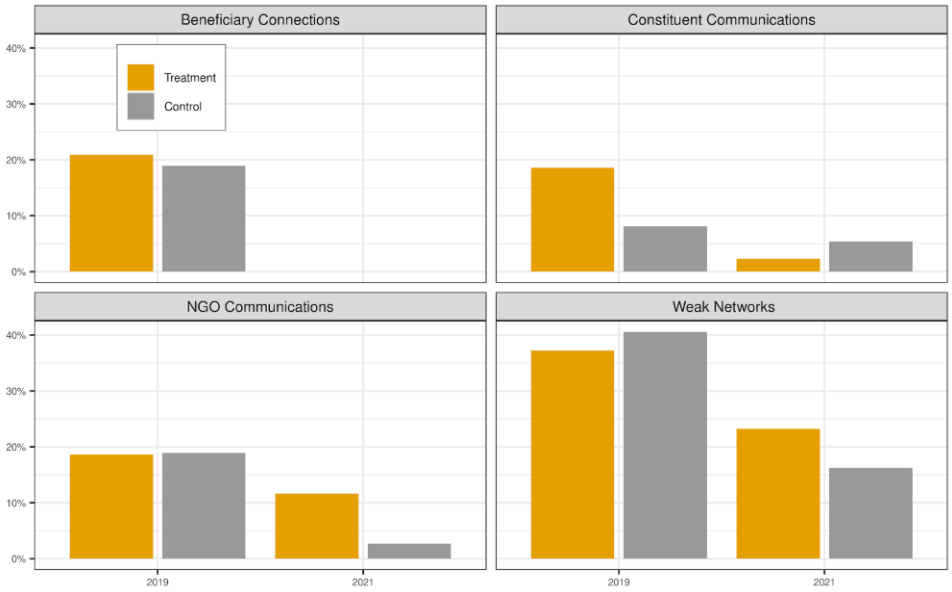


Figure 27. Average z-score index combining network-related internal challenges—higher values indicate more reporting of network-related challenges

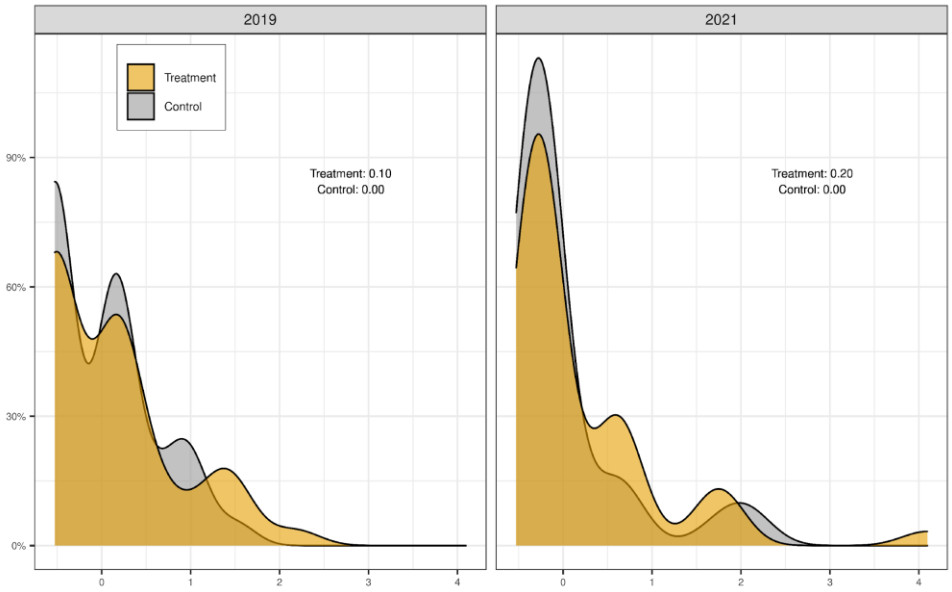
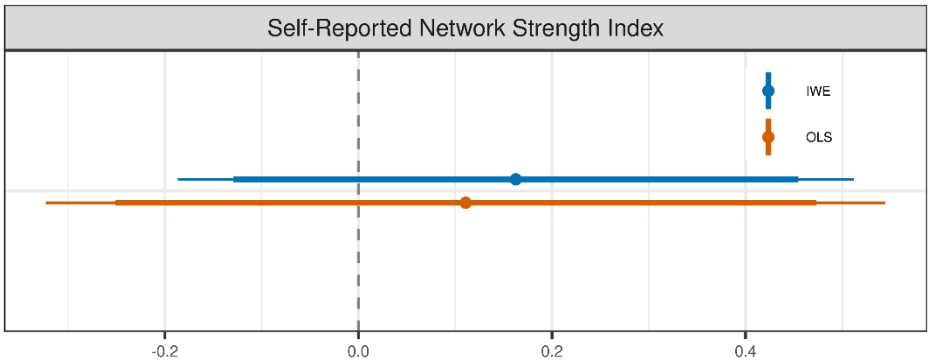


Figure 28. Plot coefficients estimating the impact of the treatment on self-reported network strength outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals



SECONDARY OUTCOME 2.4: PARTNERSHIP-SEEKING BEHAVIOR INDEX

The team's fourth secondary outcome is the number of new partnerships being pursued by CSOs in the treatment and control groups. Although they were not included in the baseline, the following questions will be included in the endline CSO survey and will be added as indicators to the PAP. **The team hypothesizes that the partnership-seeking efforts of CSOs will be higher for the treatment group than for the control group.** The team combines the following variables into a single index variable to use as an outcome variable in Equation 1:

- The number of new partners listed as seeking awards or donations within the last 12 months.
- The number of new partners listed as seeking awards or donations within the next 12 months.
- The number of new donors listed as seeking awards or donations within the last 12 months.
- The number of new donors listed as seeking awards or donations within the next 12 months.

Figure 29 plots the z-scores for the two components of the Partnership-Seeking Behavior Index and the Averaged Z-Score Index. Figure 30 plots coefficients estimating the impact of the treatment on levels of partnership-seeking behavior for the treatment group. There is no evidence of higher levels of partnership-seeking behavior in the treatment group. In fact, there is a 0.2 standard deviation *decrease* in the index measuring the number of new partners, corresponding to a decrease of about 0.5 new partners listed as seeking an award or donation.

Figure 29. The z-scores for partnership-seeking behavior component variables and the Averaged Z-Score Index

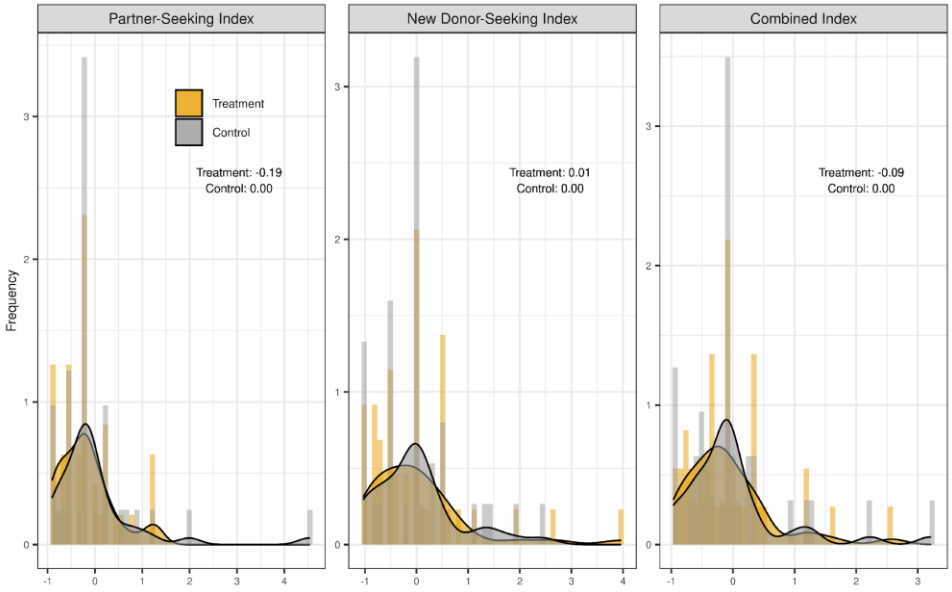
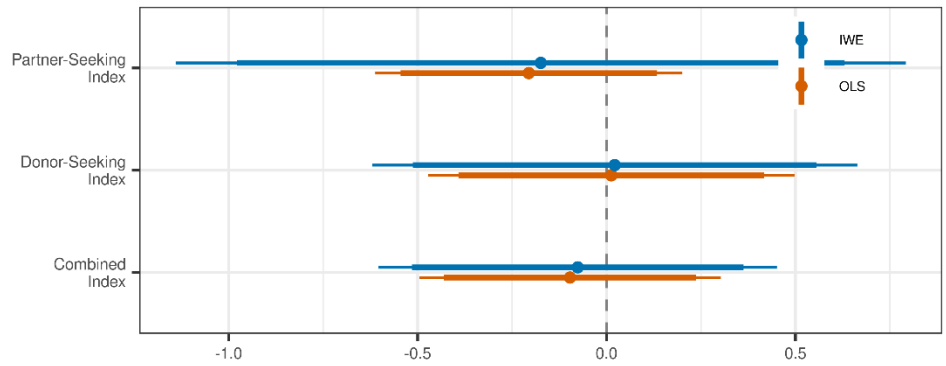


Figure 30. Plot coefficients estimating the impact of the treatment on partnership-seeking behavior outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals



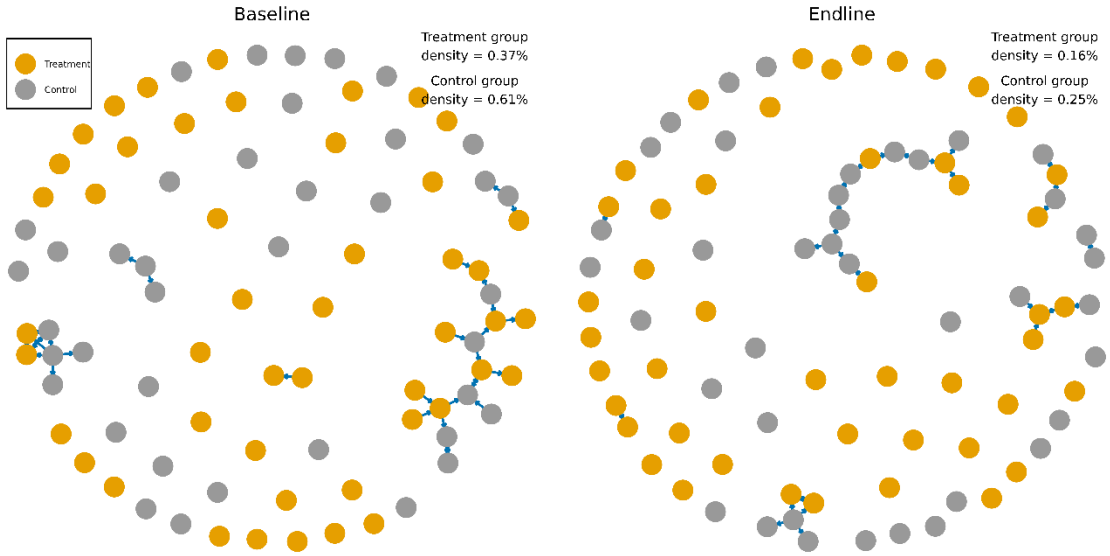
SECONDARY OUTCOME 2.5: NETWORK DENSITY AMONG TREATMENT AND CONTROL SAMPLE

The team's fifth secondary measure is the change in network density among CSOs in the treatment and control groups. A tie, or connection, occurs when one CSO in the sample reports that they have

partnered with another CSO in the sample in the last year.[6] Network density is the number of ties that are present in a network relative to the total number of possible ties in that network. If every node is directly connected to every other node, then the network density is 100 percent. **The team hypothesizes that the network density will increase more for the treatment group than for the control group**.

To test this hypothesis, the team calculates the density of direct connections between CSOs assigned to the treatment and CSOs assigned to the control at both baseline and endline. If the treatment is effective at encouraging CSOs in the treatment group to form partnerships with one another through opportunities to network, the density of ties between treatment CSOs should increase more for that of control CSOs. There is little evidence that the treatment group became more connected between 2020 and 2022 relative to the control group. In fact, both groups became less dense between baseline and endline. Although the treatment group experienced a slightly smaller decrease (57 percent) in density than the control group (59 percent), this difference is extremely small. This sample includes the 39 control CSOs that completed the survey and the 47 treatment CSOs that did so. Both the treatment and the control group contained 13 CSOs connected to another CSO at baseline and only 10 CSOs connected to another at endline.

Figure 31. Full network of direct connections between treatment and control CSOs in the sample at baseline and endline—node colors report the treatment status, an arrow pointing from Node A to Node B indicates that Node A listed Node B as a partner, bidirectional arrows indicate that both Node A and Node B reported each other as a partner, unconnected nodes did not report another CSO in the sample as a partner and were not reported as a partner by any other CSO.



[6] In many instances, CSO A will report a connection to CSO B, but CSO B will not report a connection with CSO A. In this case, there are two possible ties, but only one actual tie recorded.

7.0 FINDINGS—FINANCIAL RESILIENCY OF TREATED CSOS

Figure 32. Summary of results for Outcome Family 3

OUTCOME FAMILY 3	INCREASED FINANCIAL RESILIENCY OF TREATED CSOS		
	**OUTCOME**	**RESULTS**	**MAGNITUDE**
	3.1 Revenue Generation Index	**Null**	**N/A**
	3.2 Revenue Diversification Index	**Null**	**N/A**
	3.3 Financial Health	**Null**	**N/A**
	3.4 Diversification Away from Aid: Local Revenue Index	**Null**	**N/A**
	3.4.1 Local Revenue Value	*Positive*	*Small*
	3.5 Share of Revenue from Foreign Sources	**Null**	**N/A**
	Exploratory Analysis: Revenue Sources and Value		
	Donations Value	*Positive*	*Small*
	Income Value	*Positive*	*Small*

As with for-profit organizations, attracting revenue is at the core of organizational survival for CSOs. The **Resiliency**Cambodia intervention includes organizational planning and revenue generation training to improve financial resiliency. Specifically, the team tests the impact of **Resiliency**Cambodia on two outcomes that shape financial resiliency: their ability to increase revenue and the diversification of that revenue. Because strengthening revenue generation, diversification, and financial health was the objective of different intervention activities, the team tests the impact of **Resiliency**Cambodia on these outcomes as separate hypotheses. The team also specifies four secondary outcomes that are alternative ways of measuring financial diversification.

Overall, there is little evidence that the treatment increased the financial resiliency of CSOs. Looking at both objective measures as well as self-reported measures of future planned behavior, there are no significant differences between the treatment and control groups. There is some evidence for a small increase in the total value of revenue from donations and earned income and in the total value of revenue from local sources. However, these results are imprecisely estimated due to the small sample size and are only apparent when removing outlier observations from the sample. Notably, there is no evidence for increases in the pre-registered index variables that serve as the main text of impact on financial resiliency.

EXPLORATORY ANALYSIS: REVENUE SOURCES AND VALUE

Before turning to the results of the pre-registered hypotheses, the team looks at whether NGOs in the treatment group saw greater increases in either the number of sources from which they received revenue or in the amount of revenue they received. The team presents both results after removing large outliers from the sample. For outcomes measuring the number of revenue sources, the team removes three control CSOs and one treatment CSO with extremely large changes in the number of sources of revenue. For outcomes measuring the value of revenue, the team removes one treatment CSO with extremely large changes in the value of awards, donations, and income between baseline and endline.

Figures 32 and 34 compare the number of revenue sources and the total value of revenue for each CSO between the baseline and endline periods. The red line indicates zero changes between baseline and endline. The black text indicates the change in the mean value for each

treatment group between the baseline and endline periods. Figures 33 and 35 report coefficients measuring the impact of the intervention on the outcome.

There is no evidence of an increase in the number of sources of revenue. Across the measures, the treatment group gained an average of between 0.2 and 0.3 new sources of total revenue, awards, and donations (less than 0.05 standard deviations). Treatment CSOs experienced a similarly sized decrease in sources of earned income.

Similarly, there is little evidence for an increase in the value of total revenue or awards for treatment CSOs. Although the average increase in total revenues is around $25,000, this is less than 0.1 standard deviations and less than 6 percent of the average total revenue for CSOs in the sample.

There is some evidence for an increase in the value of revenue received from donations and from earned income. Specifically, there is an average increase of about $27,000 in donations for the treatment group, which indicates an almost 0.3 standard deviation increase. This estimate falls slightly short of statistical significance. For earned income, there is an average increase for the treatment group of about $13,000, which indicates a more than 0.3 standard deviation increase. However, this result is very imprecisely estimated and does not approach significant at conventional levels.

Importantly, both results are substantially smaller when including outlier observations from the sample. Although these findings should only be taken as suggestive, they provide some evidence that the treatment may have caused a small increase in donations and earned income for treatment CSOs.

Figure 33. Comparison of the number of revenue sources for each CSO between the baseline and endline periods

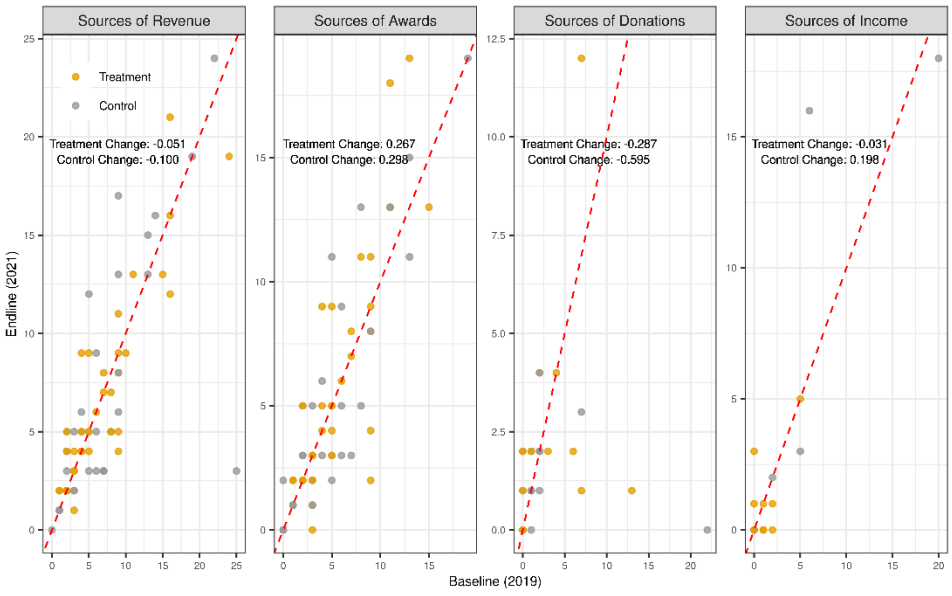


Figure 34. Plot coefficients estimating the impact of the treatment on the number of sources of revenue outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals

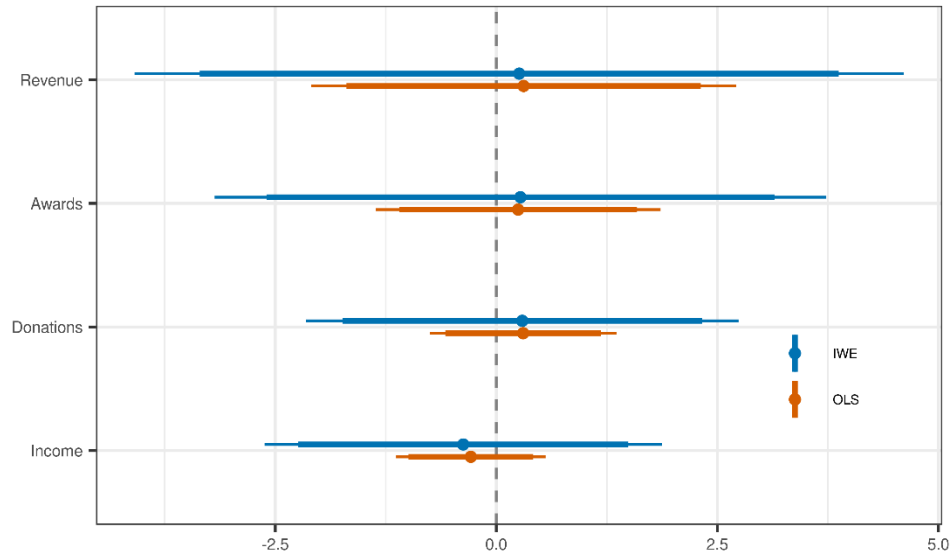


Figure 35. Comparison of the total value of revenue for each CSO between the baseline and endline periods

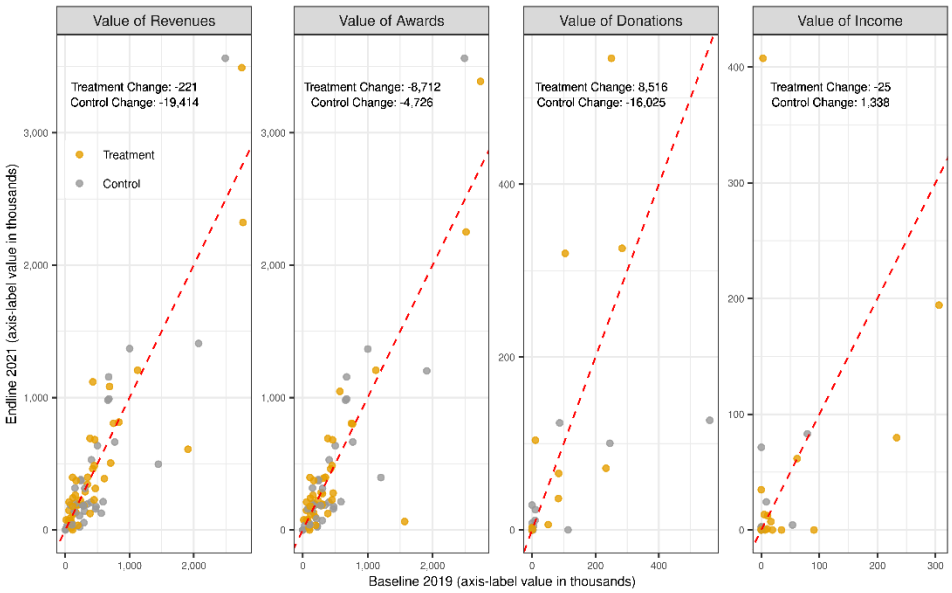
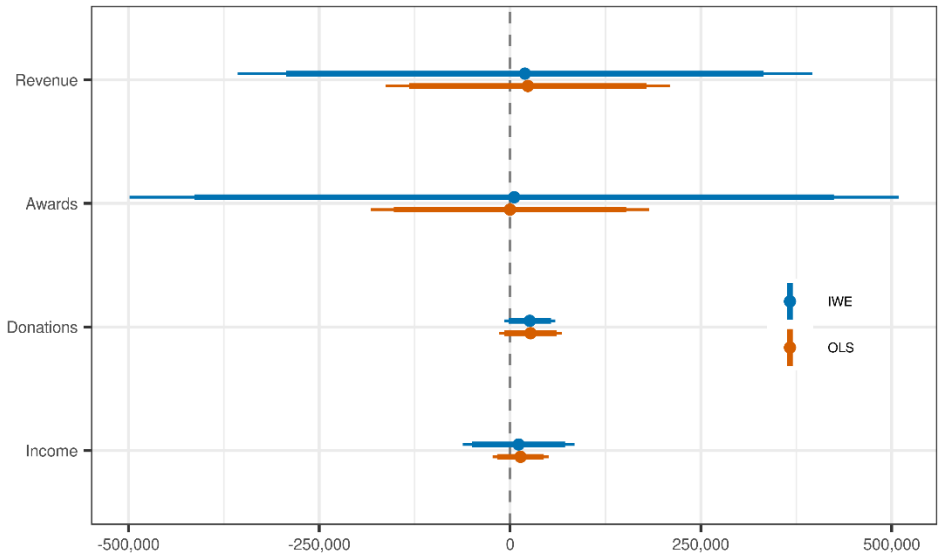


Figure 36. Plot coefficients estimating the impact of the treatment on the value of revenue outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals



PRIMARY OUTCOME 3.1: REVENUE GENERATION INDEX

ResiliencyCambodia provides individualized coaching to help CSOs identify new funding opportunities and skills training to help them capitalize on those opportunities. The effect of organizational planning and skills training may require more than one year to impact the composition of CSO budgets. In this case, relying exclusively on endline budget data from 2021 may fail to capture the true impact of **Resiliency**Cambodia.

To capture changes in CSO behavior that may be a leading indicator of changes in budget composition, the team asks respondents to identify the number and value of specific new awards that they have applied to over the past 12 months, that they received over the past 12 months, and that their organization plans to apply for over the following 12 months. Similarly, the team asks CSOs to list the number of new donors they have sought or received awards or donations from or plan to seek awards or donations from and whether CSOs have started using earned income strategies over the past 12 months or whether they have plans to start over the next 12 months. By requiring respondents to list specific awards, donors, or earned income strategies, the team hopes to guard against overreporting.

Although they were not included in the baseline, the following questions were included in the endline budget survey. **The team hypothesizes that the revenue generation efforts of CSOs will be higher for the treatment group than for the control group.** The team combines the following variables into a single index variable to use as an outcome variable in Equation 1 (substituting controls for baseline levels of revenue diversification and financial health for the nonexistent baseline values).

Award-seeking (endline only):

- The number of new awards listed as applied for in the last 12 months.
- The number of new awards listed as received in the last 12 months.

- The value of new awards received in the last 12 months.
- The number of new awards listed to be applied for in the next 12 months.
- The number of new donors listed as having sought awards or donations in the last 12 months.
- The number of new donors listed as having received awards or donations in the last 12 months.
- The number of new donors listed as seeking awards or donations in the next 12 months.

Earned income-seeking behavior (endline only):

- Began charging fees for any services rendered to CSOs in the past 12 months.
- Plans to begin charging fees for any services rendered to CSOs in the next 12 months.
- Began charging fees for any services rendered to the government in the past 12 months.
- Plans to begin charging fees for any services rendered to the government in the next 12 months.
- Started a new social enterprise in the past 12 months.
- Plans to start a new social enterprise in the next 12 months.
- Started charging membership fees in the past 12 months.
- Plans to start charging membership fees in the next 12 months.

Figure 36 plots values for index variables created from the award-seeking components only, the earned income-seeking behavior components only, and an index created by combining all of these variables. Among treatment CSOs, there is a small decrease in reported award-seeking behavior and a larger increase in income-seeking behavior. Figure 37 reports coefficients estimating the impact of the treatment on changes in revenue-seeking behavior among treatment CSOs between baseline and endline. There is no evidence of a significant change in revenue-seeking behavior. There is a slight increase in income-seeking behavior, although this increase is very small at less than 0.1 standard deviations and not statistically significant.

Figure 37. Distribution of averaged z-score index variables for an index combining award-seeking components, an index combining income-seeking components, and an index combining all of the revenue-seeking components

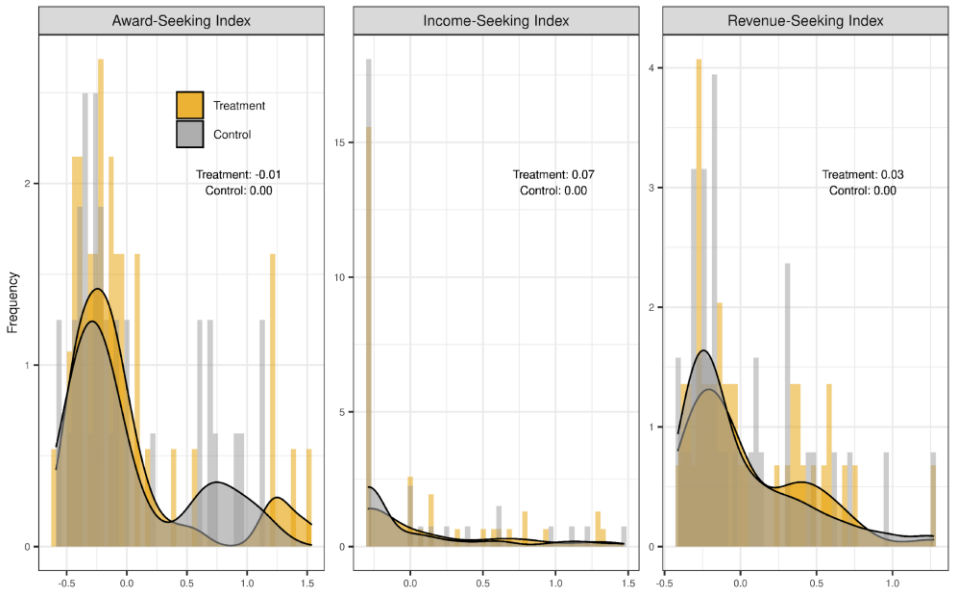
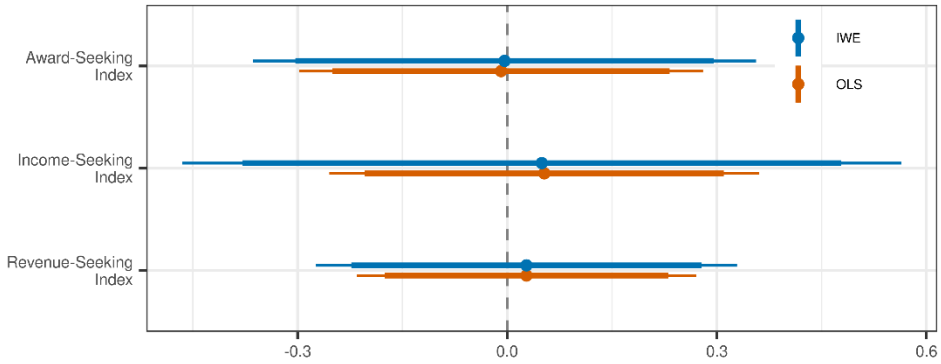


Figure 38. Plot coefficients estimating the impact of the treatment on revenue generation outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals.



PRIMARY OUTCOME 3.2: REVENUE DIVERSIFICATION INDEX: HERFINDAHL–HIRSCHMAN INDEX

The literature on non-profit organizations has found links between financial diversification and a variety of positive outcomes, including overall financial health (Hung and Hager, 2019). In addition to focusing on new funding opportunities, **Resiliency**Cambodia provides individualized coaching to help CSOs identify new revenue sources and skills training to help them tap into those sources. These activities are designed to promote financial diversification that can help CSOs become more embedded in their communities and more resilient to external financial shocks. Because measuring financial diversification requires comprehensive budget data, it is not possible to measure diversification prospectively. Instead, the team uses budget data from the most recently completed budget cycle.

Following standard practice in the portfolio theory literature, the team measures revenue diversification at baseline and endline using a Herfindahl–Hirschman Index (HHI). Specifically, the team measures the concentration of both the number and value of revenues across revenue sources (sources correspond to each potential granting organization, donor, or income source). HHI scores are measured on a scale of 0–10,000, with 10,000 indicating complete concentration. In this application, complete concentration would mean that all of a CSOs' revenues come from a single funding source (for example, one specific grant-making organization or donor). **The team hypothesizes that the financial diversification of CSOs will increase more for the treatment group than for the control group.** The team combines the following variables into a single HHI to use as an outcome variable in Equation 1:

- Grants and awards from:
  - USAID.
  - Other foreign government aid agencies or multilateral organizations.
  - International NGOs and foundations.
  - Cambodian NGOs and foundations.
  - RGC.
- Donations from:
  - Foreign businesses.
  - Cambodian businesses.
  - Foreign individuals.
  - Cambodian individuals.

- Earned income from:
    - Membership fees and dues.
    - Fees paid by recipients of services rendered by the organization.
    - The sale of handicrafts.
    - The sale of food services.
    - The sale of publications or print materials.
    - Performance arts and cultural programs.
    - Income from services rendered to the government.
    - Income from services rendered to another NGO/community-based organization.
    - Income from fundraisers or other special events.
    - Property income/endowment income.

Figure 38 compares the HHI score for both the value of revenue from these sources as well as the HHI of the distribution of the number of sources across these categories. This approach uses the sum of revenue in each of the categories listed above, often combining multiple line items from each category and sub-category.

To complement this analysis, the team also looks at HHI across every line item of revenue. In this application, complete concentration would mean that all revenues came from a single line item (for instance, one specific grant or donation). Figure 39 compares the concentration of revenue across all revenue line items for each CSO between the baseline and endline periods. Figure 40 plots the coefficients estimating the impact of the treatment on changes in these HHI scores between baseline and endline.

There is evidence of modest decreases in revenue concentration (increases in diversification) among the treatment group. However, these changes are substantively small and not statistically significant at conventional levels. The largest coefficient, capturing the impact of the intervention on decreases in the concentration of revenue sources, estimates a decrease in concentration of about 0.2 standard deviations.

Figure 39. Comparison of the concentration of the number of revenue sources across categories and the value of revenue across categories for each CSO between the baseline and endline periods—the red line indicates zero changes between baseline and endline, the black text indicates the change in the mean value for each treatment group between the baseline and endline periods

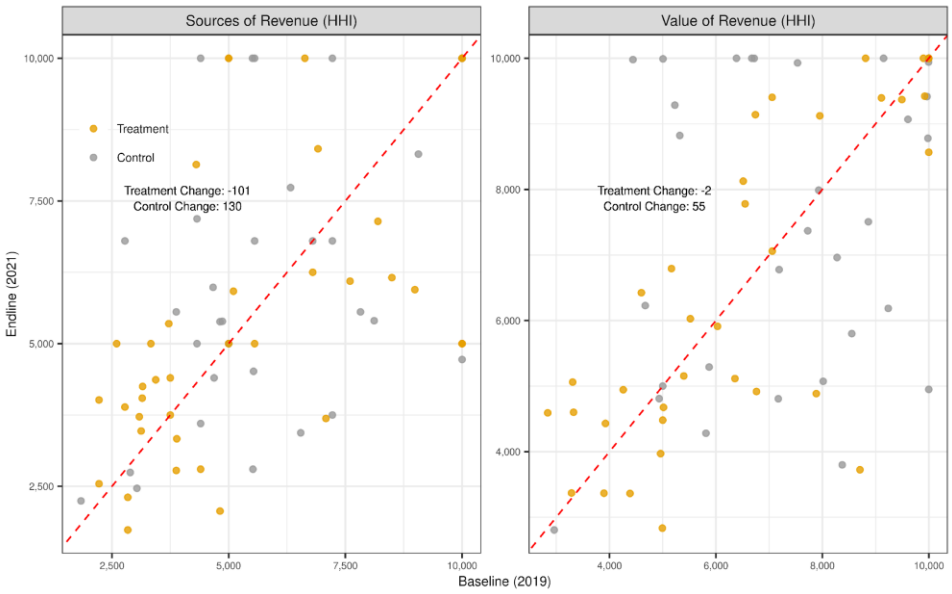


Figure 40. Comparison of the concentration of revenue across all revenue line items for each CSO between the baseline and endline periods—the red line indicates zero changes between baseline and endline, the black text indicates the change in the mean value for each treatment group between the baseline and endline periods

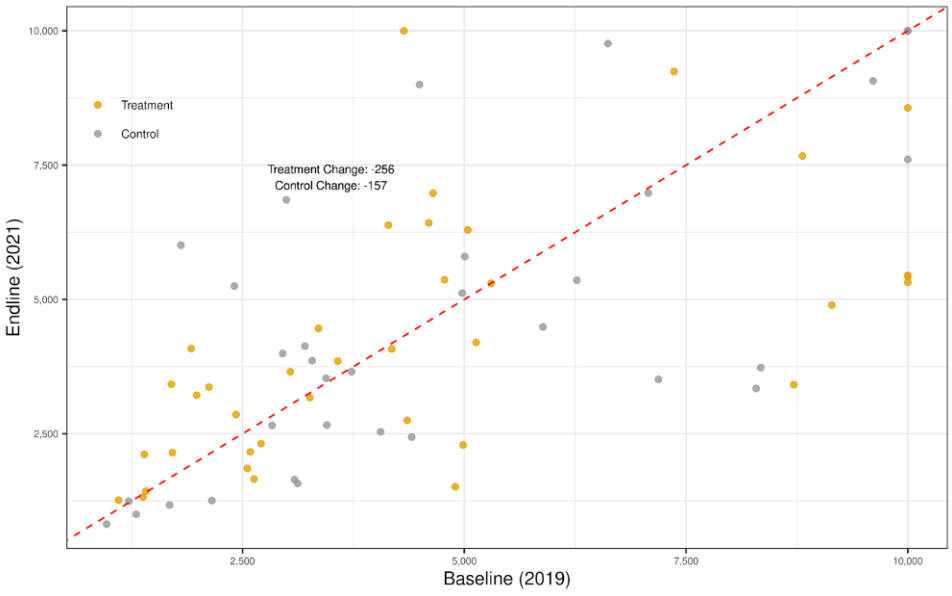
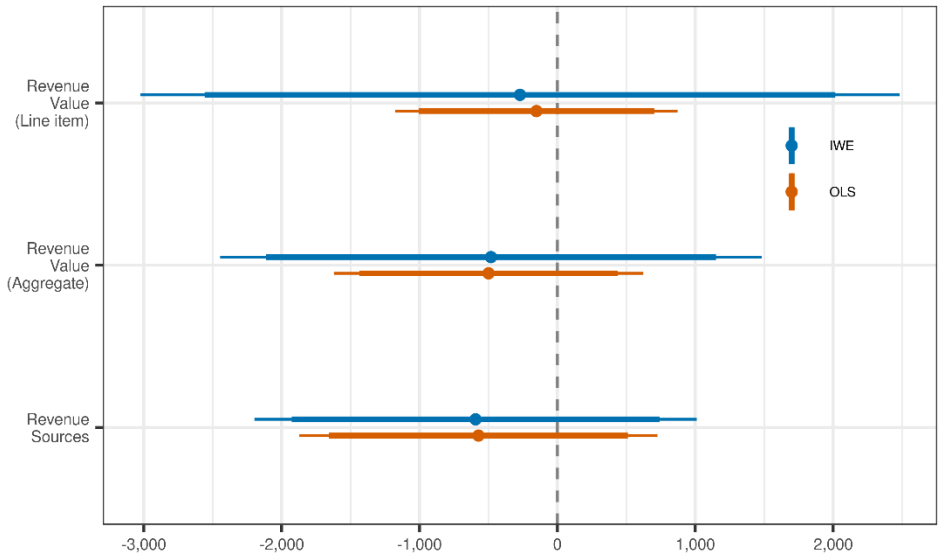


Figure 41. Plot coefficients estimating the impact of the treatment on revenue diversification outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals.



SECONDARY OUTCOME 3.3: FINANCIAL HEALTH

The team's first secondary measure of financial resiliency combines several common measures of overall financial health (Hung and Hager, 2018). **Resiliency**Cambodia provides skills training to help CSOs track and understand important financial metrics. Furthermore, it is also important to document that increases in diversification are not the result of decreases in total revenues or the liquidation of assets. **The team hypothesizes that the financial health of CSOs will increase more for the treatment group than for the control group.** The team combines the following variables into a single index variable to be used as an outcome variable in Equation 1:

- Total investments.
- Total revenue.
- Operating margin (revenue/expenditures).

Figure 41 compares the value of investments and revenue, the operating margin, and an averaged z-score of these values capturing the overall financial health for each CSO between the baseline and endline periods. The red line indicates zero changes between baseline and endline. The black text indicates the change in the mean value for each treatment group between the baseline and endline periods. Figure 42 compares the values for operating margin and its two component variables, the value of total expenses and total revenues. Figure 43 reports coefficients estimating the impact of the treatment on the changes in these outcomes for the control group between baseline and endline. There is no evidence for an overall increase in financial health or any of its component variables. Results generally suggest an increase of between 0.06 and 0.12 standard deviations for investments, revenue, and financial health, and a decrease of 0.17 standard deviations for operating margin.[7]

[7] For expenditures, the team removed two control CSOs and for investments, the team removed two treatment CSOs due to extremely large changes between baseline and endline values. However, results are similar when including these outliers.

Figure 42. Comparison of the investments, revenue, operating margin, and overall financial health for each CSO between the baseline and endline periods

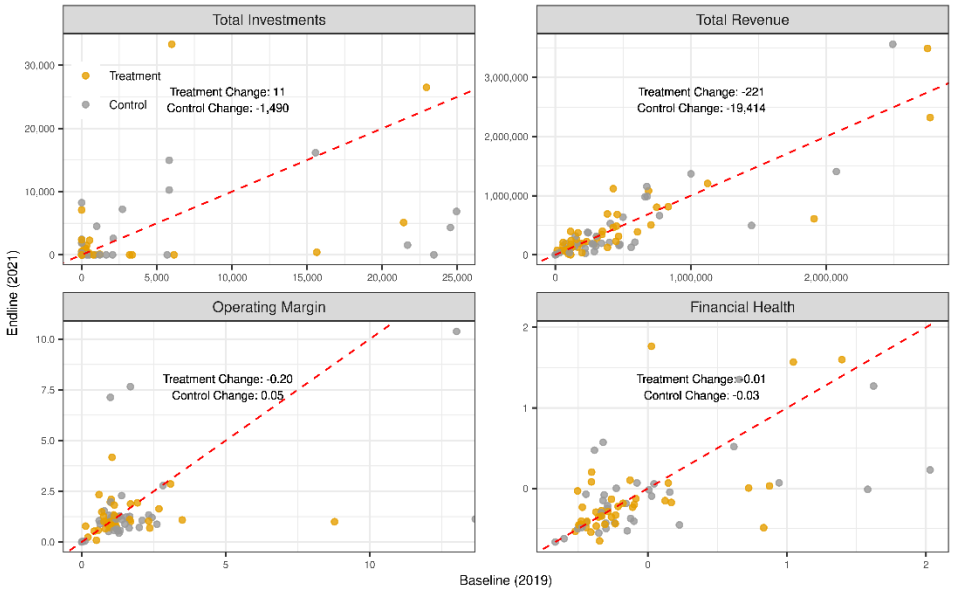


Figure 43. Comparison of the overall operating margin and its two components (expenses and revenue) for each CSO between the baseline and endline periods—the red line indicates zero changes between baseline and endline, the black text indicates the change in the mean value for each treatment group between the baseline and endline periods

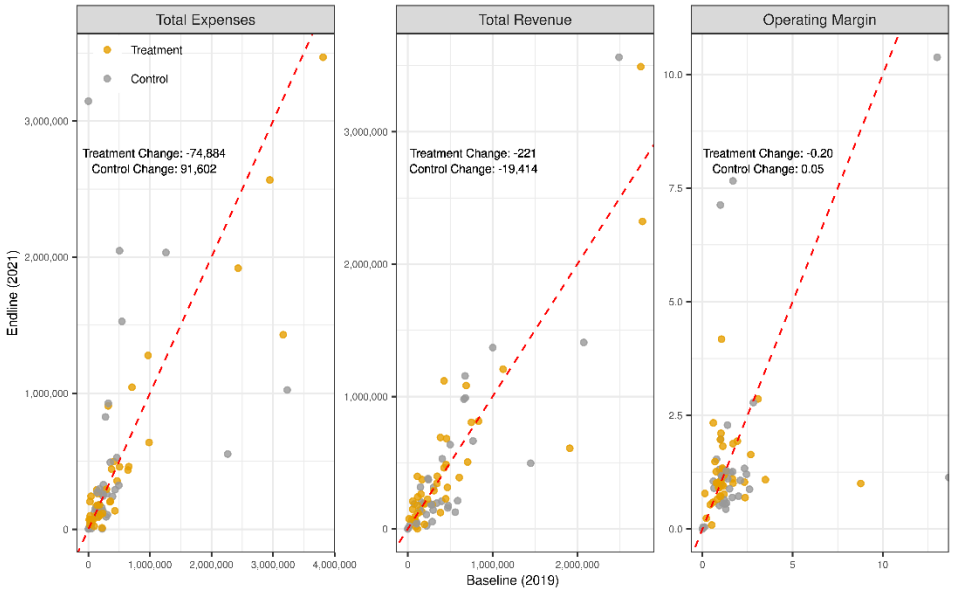
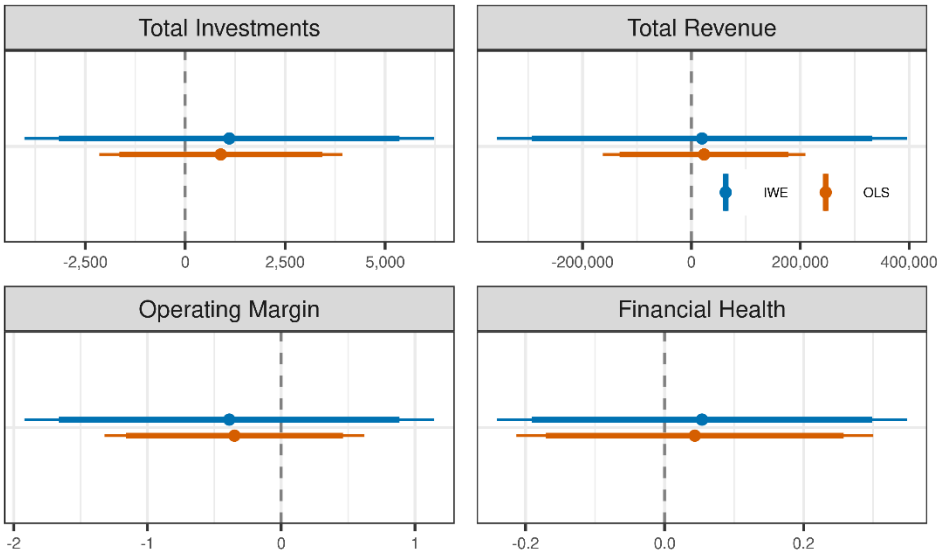


Figure 44. Plot coefficients estimating the impact of the treatment on financial health outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals.



SECONDARY OUTCOME 3.4: DIVERSIFICATION AWAY FROM AID: LOCAL REVENUE INDEX

The team's second secondary outcome under financial resiliency is the share of revenue coming from local sources. Research on financial diversification among non-profits has generally focused on NGOs operating in developed countries and emphasized funding across three aggregated revenue streams: donations, earned income, and investment revenue. However, aid-driven NGO sectors in countries like Cambodia face unique challenges including aid volatility, a lack of connection and accountability to (and legitimacy with) domestic constituencies, and vulnerability to government attacks on NGOs as "foreign agents." For this reason, **Resiliency**Cambodia aims to help CSOs diversify their revenues away from foreign aid and pursue new, more sustainable revenue streams. **The team hypothesizes that the share of revenue from local sources will increase more for the treatment group than for the control group.** To measure the share of revenues from local sources at baseline and endline, the team sums the amount of revenue coming from the local sources (listed below) and divides it by the total amount of revenue received in the most recent fiscal year. The team uses this variable as an outcome variable in Equation 1.

Share of revenue from:

- Earned income:
  - Services rendered to the government.
  - Services rendered to another NGO/community-based organization.
  - Fundraisers or other special events.
  - Fees paid by recipients of services rendered by the organization.
  - Sale of goods and other commercial activities.
  - Membership fees and dues.
  - Fundraisers or other events.
  - Income from renting property or equipment.
  - Other.

- Donations:
  - Cambodian individuals.
  - Cambodian businesses.
  - Domestic NGOs and foundations.
- Awards:
  - Domestic NGOs and foundations.
  - RGC.

Figure 44 compares the total revenue from local sources and the total revenue from local sources as a share of total revenue for each CSO between the baseline and endline periods. The red line indicates zero changes between baseline and endline. The black text indicates the change in the mean value for each treatment group between the baseline and endline periods. Figure 45 presents coefficients estimating the impact of the treatment on the change in these outcomes between baseline and endline.

There is no evidence of a positive impact of the intervention on the share of revenue from local sources. There is some evidence for an increase in the total volume of local revenue for the treatment group. The team estimates that the average increase for the treatment group was about $19,000 larger than the increase for the control group, corresponding with a 0.23 standard deviation increase. However, this result is only apparent after removing one control CSO due to extremely large changes in the reported volume of donations between baseline and endline. It is important to note that some CSOs received small grants from the **Resiliency**Cambodia program (funding from an international source), which may artificially decrease the share of funding coming from local sources. However, these small grants would not artificially reduce the total local revenue.

Figure 45. Comparison of the total revenue from local sources and the total revenue from local sources as a share of total revenue for each CSO between the baseline and endline periods

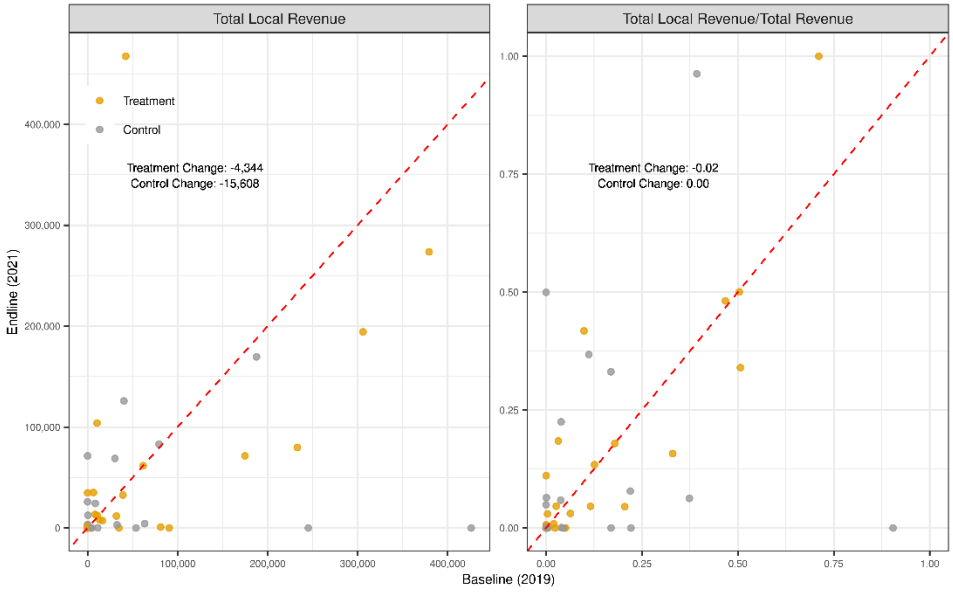
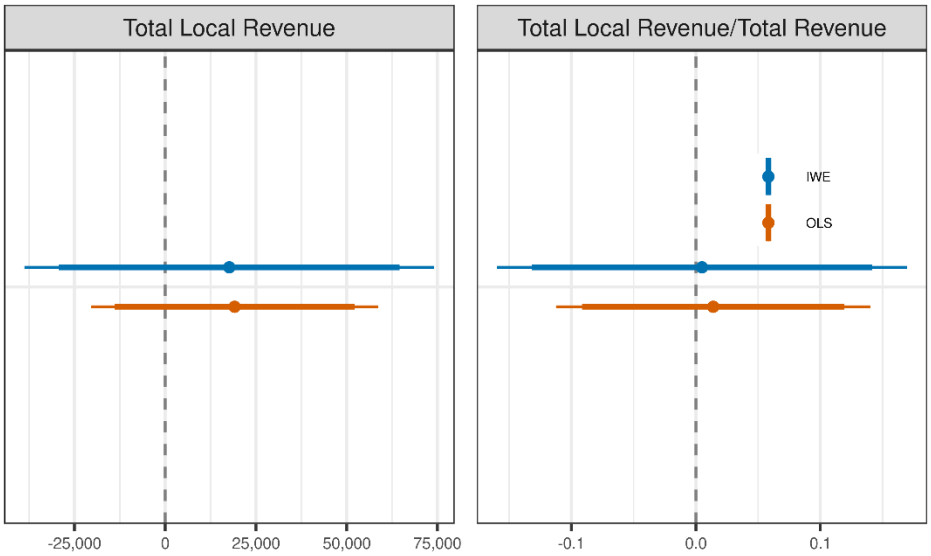


Figure 46. Plot coefficients estimating the impact of the treatment on local revenue outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals



SECONDARY OUTCOME 3.5: SHARE OF REVENUE FROM FOREIGN SOURCES

The team's third secondary outcome under financial resiliency is the share of revenue coming from foreign sources. Foreign aid is the largest overall source of revenue for the NGO sector in Cambodia and for CSOs in the sample. However, a reliance on these sources may decrease local embeddedness and expose NGOs to high levels of financial vulnerability. **The team hypothesizes that the share of revenue from foreign sources will decrease more for the treatment group than for the control group.** To measure the share of revenues from foreign sources at baseline and endline, the team sums the amount of revenue coming from foreign sources (listed below) and divides this by the total amount of revenue received in the most recent fiscal year. The team uses this variable as an outcome variable in Equation 1.

- Share of revenue from foreign government donors:
  - USAID.
  - China.
  - Russia.
  - Other foreign government aid agencies or multilateral organizations.
- Share of revenue from international NGOs and foundations.
- Share of revenue from foreign businesses.
- Share of revenue from foreign individuals.

Figure 46 compares the total revenue from foreign sources and the total revenue from foreign sources as a share of total revenue for each CSO between the baseline and endline periods. The red line indicates zero changes between baseline and endline. The black text indicates the change in the mean value for each treatment group between the baseline and endline periods. Figure 47 presents coefficients estimating the effect of the treatment on the change in these outcomes between baseline and endline for the treatment group. There is no evidence that the total amount of foreign revenue or the reliance on foreign revenue decreased as a result of the intervention.

Figure 47. Comparison of the total revenue from foreign sources and the total revenue from foreign sources as a share of total revenue for each CSO between the baseline and endline periods

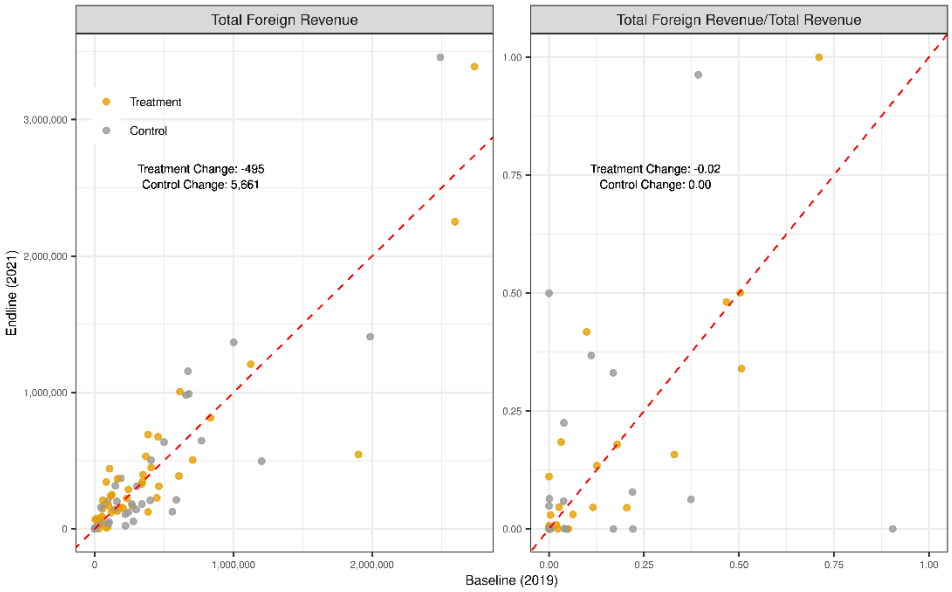
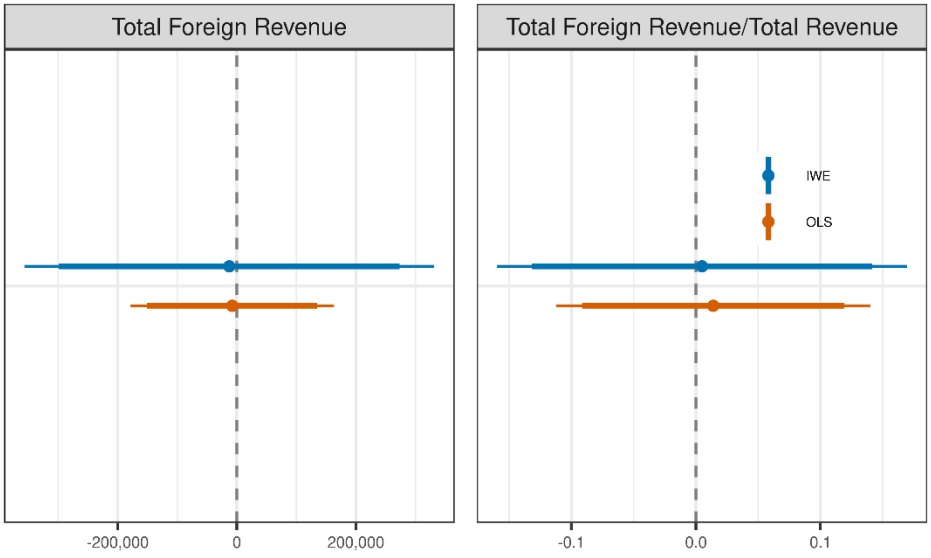
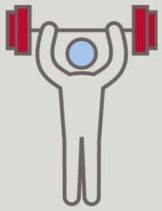


Figure 48. Plot coefficients estimating the impact of the treatment on foreign revenue outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals



8.0 FINDINGS—RESILIENCY TO CHANGING CIVIC SPACE OF TREATED CSOS

Figure 49. Summary of results for Outcome Family 4

OUTCOME FAMILY 4	INCREASED RESILIENCY OF TREATED CSOS TO CHANGING CIVIC SPACE		
	**OUTCOME**	**RESULTS**	**MAGNITUDE**
	4.1 External Challenges Index	**Negative**	**Large**
	4.1.5 Government Harrassment	*Negative*	*Large*
	4.1.6 Civil Society Cooperation	*Negative*	*Large*
	4.2 CSO Network Diversfication: Herfindahl-Hirschman Index	**Null**	**N/A**
	4.3 Share of Time Engaging in Advocacy	**Positive**	**Small**
	4.4 Conjoint Survey Experiment	**Null**	**N/A**

Building the capacity of CSOs to navigate Cambodia's narrowing civic space is critical to **Resiliency**Cambodia's objectives. Because resiliency to changing civic space is a difficult concept to operationalize and measure, the team draws on several approaches.

There is mixed evidence for the impact of the treatment on CSO resiliency to changing civic space. Counter to expectations, reporting of external challenges increased more for members of the treatment group. Furthermore, the effect size is relatively large at 0.3 standard deviations and statistically significant. These unexpected findings may suggest that the treatment increased CSOs' awareness of civic space issues, leading to higher reporting of these challenges. Alternatively, these findings could suggest that participation in **Resiliency**Cambodia or the differential increase in time spent on advocacy attracted more government attention to and greater repression of treatment CSOs.

There is also evidence for a greater increase in the share of time treatment CSOs spend on political advocacy compared to treatment CSOs. Increased time spent on advocacy may be driving increases in the external challenges CSOs face in a heavily restrictive environment like Cambodia. Alternatively, the intervention's emphasis on civic space issues may have increased the awareness or salience of these issues for treatment CSOs, leading to higher levels of reporting.

PRIMARY OUTCOME 4.1: EXTERNAL CHALLENGES INDEX

The first primary outcome is drawn from a question about the characteristics of the organization's external environment inhibiting its ability to achieve its goals or fulfill its Mission. Specifically, the team selects six external challenges that **Resiliency**Cambodia training is designed to help CSOs navigate. If **Resiliency**Cambodia is successful, the team expects CSOs to see fewer external factors as inhibiting their ability to fulfill the organization's Mission. **The team hypothesizes that the number of external challenges that inhibit CSOs will decrease more for the treatment group than for the control group.** The team combines the following variables into a single count variable to be used as an outcome variable in Equation 1:

- Lack of cooperation within the civil society sector.
- Harassment or direct attacks by the government on the civil society sector.
- Lack of public trust in CSOs.
- Restrictive or politicized legal environment.

- Restrictive or politicized media environment.
- Restrictions on the speech or activities of CSOs.

Figure 49 presents the share of CSOs reporting that each of these external challenges interferes with their ability to fulfill their Mission. The share of organizations reporting being affected by these external challenges decreases in both the treatment and control groups but decreases more for controls. Figure 50 plots the values of an averaged z-score combining these components into a single summary variable. Figure 51 presents coefficients estimating the effect of the treatment on the change in the reporting of external challenges between baseline and endline. Surprisingly, there is strong evidence that treatment CSOs are more likely to report that these external challenges are a problem. Looking at the combined index, the treatment group reports 0.3 standard deviation increase in these challenges. This result is substantively meaningful and statistically significant.

There are two possible interpretations for this finding. The first is that participation in the **Resiliency**Cambodia program has made organizations more aware of the challenges facing civil society and their own organization in particular, which makes them more likely to report experiencing these challenges. The second interpretation is that participation in the program has placed organizations more at risk for these types of challenges, particularly government harassment and a lack of civil society cooperation. Though it seems unlikely that the 3 percent increase in time spent on advocacy reported under Outcome Family 1 would be enough to make an organization a target, USAID should consider the ethics involved in working closely with CSOs in restrictive environments like Cambodia.

Figure 50. Share of CSOs reporting that each of these external challenges interferes with their ability to fulfill their Mission

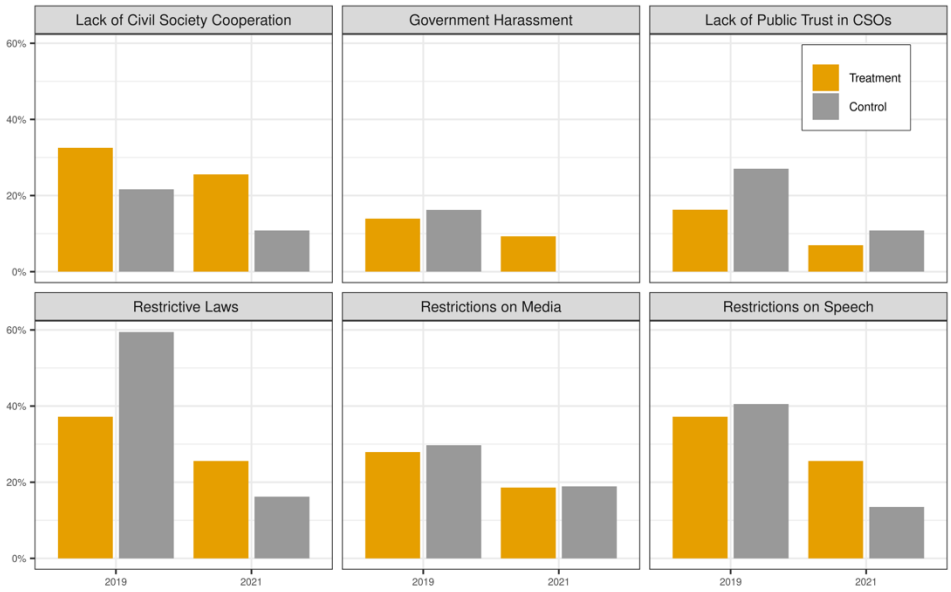


Figure 51. Values of an averaged z-score combining these components into a single summary variable

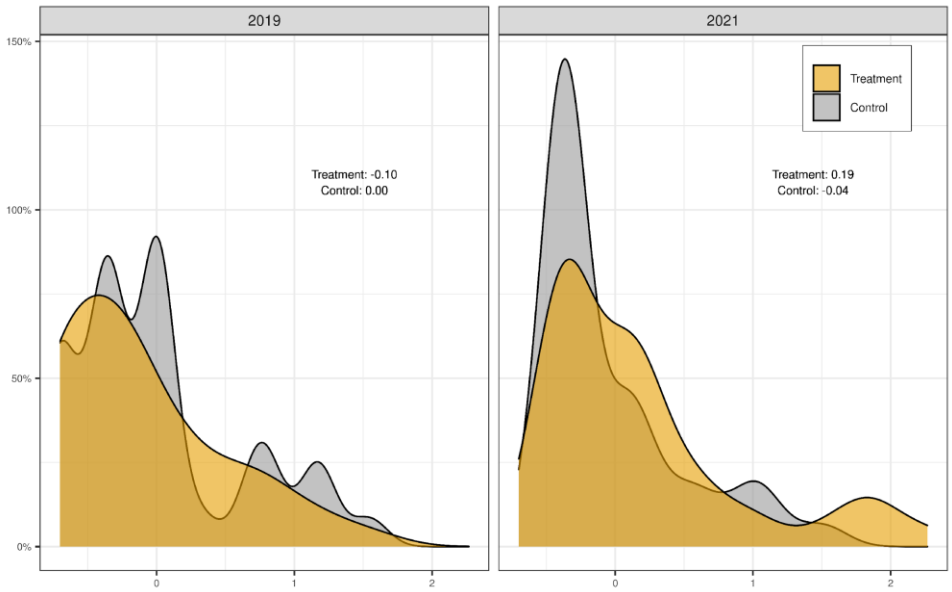
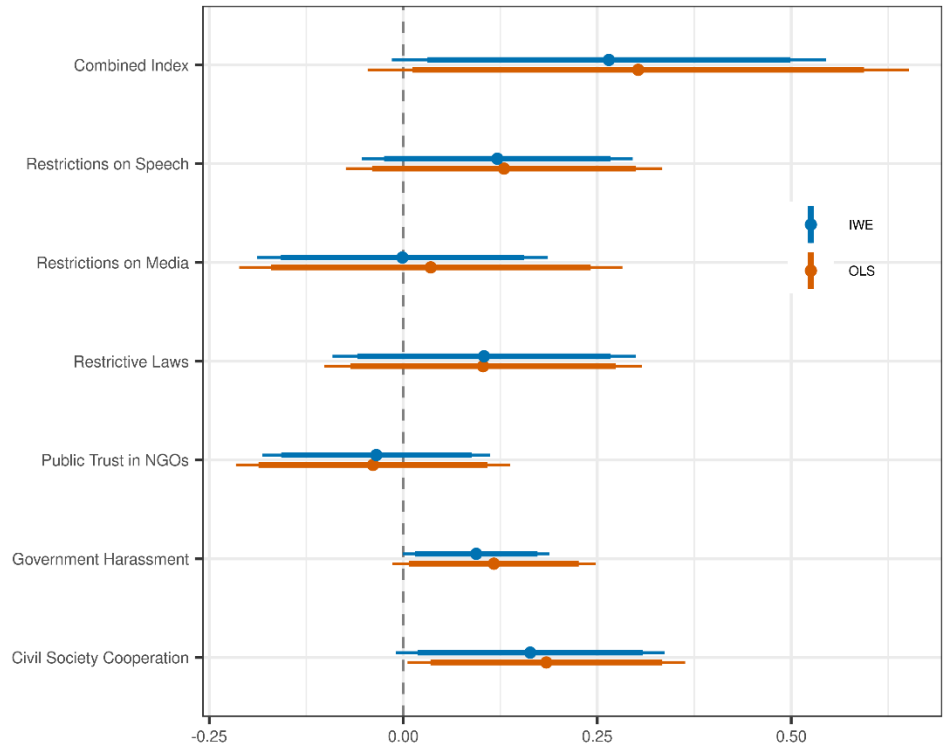


Figure 52. Plot coefficients estimating the impact of the treatment on external challenges outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals.



PRIMARY OUTCOME 4.2: CSO NETWORK DIVERSIFICATION: HHI

The second primary outcome measure is the change in the diversification of partnerships by sector reported between January and December 2019 (12-month pre-treatment period before the call for applications) and between April 2021 and March 2022 (12-month post-treatment period before endline). Networks facilitate the flow of information and resources across CSOs. Forging connections across sectors ensures that CSOs have access to a greater diversity of information and resources, making cross-sector connections especially important for resiliency in changing spaces. **The team hypothesizes that the diversification of partners will increase more for the treatment group than for the control group.** The team measures partnership diversification at baseline and endline using an HHI on three aggregated revenue streams (Hung and Hager, 2018). Specifically, the team calculates the share of partners focusing on each of the following activities. The team combines the following variables into a single HHI to use as an outcome variable in Equation 1.

- Share of partners focusing on:
    - Democracy and governance.
    - Environment.
    - Food security.
    - Public health.
    - Education.
    - Economic development.
    - Other.

Figure 52 compares the concentration of partners across sectors for each CSO between the baseline and endline periods. The red line indicates zero changes between baseline and endline. The black text indicates the change in the mean value for each treatment group between the baseline and endline periods. Figure 53 plots coefficients estimating the effect of the treatment on the concentration of partners by sector. There is no evidence that the concentration of partners by sector decreased in the treatment group.

Figure 53. Comparison of the concentration of partners across sectors for each CSO between the baseline and endline periods.

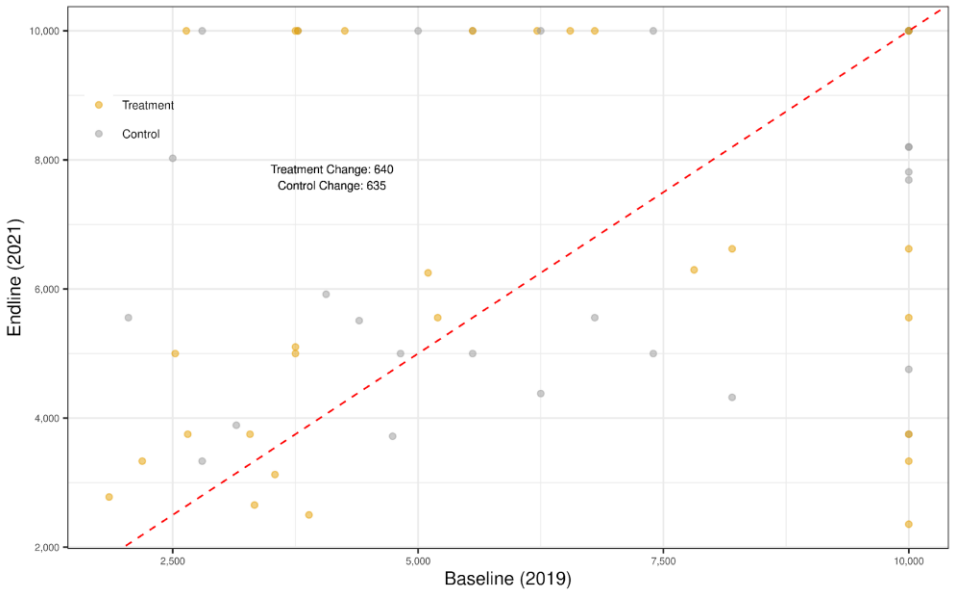
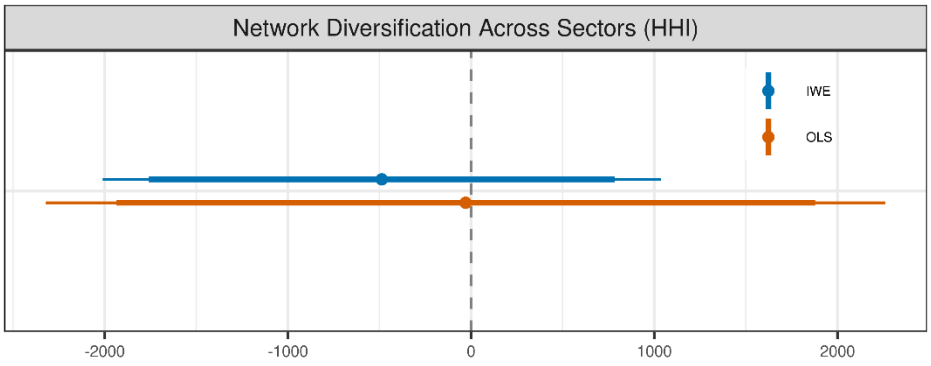


Figure 54. Plot coefficients estimating the impact of the treatment on network diversification outcomes—points indicate coefficient point estimates, thick lines indicate 95 percent confidence intervals, and thin lines indicate 90 percent confidence intervals.



PRIMARY OUTCOME 4.3: SHARE OF TIME ENGAGING IN ADVOCACY

The first secondary outcome measure is drawn from a question about the share of staff time spent on a series of activities during a typical month. Specifically, the team selects the amount of time CSOs spent on advocacy. Although relatively few CSOs in the sample focus primarily on advocacy, the majority report spending at least some of their time on advocacy work. Because interviews suggest that many CSOs see advocacy as important for their Mission but refrain from advocacy to avoid inviting government scrutiny, there is an increased willingness to engage in advocacy as an important indicator of resiliency. **The team hypothesizes that the share of time spent on advocacy activities will increase more for the treatment group than for the control group.** Although the number of CSOs in the sample that focus primarily on advocacy is relatively low, 80 percent of CSOs report devoting at least some time to advocacy (the median CSO reports spending 5 percent of their time on advocacy). If CSOs feel more resilient to changing civic space, the team expects that they will spend more time advocating for the communities that they serve

than for the causes that they care about. The team uses this variable as an outcome variable in Equation 1:

- Share of staff and management time spent on advocacy or raising awareness in a typical month.

Figure 54 plots the distribution of CSOs' reports of how much time they spent on political advocacy. Figure 55 reports coefficients estimating the impact of the treatment on changes in the share of time spent on political advocacy by treatment organizations. There is evidence for a differential increase in time spent on advocacy for the treatment group. Specifically, the treatment CSOs increased their time dedicated to advocacy by 2-2 percent. This magnitude is relatively small but approaches statistical significance at the 0.1 level.

Figure 55. Distribution of time spent on political advocacy

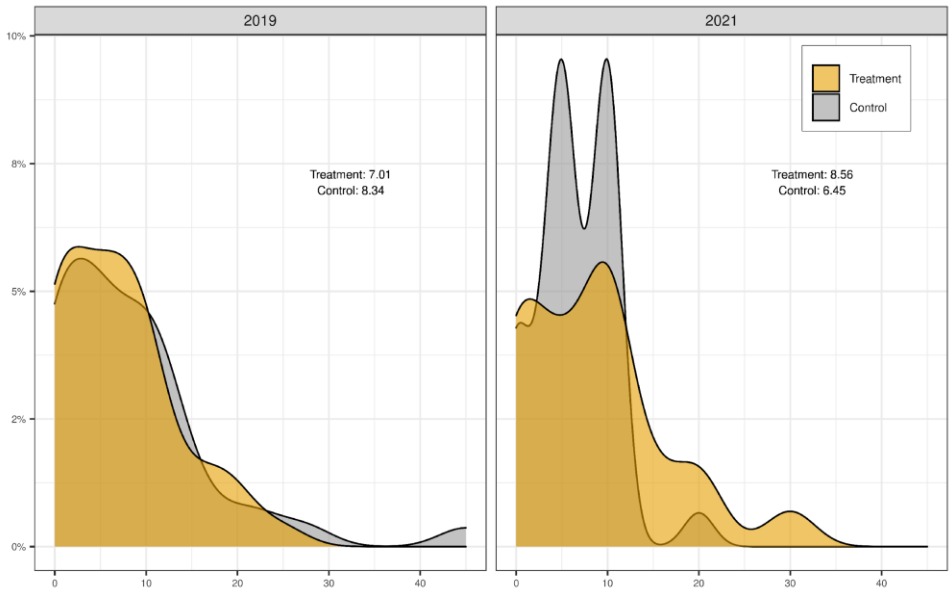
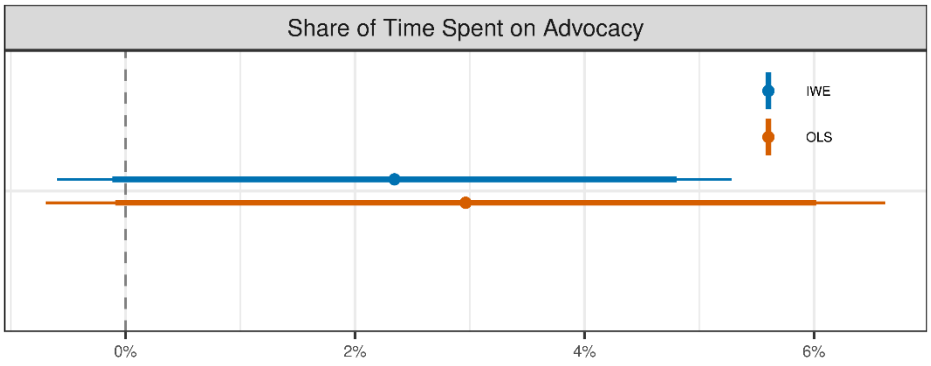


Figure 56. Coefficients estimating the impact of the treatment on changes in the share of time spent on political advocacy by treatment organizations



PRIMARY OUTCOME 4.4: SHARE OF TIME ENGAGING IN ADVOCACY

The second secondary outcome measures the extent to which intervention by local governments impacts the operation decision of CSOs. In Cambodia, local governments are often charged with enforcing government regulations of the non-profit sector. These local governments often have different approaches to handling NGOs, with some facilitating the work of NGOs and others obstructing it. Evidence from the baseline analysis suggests that CSOs in Cambodia actively avoid working in localities with more repressive local governments.

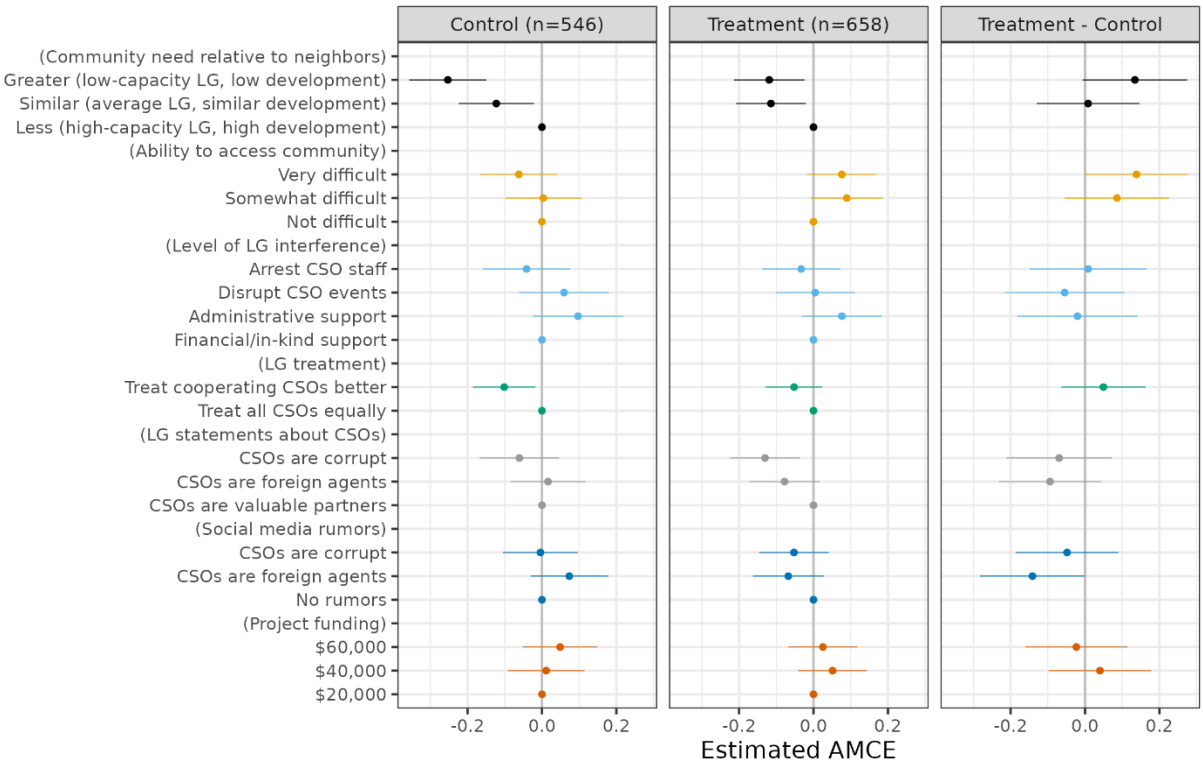
If **Resiliency**Cambodia makes CSOs more resilient to closing civic space or more confident in their ability to navigate government scrutiny, the team expects that treatment CSOs should be less likely to avoid working in communities with repressive local governments. This conjoint survey experiment is part of a broader study involving surveys of NGOs in Uganda and Serbia. The details of the experiment and analysis are pre-registered separately (EGAP Registration ID: 20220421AA). For this analysis, the team looks at heterogeneous effects for treatment CSOs and control CSOs using the procedures described in the PAP. Although a detailed discussion of the results is beyond the purview of this report, the team summarizes the main findings and their bearing on the other results under the outcome family.

In this conjoint experiment, the team varies the attributes of two communities and ask respondents about which community their NGO would be more likely to select for activities. Specifically, the team varies the community's level of need, its remoteness, the level of operational intervention by local government, the level of rhetorical intervention by the local government, the circulation of anti-CSO narratives on social media, the local government (LG) benefits to CSOs that allow government influence of their activities, and the amount of funds available for projects being implemented in the community.

After selecting which community their CSO would prefer to work in based on the joint, the team also asked respondents to choose the community in which CSOs would prefer to engage in various project activities, including involving members of the public in the design or implementation of project activities, organizing public action, partnering with other NGOs, partnering with local community-based organizations, partnering with religious or traditional leaders, or partnering with local government officials. Each respondent completes seven of these community and activity choice tasks.

Overall, there are no significant differences between the treatment and control groups. However, this is likely due to the very small sample size and limited statistical power. Consistent with the other findings under this outcome family, and contrary to the team's expectations, there is suggestive evidence that treatment CSOs were more discouraged by anti-CSO rhetoric by LG and on social media. Specifically, treatment CSOs were even less likely to report a preference to work in communities or pursue partnerships with other CSOs or community-based organizations in communities where anti-CSO rhetoric was present. This contributes additional evidence that the treatment caused CSOs to be more sensitive to the challenges of closing civic spaces.

Figure 57. Coefficient estimates for the effect of community, LG, and grant characteristics on CSOs' preference for working in a given community—panels present results for control, treatment, and the difference between them (third panel), points to the left of the grey line indicate a negative causal effect of the attribute on grant selection relative to the baseline category (on average).



9.0 RECOMMENDATIONS AND LESSONS LEARNED

There is no evidence that **Resiliency**Cambodia caused meaningful improvements in CSO capacity, networks, finances, or resiliency to closing civic space. The team's analyses estimate extremely small differences in how outcomes for treatment and control CSOs changed between baseline and endline, suggesting that these disappointing results are not attributable to small sample sizes or attrition from the evaluation sample. Furthermore, the prevalence of these null results across both objective (data collected directly from financial records or Facebook pages) and self-reported measures (data collected from survey questions asking about behavior or perceptions) of key outcomes strengthens the team's conclusion that the program largely failed to achieve its main objectives.

For the small number of outcomes where there are meaningful improvements that are larger for the treatment group, these increases are limited to individual components of the broader index variables that the team pre-registered as the primary measures of impact (see the PAP referenced in Appendix C). The one exception is an increase in the share of time CSOs dedicate to political advocacy. However, this 2–3 percent increase is relatively small when compared to the size and length of the intervention. Furthermore, this outcome is a self-reported rather than objective measure of behavior.

It is important to remember that the **Resiliency**Cambodia program was designed in part as a tool to test a refocused, less intensive, and scaled-up model of the traditional **R+ program**, in hopes

of developing a more far-reaching version of the program. The null results of this model offer important lessons for what components of a civil society capacity-building program are essential for success.

It is also important to note that the period during which **Resiliency**Cambodia occurred was one of unprecedented difficulties facing the civil society sector. COVID-19 posed unique challenges for CSOs, including being ordered to close temporarily, being unable to implement or deliver programs, having grant funding delayed or canceled, and adapting to remote work. Data presented in Section 7 show that both the treatment and control groups experienced large decreases in revenues during this period across almost all funding sources. This retrenchment likely made it a particularly difficult time for CSOs to pursue new revenue sources. Similarly, much of the programming that was designed to take place in person had to be moved online, which potentially reduced engagement and limited any opportunities for networking. Although these challenges did not limit the team's ability to evaluate the impact of this implementation of **Resiliency**Cambodia, they do limit the team's ability to make inferences about the expected effectiveness of similar programming implemented under normal conditions.

RECOMMENDATIONS

Drawing on the IE data, the team poses the following recommendations for future USAID activities, particularly those aimed at improving local organizational capacity.

RECOMMENDATION 1: INVEST IN PROGRAMS TO HELP ORGANIZATIONS ACROSS ALL SECTORS COMBAT CLOSING CIVIC SPACE

In Cambodia and countries across the world, local and international CSOs play a critical role as both service providers and sources of political accountability. Across every technical area of its programming, USAID relies heavily on these organizations to achieve its development objectives. However, efforts to constrain the activities of CSOs have increased dramatically over the last 15 years (Young and Echague, 2017), and shrinking civic space threatens the ability of civil society to do this important work.

In Cambodia, recently published work using baseline data from this evaluation demonstrates that government repression targets CSOs across both the advocacy and service delivery sectors, reduces their fiscal viability, and limits their willingness and ability to implement certain activities (Springman et al., 2022). The results from this IE reinforce this point. Specifically, the diverse sample of CSOs participating in **Resiliency**Cambodia reported high levels of external challenges related to closing civic space but were also willing and able to increase the share of time spent on political advocacy.

USAID's efforts to conduct civic space programming in technical areas beyond DRG are rare (Wibbels et al., 2022). The team believes that the LO-MTSR activity represented an important effort to design programming that directs civic space programming across technical areas to bolster organizations working not just on DRG issues like political advocacy on human rights but also, ostensibly, on apolitical sectors like health, education, and agriculture. The team recommends that USAID/Cambodia continue their support for such work and encourage other Missions to build on these efforts.

RECOMMENDATION 2: IES ARE A SMART INVESTMENT TO ENSURE TAXPAYER DOLLARS MAXIMIZE PROGRAM IMPACTS

The LO-MTSR IE of the **Resiliency**Cambodia program fulfilled the vision of the SBAR pilot by successfully applying cutting-edge scientific research methods to an applied research question. Furthermore, this research provided a first attempt for USAID at conducting an IE on CSO programming, contributing the first systematic evidence on the impact of CSO capacity-building and providing a model for future evaluations in this sector.

Although disappointing, null results can be helpful for providing concrete feedback on program successes and failures, potential unexpected consequences, and the need to adapt or redesign activities. Without additional support for an RCT, the evaluation of **Resiliency**Cambodia may have relied on feedback from a select group of participants that reported satisfaction with the program and recommended that funding for **Resiliency**Cambodia be scaled up in Cambodia or expanded to other countries. Alternatively, a less sophisticated evaluation may have relied on pre-/post- pmeasures of changes in the treatment group showing that revenues decrease dramatically over the treatment period; this would have led to an erroneous conclusion that **Resiliency**Cambodia had caused great harm to participating organizations.[8] Instead, the IE successfully identified the program's failure to benefit treatment CSOs, allowing for informed decisions about future allocations of funding and revisions to the **Resiliency**Cambodia model. Ultimately, IE results can help USAID create more effective development solutions that best utilize US taxpayer dollars.

The data collected in this IE will provide many opportunities for additional learning about civil society in Cambodia and has already resulted in one peer-reviewed publication in the September 2022 volume of *International Studies Quarterly*. The research team is also exploring future publications and conference presentations to widely share the results with the academic and practitioner communities, as well as opportunities to present findings to USAID's New Partnership Initiative and the USAID/DRG/Bureau for Development, Democracy, and Innovation's civil society team. More broadly, the findings from this IE will help USAID/Cambodia and USAID to adapt existing programming, design new programs, and understand the development challenges facing civil society in Cambodia.

RECOMMENDATION 3: BUILD THE EVIDENCE BASE AROUND EACH COMPONENT OF THE PROGRAM THEORY OF CHANGE

The original theory that motivated this project states the expectation that increases in organizational capacity, financial diversification, and networks would enhance their resilience to closing civic space through. However, the team finds that the intervention failed to yield improvements in these three preliminary outcomes through which gains in resiliency were expected to develop. This suggests that securing improvements in these preliminary outcomes is more difficult than USAID/Cambodia anticipated. The team recommends that before developing more complex theories about how capacity, finances, and networks may be related to resilience to closing civic space, future research should invest more heavily in developing and testing more simple theories about how to help CSOs improve each of these important preliminary outcomes.

In other words, each of these outcomes requires its own researched theory of change to show that these outcomes are backed by evidence to promote organizational capacity. The team recommends that before designing any future capacity-building program with a similar theory of change, USAID should conduct a review of the evidence to support this theory of change and

[8] As is clear from the plots of the raw data, the financial situation for most CSOs in the sample got worse between baseline and endline. In this situation, smaller declines among the treatment group relative to control would indicate a successful intervention.

make adjustments as needed. If there is no evidence to support one or more of these outcomes as a pathway to change, the theory of change should be re-examined.

If program designers at the Mission lack the time or capacity to conduct a review of the evidence, they should utilize resources at USAID, such as the Evidence and Learning Team at USAID/DDI/DRG in Washington. For example, through the Evidence and Learning Team at the DRG Center, at a cost of approximately $20,000, a Mission can commission an evidence review conducted by leading academics to review experimental and quasi-experimental literature and compile recommendations on what types of programming can be most successful in a particular context, often within a four-month period.[9]

LESSONS LEARNED

Going beyond the IE data, the team drew on discussions with organizations throughout the intervention, initial findings from a qualitative assessment of similar **R+** programming, and numerous pause-and-reflect sessions to provide the following programmatic lessons learned for future USAID activities in hopes of improving the capacity of local organizations.

LESSON 1: FLEXIBLE, NEEDS ASSESSMENT-DRIVEN AWARDS ARE BEST FOR CUSTOMIZED CAPACITY-BUILDING

The initial problem statement in the SBAR solicitation identified a lack of organizational and technical capacity among organizations to effectively manage funding and develop strategies to become self-reliant. The solicitation identified financial diversification, particularly a reduction of funding from USAID and from malign actors, as the primary program objectives, with an increase in network connections as a secondary objective. These contract objectives mandated a top-down approach to determining what factors CSOs would aim to strengthen through the **Resiliency**Cambodia program. To be compliant with the contract objectives and monitoring, evaluation, and learning targets, organizations developed Resiliency Roadmaps with three pre-defined priorities, with a fourth priority that could be customized for each organization, and a prescriptive number of paths for fulfilling each priority. However, feedback from organizations during the Peer Learning Event suggests that financial diversification, particularly shifting away from traditional donors and toward social enterprise and donations, was not the top priority for organizations.

The traditional **R+** model, on the other hand, relies on a bottom-up approach where organizations can create a fully customized roadmap based on the seven different resiliency areas. This level of flexibility ensures the Resiliency Roadmaps address the top priorities of the organization *as defined by the organization*, which makes it more valuable both for increasing organizational capacity and for promoting buy-in from organizations. A more flexible model would also have allowed the **Resiliency**Cambodia program to pivot when USAID moved away from the Journey to Self-Reliance toward localization, by supporting organizations to become stronger potential partners for USAID/Cambodia and large implementing partners. Instead, **Resiliency**Cambodia had to continue its mandate to move organizations away from USAID funding, which was likely not in the best interests of the organizations or USAID/Cambodia.

LESSON 2: COACHING IS A VALUABLE TOOL FOR BUILDING CSO CAPACITY, BUT INTENSITY MATTERS

[9] See an example evidence review on women's political participation conducted for USAID Kosovo on the Development Experience Clearinghouse: https://pdf.usaid.gov/pdf_docs/PA00ZF2R.pdf

In interviews with CSOs, the support and mentoring of the Resiliency Coaches were consistently praised as the most valuable part of the program. Coaching provided organizations with personalized support on the topics that mattered most to them and provided an opportunity to apply the knowledge passed on through trainings and toolkits. However, qualitative evidence from the traditional **R+** model suggests that the intensity of the coaching that is needed to have a significant impact is higher than in the **Resiliency**Cambodia program design.

The traditional **R+** model relies on intensive coaching by senior civil society executives who have frequent training and support from the **Partners**Global staff. In the traditional **R+** model, a pair of coaches support three organizations over 18 months for a total of 80 days of coaching support per organization. In the **Resiliency**Cambodia model, this support was reduced to 12 days of support per organization in the first year, and just four days of support in the second year, with each coach supporting ten CSOs.[10] The Illuminating New Solutions and Programmatic Innovations for Resilient Spaces coaches also received more in-person training and virtual support from the **Partners**Global team than the **Resiliency**Cambodia coaches. Coaches from the traditional **R+** model were also recruited from executive directors in leading CSOs, as opposed to the mid-level civil society experts recruited for **Resiliency**Cambodia. Future USAID activities that involve coaches should plan for more hours of coach support per organization, fewer organizations per coach, and more training and support from the implementing partner.

LESSON 3: TRADITIONAL TRAININGS SHOULD BE COUPLED WITH SPACES FOR PEER LEARNING AND SHARING

According to discussions with CSOs, traditional trainings and toolkits were less valuable to organizations than the coaching and mentoring. Some organizations shared that the trainings were too high-level without appropriate opportunities for building concrete skills. Others found the content helpful but would have preferred in-person training to virtual. Offering virtual trainings was an essential way for the **Resiliency**Cambodia program to provide support to CSOs during the COVID-19 lockdowns and restrictions on international travel. However, the team recommends future USAID activities utilize in-person trainings as much as possible, even though virtual trainings are easier to scale.

Whether in person or virtual, future USAID capacity-building activities should learn from the success of the traditional **R+** approach and build in peer learning spaces for participating organizations to informally come together to discuss both the training content and other challenges or issues they are currently facing at their organization. This approach was used at the end of the **Resiliency**Cambodia activity with the Social Lab component, and initial feedback from organizations has been positive.

[10] This slimmed-down approach was proposed intentionally in order to test a more cost-effective and scalable model of the R+ model. The full approach would have been too resource-intensive to implement under the SBAR pilot.

APPENDIX A. DESIGN REPORT

The LO-MTSR **Resiliency**Cambodia IE Design Report can be found at the following URL:

https://pdf.usaid.gov/pdf_docs/PA00WCZ5.pdf

APPENDIX B. BASELINE REPORT

The LO-MTSR **Resiliency**Cambodia Baseline Report can be found at the following URL:

https://pdf.usaid.gov/pdf_docs/PA00X47C.pdf

APPENDIX C. PRE-ANALYSIS PLAN

The LO-MTSR **Resiliency**Cambodia PAP can be found at the following URL:

https://osf.io/9wejn

APPENDIX D. DEPARTURES FROM PRE-ANALYSIS PLAN

This section records any aspects of the analysis that do not adhere to the team's registered PAP.

Changes to the statistical model or the presentation of results:

- The PAP states that the team will only present results using ordinary least squares because of balanced attrition. Although respondents are assigned to treatment arms with the same probability across blocks, attrition is not perfectly balanced between the treatment and control arms, introducing the possibility of some bias in estimation. Furthermore, the potential for heterogeneous effects across treatment blocks also creates the potential for bias in the estimates. To address these concerns, the team also estimates all models and presents results using the IWE suggested by Gibbons et al. (2018).
- Due to attrition, one block was left with two treatment and zero control NGOs. In order to include block fixed-effects in the models, the team merged this block with its most similar block according to the distance score used for block assignment.
- To estimate spillover effects, the team intended to include a covariate indicating whether each CSO reported a partnership with a treatment CSO and use inverse probability weights to account for how network location impacts the probability of being connected to a treated unit (Aronow and Samii, 2015). However, an analysis of the baseline level of connection across assignment groups indicated that these connections are rare, reducing concerns about spillovers. However, the team will add this to the final analysis prior to submission to the Development Experience Clearinghouse.

Changes to the team's definition of key variables:

Primary Outcome 1.3: Administrative Capacity

- In the PAP, the team registered an intent to use small sample methods to calculate each CSO's conformity to the Benford distribution and use this continuous measure as an outcome variable in Equation 1 to test for larger decreases in levels of non-conformity in the treatment group (Wheeler, 2015). However, these small-sample models rely on simulation and were far too computationally intensive to run for nearly all CSO budgets in the sample. For this reason, the team uses the KS test from the 2021 Benford analysis report.

Primary Outcome 3.2: Revenue Diversification Index

- The PAP registered a definition of this variable to include the three largest grants from major sources. Due to heterogeneity in the granularity of budget data provided by CSOs, the team does not observe this value for all CSOs. Instead, the team uses the aggregate value from each major source and then supplements this with a separate analysis taking the fractionalization of all revenue line items at the lowest level of granularity available for each CSO.

Primary Outcome 3.3: Financial Health

- The PAP registered the inclusion of assets and divestment in the measure of financial health. However, most CSOs did not report any line items in these categories. To avoid bias from differential detail in reporting, the team excludes these values from the index.

Primary Outcome 3.4: Diversification Away from Aid: Local Revenue Index

- The PAP registered a more limited range of local revenue sources to be included in this index. During the final instrument design, the team added a number of additional categories based on feedback from enumerators and pilot studies. These additional local sources are all included in the index variable.

Primary Outcome 3.1: Revenue Generation Index

- The PAP registered the inclusion of a question asking about the value of new awards to be applied for in the next 12 months. This question was not asked on the survey and is not included in the index.
- The PAP registered the inclusion of questions asking about both fundraisers and membership fees. To increase the clarity of this question, the team asked only about membership fees.
- The PAP did not register the inclusion of questions asking about whether CSOs started charging fees for services rendered to other CSOs, began charging fees for services rendered to the government, or made specific plans to begin doing so. The team added these questions to the endline survey and included them in the index.

Secondary Outcome 2.4: Partnership-Seeking Behavior Index

- The PAP did not register questions asking about new partners and donors CSOs are seeking awards within the next 12 months. These questions were added to the endline survey and included in the index.
- The PAP registered a question asking about the number of new donors listed as having received awards or donations within the last 12 months. This question was not asked on the endline survey and was not included in the index.

Outcomes excluded from the analysis:

Secondary Outcome 2.4: Social Media Capacity Index: Number and Quality of Social Media Posts

- This information was difficult to extract from scraped Facebook data and was excluded from the analysis.

Secondary Outcome 3.6: Share of Revenue From Malign Sources

- No CSOs reported receiving any revenue from Russia or China at baseline or endline.

Primary Outcome 4.3: CSO Network Diversification

- Data cleaning for this outcome is ongoing and will be included prior to the submission of this report to the Development Experience Clearinghouse.

Primary Outcome 4.4: Civic Space Petition Signatures

- Cambodia's increasingly restrictive civic space environment made this task more difficult to implement. After endline scoping activities, the team decided to drop plans to collect data through a petition experiment.

APPENDIX E. BUDGET CATEGORIES

BUDGET CATEGORY	SUBCATEGORIES
Awards	
*The team defines an **award** as a sum of money received by an organization to facilitate the completion of a specific project or specific activities. This includes direct grants and subgrants, contracts and subcontracts, and other awards or subawards.*	• United States • Russia • China • Other foreign government donors or multilateral organizations • International NGOs and foundations • Domestic NGOs and foundations • RGC • Other
Donations	
*The team defines **donations** as gifts from a private individual, organization, foundation, or group that may take the form of money, goods, or services. Donations are given without expectations for actions in return and are not intended to fund a specific project. If donations include goods or services, the value should report the cost of those goods/services.*	• Foreign individuals • Foreign business • Cambodian individuals • Cambodian business • Anonymous/Other • International NGOs and foundations • Domestic NGOs and foundations
Earned income	
*The team defines **earned income** as income earned through commercial activity such as the sale of goods or services that is used to fund the organization's operations or activities.*	• Membership fees and dues • Fees paid by recipients of services rendered by the organization • Income from services rendered to the government • Income from services rendered to another NGO/community-based organization • Income from fundraisers or other special events • Income from the sale of goods and other commercial activities • Income from renting out property, vehicles, or equipment owned by the organization • Income from bank interest paid • Other
Expenditures	
*The team defines **expenditures** as any money spent to fund an organization's operations.*	• Employee costs (includes wages, benefits, and other payments) • Allowances and per diems for program beneficiaries • Project materials • Transportation costs

BUDGET CATEGORY	SUBCATEGORIES
	• Vehicle purchases • Rent for use of land or buildings • Purchase or mortgage of land or buildings • Payment for services rendered (translations, auditing, design) • Utilities (electricity, water, internet, cellular data, etc.) • Grants to other NGOs or community-based organizations • Paying interest on debt • Costs of personnel training • Costs of advertising • Costs for conference attendance or hosting • Computer software, systems, or security purchased • Other organizational expenses • Other program expenses
Assets	
*The team defines **assets** to include the value of any property owned by the organization. This includes the value of any buildings or land, vehicles, or equipment owned by the organization.*	• Value of land, buildings, or property • Value of equipment and machinery • Value of inventories • Value of vehicles • Value of financial assets • Other
Divestments	
*The team defines **divestments** as money earned from the sale of property, investments, or other durable assets. This includes the value of any builds or land, vehicles, or equipment owned by the organization.*	• Income from the sale of land or buildings • Income from the sale of vehicles • Income from the sale of equipment or machinery • Other

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