

RETA 5956

Identifying Disability Issues Related to Poverty Reduction

Cambodia Country Study

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ABBREVIATIONS

AAR-J	–	Association to Aid Refugees, Japan
ABC	–	Association of the Blind, Cambodia
ADB	–	Asian Development Bank
ADD	–	Action on Disability and Development
AFSC	–	American Friends Service Committee
AmCross	–	American Red Cross
CABDIC	–	Capacity Building for People with a Disability in the Community
CBR	–	community-based rehabilitation
CDPO	–	Cambodian Disabled People's Organization
CMAC	–	Cambodian Mine Action Centre
CT	–	Cambodian Trust
CWARS	–	Cambodian War Amputees Rehabilitation Society
CWD	–	Community Work with Disabled People
DAC	–	Disability Action Council
DPI	–	Disabled People International
HI	–	Handicap International
ICRC	–	International Committee of the Red Cross
ILO	–	International Labor Organization
IO	–	International Organization
JICA	–	Japan International Cooperation Agency
MOEYS	–	Ministry for Education, Youth and Sport
MOH	–	Ministry of Health
MOP	–	Ministry of Planning
MOSALVY	–	Ministry for Social Affairs, Labor, Vocational Training and Youth Rehabilitation
MWVA	–	Ministry of Women and Veteran's Affairs
NGO	–	nongovernment organization
NPCC	–	National Paralympic Committee of Cambodia
UN	–	United Nations
UNDP	–	United Nations Development Programme
UNESCAP	–	United Nations Economic and Social Commission of Asia and the Pacific
UNESCO	–	United Nations Educational, Social and Cultural Organization
UNICEF	–	United Nations Children Fund
VTC	–	Vocational Training Centre
WHO	–	World Health Organization
WVI-C	–	World Vision International-Cambodia

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FOREWORD AND ACKNOWLEDGEMENTS

On March 8, 2002, the Foundation for International Training (FIT) entered into a contract with the Asian Development Bank (ADB) to provide technical assistance through RETA 5956, "Identifying Disability Issues Related to Poverty Reduction." The objectives of the Project were to:

- (i) familiarize developing member countries (DMC) with the ADB's overarching objective of poverty reduction and other related ADB policies to help address the vulnerability and poverty situation of people with disabilities;
- (ii) identify and analyze the DMC's national policies, programs, projects and initiatives concerning disabilities and poverty to be used as a basis for action plans;
- (iii) provide a forum for ADB, Government and people with disability groups/organizations to identify and discuss the needs and concerns of people with disability, particularly those related to poverty; and
- (iv) develop a disability checklist for the ADB.

The project was carried out in four countries: Cambodia, India, the Philippines and Sri Lanka. In each country, FIT mobilized a two-person team of multi-disciplinary specialists in disability and poverty reduction policy and participatory development. These local consultants carried out the research, documentation, and policy activities at the country level. The results of this work are documented in Country Study Reports and Recommendations prepared for each country.

The Project was led by an international team leader, Dr. Lorna Jean Edmonds. Dr. Edmonds provided invaluable guidance and direction in the structure and development of the country study reports. This Country Study Report was produced by Mr. Son Song Hak, the Project's Disability and Poverty Policy Specialist for Cambodia. Mr. Hak was assisted by a Participatory Specialist, Mr. Sidevil Lim. Together Mr. Hak and Mr. Lim organized a series of provincial and national-level workshops; the recommendations that emerged from this process form an integral component of this Country Study. This work benefited from support and cooperation from the Ministry for Social Affairs, Labor, Vocational Training and Youth Rehabilitation. The editing of the Country Study Report and Recommendations was carried out by the team at FIT led by Ms. Michelle Sweet, Project Manager.

COUNTRY BRIEF

A. General Data

- Capital : Phnom Penh with population of 997,986
- Official Language : Khmer
- Currency : riel (1USD 3900)
- Surface Area : 181 035 Sq. Km.
- Population : 11 300 000
- Population annual growth rate of : 2.49 percent

B. Demography

- Annual growth rate : 3.5 percent (1990-2000)
- Density : 62 hab/Sq. Km.
- Urban population : 15.6 percent
- Rural Population : 84.4 percent

C. Economic Indicator

- GNP per capita : n.a.
- GDP per Capita : \$268

D. Health

- Infant mortality rate per 1000 live birth (1995-2000): 103
- Life expectancy at birth: M 53. 4 years / F 58.5 years
- Total expenditure on health as percentage of GDP: 72 percent, (est.)
- Total expenditure on Health per capita at official exchange rate: 18 USD (est.)
- Overall health system performance (in WHO World Health report 2000) rank 174

E. Disability Statistic

- Approximately 1.4 million or 15 percent of the total population

F. Population Below National Poverty Line

- 35.9 percent of the total population

G. Distinct Country Issues

- Cambodia is a post-war country now experiencing peace and stability.
- The war and armed conflict has left Cambodia a very poor country with a large number of vulnerable groups in society.
- Millions of landmines remain hidden underground and continue to kill and maim Cambodian civilians
- Human resources and capacities are underdeveloped as a result of the destruction of educational structures during the war and the Khmer Rouge regime, which ruled Cambodia during 1975-1978.
- Cambodia is currently led by a young Democratic Government, which is now addressing the challenges of development and economic growth.

H. Source

- l' Etat du monde 2001, La D'couverte, figures for 1999
- World Health Report 2001, WHO Figures for 2000 and 1998
- United Nations and Disabled Persons, Bangkok, 1999
- Ministry of Planning, (2000) A poverty for Cambodia, 1999 (draft)

I. INTRODUCTION

1. In 1999, the Asian Development Bank (ADB) adopted poverty reduction as its overarching goal. This goal is highly relevant with respect to addressing disability issues, including the prevention of the causes of disability, generation of appropriate support services and structures, the equalization of opportunities for people with disability to contribute to poverty reduction, and social and economic development. In 2001, the Social Protection Strategy was approved to address the needs of the most vulnerable, including people with disabilities.

2. The purpose of the Asian Development Bank's (ADB) Regional Technical Assistance project "Identifying Disability Issues Related to Poverty Reduction" is to assist four selected developing member countries (DMCs), Cambodia, India, Philippines and Sri Lanka to develop country strategies and action plans, and for ADB to develop recommendation for a regional approach to mainstreaming disability issues within their programs for poverty reduction and social development. This will strengthen the capacity of the DMCs for implementation of the same.

3. In Cambodia the project obtained support from the government through the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MOSALVY) through the provision of office space and staff involved with the project. The consultation process started at project inception in April 2002. A total of two provincial workshops were held in May and June to investigate and document the experiences and issues of people with disabilities. An assessment of the current institutional framework and stakeholders' capacity to mainstream disability issues in the poverty reduction programme was also included in this work. The outcomes of this process were presented at the National Workshop held in July 2002. (*Outcomes attached as Appendix Two*)

4. Over 100 people participated in the consultation process. These groups represented 16 ministries, 28 United Nations and international agencies and NGOs, national institutions, the Disability Action Council (DAC¹) and 12 representatives of people with disabilities at the national and provincial levels, who have drawn on their experiences and analysis relating to disability and rehabilitation.

5. The contribution of this report is the profiling of the major factors impacting on the life of the persons with disabilities as a result of a countrywide investigation. The participatory process used to carry out this work ensured that this Report and the Recommendations also reflect the experiences and advice of key stakeholders, particularly persons with disabilities. Collectively, this Report and the process completed have served to focus our attention on the imperative for addressing disability issues in national and ADB-led poverty reduction and growth strategies.

¹ Disability Action Council acts as the National Task Force or the National Coordination body concern disability and rehabilitation.

II. COUNTRY NEEDS: POVERTY PROFILE

A. Background

6. Cambodia's recent history of war, conflict and international isolation has contributed to its current economic status as a least developed country, and to the large number of people with disabilities, widows, and orphans. The breakdown of many basic social services and the destruction of national infrastructure, the lack of basic health and food security, and the absolute poverty of the majority of its citizens (35.9 percent of the population), have left the country with a large number of vulnerable groups. The recovery process is hampered by the developmental problems associated with extreme poverty.

7. After more than two decades of war, over ten million anti-personnel landmines and unexploded ordnances (UXO) have been left in Cambodia, which have killed and maimed thousand of children, women and men. Although mine awareness and clearance activities conducted by the Cambodian Mine Action Centre (CMAC²) and several other non-governmental organizations, hidden-weapons still continue to kill and maim Cambodians everyday. The statistics from the Cambodian Red Cross reveal that from 1979 to June 1999 an average of 200 Cambodians a month had been maimed. The injuries caused by landmines continue and approximately 60 people are injured each month. The majority of these lose at least one limb. It is also estimated that there are approximately 45,000 amputees in Cambodia, or one in 226, the highest number in the world caused by this dreadful weapon alone.

8. Cambodia is currently experiencing a new phase of peace and stability. The current government was legitimized and internationally recognized through the 1998 national elections. As a result, Cambodia has been accepted as a full member within the Association of South East Asian Nations (ASEAN), which is expected to increase opportunities for exchanges and interaction with neighbouring countries. This progress towards political stability is reflected by corresponding internal economic growth. However, despite these positive changes, Cambodia remains in a post-war recovery phase and reconstruction activities are proceeding slowly. The scale of destruction resulting from decades of catastrophic civil war is devastating, and its legacy persists in the human, civil, economic and cultural fabric of Cambodian society. Moreover, the rapid economic growth, which has resulted from the abrupt introduction of a market economy, has created a marked imbalance, widening the gap between the rich and the poor³.

9. According to the results of the General Population Census, in March 1998 Cambodia had a population of 11.43 million people with an annual growth rate of 2.49 percent. Females represent 51.8 percent of the population. There are 2.18 million households, of which 0.55 million or 25.7 percent are headed by women. The number of economically active persons is 5.1 million, of which 51.6 percent are females. Unemployment rates are higher for females: 5.9 percent against 4.7 percent for males. Urban areas record unemployment rates that are higher than those for rural areas.⁴

10. Over 84 percent of Cambodians are based in rural areas, where 3,400,000 people (40 percent of the population) live below the poverty line. Of the 15 percent of the population living in urban areas, 24 percent or an additional 360,000 live below the poverty line. In 1994, the First

² Cambodian Mine Action Center

³ Interim Poverty Reduction Strategy Paper, Royal Government, 2001

⁴ Ministry of Planning (1999). General Population Census of Cambodia 1998: Final Census Results.

Socioeconomic Development Plan defined the poverty line in Phnom Penh as being \$145 per month for a family of 5 people. The rate was considerably less for the rural areas, and there was a large disparity between rural and urban incomes. If one takes poverty as a guideline to vulnerability, 38 percent of the population could be classified as vulnerable. According to the Poverty Profiles of Cambodia, 1999, the headcount poverty rate was 35.9 percent. Poverty estimated for 1999 are not comparable with 36.1 percent estimated for 1997 as the 1997 Poverty Profile made upward adjustments to impute health and education expenditures and rental values for dwelling (unadjusted poverty estimate for 1997 would reflect a headcount index of 47.8 percent⁵).

B. Socio-economic Situation of People with Disabilities

1. Statistical Information

11. The Cambodia Socio-Economic Survey 1999 by the Ministry of Planning shows that illness and diseases had been the principal cause of disabilities in Cambodia. Congenital disability is reported as the second most important cause of disability in the country. Landmine explosions were the cause of disability of 10.8 percent of the population of Cambodia. The cause of disability of more than one out of 10 in the country as a whole is reported as war or conflict. More than three times as many males as females have been disabled by the combined causes of landmines war and conflict.

12. A number of assessments of the situation of people with disability in Cambodia have been carried out, but they were mostly confined to issues related to the planning needs of the specific organizations that conducted the studies. Many of these assessments, including those carried out by MOSALVY have based their findings on the 1998 census, which indicated that of the total population of 11,300,000 in Cambodia, 220,000 are physically disabled. This does not include persons with intellectual disability.

13. The ADB's "Study on Skills Training as a National Strategy for Poverty Reduction in Cambodia" reported that by conservative estimates, approximately 9.8 percent of the people of Cambodia have significant physical or intellectual disabilities that limit their abilities to function independently on a daily basis. This grim statistic means that Cambodia has one of the highest rates of people with disabilities, on a per capita basis, in the world. The breakdown of essential services and the presence of landmines are the legacies of more than 20 years of conflict in the country and the causes of the continuing high incidence of disabling conditions.

Cambodia has an extremely high proportion of people with disabilities. Out of approximately 10,200,000 people, there are 100,000 whose mobility is impaired. Of this number, roughly 40,000 are amputees and 60,000 have been disabled as a result of polio. There are also an additional 100,000 blind Cambodians and an estimated 120,000 who are deaf. This makes a total of 320,000 Cambodian who have a serious physical disability and represents 3 percent of the population.

Using the international average to make a rough estimate based on Cambodia's population of 10,200,000, this means that there would be between 204,000 to 257,000 children with intellectual disabilities, 20,400 to 40,800 people suffering from severe mental illness, 153,000 to 408,000 people with epilepsy, and 306,000 to 530,000 people who have significant personality disorders. Taken as a whole this means that in Cambodia at a minimum there are 1,003,400 or 9.8 percent of the population who have significant physical or mental disability which affects their ability to function independently on a daily basis. Both physical and mental disabilities carry a stigma as they are considered to be a punishment of the past sins. Cambodians with disabilities are amongst the poorest in any community unless they have a family that is both willing and able to support them⁶.

⁵ Interim Poverty Reduction Strategy Paper, Royal Government, 2001

⁶ Dana Peebles, *Women and Vulnerable Groups Strategy Planner*, 1997.

14. Based on the most recent finding, a survey in Cambodia made by United Nations and Disabled Persons⁷ estimated that people with disabilities comprise about 1.4 million or 15 percent of the total population of Cambodia.

15. However, it should be noted that all figures⁸ provided for disability are estimates. To date there has been no single satisfactory study that provides an accurate figure for the number of people with disabilities in Cambodia, and a variety of different studies have provided these different figures. This is in part due to the inadequate registration of people with disabilities and *all figures should therefore be viewed with caution.*

2. General Situation

16. Persons with disability are perceived in Cambodian culture and Buddhist religion as social handicaps. The loss of physical or mental capability is regarded in relation to the individual's destiny, and may be considered to be the result of faults accumulated in previous lives. This often results in a sense of guilt and social stigma that increases the exclusion experienced by most persons with disabilities. People with disabilities are marginalized within Cambodia and are often excluded from community development by their own communities. Although there are many NGOs working in the disability sector most are focused on rehabilitation, but do not assist people with disabilities to identify the main causes of their situation, and encourage them to find their own solutions. A sense of hopelessness, loneliness and a lack of affection from families, relatives and friends, compounded by isolation are common problems among persons with disabilities in Cambodia. Even those with the capacity and skills to enter mainstream society are generally not provided the opportunities to do so and often resort to begging, and/or become alcoholics and engage in anti-social behavior.

17. People with disabilities are one of the most vulnerable and poorest groups in Cambodian society. People with disability are generally the poorest among the poor with very limited access to basic social services, education, skills or vocational training, job placement, and income generation opportunities, thus exacerbating their poverty. Many organizations view disability as a condition of occupational disadvantage that can and should be overcome through a variety of policy measures, regulations, programmes, and services.⁹

18. Disability legislation is the top priority of the disability sector in Cambodia. Legislation is crucial to promote the full participation and equality of persons with disabilities. Rights-Based Legislation emerges from the recognition that people with disabilities have the same rights as persons without disability. Therefore, the law must protect the basic rights of persons with disability for a life with dignity (ESCAP: Legislation in Equal Opportunities and Full Participation in Development for Disabled Persons, 1995).

19. The need to remove social stigma to allow the full reintegration of people with disabilities into Cambodian society is a long-term issue, which will require a coordinated and global approach. The approach must not only aim to remove the causes leading to disability, but must also strengthen training and work opportunities for persons with disabilities and increase their social rights, acceptance and dignity. Reintegration must involve empowerment of people with disability so that they may fulfil their own potential and contribute to the rebuilding of their

⁷ United Nations and Disabled Persons, Bangkok, 1999.

⁸ Due to different statistical findings of the disabled population in Cambodia, it's important to provide in this report the figures from the three sources, RGC, ADB study and UN.

⁹ Study on Persons with Disabilities (Cambodia), supported by JICA, DAC Secretariat, Feb 2001.

country. Recent government interest in the issue will assist in institutionalising the approach to the reintegration of people with disability. Among persons with disabilities, some groups have been more marginalized than others, including women and girls and children with disabilities.

20. One key factor in the reintegration of people with disabilities is education. Education is a human right and a basic need. In Cambodia, however, education in general has suffered greatly from political, social and economic turmoil. The Khmer Rouge Regime was responsible for the almost complete destruction of the education system. Efforts over the past two decades have focused on emergency relief--opening schools and the training and deployment of teachers. It was only towards the end of the last decade that the transition from emergency relief to reconstruction and development began.

21. Education for all persons in Cambodia is imperative. For people with disabilities formal and non-formal education are among the most essential services for child survival and development; education is also a vital means of empowerment and self-help. As a signatory to the UN Convention on the Rights of the Child the Royal Government of Cambodia has a legal obligation to provide education opportunities for children with disabilities. The Ministry of Education, Youth and Sports has made a policy commitment to attain Education for All by 2010. This commitment implicitly covers children with disabilities.

22. It is recognized that education is critical for all persons in Cambodia. The current situation of limited capacity and inadequate resources in the general education system, particularly in rural areas, has resulted in many children being excluded from education altogether, resulting in a high illiteracy rate and low skills. This is particularly the case among children with disabilities who are the most vulnerable to exclusion. This situation has contributed to a further reduction in employment opportunities for people with disabilities.

23. Cambodian schools and teachers are not equipped to teach children with disabilities. Therefore disabled children are often kept away from school by their parents or are told by their teachers not to attend and their future becomes doubly limited. Their sense of self-confidence and subsequent ability to access services that do exist for them once they become adults will also be limited. This is particularly critical in terms of non-formal vocational and skills training programs, as people with disability with little or no education do not have ready access to the very programs and services designed to help them overcome these problems. It also leaves them dependent on the good will of their relatives and village leaders or on the proactive efforts of community rehabilitation and other development workers to locate them and to find out if they are interested in or able to take advantage of skills training programmes.¹⁰

24. To date, programmes to promote education for people with disabilities have been limited to those implemented by NGOs and agencies focusing on children with disabilities. A very limited number of special schools and classes exist, as do some community-based initiatives. Collectively these services only provide education for a very small minority of disabled children and are concentrated mainly in urban areas. The programmes provide almost exclusively for children with physical disabilities and sensory impairments. A very small number of children with disabilities are included into the mainstream education system, as the present school environment does not facilitate their integration.

¹⁰ Dana Peebles, *Women and Vulnerable Groups Strategy Planner, 1997.*

*Children with Disabilities have the right to
"an education that develops his or her personality, talents, mental and physical abilities to the fullest"
UN Convention on the Rights of the Child*

25. A major factor restricting the full participation and equality of people with disabilities is the prevalence of perceptions and practices that prevent them from functioning as full members of society. Often the abilities of people with disabilities are not recognized. They face social and economic marginalization, discrimination, and have very limited access to resources. Therefore, they find their opportunities for full and equal participation limited. Public awareness, outreach and mass education campaigns, as well as efforts to mobilize the private sector and communities to support the eradication of discrimination, are almost non-existent.

26. Skills training, income generation and job placement are important factors in the rehabilitation of people with disabilities. In Cambodia people with disabilities typically come from the poorest segments of society. For these persons with disability the ability to secure income for themselves and their families is their highest priority. Income generation for persons with disabilities not only contributes a sense of dignity and self-confidence, but is directly linked to poverty reduction and social development.

27. Cambodia's built environment contains many obstacles for people with disabilities. The majority of public buildings have inaccessible entrances and exits. Toilets are usually located upstairs in small cubicles and never have supporting handles. Some of the larger hotels have accessibility features such as lifts, wide doors and corridors. However most smaller hotels and guesthouses are inaccessible. Problems are similar in hospitals and schools. Higher-level institutions typically have several flights of stairs. Features that should be accessible include entrances, exits, door handles, handle rails, floor surfaces, corridors, toilets, escape routes, elevators, and staircases. External environment barriers include obstructions on footpaths, uneven or no footpaths, street vendors and cars on footpaths, no kerbed ramps, steps, etc.

28. Awareness of accessibility for people with disabilities is minimal outside of organizations working on the promotion of the rights of people with disabilities. However, some adaptations to the built environment and the external environment can be achieved at a minimal cost with creative thinking and careful consideration given to people's needs. People with disabilities experience difficulties in moving around the numerous obstacles of the built environment on a daily basis. Therefore, people with disabilities and organizations representing them should be consulted from the early planning stages.

29. The prevalence of preventable diseases is often linked to poverty. Poor living conditions, economic situation, family size, the caregiver being the income earner and seasonal shortages of food compound access to health services. Often a lack of money and education prevents people from making decisions to avoid or manage their health problems. Women in some parts of the region have little or no access to basic medical care during pregnancy, childbirth and post delivery. This can lead to risks for mother and child, possible complications and disease and disability. It is estimated that worldwide 10 percent of children are born with or acquire a disability. Children in Cambodia are at risk of disabilities preventable by vaccination, such as measles, neo-natal tetanus and poliomyelitis. Malnutrition is widespread, often resulting in Vitamin A deficiencies, iodine deficiencies, and other nutrient/protein deficiencies. For some the problems of malnutrition begin before birth thus disadvantaging people early on in life. Tuberculosis too is a public health concern, with Cambodia having one of the highest transmission rates in the world, in addition to HIV/AIDs and malaria.

30. Education, awareness and promotion of protective measures against landmines, traffic and industrial accidents are essential to the prevention of injury or disability. Community-based mine awareness programmes can help to equip people with the information and skills to recognize danger and to minimize the risk of injury due to mines. Reducing the number of weapons and the practice of using weapons is a major step towards preventing accidents that cause disability or death. As the roads in Cambodia improve, the speed at which vehicles travel increases, hence an increase in danger for the motorists, cyclists and pedestrians and a need for education on safety and protective measures. More widespread provision of protective clothing, safety glasses, earplugs and masks in the workplace would also reduce the risk of job-related accidents and injury.

31. Cambodia became a signatory to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, also known as the Mine Ban Treaty, in Canada on 3 December 1997.

Cambodia Poverty Profile for 1999

Cambodia is a very poor country with GDP per capita at only \$268 in 1999 and with other non-income indicators of poverty comparing poorly with those in other countries in the region. The Poverty Profile of Cambodia, based on 1999 data, shows that an estimated 35.9 percent of the population is poor and the poverty rate is higher in rural areas (40 percent), which is four times higher than poverty in Phnom Penh (10 percent). Rural households, especially those for whom agriculture is the primary source of income, account for almost 90 percent of the poor.

The poor are more likely to live in households that are larger. Poverty incidence increases from 24 percent for a household of 4 people to 45 percent for one with 10. Poorer households also tend to have a larger share of children. Poverty incidence increases from 27 percent for a household with one child to 49 percent for a household with more than 3 children.

Poverty rates rise with age, reaching a maximum for the 36-40 year old group of household heads, and then declining. The relatively lower poverty rate for people living in households whose head is aged 50-60 years and above may reflect the wealth accumulation that this elderly head has achieved or it could be there is a younger generation within the household whose economic success is sufficient to allow them to support their elders within the same household.

One of the legacies of war and armed conflict in Cambodia is the relatively large proportion of the population is living in female-headed households (17 percent). However, there is no difference in poverty rates between male and female-headed household, although women experience poverty more acutely than men because of their multiple burdens of child rearing and care and household work, work to earn income, and also involvement in community activities. Moreover, female-headed households are at a disadvantage over those living in male-headed households in the urban areas. Women's experience of poverty have had consequences such as intergenerational transfer of poverty to children, especially girls, substitution of women's work by young girls in household maintenance, low investment in the education and health of the girl-child, particularly if a trade-off has to be made against the survival needs of the household.

Those who are poor because of the war or landmine-related disability of their household head are among the poorest of the poor in Cambodia. They are a group of the poor deserving of special attention because their standard of living falls below the poverty line and their capacity for participating in economic activities is limited by disability.

Source: Ministry of Planning (2000). A Poverty for Cambodia, 1999 (draft)

III. REVIEW OF LEGISLATIVE AND POLICY FRAMEWORK

A. Disability Legislation

32. At present, Cambodia has no legislation on disability. Based on recommendations of the Task Force, May 1996, the DAC Legislation Working Group, comprised of representatives from various NGOs and MOSALVY and led by the Cambodian Disabled People's Organization (CDPO), was established to develop a draft law.

33. Following the working draft in the year 2000, a Consultative Working Group was formed with the representatives of ministries, organizations of people with disability, and people with disabilities. It was then suggested to form an Expert Working Group for redrafting the legislation in keeping with the process of legislation development in Cambodia. The draft was completed and put forward to MOSALVY as the responsible Ministry in July 2000 for further consideration and action before submission to the Council of Ministers. The National Assembly and Senate will adopt the draft legislation. The law will give MOSALVY and the DAC the responsibility for disability action planning, management of people with disabilities, provision of services for people with disabilities, rehabilitation and employment, and monitoring and inspections in co-ordination and consultation with other involved ministries and organizations. The draft legislation also calls for preparation of sectoral management plans by various ministries in co-operation with MOSALVY and the DAC.

34. A new Working Group is established under the official letter of MOSALVY comprised of four members from MOSALVY, including two senior staff; an Advisor to the Minister; one representative from CDPO; and one from DAC. A Cambodian legal expert was recruited to provide legal and technical guidance during the process. The Working Group was given a mandate to review and revise the draft as well as to follow up with the process until the legislation is discussed and adopted by the National Assembly and the Senate. The work at the Ministry level was completed during the first week of May 2002, and the Group hopes to submit a final draft to the Council of Ministers before the end of 2002. The Legislation is comprehensive, covering specific areas such as quality of life, rehabilitation, health and the prevention of disabilities, accessibility, education, training and employment, incentive programs, elections, etc. (*Draft of the legislation is attached as Appendix One*).

35. The draft law is designed to provide a set of practical approaches to deal with some of the numerous problems facing persons with disabilities in Cambodia. Many other provisions could have been included and some provisions could be strengthened. However, given the very limited human and financial resources of the Government, the proposed draft law aims to be practical and workable. The law will be a first step in a long-term process of developing a law that fits the current situation in the country.

B. National Policy

1. Mandate of the Government

36. The **Constitution of the Kingdom of Cambodia** states that *“every Khmer citizen shall be equal before the law, enjoying the same rights, freedom and fulfilling the same obligations regardless of race, color, sex, language, religious belief, political tendency, birth origin, social status, wealth and other status”*. (Section of Article 31 of the Constitution)

2. Formal Obligations of the Government

37. The Government of the Kingdom of Cambodia signed and recognized the following treaties, conventions and declarations. They relate either directly or indirectly to the rights of people with disability.

- UN Universal Declaration of Human Rights
- United Nations Convention on the Rights of the Child (1989)

38. Since October 20, 1994, the Royal Government of Cambodia has become a signatory to the United Nations Economic Social Commission in Asia and the Pacific (UN-ESCAP) Decade of Disabled Persons, 1993-2002 along with a commitment to implementing the World Program of Action Concerning Disabled Persons, UN Resolution 37/52, 1982 and the United Nations Standard Rule on Full Participation and Equality of Opportunities for Disabled Persons, December 1993. The Declaration states that the Royal Government of Cambodia has agreed to adopt the United Nations principles. More particularly, it has thus committed to implement the Agenda for Action of the UN-ESCAP Decade.

3. Moral Obligations of the Government

39. The year 1981 was declared the International Year of Disabled Persons by the United Nations. At the end of that year the UN adopted the **World Programme of Action Concerning Disabled Persons** (UN General Assembly, 37th Session, 1982, Resolution 37/52) during the UN Decade of Disabled Persons (1983 – 1992). The World Programme of Action aimed at the promotion of effective measures for the prevention of disability, rehabilitation and the realization of equal opportunities for persons with disabilities¹¹.

40. The United Nations facilitated the drafting of the **Standard Rules on the Equalization of Opportunities for Persons with Disabilities**, which were adopted by the UN General Assembly in December 1993 (48th Session, 1993, Resolution 48/96). The Standard Rules constitute a set of objectives implying a strong political and moral commitment by the State to take action for the equalization of opportunities for persons with disabilities. They also propose the establishment of a mechanism for the close collaboration between the State and organs of the UN, NGOs, and Disabled Persons Organizations.

41. Other moral obligations for State, which partly concern the rights and responsibilities of persons with disability, can be found in the **UN Convention on the Elimination of All Forms of Discrimination against Women** and the **UNESCO World Declaration on Education for All**.

42. The Ministry of Social Affairs, Labor and Veterans Affairs (MSALVA), the present MOSALVY has been mandated by the Royal Government to lead and manage social affairs, labor, vocational training, and youth rehabilitation in Cambodia. One of the main tasks of MOSALVY is to prepare guidelines and regulations for the protection and the welfares of Cambodian persons with disability. It also coordinates rehabilitation services for all categories of persons with disability.

43. In 1995, MSALVA initiated a joint ministry-NGO process to develop a National Strategy for the continuation, development and coordination of appropriate programmes and services in the sector. The initiative was called the National Task Force on Disability. A crucial step for the Task Force was the development of fourteen “Guiding Principles” as overall guides for developing a national strategy for the sector. The Task Force determined that adherence to these basic principles would help ensure coordination and forward movement with the sector, and prevent overlap and conflicting programmes that might otherwise develop from 53 separate agencies working with a common target groups.

¹¹ Disability Action Council, Strategic Directions for Disability and Rehabilitation Sector in Cambodia, Feb, 2001.

C. Country Poverty Reduction Strategy

44. Reducing poverty in Cambodia is the primary development objective of the Government of Cambodia, as poverty is economically wasteful, morally unacceptable and socially divisive. The Royal Government of Cambodia has declared its commitment to making a concerted and sustained national effort to poverty reduction so that all Cambodians, including vulnerable groups, can reap the benefits of economic growth and participate in the development process. Rapid poverty reduction is seen as an integral part of the process of national reconciliation and cultural renewal and key to the maintenance of political and social stability.

45. The government recognizes that faster economic growth alone may not be enough to significantly reduce poverty in Cambodia because of the large and growing inequalities associated with observed growth patterns. The poor of Cambodia include many people who are at risk of being left behind as the economy grows. **This includes persons with disabilities, the aged, the landless and the unemployed**, as well as subsistence farmers and particular groups among the urban poor. Gender biases and illiteracy increase the likelihood that many of the poor will be unable to participate in economic growth. As poverty reduction in Cambodia depends on the nature of the growth path and what types of incomes are raised, the ability of economic growth to create jobs, particularly for the disadvantaged, is of critical importance. It is equally important to continue programmes aimed at providing direct support and protection for the poor such as the World Food Program's (WFP) Food for Work projects and the government's emergency food targeting schemes.

46. At a National Workshop, held in May 2000 to launch the preparation of the Second Socio-Economic Development Plan 2001-2005, Prime Minister Samdech Hun Sen stated that the Royal Government's main poverty reduction strategy is geared to achieving (i) Long-term, sustainable economic growth at an annual rate of 6 to 7 percent; (ii) Equitable distribution of the fruits of economic growth between the have and the have-nots, between urban and rural areas and between the two opposite sexes; and (iii) Ensuring sustainable management and utilization of environment and natural resources. The Government's strategic motto is "Poverty reduction through high economic growth over the long term by ensuring environmental sustainability and social equity".¹²

47. The Royal Government's Political Platform for the Second Term 1998-2003, presented by Prime Minister Hen Sen in November 1998 to the National Assembly, spelled out the parameters of domestic, defense, foreign, economic and social policies. The principal guidelines of the social policy is to strengthen the country's capacity in terms of human resource development, improving the health status of the population and widening access to economic opportunities for poor and vulnerable groups including people with disabilities, orphans, widows, women in crisis and homeless people.

48. The objectives of the government's economic policy are to promote sustainable development, maintain macroeconomic stability and foster durable management of natural resources. The economic platform sets the following four main goals:

- accelerate economic growth to improve the living standards and create employment for the population;
- maintain price and exchange rate stability, and a single-digit inflation;
- promote exports to reduce unemployment and trade deficit; and

¹² Royal Government of Cambodia, Interim Poverty Reduction Strategy Paper, Oct. 2000.

- reduce poverty of the population.

49. The Government's economic reform program is geared to ensure macroeconomic stability, strengthen the banking and financial system, undertake fiscal reform measures, establish a sound management of public property and increase public investment in the area of physical and social infrastructure, promote private sector development, and develop human resources. The government's economic objectives are centered on poverty alleviation and sustainable economic growth and are clearly stated in the Policy Framework Paper (PFP) prepared in October 1999. The key elements of the strategy are:

- strengthening revenue collections and enhancing the transparency of fiscal operations, combined with reforms of the civil service and military;
- increasing public investment with a view to rehabilitating the country's poor social and physical infrastructure, and shifting spending priorities to health, education, agriculture and rural development; and
- strengthening legal framework and economic institutions¹³.

50. A comprehensive National Strategic Direction for Disability and Rehabilitation Sector has been developed by Disability Action Council (DAC) in February 2001 as a result of several discussions during meetings and workshops by the specialized and technical committees as well as the Government Departments concerned with disabilities. The document has been developed based on the following principles¹⁴:

- Constitution of the Kingdom of Cambodia
- UN Universal Declaration of Human Rights
- UN Convention on the Rights of the Child (1998)
- ESCAP Implementation of the Agenda for Action for the Asian and Pacific Decade of Persons with disability (1993-2002)
- UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities
- UNESCO World Declaration on Education for All
- Guiding Principles of the Task Force on Disabilities Issues (1996)
- Recommendations of the Task Force on Disabilities Issues (1996)

51. It is important to note that this strategic direction has not been recognized by the government. DAC continues to seek this recognition.

52. MOSALVY has indicated that, for the foreseeable future, the strategic approach of the Cambodian government regarding disability issues will be as follows:

1. Government Role

- Consultation with institutional stakeholders and coordination agencies;
- Overall policy development;
- Legislation development;
- Standard setting;
- Compliance, Monitoring, Evaluation; and
- Very limited service delivery.

¹³ Royal Government of Cambodia, Interim Poverty Reduction Strategy Paper, Oct. 2000.

¹⁴ Disability Action Council, Strategic Directions for Disability and Rehabilitation Sector in Cambodia, Feb, 2001.

2. Third sector (NGO) role

- Consultation with institutional stakeholders and coordination agencies;
- Consultation with service users; and
- Service delivery.

3. The Minister stresses that this approach is informed and driven by:

- An evolving government policy preference that service delivery should be provided by the third sector as a matter of principle; and
- Ongoing, pragmatic and financial realities that make it impossible to secure adequate, government funded service delivery without the fullest possible participation of the third sector, and the increasing realization that the government may never be in a position to provide all the services that are required under UN-ESCAP.

D. National Coordination (National Task Force)

53. The Disability Action Council (DAC) was created in late 1997 to replace the National Task Force on Disability as a permanent National Coordination Body to coordinate, initiate and secure services necessary for people with disabilities to enjoy equal rights and obligations as well as opportunities and quality of life as others in the community.

54. The DAC is a national coordination body made up of representatives from the government, the disability and rehabilitation sector, national and international organizations as well as organizations of persons with disability. Currently the Government is represented through the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation, the Ministry of Education, Youth and Sports and the Ministry of Health.

55. The DAC has the mandate, the neutrality and the representation of all key participants in the field of disability and rehabilitation that is required to effectively and efficiently undertake this vitally important co-coordinating role. The DAC acts in a professional advisory capacity in relation to government and policy-makers on all issues affecting the well being of people with disabilities. It also serves as a national focal point on disability matters to facilitate the continuous evolution of a comprehensive national approach to rehabilitation, equalization of opportunities and prevention of disabilities.

- **DAC's Vision:** Individuals and society recognize that persons with disabilities (PWDs) have equal rights and obligations as citizens of the Kingdom of Cambodia. PWDs are given equitable opportunities to participate in society, based on their abilities, enabling them to lead a life free of discrimination.
- **DAC's Mission** is to initiate, secure and co-ordinate the services necessary for PWDs to enjoy equal opportunities for employment, their full rights and quality of life as others in the society.
- **DAC's Role** is to bring government, national and international agencies, as well as business, religious and local communities together with PWDs to develop, implement, monitor and evaluate a National Plan of Action for the Disability and Rehabilitation Sector. It also provides an ongoing forum where debate can take place and consensus can be reached on how to achieve the evolution of the sector.

56. The DAC works mainly through its technical and specialized committees and working groups. These committees comprise members from relevant ministries, NGOs and representatives of persons with disabilities and cover various aspects of work with and for people with disabilities in the field of disability and rehabilitation. The DAC Secretariat is executing on behalf of the DAC and plays a vitally important role in coordinating, facilitating, negotiating and networking between technical and specialized committees/working groups, affiliated agencies, and donor agencies to optimize the resource and quality of services for people with disabilities in Cambodia. It also provides administrative and technical support services as well as meeting facilities to all committees, sub-committees and working groups of the DAC¹⁵.

IV. DISABILITY ORGANIZATIONS AND DEVELOPMENT AGENCIES

A. Role of the Sector in Poverty Reduction

57. Mainstreaming disabilities issues can be a key and cost-effective element in reducing poverty. Therefore the disability and rehabilitation sector plays the most important role in promoting multi-sectoral collaboration for mainstreaming of people with disabilities in all activities in society. Promoting equal opportunities includes the following elements: legislation and policy; attitudinal changes and public awareness initiatives; access to rehabilitation services and assistive devices; promoting barrier free environments; education, training and employment; national co-ordination; and self-help organizations of people with disabilities and supporting government ministries and NGOs. Effective enforcement and implementation of these components will contribute to addressing the needs of people with disabilities.

B. Review of Existing Programmes

58. There are a considerable number of organizations providing services for persons with disabilities that cover most of the 12 areas set out in the **World Programme of Action Concerning Disabled Persons**¹⁶. However, geographical coverage as well as the types of disabilities addressed remains limited. In the absence of policy guidelines and long-term investment plans for the sector, the Government of the Kingdom of Cambodia has so far had a modest role in the development of programmes. Furthermore, disability issues remain restricted to the Ministry of Social Affairs, thus neglecting the multi-sectoral nature of disability concerns. Below are the list of programmes and providers given by Strategic Direction on Disability and Rehabilitation, DAC.

1. Information and Database

59. Most organizations providing services to persons with disabilities collect their own data. This data collection mainly serves the needs of specific projects covering particular types of disabilities, services and geographical areas. Therefore, the different databases do not provide information that can be easily compared. In addition, information on certain types of disabilities is altogether missing, such as information on intellectually persons with disability. Recently,

¹⁵ Disability Action Council, Strategic Directions for Disability and Rehabilitation Sector in Cambodia, February, 2001.

¹⁶ 12 policy areas include: national coordination, legislation, information, public awareness, accessibility and communication, education, training and employment, prevention of causes of disability, rehabilitation services, assistive devices, self-help organizations and regional cooperation.

efforts have started to improve the co-ordination of data collection and to make databases compatible¹⁷.

60. The “Socio-Economic and Behavioral Pilot Survey on the Situation of Disabled Persons in Cambodia” included efforts to establish a disability database independent of a specific service or project. The first phase of the study was carried out in 1999 in the provinces of Bateneay Meanchey and Kampong Spue, with a second phase in 2002 in Kampong Spue. This study was coordinated by the DAC Secretariat in collaboration with the DAC’s Disability Data Base Steering Committee and the MOSALVY with support from UNICEF.

61. While information and databases on disability remain insufficiently developed in Cambodia, two types of databases are available at DAC. Firstly, demographic databases contain information on the types and prevalence of disabilities as well as on the socio-economic situation of persons with disabilities. The second type collects information on services available to persons with disabilities and matches the needs of persons with disabilities with these services. Efforts are being made to expand both types of databases as well as to establish new databases.

2. Disability Public Awareness

62. Based on the last survey of disability awareness activity made by DAC, there are nine organizations among 53 organizations surveyed that have been carrying out disability awareness activities, one among them the Cambodian Disabled People’s Organization, which is now suspended most of its activities. The survey assumed that the operational capacity of these organizations is still limited due to the reports, observations, and direct interviews. Many organizations working in the disability sector integrate awareness activities in their programmes by helping their staff, community members, and people with disabilities and their families gain confidence and awareness of rights, abilities and opportunities of people with disabilities in society. Yet these activities are not well coordinated, systematic, or nation wide in their geographic coverage. These activities are also constrained by a lack of human and material resources and a developed capacity to apply appropriate methodologies, design and implement activities and use the media effectively.

3. Accessibility and Communication

63. It has been recognized that Cambodia’s built environment contains many obstacles for people with disabilities; the majority of public buildings have inaccessible entrances and exits. There has been lack of knowledge on accessibility among builders, decision makers and funding bodies. DAC’s Children with Disability sub-committee and CDPO have sought to build greater understanding of accessibility issues through limited media and public awareness campaigns. However, this work has been challenged by a shortage of resources and its real impact on attitudes is not clear.

64. There are gaps in the area of communication in Cambodia, but many organizations are looking to expand their services for visually and hearing impaired persons. There is a general lack of availability of assistive devices and tools, i.e. hearing aids, Braille machines, speech therapists, etc. Also, there is no certification of sign language interpreters in Cambodia. Khmer Sign Language is under development by technical deaf people from Cambodian Disabled

¹⁷ Disability Action Council, Strategic Directions for Disability and Rehabilitation Sector in Cambodia, February, 2001.

People's Organization through the Deaf Development Program, (which is now taken over by Marry Knoll) with support from DAC and collaboration of Krousar Thmey. However, this project has not yet reached the completion stage. Reading materials in Braille also need to be more available. Schools exist for children with hearing and visual impairments but the current education system of Cambodia does not allow for full access to public education with their peers for children with hearing and visual impairments. However, several organizations such as Krousar Thmey and Association of the Blind Cambodians (ABC) are working towards making assistive devices and tools more available for people with hearing and visual impairments.

4. Education

65. To date education programmes for people with disabilities have been implemented solely by non-governmental organizations and focus on children with disabilities. A limited number of special schools and classes exist, as do a few community-based initiatives. Collectively their services meet the needs of only a fraction of children with disabilities in Cambodia, less than one percent. These programmes are concentrated mainly in Phnom Penh and other urban areas and currently cater almost exclusively for children with physical disabilities and sensory impairments. All the special schools have integration in the mainstream as their ultimate goal.

66. Ministry of Education, Youth and Sports (MoEYS) has established a Special Education Office, located within the Primary and Pre-school Department. This Special Education Office has responsibility for developing education opportunities for children with disabilities, girls, minorities, and other vulnerable groups such as street children. However, clear terms of reference and the roles and responsibilities of this Special Education Office have not yet been defined.

67. Through a joint effort of the DAC, MoEYS, UNICEF and NGOs, an initiative to build a model for Inclusive Education has been underway in Svay Rieng province since the year 2000. Although this model is currently being developed only on a limited scale, it provides hope for the future. The model has now been adopted by MoEYS in five other provinces. However, a non-quantifiable number of children with disabilities are intrinsically included into the mainstream education system. A recent small-scale survey conducted by the Disability Action Council in one school cluster in Svay Rieng revealed that there were between 8-10 children with disabilities in each primary school. Evidence from other NGOs working in disability suggests that for children with mild and moderate physical disabilities integration presents few difficulties. Poverty is the main barrier. Parents who lack the resources to send all their children to school prioritize education for their able-bodied children. Paradoxically it seems that in rural areas more children with disabilities are attending local schools. This suggests that negative attitudes are stronger in urban areas than in rural areas. However the vast majority of children with disabilities are currently excluded from education and for those in mainstream schools it is difficult to assess the quality of education and the experience they are having. They may be physically present at school but not fully included into the school life.

5. Training and Employment/Micro-enterprises

68. Skills training, income generation and job placement is an important factor in the rehabilitation of persons with disability. In Cambodia people with disabilities typically come from the poor and poorest segments. Income generation for persons with disabilities not only contributes to establishing a sense of **dignity, self-confidence and respect** among persons with disabilities, but also is directly linked to poverty reduction and development.

69. According to the National Strategic Direction, there are currently 16 Local and International NGOs working in collaboration with MOSALVY to implement programs of vocational skills training, employment and income-generation for persons with disability in Cambodia (*See Annex A for more information of organizations and activities*).

70. However, the range of employment after graduation is limited. At this moment most training courses assume that the graduates will become self-employed. This is an option for some, but not for all graduates. All skills training programmes are intended to assist the ex-trainees develop their own businesses. This is an appropriate strategy given the large percentage of the population living in rural areas. However, training needs of people with disability vary depending upon the particular circumstances which make them vulnerable, their age and the number of dependents they have. For example those who are most marginalized are often unable to attend lengthy skills training programmes as they cannot afford the loss of income this entails. They also need additional support following the skills training program in the development of business management skills and access to affordable credit. Follow-up models that have proven to be effective for these groups, including the setting up of short-term apprenticeships and peer support groups, are to be strengthened.

71. In 1998 the National Centre for Disabled Persons, based in Phnom Penh, established an information network for referral services for people with disabilities who are looking for employment in Phnom Penh, Kampong Spue and Kandal provinces. To date 1900 people with disabilities have been registered, among whom only 258 persons, or 13 percent of the total registered, have obtained employment in Phnom Penh.¹⁸

72. Currently, mainstream programmes are not serving people with disabilities in any significant numbers. This is the argument used by NGOs in favor of supporting specific programs for persons with disability.

6. Prevention of Causes of Disabilities and Medical Rehabilitation

73. As Cambodia has recently emerged from the prolonged war and conflict, the lack of basic health care, malnutrition, bad hygiene, landmines, battles, and poverty have been regarded as serious causes of disabilities in Cambodia. On the other hand, it is reported that disabilities caused by traffic accidents are increasing, especially in Phnom Penh, due to the rapid and uncontrolled increase of the number of vehicles/cars and motorcycles and weak enforcement of traffic laws. The compulsory use of seat belt in vehicles and helmets for motorcycles has not been enforced.

74. The result of cooperation between the Government of Cambodia and many International NGOs and Organizations is a greater commitment to improve the health and well being of all Cambodian people, by:

- giving special attention to health education, preventive and curative health care in rural areas;
- improving and extending primary health services through a district health systems approach;
- promoting good nutrition, hygiene, safe birthing practices for the health of women and children, accidents in the home;
- reducing the incidence of communicable and vaccine preventable diseases; and

¹⁸ National Center for Disabled People May 2002.

- enabling affordable access to medical services.

75. Efforts to prevent landmines injuries focus on mine awareness programmes, as international lobbying for complete ban on the stock piling, production, transfer and export of mines continue to meet with stiff resistance from some countries. Community members have to be told about the prevalence of mines in their areas, their location (if available) and ways to avoid them. They have to be told of the proper way of managing the injured so that preventable amputations can be avoided. The Cambodian Mine Action Center (CMAC) is working on developing a National Demining Plan for long term planning of demining activities, and better collaboration and coordination.

76. The World Health Organization (WHO) and other international health sector organizations acknowledge that there will be an ever-increasing number of persons with disabilities in the world. This is due to many factors that vary from country to country. In Cambodia there will continue to be injuries caused by the legacies of war (mines and UXO), limited and affordable health services, and those resulting from chronic illnesses and increasing violence and traffic accidents. Physical Medicine and Rehabilitation is especially related to the Prevention of Secondary Disability as explained below.

77. The aim of all countries is to prevent disabilities. This generally takes the form of the following:

- **Prevention of Primary Disability:** improving health services and conditions e.g. vaccinations, Vitamin A supplements, adequate pre-natal care plus policies and programmes aimed at reducing the incidence of mine victims, accidents and domestic violence.
- **Prevention of Secondary Disability:** intervention is needed to prevent impairment **from becoming a severe disability.** This can take the form of applying appropriate surgical procedures and then follow-up rehabilitation (physiotherapy, Prosthetic and Orthotic (P&O) and allied services). Mine victims require certain rehabilitation programmes while children with polio require other specific rehabilitation programmes as do those suffering from blindness, deafness, psychological trauma and other specific types of illnesses or accidents.

78. Globally there has been a shift in attitude of professionals who have been educated in and focused on the “medical” aspect of disability towards a more “holistic” approach to rehabilitation, which also encompasses “social” rehabilitation. This recognizes that a person with a disability also has social and economic needs to enable the individual to function to his/her maximum capacity in society. This requires skilled health care and social service professionals.

79. Often health professionals, such as medical doctors (including surgeons), nurses, physiotherapists and other allied health professionals do not receive adequate training in disability and rehabilitation. In addition most of the training is focused on hospitals and large institutions. Therefore it is felt that more appropriate training should be included in the training of health professionals and community workers in all countries including Cambodia.

80. In addition, it is recognized that to provide comprehensive rehabilitation services close links between hospital-based services, rehabilitation centers and services within the community must be established. Therefore in Cambodia it is felt that the following aspects need to be strengthened:

- Early identification and treatment of disease, illness and trauma thus minimizing the degree of disability;
- Development of appropriate Physical Medicine and Rehabilitation Services based on the specific identified needs of Cambodia; and
- Mainstreaming of rehabilitation services into PHC and community services

81. The DAC has initiated the formation of a Specialized Committee whose tasks include the development of Physical Medicine and Rehabilitation in Cambodia. This will be a collaborative effort between many key players including the Ministry of Health (MOH), MOSALVY, MoEYS, WHO, relevant NGOs, international organizations and the DAC. An initial Working Group has developed a draft Terms of Reference.

82. The Ministry of Health is also developing training for primary health care service providers, primary health care package for operational districts (PHC packages) and a Minimum Packages of Activities (MPA) for preventative, promotional, curative medicine.

83. Polio related paralysis could be prevented by adequate immunization coverage of all children under five. WHO and MOH are working hard on the program to attempt to reach out to all children under five. In their last National Immunization Day, coverage was close to 100 percent. If this achievement continues, then it is predicted that in five years time, polio will be eradicated from Cambodia. This would help prevent 0.2 percent of all disabilities attributable to polio.¹⁹

7. Rehabilitation

84. The MOSALVY has primary responsibility for programmes and services affecting persons with disabilities. The Ministry of Health (MoH) and the Ministry of Education, Youth and Sports (MoEYS), also administer programmes and services with significant impacts on persons with disabilities. Given the severe limitation of financial and human resources, the government is in no position to provide the kinds of services and programmes needed by this large population of persons with disabilities.

85. Recent extensive research on the problems of disability and persons with disabilities in Cambodia has revealed enormous gaps in the provision of services to people with disability. However, there are achievements in many fields, mainly due to the assistance of international organizations. There are over 50 organizations providing support in some form to people with disabilities in Cambodia.

86. Physical Rehabilitation/Assistive Devices. Since the beginning of P&O services in Cambodia, services providers meet regularly to discuss technical issues. From these discussions, the production of prosthetic and orthotic devices has become standardized (using Polypropylene Technology) as well as the training of prosthetist/orthotists. In 1997, the physical rehabilitation providers organized themselves in the DAC Physical Rehabilitation Committee, which aims at ensuring maximum equitable distribution of quality physical rehabilitation services to all physically persons with disability in Cambodian society. From this committee, three sub-committees exist in the areas of P&O, Wheelchairs and Physical Therapy to address the technical aspect of their fields.

¹⁹ Disability Action Council, Strategic Directions for Disability and Rehabilitation Sector in Cambodia, February, 2001.

87. The physical rehabilitation of persons with disability meets several challenges. The high number of amputees, despite a recent reduction in new mine incidents, will demand the regular replacement of considerable number of artificial limbs for many years to come. While the vaccination drives of recent years will result in a reduced number of polio cases in the future, there is a whole generation of Cambodians that grew up without protection. The actual number of polio cases is not known, but observations suggest that these are substantial. The further development of the provision of orthotic services will demand additional investments in physical rehabilitation services. In addition, these orthotic recipients and others will also demand the regular replacement of their devices. Prosthetics and orthotics fitting should also be accompanied by supporting physiotherapy services. With centers addressing the needs of more persons with disability, physiotherapy services will also require development. In the absence of Government allocation to the sector, the long term financing of the physical rehabilitation services remains unclear.

88. The production and provision of assistive devices to persons with disabilities has been developed in some key areas of Cambodia and now covers wide parts of the country. The organizations providing these services are actively engaged in training local technicians. The main organizations that produce assistive devices and prosthesis in Cambodia are ICRC, Cambodia Trust, Handicap International, AmCross and VI; and AAR-Japan which produces only wheelchairs. It should be noted that in Cambodia there are 16 rehabilitation centers, including three based in Phnom Penh and thirteen in the provinces. Also concerning the range of devices, there is production of all kinds prosthesis and orthosis in Cambodia.

89. NGOs and their expatriate personnel have so far driven the physical rehabilitation sector. A future target and challenge will be to replace the expatriates with Cambodians while maintaining or improving the quality of services.

90. The future role of the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation in the physical rehabilitation of disabled Cambodians will be a crucial factor in achieving sustainability of services. Presently the Ministry provides a considerable number of its own staff to NGO's. However, the Ministry has no operational budget, which leaves services completely financed by foreign assistance.

91. **Community-Based Work with People with Disabilities/Community-Based Rehabilitation.** Community-based work with people with disabilities is increasingly recognized throughout the developing world as the most appropriate and sustainable approach for the equalization of opportunities and inclusion of people with disabilities in the development of their country. Its essence is decentralized responsibility of all resources (human, material, financial) to community-level organizations and action. It is a part of wider community development. Traditionally families, communities, and society have segregated people with disabilities. This has also been the model for their 'rehabilitation' or 'special care' in most parts of the world.

92. Programmes focusing on Community-Based Work with People with Disabilities (CWD) have started in several provinces. CWD aims to address the needs of persons with disabilities and their families in their communities. These programmes provide counseling to the people with disabilities and their families where they live. They refer cases that require specialized rehabilitation to the appropriate service providers. Taking into account that for many persons with disabilities it is a priority to earn some income, CWD assists persons with disabilities to gain access to skill training and facilitates access to credit. A CWD program aims at strengthening the involvement of the community in the care of people with disabilities and advocates for better treatment of people with disabilities.

93. In Cambodia this has been the chosen approach of most of the agencies working with people with disabilities. Some agencies work with specific groups, such as those with a particular disability, or disabled children. Others include all age groups and disabilities. Despite the heterogeneity of the agencies, certain aspects of their work are agreed within the sector to be fundamental to community work with people with disabilities. These core common elements are:

- raising awareness on disability issues at individual, family, and community level;
- promoting self esteem and capability of people with disability;
- promoting inclusion of people with disability within the community;
- promoting opportunities for employment;
- making links and referrals between people with disability and agencies (Government and non Government);
- providing family support; and
- promoting income generation of individual people with disabilities as well as their families.

94. The term Community Work with Disabled People (CWD) was chosen by representatives from the sector to describe this type of approach in a simple and unambiguous way. It embraces the term Community-Based Rehabilitation, and avoids the conceptual difficulties surrounding CBR. Furthermore, CWD excludes the word 'rehabilitation' which suggests a more technically oriented concept of work with people with disabilities. This would not accurately reflect the capacity building of most of the work in this sector.

95. CWD staff and programmes face particular constraints of accessibility. In the past widespread coverage has been impossible due to political instability. This is improving, but certain problems remain:

- security – landmines, robberies, kidnapping, insufficient staff to travel in pairs;
- transportation – poor roads, weather conditions, large distances, lack of vehicles;
- lack of cooperation with local authorities – local politics, lack of transparency, expectation of gifts.

8. Self-help Organization of People with Disabilities

96. A self-help organization is an organization run by and for persons with disabilities, composed of people who come together voluntarily to work jointly for personal, social and/or economic development.

97. In Cambodia, a distinction needs to be made between those organizations, although few, which are themselves Self Help Organizations, and those which, as a part of their programme, have developed self help initiatives that may or may not become Self Help Organizations.

98. A national level and cross-disability membership, self-help organization in Cambodia is the Cambodian Disabled People's Organization (CDPO), which has been recognized by the government and as one of the key player in the Disability Action Council. CDPO is an organization of people with disabilities whose purpose is to develop networks of people with disability so as to support, protect, serve and promote their rights, achievements and interests, in order to bring about their fuller participation and equality in society. The organization acts in

an advisory capacity to all persons with disabilities in Cambodia, providing advocacy, advice and referral to services for people with disability. CDPO is a self-help, self-representation, cross-disability organization. All its members and most of the staff are Cambodians with disabilities. Up to the year 2001, CDPO had an increasing role in providing opportunities for people with disabilities to be involved in decision-making. CDPO had over 2,000 members representing 21 provinces all over the country.

99. Along with its advocacy work and promoting disability public awareness, CDPO had developed a number of projects, such as the Sign Language Programme for the deaf and a Blind Musical Band, and community work with people with disability in 3 provinces dealing with the development of the grassroots movement of people with disability at the community level (self-help group). It has also played a major role in the development of sports activities for people with disabilities and facilitated in the establishment of the National Paralympic Committee of Cambodia (NPCC) 1997. In addition, CDPO is supporting a group of women with disabilities in an attempt to address their special needs and issues.

100. However, since the beginning of 2002, CDPO has suspended most of its activities due to changing directions in response to the needs of donors, clients and the sector. The reform committee has nearly finished its work and has established a new structure to develop new policies and procedures that will allow it to grow and develop programmes of significance to all its clients. It has the continuous support from the government and the key stakeholders like DAC, HI, ADD, CT, etc.

101. A newly established self-help organization in Cambodia for a specific type of disability is the Association of the Blind in Cambodia (ABC). ABC plays role in advocacy, awareness raising and development of information for its members at the central office in Phnom Penh. ABC also runs projects to support its members in Community Development such as training orientation, agriculture, small business, training in massage, computer and employment.

102. There are a few organizations working at the community level focusing on promoting ideas of self-help, building the capacity of community persons with disability and support the development of self-help groups. Some of these organizations have been exploring income generation projects, solidarity fund and the development of peer support groups. However, geographic coverage of these initiatives has been limited. For example, the Action on Disability and Development (ADD), the National Center of Disabled Persons (NCDP) and Social Service of Cambodia (SSC) focus in Kampong Spue province; ADD has expanded to Kampong Chhnang recently; and Handicap International-CABDIC programme works in four selected provinces.

103. Organizations in Cambodia, both those that are self-help organizations and those that have initiated self-help groups, meet various constraints in their development:

- A lack of training in leadership and management development.
- A lack of co-ordination and consultation among self-help groups and organizations.
- Inadequate networking with government and other agencies.
- Difficulties in mobilizing resources and fund raising activities.
- Problems in sustainability.

104. People with disabilities themselves meet constraints too as they form self-help groups or organizations:

- Limited educational and/or training opportunities are available to people with disabilities (such as training in leadership, organizational or management skills).
- Negative attitudes of family, community members and community workers can often make motivation and perseverance in group involvement more difficult.
- Women with disabilities are under-represented in membership and in decision-making processes, and their concerns not adequately incorporated into agendas.
- Inadequate mobilization of rural people with disabilities.

9. Regional Cooperation

105. With the adoption of the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities by the UN General Assembly in December 1993 and the ratification of Proclamation on Full Participation and Equality of People with Disabilities in the Asian and Pacific Region, ESCAP assumed a facilitating role in the regional cooperation on disability issues. The Agenda for Action for the Asian and Pacific Decade of Disabled Persons (1993-2002) sets out a number of targets in wide range of fields related to disability. A number of regional consultative meetings, workshops and conferences have been held to report on the progress of the implementation and to exchange knowledge and experiences on disability issues as well as to build regional and global networks and cooperation of all stakeholders involved in the disability and rehabilitation sector.

106. The DAC has a close relationship with ESCAP and has become a member of the Regional Inter-Agency Committee for Asia and the Pacific-RICAP Sub-Committee on Disability-related Concerns (has now been converted into the Thematic Working Group on Disability-related Concerns-TWGDC).

107. Representatives from DAC affiliated member organizations and secretariat have participated regularly in regional workshops, meetings, conferences and other events on disability-related issues, held in the region.

V. RELATIONSHIP BETWEEN DISABILITY AND POVERTY IN COUNTRY

A. Strengths of Existing Programs

108. The Cambodian Government has shown signs of interest in the situation of people with disabilities. During the seminar "Opening New Horizons for Cambodians with Disabilities" (Phnom Penh, 4th October 1999), the Prime Minister, with support from high-ranking international participants, pointed out the need for new strategies and tools to increase the integration of people with disabilities into society. Thus, the recent government interest in the issue will assist in institutionalising the approach to the reintegration of people with disabilities.

109. On the basis of the World Agenda of Action Concerning Persons with Disabilities of the United Nations, Cambodia has established a strong national task force on disability and rehabilitation sector called Disability Action Council (DAC), as a permanent National Coordination Body to coordinate, initiate and secure services necessary for people with disabilities to enjoy equal rights and obligations as well as opportunities and quality of life as others in the community.

110. A comprehensive National Strategic Direction for Disability and Rehabilitation Sector has been developed. Based on DAC's role, government, national and international agencies, as well as business, religious and local communities together with people with disabilities are brought together to develop, implement, monitor and evaluate a National Plan of Action for the Disability and Rehabilitation Sector. It also provides an ongoing forum where debate can take place and consensus can be reached on how to achieve the evolution of the sector. The DAC works mainly through its technical and specialized committees and working groups, which comprise members from relevant ministries and NGOs and cover various aspects of work with and for people with disabilities in the field of disability and rehabilitation.

B. Challenges and Gaps of the Current Programs

1. National Coordination

111. Many of the roles and responsibilities of relevant government ministries in the disability and rehabilitation sector remain unclear, and collaboration and co-ordination among them is limited. A National Plan of Action and monitoring, evaluation and reporting of its progress for the disability and rehabilitation sector has been developed by the DAC, but requires updating and ongoing follow-up. Coordination efforts are focused at the national level, with insufficient impact at the provincial level. It is not clear to what extent the National Coordination supports the advocacy movement and the inclusion and mainstreaming of persons with disability. There is a gap in the relationship between relevant government agencies and mainstream development NGOs.

112. There has also been a lack of vision in coordination and development of alliances outside the disability sector. So far, the discussion of policy and the development of service are occurring at a high level—government, DAC and international NGOs. These discussions need to be translated into programmes for implementation at the provincial and village levels.

2. Information and Database

113. Existing data on disability is fragmented (inaccurate), inconsistent (not solid, changing according to sources) and not systematically updated. There is a clear unbalance between data on physical disabilities and that for intellectual disabilities in terms of availability and consistency. Some organizations do have a database on their "clients". However, the majority of stakeholders could not afford to build up their own, due to lack of financial, human and time resources. There is no comprehensive approach to processing existing data. Generally, data is compiled without any clear idea of its eventual use.

114. Few stakeholders actually make an analysis and interpretation of their data. Thus few relevant findings had been released that could help to understand the issue in a holistic manner. Available data on disability is not uniform in terms of typology (classification of type of disability) and format, impeding any serious comparative study. However, tremendous efforts have been put into building uniformity, and the sector is now reaching an agreement on a common terminology and classification (see DAC database and CWD working groups).

115. There is no systematic or comprehensive approach to updating data after its initial collection. Some stakeholders only update data related to the persons with disability who benefit from their services. There is a strong likelihood of data overlapping and duplication, due to lack of coordination between different stakeholders. This problem results to inaccuracies and inconsistency of data.

116. It is impossible to undertake any factor analysis of the different components of the issue of disability using current databases and information resources. Because statistical analysis is limited, no correlation has been demonstrated between issues such as level of education and access to employment and gender and social discrimination. Few existing databases emphasize pertinent qualitative aspects of disability such as dependence, attitude, resentment, self-exclusion and cultural beliefs.

3. Disability Awareness

117. Few organizations carry out disability awareness activities. Among those that engage in raising awareness, their operational capacities are limited. There are many organizations that work to address disability and development issues, and disability awareness activities are often integrated into their programs. However, these activities are not always well coordinated, nor are they offered nation wide to provide the necessary geographic coverage. Awareness raising activities face constraints such as limited human and material resources, the absence of a standard methodology to gain media coverage and a higher profile, and geographic concentration. As a result, most disability organizations are limited in their ability to design and implement activities.

118. There is considerable scope to coordinate disability awareness activities in Cambodia at both the national and the local levels.

119. A national coordination committee/working group on disability awareness is still limited by their knowledge, mandate, and responsibility. Coordination of awareness raising activities should be reinforced and designed as a sustainable initiative. There is potentially a strong role for the Cambodian Disabled People's Organization to support these coordinated approaches.

4. Women with Disability (WwD)

120. A fundamental issue when analyzing gaps in service provision is the lack of a "voice" by women with disabilities within the disability sector, women's perspective on the numbers and specific needs of women with disabilities. One result of barriers to women's participation in the sector is that many WwDs are not aware of disability programs, and therefore are not accessing services and resources.

121. With no access, and little opportunity to develop capacity, WwD have no presence in the range of organizations (government and non-government) that hold the resources. There is a resulting severe lack of representation by women with disabilities, particularly at decision-making levels.

5. Accessibility and Communication

122. Persons with disabilities experience difficulties in moving around the numerous obstacles of the built environment on a daily basis. Therefore, persons with disability and organizations representing them should be consulted on physical accessibility at the early planning stages of any new building or construction project.

123. Awareness of accessibility for people with disabilities is minimal outside of organizations working on the promotion of the rights of people with disabilities. Knowledge of accessibility issues among architects, planners, builders and funding bodies is extremely limited. This

limited understanding, awareness and respect of disability, in relation to accessibility extends to the wider community. However, adaptations to the built environment and the external environment can be achieved at a minimal cost with creative thinking and careful consideration given to people's needs.

124. At present the responsibility for building and construction permits is not clearly regulated. Also, the legislation on disability is still in a draft form. Hence, it is difficult at this stage to place responsibility for the implementation and monitoring of accessibility features on government bodies.

125. Currently in Cambodia there are many gaps in the area of communication for people with disabilities but many organizations are looking to expand their services. There is a general lack of availability of assistive devices and tools i.e. hearing aids, Braille machines, speech therapists, etc. Also, there is no certification of sign language interpreters in Cambodia. Khmer sign language is developing; however, it has not yet reached the completion stage. Reading materials in Braille also need to be more available. Schools exist for children with hearing and visual impairments but the current education system of Cambodia does not allow for full access to public education with their peers.

6. Education

126. The Government's stated education policy priority is to ensure equitable access and quality improvement for nine years of basic Education for All by 2010. (*Draft Interim Poverty Reduction Strategy Paper*). This policy was adopted by the Cabinet in late 2000.

127. However, education programmes for persons with disabilities have been implemented solely by non-governmental organizations and focus exclusively on children with disabilities. A limited number of special schools and classes exist, as do a few community-based initiatives. Collectively their services only provide education for a fraction of children with disabilities in Cambodia, less than one percent. These programmes are concentrated mainly in Phnom Penh and other urban areas and currently cater almost exclusively to children with physical disabilities and sensory impairments. All the special schools have integration in the mainstream as their ultimate goal, but there is no clear policy in this regard.

7. Training and Employment/Micro-enterprises

128. Access to vocational training services and income generation programs is limited by their geographical availability and by the types of services provided. Relatively little is known about the needs in most areas. Numbers and types of persons with disability have not been assessed and local market conditions are more or less unknown. Better co-ordination between service providers could be beneficial for trainees as well as training programmes. Improved coordination would ensure that local labor markets are not flooded and would bring new and needed skills to the local community.

129. The range of employment options after graduation is limited. Currently, the design of most training programs is based on the assumption that graduates will become self-employed. This is an option for some, but not all graduates. Agricultural training and agriculture-related training for income generation is unknown. Literacy and numeracy training are crucial for self-employment and small enterprise management. However, trainees need to see a clear advantage coming from literacy.

130. Involvement of business people in the planning and implementation of pilot programmes is limited or absent. However, the private sector may eventually become the main employer for those graduates who do not opt for self-employment. Apprenticeship and job placement programmes (which could be paid for by the organization) should be promoted. More work is also needed to identify potential donors to support small and medium enterprises of persons with disability. Most agencies that support people with disabilities do not have the mandate, financial support or skills needed to manage small and medium enterprise development programs and projects.

8. Community Work with People with Disability

131. Gaps in services for Community Work with Disabled people (CWD) exist both in terms of geographic coverage and in types of services provided.

132. **Geographical Distribution of Services.** Most CWD agencies are generally working in central, southern and some western provinces. However, they are mainly only working in districts close to the town, and in secure areas with good road conditions. It is difficult to gain access to some areas because of lack of security, poor road conditions and large distances. This prevents many people with disabilities living in rural areas from benefiting from programmes.

133. The areas with no access to CWD projects are all former Khmer Rouge areas, such as Krong Pailin, Samlot in Battambang, Anlong Veng in Oddar Meanchey province and Veal Veng in Pursat province, and the northern and eastern areas such as Kampong Thom, Rattanakiri, Mondolkiri, Kratie, Stung Treng provinces. Geographic coverage is still limited to the large cities and towns.

134. **Type of Services.** Major gaps have been identified in the following types of service:

- **Access to credit for people with disability:** At this moment most CWD agencies are not providing credit to people with disabilities. In the past more agencies provided credit but they have now stopped because of lack of funds for this kind of project. The interest rates of mainstream credit agencies are so high that people with disabilities cannot access credit from them. A further problem is that people in the community often do not allow people with disabilities to join their credit group because they do not trust them to repay the loan to the group.
- **People with certain types of disability:** People with learning difficulty, HIV/AIDS and mental illness and intellectual disabilities do not have access to many income generation and vocational training programs because of the lack of awareness of these kinds of disabilities, and/or lack of knowledge to work with and train people with these types of disabilities.
- **Skill training for specific groups:** Most deaf and blind people living in rural areas do not have basic education or special training such as Braille and signing. They are excluded from mainstream development as well as from skill training provided by agencies in the disability sector. For deaf people, the situation is made worse because most people do not know how to communicate with them.

- **Employment opportunities for people with disabilities:** Most employers are reluctant to employ people with disabilities because they do not meet their criteria due to lack of education and experience.
- **Skill level of CWD workers:** Agencies are using different methodologies in their work with people with disabilities in the community. Some field workers have limited and basic skills in terms of community based work.

135. There is one further area in which the work of CWD sector might be strengthened. This concerns membership of CWD committee. Some CWD agencies are not motivated to send their representatives to this Committee. Some representatives do not attend the meetings regularly because they are very busy with their own work.²⁰

9. Physical Rehabilitation and Assistive Devices.

136. Gaps in physical rehabilitation services cannot be identified unless members of the physical rehabilitation sector conduct a study to identify these gaps. However, there are service gaps at the community level, that have been identified by stakeholders at provincial and national workshops. For example, although there are 16 physical rehabilitation centers in Cambodia, service and geographical coverage is not well coordinated. This results in:

- overlapping services, whereby one individual or family received the same service from more than one provider;
- persons with disabilities who live in remote areas cannot access the rehabilitation center due to lack of information, extension work and referral services; and
- recipient's behavioral problems in the use of assistive devices.

10. Self-help Organization.

137. Currently in Cambodia there is one recognized self help organization representing the concerns and interests of people with disabilities. Although based in Phnom Penh, CDPO has begun to give attention to raising awareness and establishing networks with groups of people with disabilities across the country.

138. While this organization and others who have initiated self help groups are networking in many of the provinces, the concerns of rural people with disabilities themselves need to be further addressed.

139. Issues related to distance, bad road conditions, security and lack of support from local authorities have impeded the work of disability organizations and NGOs to support the development of self-help organizations in some parts of the country.

11. Recreation, Sport and Cultural Activities

140. There are few organizations that have considered sport and recreation as programmes and activities to be promoted. It is acknowledged that sport and recreation programmes for PWDs in Cambodia have not been sustainable for many years due to a lack of funds and human resources. Many of these programs are not included in the implementing agencies' plans or budgets. Support and contribution of financial resources from government and the

²⁰ Disability Action Council, Strategic Directions for Disability and Rehabilitation Sector in Cambodia, February 2001.

general public has not been at levels sufficient to sustain effective sport and recreational programs. . There is also a lack of awareness and understanding that sports and recreation are important social activities. However, there is an effort by DAC affiliated organizations and the National Paralympic Committee of Cambodia to facilitate institutional sustainability within certain programmes in the national rehabilitation sector.

VI. FRAMEWORK FOR PARTICIPATORY DEVELOPMENT

141. RETA 5956, “Identifying Disability Issues Related to Poverty Reduction” was carried out using a highly participatory approach. The project was conducted in close collaboration with governmental and non-governmental stakeholders and representatives of people with disabilities. The Ministry of Social Affair, Labour, Vocational Training and Youth Rehabilitation (MOSALVY) played a significant role in supporting the process, providing logistical support to the project such as office and support staff both at the national and provincial levels.

142. The research, analysis and recommendation that formed the principle outputs of the RETA were developed in consultations with key stakeholders, and through project site visits and provincial and national workshops. The purpose of the participatory approach was to bring stakeholders together to find common ground and to take ownership for the country strategy for mainstreaming disability related to poverty reduction.

143. At the inception visit of the Team Leader, the introductory process was made with over 20 people representing the Ministry of Social Affair, Labour, Vocational Training and Youth Rehabilitation; the Ministry of Health; the Ministry of Education, Youth and Sports; the Ministry of Women and Veteran Affairs; and the ADB office in Cambodia. Funding agencies, such as the Canadian International Development Agency, Civil Society Fund, AusAID and USAid, along with the Disability Action Council, Rehabilitation-sector NGOs and Self-help organizations of people with disabilities also participated in the inception consultations. The Disability Action Council (DAC) provided logistical support for the consultations. The introductory process attracted the interest of people wishing to collaborate in the participatory process.

144. In addition to the visits to three ministries and meetings with the government officials, the team leader and domestic specialists visited five disability projects in order to introduce the project, to assess the current institutional framework and stakeholders’ capacity to mainstream disability issues in poverty reduction programmes and to seek collaboration in the study, to be conducted by domestic specialists. The five projects were in national coordination, physical rehabilitation, community work with people with disability, and self-help organizations for people with disabilities and self-help group support.

145. Based on findings at the inception visit and information provided by the stakeholders, a background paper for the country was developed in Khmer and English to send to targeted participants prior to the provincial workshops. It provided all participants beforehand with the common understanding of the current disability situation in Cambodia. The background paper was improved after the each of the provincial workshops before it was submitted for discussion at the national workshop.

146. In the preparation for the provincial workshops, the domestic specialists made visits to all targeted stakeholders in order to introduce the project and prepare participants for their full involvement in the workshops. The two most populated provinces were selected for the workshops—Battambang, the Western province to be held on 23-24 May and Kampong Cham,

the Northeastern province on 6-7 June 2002. The national workshop was held in Phnom Penh on 28-30 July. Over 100 people participated in these three workshops, representing 16 ministries; 28 UN and International agencies and NGOs, national institutions, and Disability Action Council; and 12 representatives of people with disabilities.

147. The workshops were designed to provide an opportunity for maximum interaction and participation among the participants. They have been engaged in profiling the major factors impacting on the life of persons with disabilities countrywide. Participants came from all sectors, such as relevant ministries, rehabilitation, mainstream development and human rights that have drawn on their experiences and analysis relating to the mainstreaming of disability and rehabilitation. It provided a forum for key stakeholders to build commitment and a common vision for national action plans for mainstreaming disability issues in poverty reduction programmes.

148. The workshops were conducted using a participatory approach in order to encompass the views and experiences of the participants. At the same time, a participatory approach that is facilitated by an experienced moderator can engender critical debates on the subject of the workshops - disability issues related to poverty reduction. Critical debate encourages critical thinking, which was necessary to assess the work in the field of disability issues and the formulation of new and creative recommendations for a strategy paper. Moreover, this approach empowers the participants to take ownership of the strategy and is therefore more likely to assist in its practical application.

149. Senior government officials—the Minister and Secretary of State of MOSALVY at the national level and provincial governors at the provincial level, opened the workshops in order to endorse the meetings and the importance of disability issues related to poverty reduction. Introductory information about the aims of the workshops and historical perspectives of disability issues were shared with the delegates who were then divided into groups for discussion and critical debate. A chair, note-taker and reporter were selected from within the groups to manage, record and report back to the remaining participants about their ideas and suggestions. There was good collaboration among participants during these small group activities and during plenary discussions.

150. In the small group discussions participants identified common problems and specific issues faced by people with disabilities and by the service providers as well as relevant recommendations for mainstreaming disability issues in development programmes. These were prioritized and clustered into 9-10 categories/section based on the 12 principles and policy areas²¹ of the World Agenda of Actions of United Nations Concerning Disabled Persons. The small groups also discussed strengths, weaknesses, opportunities and threats to the mainstreaming of disability issues. The workshops also provided opportunity for some plenary discussions on the value of this project and the societal attitudes to the status of people with disabilities. There are over 50 NGOs working in the disability and rehabilitation sector. There are still a huge number of gaps identified in terms of services provided and geographical coverage. There was a sign of common understanding among participants that disability related programmes and services alone would not mainstream disability issues into poverty reduction.

²¹ 12 policy areas include: national coordination, legislation, information, public awareness, accessibility and communication, education, training and employment, prevention of causes of disability, rehabilitation services, assistive devices, self-help organizations and regional cooperation.

151. This participatory process has enhanced the scope and depth of the country study report as well as validated the content and recommendations contained in this Report. It contributed to creating a network of multiple stakeholders with greater awareness and interest in disability issues and a commitment to advance the process of addressing the rights and equalization of opportunities for and with persons with disability. It has also strengthened local and international capacity to conduct participatory studies and to prepare a report of this scope which will be a valuable tool and reference in policy development and program implementation. Results including recommendations from this participatory process are incorporated into this Country Study Report.

VII. CONCLUSION/ANALYSIS

152. Cambodia's recent history of war, conflict and international isolation has contributed to the fact that Cambodia is a country with a high number of vulnerable people and high rates of poverty. The poverty profile of Cambodia, based on 1999 data of the Ministry of Planning, indicates that Cambodia is a very poor country with GDP per capita estimated at only US\$268 and with other non-income indicators of poverty comparing poorly with those of other countries in the region. It shows that an estimated 35.9 percent of the population is poor and the poverty rate is higher in the rural areas.

153. It is estimated that there are approximately about 1.4 million people with disability in Cambodia, or 15 percent of the total population. People with disabilities are among the poorest of the poor in Cambodia. Recent World Bank estimates suggest they may account for as many as one in five of the world's poorest.²² People with disabilities, especially women and children with disabilities, are among the most vulnerable deserving special attention because their standard of living falls far below the poverty line and their capacity for participating in economic activities can be limited by disability.

154. According to the Asian Development Bank, disability can be expected to increase in the future if the economic growth remains unbalanced and does not accommodate equity, environmental factors and social concerns. Increasing poverty leads to increasing of violence and crime as well as to substance abuse, poor environment, traffic accidents and work related injuries—all preventable causes of disabling conditions.

155. Disability is both a cause and consequence of poverty. Eliminating poverty is unlikely to be achieved unless the rights and needs of people with disabilities are taken into account. Disability affects not only the individual, but also impacts on the family and the whole community. The cost of excluding people with disabilities from taking an active part in community life is high and has to be borne by society, particularly those who take on the burden of care. Exclusion of people with disabilities leads to losses in productivity and human potential.²³

156. Poverty is often thought of in purely monetary or income terms, as being above or below a "poverty line". However, an extended definition of poverty includes lack of opportunity, low capacities, low level of security and lack of empowerment. The UNDP's Human Development Report glossary says, "*Human poverty is more than income poverty, more than a lack of what is necessary for material well-being. Human poverty is the denial of choices and opportunity most*

²² Poverty and Disability, World Bank, October 1999.

²³ Disability poverty and development, FIT-February 2000, page 4.

basic to human development- to lead a long, healthy, creative life and to enjoy a decent standard of living, freedom, dignity, self-esteem and respect of others”.

157. Clearly, poverty in income terms is also a cause of disability. There is a negative cycle of causality between being poor and unable to afford better health care and other services contributing to keeping a person with disability poor.

158. Reducing poverty in Cambodia is the primary development objective of the Government of Cambodia. The Royal Government of Cambodia has declared its commitment to making a concerted and sustained national effort to rid the scourge of poverty from Cambodia, so that all Cambodians, including vulnerable groups can reap the benefits of economic growth and participate in the development process. The government stated that the poor of Cambodia include many people who are at risk of being left behind as the economy grows. This includes persons with disabilities, the aged, the landless and the unemployed, subsistence farmers and particular groups of the urban poor.

159. Despite many programs working with and for people with disability in Cambodia, there remains much to be done in order to mainstream disability, enhance and promote the inclusion of people with disabilities in social and economic development. At the same time, policies and legislation of this regard are still under review. Among the issues that remain to be addressed are:²⁴

- rural people, including people with disabilities, have less access to social services such as health, education and safe water. The sector is still institutionally weak, poorly resourced, and lacks operational capacity. Unfortunately, government human and financial resources are still limited, thereby restricting the delivery of basic services to the rural people;
- assistance for people with disabilities, including mine victims, is mainly provided by NGOs. It is clear, however, that current programmes reach only a proportion of those needing assistance, leaving significant needs unmet. Overall co-ordination of assistance in this sector is still limited despite government, NGOs, and donor attempts to promote the work of DAC as a National Co-ordination body;
- a persistent feature of national budgets is the weak relationship between budget formulation and budget execution. Additional problems with actual public expenditure outlays include inadequate levels of funding reaching the local level and the leakage of funds in the public expenditure management system;
- hearing impaired and mental health services are in their infancy and inadequate, often lacking focus, manpower and funding. Although there are some services for the visually and hearing impaired and those with mental illness, it is estimated that many thousands of people with disabilities with these conditions have no access to services;
- further disability public awareness campaigns are needed to increase recognition and mainstreaming of people with disability in all socio-economic and cultural activities; and

²⁴ Sectoral Paper on Disability and Rehabilitation, NGO Statement to Consultative Group Meeting on Cambodia, Phnom Penh, June 2002.

- government policy should be greatly improved mainly via prevention strategies in the early detection of disability, education of people about the need to seek treatment for serious illness (meningitis, septicemia etc), antenatal care, and good birthing care.

VIII. RECOMMENDATIONS

160. The analysis of the relationship between disability issues and development led to the identification of four main common areas for strategic action. They are inclusion, participation, access and quality. These four areas for addressing the need for targeted mainstreaming of disability issues in country programming are described as follows:

- **INCLUSION:** People with disabilities must be visible. Inclusion identifies the disability initiatives that need to be taken into account in the design, implementation and evaluation of strategies, policies, programs and projects. Areas to consider are the extent to which disability is supported and included through policies and programs that dedicate financial resources through lending and budget allocations by banking, development, governmental and non-governmental agencies, ensure that material resources are committed to disability issues, ensure that organizations and their personnel are knowledgeable and ensure the accountability of decision makers and program implementers to advance disability issues as a poverty reduction and growth strategy in their area(s) of development.
- **PARTICIPATION:** People with disabilities and their organizations must have a voice. Participation ensures that people with disabilities and their respective organizations are given a voice in decisions that affect their lives and their communities. Strategies to promote effective participation, including consultation and decision-making that involves representatives of people with disabilities including beneficiaries, are the priorities.
- **ACCESS:** Removing barriers and creating opportunities to access all services and resources within a community is essential for people with disabilities. Access requires that people with disabilities and other stakeholders are informed and aware of disability issues and have access to available data (i.e. demographics) on disability. It requires that services and resources reach the most vulnerable in rural and urban communities and reach all persons with disabilities, irrespective of age, sex, ethnicity, geography, language and disability. It requires that the built environment and systems of communication are barrier free.
- **QUALITY:** People with disabilities deserve quality of life through knowledge and capacity building. Quality identifies the priority for all sectors and services to be designed and developed according to needs, meet universal standards of practice and are effective. Core dimensions of quality through knowledge is raising the capacity of persons with disabilities and other stakeholders to ensure independent living through technical and functional interventions. It requires the development of critical awareness to influence policy development by increased understanding of the factors impacting on a barrier free environment including community access, attitudes towards disability and human rights. Thirdly, persons with disabilities and other stakeholders need to develop the capacity for social action through the development of skills and experience in participatory management and inter-sectoral and multi-stakeholder approaches to development.

161. In order to address these areas of priority for disability and development, a series of recommendations have been identified according to the four categories of Inclusion, Participation, Access and Quality.

A. Inclusion

162. The Strategic Planning Direction for Disability and Development should take into account the formal obligations and commitments of the Royal Government of Cambodia with regard to disability and poverty reduction. It is recommended that the RGC should include in their deliberation with regards to the disability sector a recognition of these obligations and commitments.

163. It is recommended that the Royal Government of Cambodia's formal obligations and commitments direct strategic planning for disability and development, and that disability and rehabilitation be one of the priority issues within the Poverty Reduction Strategy Paper of the Royal Government of Cambodia as well as the Second Five-year Socio-economic Development Plan (SEDP II).

164. The government and donors, including the Asian Development Bank, should consider additional allocations and increased human and financial resources for the disability and rehabilitation sector. They should insist that the needs of people with disabilities are considered as an integral part of all planning programmes and projects and not viewed as a separate issue. Moreover all projects, especially those addressing the needs of the mainstream population in the rural development, education, and health sectors should demonstrate that they have made the necessary provision to ensure that people with disabilities will benefit from their interventions and that their proportion among beneficiaries will be significantly larger than for the overall population.

165. The Asian Development Bank should support the disability sector in Cambodia through various mechanisms and in collaboration with relevant government ministries and through mainstreaming disability issues to be addressed in its sub-sectoral projects.

166. Additional and longer term funding should be further devoted to this sector so that comprehensive planning for the development and implementation of services can be undertaken and implemented by the government and NGOs in collaboration and co-operation.

167. The Royal Government and relevant NGOs should mainstream self-help organizations, disability issues and relevant NGOs into national strategies and projects related to poverty reduction.

168. People with disabilities are marginalized within Cambodia and are often excluded from community development by their own communities. Although there are many NGOs working in the disability sector within the country, most are focused on rehabilitation, but do not assist people with disabilities to identify the main causes of their situation, and encourage them to find their own solutions. Efforts to promote more vigorous and targeted mainstreaming of people with disabilities into the existing programmes and services are recommended. This approach will help build recognition of people with disability's natural place as an integral part of society.

169. A national coordinating body should be further promoted and supported by governments and donors. This body should work to coordinate at both the national and provincial levels,

addressing the lack of access to education, skills training, land, and credit that seems to be acute within communities.

170. At present, Cambodia has no legislation on disability, although a draft law is currently under review. Passage of this legislation is a top priority of the disability sector in Cambodia. Legislation is crucial to promote and protect the rights of persons with disabilities to full participation and equality. Rights-based legislation emerges from the recognition that people with disabilities have the same rights as persons without disability. Therefore, the law must protect the basic right of persons with disability for a life with dignity (ESCAP: Legislation in Equal Opportunities and Full Participation in Development for Disabled Persons, 1995). It is recommended that the passage of the draft Disability Law should be accelerated as part of the efforts to strengthen and protect the rights and interests of people with disabilities and to guarantee their full and equal participation in activities of communities.

171. Strengthen organizations and agencies that have the potential--in terms of capacity, management and methodologies to develop project activities--to implement effective disability awareness and public education programs.

172. Efforts need to be made to ensure that persons with disabilities who possess the capacity and skills to enter mainstream society be provided with the opportunity to do so. People with disabilities must be integrated in public and private sector professional and non-professional positions. Demonstrating by example, their capacity to participate would overcome the perception in Cambodian culture and Buddhist religion that the loss of physical or mental capability is part of an individual's destiny and considered to be the result of faults accumulated in previous lives. The result is often that they develop a sense of guilt, social stigma, hopelessness and loneliness, which increases the exclusion experienced by most persons with disabilities. This perception needs to be overcome by providing persons with disabilities access to technical education that increases their capacity to live independently as professionals and non-professionals active in the public and private sector. Of note is that this recommendation necessitates a linkage to 'quality'.

B. Participation

173. Self-help organizations of people with disabilities exist in many countries of the Asia and Pacific region, in various forms and at various levels, from community (such as small village groups) to national and regional level organizations. Self help means to help one self and one another. People with disabilities in many countries are beginning to recognize a need to meet, take control, develop skills and make decisions, thus achieving independence and recognition as people with identity, who contribute to their community. It is this recognition that brings people with disabilities who are experiencing similar hardships together, to support one another and work to overcome difficulties through sharing information, insight and knowledge gained through personal experience. It is recommended that:

- the government and the disability sector NGOs should join an effort to support the establishment and strengthen the self-help and advocacy organizations of persons with disability at all levels; and
- development of self-help groups at the village, commune and national level should be promoted through collaboration between NGOs, government ministries and local authorities, and involve persons with disability at all levels.

C. Access

174. One key factor in the reintegration of people with disabilities is that of education. Education is a human right and a basic need. In Cambodia however, education in general has suffered greatly from political, social and economic turmoil. The Khmer Rouge Regime was responsible for the almost complete destruction of the education system. The past two decades have been characterized by emergency relief focusing on the opening of schools, emergency training and deployment of teachers. It is only towards the end of the last decade that the transition from emergency relief to reconstruction and development began. Thus, it is recommended that the government should:

- ensure access to education for children of persons with disability and children with disabilities; social and educational sectors should pay more attention to education and develop appropriate approaches to support access to general education without discrimination and free of barriers; and
- non-formal and literacy programs for persons with disability should be expanded and promoted, and people with disabilities should be encouraged to participate in the development of these programs.

175. Awareness of accessibility for people with disabilities is minimal outside of organizations working on the promotion of the rights of people with disabilities. However, some adaptations to the built environment and the external environment can be achieved at a minimal cost with creative thinking and careful consideration given to people's needs. People with disabilities experience difficulties in moving around the numerous obstacles of the built environment on a daily basis. Therefore, people with disabilities and organizations representing them should be consulted from the early planning stages.

176. Efforts should be developed in capitalizing the data available into relevant findings before determining new directions for studies and research according to the real need.

177. A Working Group should be established to collect information on services, education (formal and non-formal) and vocational training. This information should then be disseminated through all types of media and networks in order to increase access to and use of services. Surveys should also be carried out and the information collected used to develop a database on disability, including the needs of persons with disability. This information should then be analyzed and disseminated to all relevant institutions, including NGOs.

178. Education, awareness and promotion of protective measures against landmines, traffic and industrial accidents are essential to the prevention of disabilities as a result of injuries. Community based mine awareness programmes can help to equip people with the information and skills to recognize danger and to minimize the risk of injury due to mines. Reducing the number of weapons and the practice of using weapons is a major step towards preventing accidents, which cause disability or death. As roads in Cambodia improve, the speed at which vehicles travel increases (hence an increase in danger for the motorist, cyclist and pedestrian), therefore a need for education on safety and protective measures is increased. In the workplace, protective clothing and equipment should be provided in order to reduce the risk of injuries.

179. Public Awareness campaigns are needed to overcome inaccurate stereotypes that people with disabilities cannot be productive members of society. Public awareness should

promote a respect of the rights of people with disabilities. It should also focus on the abilities that people with disabilities possess. The involvement of the Buddhist community could be a valuable support for public awareness and mass education to change the society's mindset and negative attitudes towards people with disabilities. It is recommended that disability public awareness campaigns should emphasize the importance of mainstreaming people with disability into the community.

D. Quality

180. The Royal Government of Cambodia should promote opportunities for persons with disabilities to access mainstream education by providing scholarships and ensuring that schools are accessible for disabled students.

181. The need to remove social stigma to allow the full reintegration of people with disabilities into Cambodian society is a long-term issue, which will require a coordinated and global approach. The approach must not only aim to remove the causes leading to disability, but must also strengthen training and work opportunities for people with disabilities, and increase their social rights, acceptance and dignity. Reintegration must involve empowerment of people with disabilities so that they may fulfil their own potential and contribute to the rebuilding of their country.

182. Disability should be regarded as a condition that may result in occupational disadvantage that can be overcome through a variety of appropriate programmes and services, thus significantly relieving poverty among persons with disabilities. Equality of treatment, community involvement, mainstreaming of training and employment opportunities are the central pillars of this multi-sectoral approach.

183. Often health professionals, such as medical doctors (including surgeons), nurses, physiotherapists and others do not receive adequate training in disability and rehabilitation. In addition most of the training is focused on hospitals and large institutions. Therefore it is felt that more appropriate training should be included in the training of health professionals and community workers in skills of empowerment.

184. In developing countries, intergovernmental, governmental and non-governmental donor agencies have initiated various projects in order to assist persons with disabilities. A piecemeal approach that is built on scattered and isolated projects has, however, very limited and often non-sustainable effect on the lives of persons with disabilities. It is not economically feasible to cater to the needs of all persons with disability through "disability-specific" projects that are targeted to people with disabilities only. It is therefore recommended that all national social and economic development initiatives be designed with a view to removing any potential barriers that may limit the access of people with disability to full participation in and benefits emerging from poverty reduction programs.

185. Efforts should be developed using available data, and by conducting thorough analysis of relevant findings, before determining new directions for studies and research. Relevant ministries and NGOs should work together to develop guidelines and training packages for education, especially for disabled children, and raise awareness of primary health care services for persons with disability, especially for disabled girls, women and children.

**DRAFT LAW
ON
RIGHTS OF PEOPLE WITH DISABILITIES**

**Chapter 1
General Provisions**

Article 1: This law has the purpose to strengthen and protect the rights and interests of people with disabilities, and to abolish the discriminations, and aims to guarantee their full and equal participation in all activities in society as non-people with disabilities.

Article 2: A person with disability is any citizen who lacks any physical organ or capacity or suffers any mental impairment, which causes decent restriction on his/her daily life or activities such as loss of limbs, quadriplegia, visual or hearing impairment or mental handicap etc., and which significantly causes differences from normal people, and who have a certified document which was issued by the Ministry of Health.

The criteria of types and levels of disability shall be defined by sub-decree.

The form of issuing above certified document shall be defined by the PRAKAS of the Ministry of Health.

Article 3: People with Disabilities are fully entitled to exercise their rights as citizens guaranteed by the constitution and other international laws which are ratified by the Kingdom of Cambodia such as the rights of life, of accepting of health services, of movement, of education, of work, of politics and of access to other private and public services.

Article 4: People with Disabilities and their families shall be invited to participate in the planning and implementing of programs concerning to their interests. All people with disabilities' needs shall be included in implementing programs to the greatest extent possible.

Article 5: The Royal Government shall raise public awareness and understanding of disabilities in order to strengthen solidarity, mutual understanding and respect the rights of people with disabilities.

Article 6: Cambodian Disability Day shall be established for promoting public awareness on welfare of people with disabilities and encouraging those people with disabilities to participate in economical, social, cultural and other activities.

Cambodian Disability Day shall be conducted in the same day as International Disability Day on December 3 every year.

Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation has the duty to organize this Day.

Article 7: Cambodian National Paralympic Committee shall organize Sports Day of People with Disabilities once a year.

Chapter 2 Quality Of Life

Article 8: The Royal Government shall give due attention to improvement of the living conditions of people with disabilities, including food, clothes and places; and the provision healthy atmosphere to live.

Article 9: The Royal Government shall take necessary measures to encourage citizen, philanthropist, social organization to provide support to people with disabilities, especially whose disabilities are severe and who are poorest and helpless in society.

Article 10: The Royal Government shall have annual budget to support people with disabilities:

- Whose disabilities are severe, and who are poorest and helpless
- Who are elderly, poorest and helpless
- Who meet serious accident

The Royal Government Shall Encourage Integrating People With Disabilities Into Community.

The programme of this integration shall be defined by the PRAKAS of the Ministry Of Social Affairs, Labor, Vocational Training and Youth Rehabilitation and the concerned Ministry.

Article 11: The Royal Government shall prepare social security pension for people with disabilities whose disabilities are severe, and who are poorest and helpless

Article 12: Parents and persons who are responsible for people with disabilities shall:

- Prevent the rights and the interests of people with disabilities
- Take a good care of people with disabilities
- Encourage and assist people with disabilities to have a good hope in their life

Not to take a good care of, to exploit, and to abandon people with disabilities are prohibited.

Chapter 3 Rehabilitation, Health, And Prevention Of Disability

Article 13: The Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation shall organize physical and mental rehabilitation programs to assist people with disabilities to perform a full range of employment functions and social activities in equality with, or similar to those people without disability, and to enable them to use their capacities and talents in their daily lives.

Article 14: The Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation shall establish and encourage private entities to establish workshops or physical and mental rehabilitation centers to ensure rehabilitation services to people with disabilities.

- Article 15:** The Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation shall establish:
- Training School for the technician of assistive devices
 - Component factories
- to ensure the needs of rehabilitation centers in providing assistive devices to people with disabilities.
- Article 16:** The Ministry of Health, in conjunction with the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation shall expand physical and mental therapy training programme to the technical schools of medical care; and shall make physical and mental therapy available in all hospitals in order to prevent patients from being disabled.
- Article 17:** The Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation in conjunction with the Ministry of Health shall assist in training families consisting of family members with disabilities and volunteers on care and rehabilitation techniques needed for the specific type of disability to enable families consisting of family members with disabilities to take physical and mental rehabilitation.
- Article 18:** The Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation and Ministry of Health shall expand community rehabilitation services, outpatient consultation services and treatment services for mentally impaired persons.
- Article 19:** The Royal Government shall implement comprehensive Disability Prevention Program, available to every citizen through provision of:
- medical care during childbirth, together with pre and postnatal care
 - timely follow-up and early detection of any diagnosis of disability
 - prevention of disability by immunization
 - adequate nutrition especially for growing children
 - education programs which raise awareness to prevent the causes of disability
 - Timely medical treatment and rehabilitation etc.,
- Article 20:** The Royal Government shall assist in health care and treatment services to the people with disabilities whose disabilities are serious or who are poor and helpless.

Chapter 4 Public Access

- Article 21:** The term "Public Places" in this law means areas, building, premises and transportation means owned by state, public or private entities which are open to the general public such as ministries, departments, institutions, roads, resorts, cultural centers, sporting places, recreational places, educational establishment, hotels, hospitals, health centers, restaurants, transportation systems, etc.
- Article 22:** Any public places being constructed or to be constructed shall be provided accessible facilities to the people with all kinds of disabilities such as ramps, accessory handrails in bathroom and signs etc.

- Article 23:** Any public places which already constructed before this legislation comes into force, and not yet equipped with the facilities as stated in the Article 22 shall be prepared to raise a plan and to be renewed, so that they are accessible to people with disabilities. The requirement to alter public places shall not be excused unless employers or owners of such public places can demonstrate that there are structurally practicable or can only be made at extreme expenses.
- Article 24:** Concerned competence ministries shall collaborate in providing authorization on construction plans and construction, and inspecting building of public places to ensure the accessibility of people with disabilities as stated in Article 22.
- Article 25:** Instructions on accessibility of people with disabilities as stated in Article 22, 23 and 24 shall be defined by the PRAKAS of competence ministry.
- Article 26:** People with Disabilities have the rights to acquire driver license to operate vehicles. The capacity to operate as well as the type of vehicles for people with disabilities shall be defined by the joint PRAKAS of the Ministry of Health and Ministry of Public Works and Transports.
- Article 27:** The Ministry of Public Works and Transports shall issue a disability sign card to people with disabilities who operate vehicle. A person with disability who operates vehicle can display sign card in his/her vehicle visible to others. A person with disability shall display this sign card in his/her vehicle when he/she park at the parking lot for people with disabilities.
- Article 28:** The Ministry of Public Works and Transports shall issue the PRAKAS to have reserve in public and private parking lots for people with disabilities.

Chapter 5 Education

- Article 29:** The term "Educational Establishment" in this law means any state and public or private school that is authorized by the government to offer educating and training to students of any age. This term include from kindergarten upward.
- Article 30:** "Qualified Student with Disability" in this law means person with disability of any age who intends to study, is studying and continues to study, and can perform the programs of study offered by educational institutions. Reasonable accommodation includes:
- Teaching rooms and educational places
 - Educational methodology and pedagogy in sync with disabilities
 - Study materials or other equipment to assist student with disabilities
 - Training and teaching materials for teachers or professors

and other reasonable accommodations which will be facilitated to meet the needs of individual student with disabilities.

Article 31: No qualified student with disabilities shall be denied access to any educational establishment or scholarship awards unless there are any reasonable provisions stipulated in differences.

Article 32: The Ministry of Education Youth and Sports shall pay attention, especially, to the needs of education of student with disabilities.

The poor qualified student with disabilities shall be offered free of charge for studying in state and public educational establishment.

The private school shall discount for studying of student with disabilities. All books and stationery of educational establishment shall be discounted for student with disabilities.

Article 33: The Ministry of Education Youth and Sports shall include general education programs on awareness the causes of disability, prevention, and the values of the people with disabilities etc.

The Ministry of Education Youth and Sports shall have pedagogical program to train teachers and professors to realize disabilities, and teaching methodology to teach student with disabilities.

Article 34: The Ministry of Education Youth and Sports shall establish national policy and strategy to educate student with disabilities such as:

- Promoting integrated education to the utmost extent
- Establishing special education to respond to the needs of student with disabilities.

Chapter 6 Employment And Vocational Training

Article 35: "Qualified Person with Disabilities" in this law means person with disabilities who has capacity to perform positions, roles, and responsibilities in the functions in which such person holds and wishes to hold.

Article 36: "Employee" in this law means person with disabilities who signs employment contract with an employer, and who works under the supervision of that employer or his/her representative as defined in labor law and co-statute of civil servants.

"Employer" in this law means natural person or legal person, state, public or private, who employs employee to work as defined in labor law and co-statute of civil servants.

Article 37: Qualified Person with Disabilities has the right to work without any discrimination, in all aspects, including apprenticeship and internship.

The discrimination aims to any circumstances such as application for employment, acceptance salary, rank promotion, job termination, compensation, training and other conditions.

Article 38: An employer, who employs more than a certain number of full-time employees, shall employ appropriate percentage of full-time disabled employees.

Article 39: An employer shall make a declaration periodically on the number of full-time employees and full-time disabled employees to the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation.

Article 40: An employer, who does not fulfill the provision of Article38, shall pay a contribution to the People with Disabilities' Fund.

Article 41: An employer shall provide reasonable accommodation to qualified people with disabilities, whether they are applicants, employees, apprentices or interns, unless such reasonable accommodation causes undue burden to employer.

Article 42: "Reasonable Accommodation " in this law refers to:

- a- Making existing facilities at the workplace, or changing equipment or devices to make them accessible by people with disabilities.
- b- Job restructuring, work scheduling, modification of examinations or comfort them through re-preparing policies to provide services and other similar accommodations for people with disabilities.

"Undue burden" in this law refers to the reasonable accommodation that cannot be carried out without significant difficulty or expense. In determining whether what measure would cause undue burden, the following factors shall be considered:

- a- The cost of measure to be taken
- b- The financial resources and total value of the facilities
- c- The nature and number of employees, apprentices or interns, premises, the effect or impact which may be the results of accommodations.

Article 43: Vocational Training Institutions of state, public or private entities shall accept to provide training to qualified people with disabilities.

Article 44: Vocational Training Institutions of state, public or private entities shall provide reasonable accommodation to qualified person with disabilities who is applicant, trainee or intern, unless such accommodation causes undue burden.

Article 45: Vocational Training Institutions of state, public or private entities shall have detailed training curriculum in writing to disseminate to people with disabilities well in advance. Such curriculum shall be considered as testimony of responsibility and essential duty required by the training programs.

Chapter 7 Incentive Program

Article 46: The Royal Government shall establish incentive program to the own, family or collective occupation of people with disabilities through tax reduction and provision of other priorities.

The above incentive program shall be defined by PRAKAS of Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation and Ministry of Economic and Finance.

Article 47: The Royal Government shall establish program to provide tax reductions and other incentives to the employer who employ appropriate percentage or over appropriate percentage of people with disabilities as stated in Chapter 6 of this law.

The level of above incentive program and other incentives shall be defined by the Sub-Decree.

Article 48: The Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation, Ministry of Economic and Finance, and concerned Institutions shall broadly disseminate incentive program to investors and employers.

Article 49: The Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation, Ministry of Economic and Finance, and concerned Institutions shall jointly collaborate in following-up and monitoring the implementation of this incentive program.

Chapter 8 Elections

Article 50: No people with disabilities shall be denied the right to vote or to be selected because of that person has disability.

Article 51: The National Election Committee shall take appropriate measures to enable people with disabilities to access to vote.

Article 52: The National Election Committee, Ministries, concerned Institutions and Organizations shall jointly collaborate in preparing program to raise awareness of the right of people with disabilities to vote broadly.

The program related to election shall include:

- the right of people with disabilities to vote
- the right to choose an assistant
- procedure and form of fulfilling agreement between voter with disabilities and assistant prior to entering voting booth
- appropriate measure and making possible for voting of people with disabilities.

Chapter 9 Disability Action Council

Article 53: To establish a Disability Action Council with the abbreviation "DAC". Disability Action Council is national coordinating mechanism, to coordinate the work and to provide advisory to the Royal Government on disabilities issue.

Article 54: This Council (DAC) has its responsibilities as follows:

- To provide advisory on disability and rehabilitation issue
- To collaborate with the Royal Government and related organizations in preparing policies, national plans and strategies related to disability and rehabilitation.
- To promote the implementation of policies, laws and other regulations related to disability and rehabilitation.
- To provide recommendation for the Royal Government to change, to add or to amend on policies, laws and other regulations.
- To collaborate, monitor and evaluate the implementation of policies, laws, national plans and other regulations.

Article 55: Disability Action Council is governed by Executive Board compose of one senior official of the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation as a chairperson, representative from relevant ministries, representative from people with disability organizations, and representative from other organizations as members.

The functioning and processing of Disability Action Council shall be defined by Sub-Decree.

Chapter 10 People With Disabilities' Fund

Article 56: People With Disabilities' Fund shall be established:

- To provide fund for implementing programs which assist people with disabilities and to support to institutions and establishments which provide services to people with disabilities including health, education, rehabilitation, vocational training and job placement.
- To enhance and increase welfare of people with disabilities, especially:
 - the poor people with disabilities who have not received rehabilitation services;
 - the poor family of people with disabilities who are dependent on person with disability; and
 - the poor people with disabilities who have received rehabilitation services or people with disabilities who have skills but have no employment yet.
- To provide credits for reasonable accommodation

Article 57: People with Disabilities' Fund is a public establishment, which shall be established by Sub-Decree.

Article 58: People with Disabilities' Fund comes from the Royal Government, institutions, philanthropists and contribution stipulated in Article 39 of this law.

Chapter 11 Disability Rights Administration

Article 59: The Disability Rights Administration is a unit of Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation, and is responsible for preparing, implementing, coordinating, supervising, and evaluating national disability rights policy. Particularly within the realms of public administration, it is the tool for formulating and enforcing legislation in order for this policy to materialize.

Article 60: Disability Rights Administration provides its advisory to the people with disabilities, public establishments and related NGOs to uphold the collaboration and cooperation in order to strengthen the effective implementation of this law.

Article 61: Disability Rights Administration provides mediation and reconciliation services, and settles other disputes which occurred to the people with disabilities.

Article 62: Disability Rights Administration shall have Disability Database Unit and Unit of Inspection and Mediation.

Article 63: Disability Rights Administration shall disseminate the contents of this law as well as laws and other regulations related to disabilities broadly.

Article 64: The functioning and processing of Disability Rights Administration shall be defined by the PRAKAS of the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation.

Chapter 12 Punishment

Article 65: Those guilty of violating the provisions of the Article 32-paragraph 3 and 4, Article 39, 41 and 44 are liable to a fine of 100.000 riels to 500.000 riels.

Article 66: Those guilty of violating the provisions of the Articles 22, 23, 37, 38 and 40 are liable to a fine of 500.001 riels to 2.000.000 riels or to imprisonment of six days to three months or both.

Article 67: When there are several infractions, which are liable to the same penalty by virtue of this law, fines must be proportional to the number of infractions. However, the total amount fined cannot exceed five times the maximum rate of fines.

This rule applies particularly when several workers are employed under conditions contrary to this law.

Fines imposed in the event of subsequent offences are tripled.

Article 68: Anyone who prevents or attempts to prevent the Disability Rights Inspectors from carrying out their functions or from exercising their powers, is liable to a fine of 500.001riel to 2.000.000riel or to imprisonment of six days to three months or both.

**Chapter 13
Final Provision**

Article 69: Any legal provisions contradict to this law shall be abrogated.

This law has been adopted by the Parliament of the
Kingdom of Cambodia on
.....at 2nd session of term.

Phnom Penh,[200X](#)

President of National Assembly

OUTCOMES OF THE PROVINCIAL AND THE NATIONAL WORKSHOPS

I. Provincial Workshop

Since there were time constraints for reviewing and discussing background papers, the outcomes of the workshops are expected to help develop the background paper.

Below are the outcomes of the two workshops made by plenary and group discussions. Outcomes have been compiled into categories as the following:

A. Problems and Needs Identified

1. National Coordination

There are gaps that the National Coordination must fulfill, e.g. the National Coordination is based at the national level and not recognized at the provincial level. It is not clear to what extent the National Coordination supports the advocacy movement and the inclusion and mainstreaming of persons with disability. There is a gap in relationship with mainstream development NGOs.

2. Legislation

- There is no law to protect the rights of persons with disability.
- Many disabled veterans sell their pension books for day-to-day survival; others sell it for their whole life.

3. Information and Database

- There is no law to protect the rights of persons with disability.
- Disability data collection has not been done well.
- There is no basic database on disability in terms of statistic, types of disabilities, situations, etc.
- There is a requirement to identify the needs of different types of disabilities.

4. Public Awareness

- Contribution of the Human Right Sector NGOs in raising public awareness on the rights of persons with disability is lacking.
- The use of media such as radio, TV, Leaflets, newsletter and the contribution of the local authority, to advise persons with disability on services available for them are very limited. *Persons with disability who live in the rural area are not informed about services available for them.*
- Means for dissemination of information to persons with disability, such as staffing, transports, and funding are limited.
- Awareness of disability issues is quite low at the community level due to lack of awareness raising.

5. Education

- Most persons with disability have low levels of education; some of them do not have good memory.
- Access to education for the children of persons with disability and children with disabilities are quite limited.
- Discrimination against persons with disabilities is an issue.
- Disabled children cannot access education because of lack of support, transportation and schooling materials.
- Lack of technical support for the integration of disabled children into mainstream education.
- Special schools for children with visual and hearing impairments is quite limited in Cambodia.
- There is a need to promote formal and non-formal education for children with disabilities.

4. Vocational Training and Employment

- Most persons with disability have low levels of education.
- Vocational Training in general is not of good quality.
- Ex-students start their businesses with lack of capital.
- Credit schemes are not accessible or there is little accessibility for persons with disability. (*Credit schemes of the Ministry of Education via ILO is accessible to ex-students at a rate from 200-2000 US\$; Source ILO project Kampong Cham.*)
- Both government and NGOs do not pay attention to promote the Mobile Vocational Training Programs in the Community.
- Both government and private sector do not accept or employ qualified persons with disability. Legislation is a primary requirement.
- Vocational training program is not appropriate; lack of follow-up; doesn't respond to availability of market. *Women with disability received short-term training of hair dressing but the skill is not competitive.*
- Due to lack of knowledge and skills, persons with disability couldn't obtain appropriate employment.
- Skill training doesn't respond to the needs.
- Lack of capital to start the business.
- Lack of job employment.
- Mobility is a barrier for persons with disability to access the services.
- Disable persons are isolated from the community due to difficulty in their mobility.
- Disabled veterans face more difficulty after demobilization.
- Lack of transportation for persons with disability to services.
- Absence of community credit schemes, which persons with disability can access.
- No markets for selling products of persons with disability.
- The products made by persons with disability are not good in quality.
- Lack of support from the community and the local authority to businesses of person with disability.
- Community credit group do not accept persons with disability as their members.
- Qualified persons with disability are not the priority in the employment list of government and private sectors.
- Ex-students are not able to manage their businesses and cannot compete with the free market.

6. Physical Rehabilitation and Mobility

- Persons with disability who are based in rural areas do not have access to rehabilitation centers for assistive devices.
- Assistive devices are quite limited.
- Non-institutional rehabilitation is poor in Cambodia.

7. Prevention of Disability

- Landmine and UXO injuries are still increasing the number of people with disability in Cambodia.
- Women in rural area have little or no access to basic health care during pregnancy, childbirth and post delivery. Preventable diseases and food shortages are often linked to cause of disability.
- Traffic accidents are increasing in numbers in the cities.
- Public Awareness Raising on disability and the cause of disability at the community level is quite limited.
- Poverty is continuing the cause of disability.

8. Socio-economic and Health

- Lack of self-reliance and confidence among persons with disability.
- Disable persons are upset and hopeless and feel that they have sins from their past lives.
- No respect and support of the community in order to encourage disable persons to participate in their activities.
- Many families of persons with disability have no land and shelters.
- Most families of persons with disability have insufficient food.
- Hygiene among persons with disability is poor.
- Persons with disability have no self-confidence. *Self-awareness of self-esteem and encouragement are needed.*
- There are no special centers that provide services for people with mental disabilities in Cambodia.
- Morality among persons with disability is quite poor. Violence happens quite often in the families of persons with disability.
- Communities discriminate against persons with disability and families don't pay attention to the needs of disabled members.
- Many persons with disability tend to have several children and have no means to live.
- Many persons with disability owe money to moneylenders.
- Lack of psychological services.
- Lack of support from the members of the family and local authority.
- Discrimination: (example 1) *A disabled student with Bachelor's degree was not accepted to continue her study to become a doctor. She was refused because she is a person with disability.* (example 2): *A private company wanted to select a medical doctor for their staff. A woman with a disability applied for the position but was refused due to her disability.*
- No laws exist to protect the rights of persons with disability.
- Social-welfare services for persons with disability are quite limited, both at the community and national level.

- Persons with disability isolate themselves from the community due to ignorance and poverty.
- There are no centers for mentally and severely persons with disability.
- Lack of respect and attention from the family members and the community towards persons with disability.
- Most persons with disability rely on work of physical labor to earn their living, but this is not enough for survival.
- Most persons with disability, including children with disabilities, are forced to sell their labor work and resort to begging in Thailand.
- Health among persons with disability is even more affected due to lack of support and poverty; health sector can not provide free services to them due to lack of budget; the service is not good and not sustainable.

9. Self-help Organization

- Disabled individuals distance themselves from their peers; no advocacy association of persons with disability at provincial and community levels exist, which makes external support possible.
- Promotion of a concept of self-help group is low.
- Support for Self-help groups/association is limited.
- **Q.** *by a disabled individual: "If a person with disability has a means to build a self-help group (SHG), would the effort be supported by the local authority? A person with disability may feel reluctant if he wants to form a self-help group because it may be illegal in the community."*
- **A.** *by a senior official of MOSALVY: "Forming of a self-help group is not the expertise of the local authority, but they are supporters of persons with disability and expertise organizations. Self-help groups are formed in various ways and for various purposes, e.g. SGH for savings bank, SHG for rice bank and for socio-economic purposes, etc. This contributes to poverty reduction".*

B. Recommendations

1. General recommendations

- Civil war has destroyed most of the national infrastructure. What is left is poverty, disability, widows and orphans. People with disability, widows and orphans are especially vulnerable and are the poorest among the poor Cambodians. Thus, government and non-governmental social sector should pay a great attention to this group of people through programs that aim to reduce poverty and improve the living conditions among them.
- Disability may cripple a person's physical and mental functions. A person with disability usually lives without hope and with no sense of self-confidence. Rehabilitation and health centers as well as disability awareness are necessarily factors to reduce crisis of disability.
- Basic needs of persons with disability, such as need of respect of human dignity, opportunity to education and need of freedom, etc are quite common to persons without disability. The community looks at persons with disability as cripples, unable-bodied and abuse of their rights and exploitation of the interests of persons with disability is quite normal. Thus, disability sector should promote public awareness activities at all levels and the state should protect persons/children with disabilities from exploitation of their labor work.

- An appropriate employment and credit scheme should be set up for persons with disabilities.

2. Recommendations by Each of the Principles

National Coordination

- The State should establish the National Coordination body, which can cope from the National to community level. The body should be supporters of persons with disability.
- Network between the national and the community levels should be strengthened in order to cope with the disability and rehabilitation sector.

Legislation

- The government should accelerate the process of adaptation of disability legislation.
- The government should adopt the legislation to protect the rights of people with disability in order to ensure that they fully exercise their rights and gain respect from society. The legislation should be disseminated throughout the country to the public, relevant institutions and persons with disability, in order to fight against discrimination.

Information and Database

- The State should conduct a survey and develop the national database on disability.
- The State should disseminate information and data to civil society, NGOs and relevant institutions in order to support their development of programs concerning persons with disability.
- A resource center where information on job opportunities for persons with disability is accurately updated should be developed.
- Funds should be allocated for data collection in order to ensure accurate national database and information on disability.
- The existing database system should be strengthened and networks should be set up between the national and community levels.

Socio-economic and Health

- Living conditions among people with disability, who are most vulnerable, are quite low. Humanitarian agencies should pay more attention to them in terms of preventing them from hunger and supporting them to earn an income.
- Lack of education prevents persons with disabilities to learn about basic hygiene. Health sector of the government should pay attention to this matter. Psychological education services should be provided to persons with disability.
- The social sector and the community should encourage and educate the disabled community in self-esteem to live with hope and confidence.
- The State should set up a policy whereby landless persons with disability can resettle and for the farming purpose in conforming to the Poverty Reduction Policy of the Royal Government.
- There is no service for mentally and intellectually persons with disability. The Government should establish a special center for them. The law should ensure the

well-being of persons with disability, such as services including health, rehabilitation, etc. free of charge or at lower costs.

- All relevant sectors should encourage persons with disability to get involved in social activities.
- Severely physical and mental persons with disability should be taken care of; food and materials should be provided and their participation in the development activities should be encouraged.
- Primary health care education should be provided to persons with disability and families; family planning; AIDS/HIV and drug awareness is necessary.

Public Awareness

- The State should ensure that International Day of Disabled Persons be organized annually to promote public awareness and respect for persons with disability.
- The State should use the public media to encourage and provide advice to persons with disability and the community about their rights as well as promote the integration/inclusion of persons with disability into the development activities.
- Religious societies should play a role in the promotion of public awareness on disability.

Accessibility and Communication

- In general, the public buildings are not accessible to persons with disability. Social and the built environment sectors should work together to initiate a project to respond to this need.

Education

- There should be access to education for the children of persons with disability and children with disability. Social and educational sectors should pay more attention to the matter and should develop an appropriate approach to support them in accessing general education.
- Discrimination against children with disabilities and children of persons with disability is an obstacle for their access to school. Educational sector should take measures in order to ensure that they receive equal opportunity for education.
- The State should promote non-formal and literacy programs for persons with disability and they should be encouraged to be involved in this program.

Vocational Training and Employment

- Vocational Training in general is not of good quality. Social and education sectors should collaborate in promoting and standardizing non-formal educational programs.
- There should be funds allocated to assist the ex-students access job/employment opportunities.
- Many persons with disability cannot access vocational training. MOSALVY and NGOs should initiate mobile vocational training to access the community and provide basic and community based skills should be trained to persons with disability at their community.
- The State should strengthen and improve the vocational training program and encourage them to involve persons with disability in the process.

- The Vocational Training cycle should be longer term to ensure that persons with disability have obtained the necessary skills to compete in the current free market.
- The State should establish an educational system especially for persons with disability to reduce illiteracy among persons with disability.
- The State should set up a mechanism to follow up the vocational training programs and ensure the quality of such program, so that persons with disability will possess the right skills needed for the current national and international labor market.
- There should be an allocation of funds specifically for credit schemes to provide to ex-students.
- The State should encourage persons with disability and help them seek employment and identify markets for their products.
- Mobile vocational training should be set up to ensure persons with disability in the community could access skill-training programs.
- The state should establish a special enterprise such as a garment factory for the production of state uniforms and/or enterprises where qualified persons with disability could be accepted.
- Since agriculture is the most basic to people with disability who have low education, skill training in agriculture, such as poultry raising, gardening, fish pond, etc using community-based approaches should be promoted.
- To improve the business and skills of disabled students, the service providers should provide them an exchange of visits between successful projects.

Physical Rehabilitation and Assistive Devices

- Persons with disability who live in the rural areas do not have access to rehabilitation center/services. NGOs should expand their programs to reach the rural areas.
- Physical rehabilitation should be expanded and mobile rehabilitation should be set up.
- Non-institutional rehabilitation should be promoted.

Prevention of Disability

- The state and health sector NGOs should give special attention to health education, including preventative and curative health care in rural areas; improving primary health care; promoting good nutrition, hygiene, safe birthing practices for women and children; accident prevention in the home; reducing incidence of communicable and vaccine preventable diseases and enabling affordable access to medical services
- The state should promote protective measures against landmine and UXOs, traffic and industrial accidents.

Self-help Organization

- The state and the disability sector NGOs should encourage and support the establishment and strengthening of self-help and advocacy organizations for persons with disability at all levels.
- Development of self-help groups at the village, commune and national level should be promoted, through a collaboration between NGOs, government ministries, local authorities and involve persons with disability at all levels.

C. Constraints

- Time allocation for the workshop was not adequate especially it didn't allow enough time to get the inputs from the stakeholders/participants.
- Most of participants took their time at the workshop to read over the background papers.
- Knowledge in disability among the participants was very limited.
- Due to expectation of payment, participation and motivation among local government staff was very low.

II. National Workshop

A. Problems and Needs Identified

1. National Coordination, Information Technology and Infrastructure

National Coordination

- Lack of communication and exchange of information (overlapping of services)
- Lack of clear Policy and Action Plan.
- Lack of cooperation/collaboration between relevant institutions/ministries in decision-making.
- Lack of involvement of persons with disability.
- Relevant institutions/ministries haven't included disability into their programs.

Information Technology

- Lack of information dissemination and awareness raising on disability, employment, skill training, education, health and service provision.
- Lack of support from the government in fostering and encouraging the private sector to raise the awareness on disability.
- Lack of network for dissemination of information.
- Database and information on disability is not accurate.

Infrastructure

- Lack of awareness of the needs of persons with disability in the use of public services.
- Lack of awareness in mainstreaming disability into general development programs in the provincial and community levels.

2. Vocational Training and Micro-enterprise

- Some persons with disability have skills and development ideas, but lack of capital to start businesses or farming;
- Selected disabled students do not have potential and motivation.
- No opportunity to receive the skills that persons with disability needed (due to lack of transportation, their living conditions and lack of a support center).
- No follow up after the training (lack of funds, lack of operation).
- General education among persons with disability is low.

- Lack of marketing knowledge and communication while competition is high.
- Lack of self-confidence among persons with disability (esp. in starting small businesses).
- Skills received by persons with disability are not marketable competitive and do not respond to the needs of the market.
- Lack of access to information.
- Discrimination against persons with disability in employment.
- Belief and culture are negative to disability.
- Lack of support from community and family.
- Lack policies and laws to support persons with disability.
- Lack of means of accessibility and living conditions.
- Lack of contacts with the private sector.

3. Rehabilitation, Assistive Devices and Health

Rehabilitation

- Lack of information, networks and communication;
- Lack of awareness raising for vision in this area;
- Geographical factor for the recipients of service;
- Overlapping in the use of services (one recipient uses the same service from two service providers).

Assistive Devices

- Behavioral problems in the uses of assistive devices;
- Geographical factor for the recipients of services;
- Overlapping in the use of services (one recipient uses the same service from two service providers).

Health

- Lack of information regarding health service;
- Discrimination of health workers against persons with disability;
- High cost of health services.

4. Education, Accessibility and Communication

Education

- Discrimination of the family, community and school against persons with disability;
- Schools are based far from home and lack transportation means;
- Lack of policy on education for persons with disability;
- Lack of technical support for education of persons with disability;
- Lack of community support;
- Government budget is limited;

Accessibility

- There is no accessibility to laws;

- The communities are not aware of potential of persons with disability, and therefore do not respect the rights of persons with disability;

Communication

- Lack of support from the community and relevant institutions;
- Lack of media networks;
- Lack of communication;
- Lack of funding;

5. Support the Self-help Organization of Persons with disability

- Absence of a clear definition of self-help organizations;
- Low expectations or expectation is too high and abstract;
- Lack of awareness by people with disabilities about their rights; Isolation;
- Lack of support (from community, NGOs, governments);
- Lack of access to information, services, funds;
- Lack of expertise, knowledge within self-help organizations;

6. Legislation, Policy and Data and Information

Disability Legislation

- Labor laws for persons with disability;
- Infrastructure and building environment laws relating to disability;
- Land possessing law relating to disability;
- Laws of education and training relating to disability;

Policy

- Provide support to people with disability with all forms of disabilities, including congenital;
- Encourage people with disability at the community level;
- Provide health services for persons with disability free of charge;
- Provide a relief service to the most vulnerable persons with disability;

Data and Information

- Lack of awareness raising and information for persons with disability, in terms of the use of public media such as radio and TV.
- Lack of database and information on disability;
- Lack of community follow up;
- Inadequate extension workers;
- There is no social protection for people with disability at the community;
- Lack of networks in collecting data information on disability at the national level.

B. National Strategy Action Plan

1. Rehabilitation, Assistive Devices and Health

Goal: Expand rehabilitation, assistive devices and health services for persons with disability and ensure their effectiveness.

Rehabilitation

Objective: Promote dissemination of information and communication.

Activity:

- Rehab workers;
- Stakeholders
- National level; Ministry of Information; Ministry of Transportation; Ministry of Social Affairs.

Assistive Devices

Objective #1: Define geographical coverage of the service and beneficiaries;

Activity:

- Volunteers; Self-help Groups of persons with disability
- Relevant Agencies
- Provide more training on use of services

Objective #2: Improve data on recipients of service;

Activity:

- Divide geographical areas of responsibility between services providers.
- Collaborate between local authorities and extension workers.
- Volunteers (reporting)
- Regular follow up.

Health

Objective #1: Promote health services and take measures to prevent causes of disability;

Activity: Community Health agents provide primary health care to persons with disability.

Objective #2: Reinforce policies on reduction of service charges for people with disabilities.

Activity: Collaboration between the medical service sector and the Ministry of Health.

Vision: Persons with disability with all forms of disabilities receive proper medical care services effectively.

Philosophy: Respect the rights of persons with disability in decision-making, and promote non-discriminatory environment against persons with disability.

Objectives:

1.1. Improve and expand rehabilitation services.

Activities:

- Promote dissemination of information and training on rehabilitation.
- Improve the control of data on recipients of service;
- Divide geographical areas of responsibility between service providers to avoid overlapping of services;
- Develop recording system on recipients of services

Starting Time: Immediate, if possible, for 3 years, including evaluation.

Solution: Establish a Technical Working Group to:

- Examine, collect information for training and dissemination;
- Use the public media (governmental and private) and networks of NGOs and of the government.

Coordination and Collaboration Body:

- Ministry of Social Affairs, Ministry of Women and Veteran Affairs, Ministry of Rural Development, Ministry of Health and Ministry of Information.
- NGOs, families, relatives, friends and persons with disability themselves.
- Village and Commune Development Committees, activists and local authorities.
- Journalists and reporters

1.2 Promote the use of Assistive Devices

Activity:

- Define the geographical areas of the recipients of services.
- Develop training packages on use of services.
- Promote the quality of services and encourage people with disability on the use of services.

Starting Time: Immediate. Evaluation takes place at the end of each fiscal year (encouragement).

Solutions:

- Strengthen the relationship and collaboration between the stakeholders
- Regular follow up of recipients of the services.
- Develop training tools.
- Develop a procedure to ensure the quality of service provision.

Implementers:

- National and International NGOs, Governmental Agencies.
- Community, families, religious societies, and especially persons with disability themselves.
- Donors

1.3 Provide effective health care services.

Activity: Prevent the cause of disabilities through promoting awareness on:

- The causes of disabilities;
- Primary health care, both physical and mental, with the involvement of the community;
- The needs of persons with disability, support and encouragement, compassion towards persons with disability.

Starting time: On going.

Solution:

- Develop a guideline and training package.
- Integrate disability into the mainstream health care education systems.

Implementers:

- Ministry of Health and Ministry of Social Affairs;
- Ministry of Information, Ministry of Rural Development, NGOs, Community;
- Donors.

2. Education, Accessibility and Communication

- Feasibility study on the project, collect information
- Analysis of information, positive (strength), negative (weakness), opportunity and threads.
- Develop a strategy
- Goal of the project
- Objectives
- Action Plan, budgeting
- Monitoring and evaluation system.

5-year Strategy

- Define a project
- Collect data and information relevant to project.
- Analysis (with various tools)
- Develop strategy base on the result of analysis
- Develop goals and objectives of the project
- Develop operational Action Plan
- Develop budget
- Develop monitoring and evaluation system

Project Title: Education, Accessibility and Communication

- Feasibility Study, information collected
- Information Analysis; analysis tool (positive, negative, opportunity and thread) in place.

Education**Strengths:**

- Availability of schools, materials, educational curriculum, teachers, environment

Weaknesses:

- No curriculum for disabled students; teachers lack appropriate skills, methodology and technical supports for disabled students; living conditions of both teachers and students are limited; schooling environment doesn't respond to the needs of persons with disability; lack of tools and materials; lack of communication between relevant institutions.

Opportunities:

- Government, NGOs and relevant institutions take action in promoting education for people with disabilities (law and policy); relevant institutions and NGOs are interested in the project; disability awareness raising media is properly developed.

Threats:

- Lack of regulatory reinforcement; Community and the family do not accept the value of persons with disability.

Accessibility**Strengths:**

- Some public buildings are accessible for persons with disability; availability of infrastructure; some institutions in Cambodia have produced transportation means for persons with disability; availability of hospitals, markets, and public buildings.

Weaknesses:

- People with disability cannot access most public buildings, no ramps; lack of transportation means for persons with disability.

Opportunities:

- Laws that include accessibility for people with disability are ready for approval; some institutions are improving transportation means by adapting to the needs of persons with disability.

Threats:

- Lack of carrying out services for people with disabilities; some persons with disability do not effectively use the services.

Communication**Strength:**

- Availability of public media; availability of communicative network from national to community levels through NGOs and government offices.

Weakness:

- Networking at the community level is limited; public media system is not collaborative or is very limited; telecommunication and transport is quite limited.

Opportunity:

- Government is supportive to NGOs and governmental agencies; government allows the use of communication system such as Icom, Tel, e-mail and Internet.

Threat:

- Geographical locations are not appropriate; lack of collaboration of local authorities in providing information.

3. Vocational Training, Employment and Micro-enterprise**Strategy: Improve the quality of Vocational Training and promote employment and micro-enterprise for persons with disabilities in Cambodia.**

Goal: To improve the quality of life of people with disabilities.

Objective 1: People with disabilities can access higher qualitative vocational training which meets the needs of the job market.

Objective 2: People with Disabilities gain employment opportunities without discrimination.

Objective 3: People with disability are able to develop their micro-enterprises with sustainability.

Activities**Objective 1:**

- 1.1. Develop criteria to ensure the selection of the appropriate disabled students for vocational training with involvement of the community and family of persons with disability.
- 1.2. Strengthen and standardize the quality of the vocational training to meet the needs of labor market. (Recommended).
- 1.3. Develop mobile-community-based skill training program.
- 1.4. Develop and refer persons with disability to apprenticeship.
- 1.5. Establish Regional Vocational Training which persons with disability from surrounding provinces can access.
- 1.6. Improve collaboration between the service provider and provincial office of the related Ministry in following up with former students.

Objective 2:

- 2.1. Accelerate adaptation of laws on the rights of disable persons.
- 2.2. Promote awareness of laws in Cambodia.
- 2.3. Strengthen the intersectoral collaboration and governmental and non-governmental organizations in order to ensure efficiency of employment for persons with disabilities.
- 2.4. Service providers and government agencies collaborate to ensure job placement for disabled students.

Objective 3:

- 3.1. Establish credit schemes offering the lowest interest, so that persons with disability can start their micro-enterprises.
- 3.2. Improve involvement in the establishment and the implementation of micro-enterprises.

4. National Coordination, Infrastructure and Information Technology***National Coordination***

Promote the coordination and strengthen the capacity of the government and relevant/rehab sector NGOs in carrying out services to ensure that people with disabilities gain opportunities to benefit equally.

- Develop a 5-year national action plan on disability and rehabilitation;
- Strengthen national coordination mechanisms between governmental agencies and relevant NGOs to cope with the situations from national to community levels;
- Foster the process of submission and adaptation of the law to protect the rights of people with disabilities and ministerial regulations on disability.

Information Technology and Public Awareness

- Establish a National Resource Center to develop a disability national database and disseminate them.
- Promote disability public awareness.

Infrastructure Free of Obstacles

- Foster the involvement of the Ministry of Public Transport, Ministry of Public Building; and other relevant Ministries in the disability sector;
- Develop and standardize a technological system and promote physical infrastructure for persons with disability. Ensure that persons with disability are involved in the decision making and implementation processes;

5. Disability Law, Policy, Data and Information

Goal: Develop strategy on disability related to poverty reduction

Objective: Protect the rights of persons with disabilities

Activities:

- Develop laws to protect the rights of people with disabilities.
- Consultation with governmental agencies and NGOs, including private sector and religious societies.

Develop Policies

- Assist persons with disabilities of all types, including congenital.
- This includes encouragement, health care free of charge and priority given to health services.

Develop policies on education and training:

- Increase media systems for awareness raising;
- Build a Vocational Training Center (provide dormitory, food and transportation, etc);
- Build the capacity of the community;

Law to protect the rights of persons with disabilities:

- Disseminate and provide training on laws to protect the rights of persons with disabilities;
- Give priority to persons with disability to participate in the activities of the community, society and in religious societies as well as the right to own land;
- Give priority to persons with disability to access skill training and job employment in accordance with their qualifications;

Database and Information

- Promote the public media system from national to community levels;
- Strengthen follow-up mechanism at the community level;
- Develop a national database and update it every one to two years;
- Develop a community network of persons with disability for employment purpose.

6. Self-Help Organizations of People with Disabilities**Outline for the National Strategy**

- Problem Statement;
- Vision – Desired goal;
- Philosophy and Principles;
- Overall Objectives;
- Detailed Action Plan, including: time-frame, participants and responsibilities, intersectoral collaboration

Problem Statement

Absence of a clear definition of self-help organizations; lack of expectations or expectation is too high and abstract; lack of awareness by people with disabilities about their rights; isolation; lack of support (from community, NGOs, governments); lack of access to information, services, funds; lack of expertise and knowledge within self-help organizations.

Vision

Strong, sustainable and influential Self-Help Disability (wide range) Organizations promoting integration of people with disability into Cambodian society with a strong grass roots/community base and developed expertise, responding to the needs of and accountable to their members, and recognized and supported by governments, donor agencies and others to operate autonomously.

Philosophy and Principles

- Human Rights;
- Citizenship;
- Grass root based;
- Democratic values;
- Accountability to their members;
- Integration; Participation; Access;
- Empowerment of their members;

Overall Objectives

Objective #1: To develop strong, sustainable and influential Self Help Disability Organizations (SHO);

Objective #2: To promote a grass roots/community based organization that has accountability to their members;

Objective #3: To promote participation of self-help organizations and ensure recognition and support from governments, donor agencies and others;

Objective #4: To ensure respect and autonomy of SHOs.

Detailed Action Plan

Objective #1:

- 1.1. To define a role of SHO, legal status; (2003-04) (Government, National Assembly)
- 1.2. Raise Awareness about role and potentials of SHO – amongst people with disabilities and communities; (CB-NGOs) (on going)
- 1.3. Raise Awareness amongst key stakeholders, including governments, donor agencies etc.; (CDPO, ABC, SHOs) (according to National events and International days)
- 1.4. Identify organization and community needs in terms of knowledge, expertise and resources; (On going) (Outside expertise of SHOs)
- 1.5. To obtain financial support from government, donors
- 1.6. Support to the CDPO reform process (2003) (agencies in reform committee)

Objective #2:

- 2.1. Provide training in Management; Financial records; Literacy; Participatory Approach; (on going) (Outside expertise + SHOs)

- 2.2. Establish an organizational structure, which is inclusive, democratic, and which ensures participation of grass root members and accountability to them; (in the first year of establishment) (Members of SHOs + Experts)
- 2.3. Promote inclusion of the most marginalized groups within disability population (women, children, mental health, elderly, HIV/AIDS); (on going) (SHOs + CB, NGOs)
- 2.4. To establish effective and transparent communication system, internally and externally; and monitoring within SHO; (from the beginning, exchange visits) (SHO)
- 2.5. Promote coalition building between different groups; (on going) (SHOs)

Objective #3:

- 3.1. To ensure participation of SHO in the decision making process, planning and monitoring at all levels(national, provincial, village: VDC, health groups, disabled veterans, etc); (on going) (government + CB and NGOs)
- 3.2. To develop an operational policy within governments and donor agencies for consultation with SHO and establish an ongoing process of consultation; (On going in the first planning cycle) (Government, donors, NGOs)
- 3.3. Develop guidelines and resource network for government, donors and others; (On going) (Expert + NGOs + Government + SHO + Donors)

Objective #4:

- 4.1. To raise awareness of stakeholders on the need for autonomy of SHO; (on going) (SHO + NGOs + Government)
- 4.2. To ensure donors, government, address needs identified by disability SHO; (on going) (donor and Government)
- 4.3. To include these notions into national legislation; (2003) (Government)

C. Recommendations

1. Rehabilitation, Assistive Devices and Health

1. Establish a working group to collect information on rehabilitation services in order to disseminate for the use of services through public media;
2. Develop a mechanism to cope with geographical areas on the use and quality of services and provide more training on the use of assistive devices;
3. Strengthen the coordination of services, exchange of information and recipients of services to avoid overlapping of services in the same geographical areas;
4. Develop guidelines and training packages for primary health care education, both for physically and mentally persons with disability;
5. Integrate disability into the mainstream health care education systems and reduce service charges for persons with disability;

2. Education, Accessibility and Communication

1. Establish a Working Group on Education to a develop strategic action plan for poverty reduction of persons with disability;

2. The government should pay more attention to ensure accessibility for persons with disabilities;
3. The government should support and encourage the public media to mainstream disability issues and communication of persons with disabilities;
4. The government should develop informal education for persons with disability in remote areas;
5. The government should provide more opportunity for persons with disability to access higher education through provision of scholarships.

3. Vocational Training, Employment and Micro Enterprises

1. Vocational Training Sectors should be strengthened and the program should be standardized in order to respond to the needs of the public market;
2. The Ministry of Social Affairs and Rehab sector NGOs should establish a community mobile vocational training program;
3. The government should support the Ministry of Social Affairs to establish the vocational training centers at the national, regional and community levels;
4. The government, national assembly and senate should accelerate the process of the disability law;
5. Ministry of Social Affairs and donor agencies should provide adequate funds for strengthening business and employment prospects of persons with disability.

4. National Coordination, Infrastructure and Information Technology

1. The government should accelerate the process of submission and approval of the disability law;
2. Persons with disability should be involved in the decision-making and implementation of development projects at all levels.
3. Increase the activity of public awareness raising on disability issues.
4. Establish a disability resource center.
5. The Government, ADB and other donors should mainstream disability into their programs and policies.

5. Laws, Policies, Databases and Information Technology

1. The government should accelerate the process of submission and approval of the disability law;
2. Persons with disability should be involved at all levels of decision making on development of strategies affecting their lives;
3. Promote boarder disability awareness raising activities;
4. Establish a national database and information center;
5. The government, ADB and donor agencies should mainstream disability into their policy.

Law to Protect the Rights of People With Disabilities

1. Ministry of Social Affairs should accelerate the process of submission of the disability law;
2. Ministry of Social Affairs should establish an office in order to protect and enforce the law;

3. Ministry of Social Affairs should establish a committee to undertake follow up and monitoring of the enterprises and private companies;

Policies

1. Establish a nutrition center for disabled children.
2. The government should encourage relevant NGOs to take care of disabled children.
3. The government should provide loans with low interest rates for persons with disability.

Database and Information

1. The Ministry of Social Affairs should establish a data collection center to collect information from the community;

6. Self-Help Organization of People with Disability:

1. ADB should support the Disability Sector in Cambodia through its various mechanisms in collaboration with relevant Ministries, NGOs, SHO, DAC and others;
2. ADB should make use of information provided in DAC Strategic Directions for Disability and Rehabilitation and outcomes from National Workshop-ADB Project (July 29-31, 2002, Phnom Penh);
3. All stakeholders should support the development and strengthening of SH disability organizations by providing financial and technical resources;
4. Governments and NGOs should include SHO in its strategy for Poverty Reduction (at all levels of project cycle);
5. Raise disability awareness, emphasizing SHO's role and potential (stress SHO's importance during International Disabled People's Day – December 3, 2002).
6. The RG of Cambodia recommends that ADB foster the projects submitted by Cambodia.

D. Prioritized Recommendations

1. The government should accelerate the process of submission and approval of the disability law as soon as possible and disseminate it through the country and ensure the involvement from all relevant institutions;
2. Establish a Working Group to collect information on services, such as education (formal and non-formal) and vocational training, and disseminate them; increase the use of services and knowledge through all types of media and networks; survey and collect information and develop database on disability issues; identify the needs of persons with disability; conduct information analysis and disseminate them to all relevant institutions, including NGOs.
3. The Royal Government should support the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation in the establishment of vocational training centers at the national, regional and community levels, and provide community mobile vocational training;
4. Relevant ministries and NGOs should work together to develop guidelines and training packages for education, esp. for disabled children; increase awareness of primary health care and other health care services for persons with disability, especially for disabled girls, women and children.

5. The Asian Development Bank should support the disability sector in Cambodia through various mechanisms and in collaboration with the relevant governmental ministries.
6. The Royal Government and relevant NGOs should mainstream Self-help Organizations/disability issues into the national strategies and projects related to poverty reduction.
7. The Royal Government should promote opportunities for persons with disabilities to access mainstream education through providing scholarships and ensuring that schools are accessible for disabled students.

CASE STUDIES IN CAMBODIA

A. Cambodian Trust

1. Policy, Strategy, Legislation

1. When Cambodia Trust (CT) first came to Cambodia in 1991, a civil war was being fought in the northern provinces and there were numerous land mine victims. There were unexploded ordnances - and many more victims and fatalities of mine accidents to come. When CT first came to Cambodia they had a specific target group - mine victims, they had one clinic and assisted people with amputees by providing artificial limbs.

2. In order for CT to operate in Cambodia they had and have MOUs with the Royal Government of Cambodia (RGC). There is however a lack of legislation and a strategic National Plan in this field for NGOs to follow. While capacity in government departments is poor, collaboration with the RGC is good and all parties (NGOs/donors/RGC) are interested and work towards improving and developing legislation for people with disabilities though regular meetings and through a coordinating body called Disability Action Council (DAC).

3. In order to achieve a long-term vision, strategic plans have been developed for the Trust by the Board of Trustees in consultation with staff in the field and in line with what is happening in the sector.

2. Activities and Access

4. Initially CT's target group were mine victims. However, as the organization became established, it soon became apparent that there were other people with different disabilities; people with polio for example who needed orthotic devices rather than artificial limbs. This need was identified through patient demand; the patients/people with disabilities began to mould the organization's activities. Once people were mobile through devices or wheelchairs, other needs soon became apparent to the staff of CT and people once mobile asked for access to income generation activities.

5. Employment, however, is not part of CT's remit, and this and other needs expressed by people (those with cleft palates or other surgical needs and disabilities) in the villages led CT to set up a community work project. Through this project CT facilitates, supports and funds people with disabilities to gain access to mainstream NGOs, schools and income generation schemes.

6. CT conducts regular village surveys to find people with disability who would benefit from the services the Cambodia Trust can provide.

7. In 1994, the Cambodian vision of a sustainable service provided by the RGC for Cambodians led them to the American Friends Service Committee to set up a training school for prosthetics and orthotics. This school gained international accreditation with the governing body for prosthetic and orthotics (the ISPO). 60 Cambodian P/O have been trained so far. This school is now receiving international students from Laos (the first qualifying last year), Solomon Islands, Sri Lanka and Myanmar.

3. Access

8. The Cambodia Trusts CWD workers assess accessibility for people with disabilities in villages. They assess access to social life, which often means access to pagodas or markets, the socio-economic situation of the village, examining opportunities of income generation for villagers, especially for those villagers with disabilities.

9. Access for children into mainstream school is however, another important activity for CT. They facilitate access by providing mobility aids for the child, talking to the school director, providing information for Teachers and where necessary making modifications to buildings like ramps or making access to toilets possible.

10. However, in many cases, they have found that this has not been enough, and that some of the poorest families do not send children with disabilities to school. Instead, they may save their meager resources for their able bodied children who they believe are more likely to benefit from an education, and, which in turn will benefit the whole family. CT will continue to support and counsel the families to examine reasons for non-school attendance and address the needs as they arise.

11. CT is beginning to partner with other organizations and Government Ministries to provide services. This is seen as a positive sign of good collaboration in the interests of people with disabilities.

4. Monitoring and Evaluation

12. Monitoring and evaluation is an ongoing process at CT. CT is a quality organization that recently gained ISO 90001:2000 accreditation and has a culture of monitoring and evaluating their services. ISO is an internationally recognized standard of best practice in quality management. CT has an internal mechanism in place for regular feedback to check its procedures and practices. The two underlying principles of this standard are 'customer focus' and 'continuous'. Customer satisfaction surveys are a regular part of the monitoring of services and it is part of the management review team's responsibility to make sure that the results are analyzed and action taken.

5. Participation

13. The target group receives services and followed up to check satisfaction through the use of questionnaires that are conducted every three months. Feedback suggests that clients are interested in obtaining more information and this is being evaluated (i.e. what kinds of information they want and in what format, etc.).

14. When there is feedback from client/patient satisfaction the CT management team then decide if action is to be taken and the form of action that should take.

15. In community projects people with disabilities and their families are involved in the decision-making processes of their action plans. At times however, the plan may be unrealistic so CT staff counsel families about their activities, their income generation potential and their vision for their future. Together they can make a realistic plan based on the daily needs of the family. Once this plan is agreed upon, action can be taken to implement it.

6. Sustainability

16. CT, along with the coordinating body (DAC), recognize three areas of sustainability; management, technical and financial. CT reports that they are nearing management and technical sustainability - they have trained Cambodians to take over many managerial positions and there are also skilled practitioners in the clinics.

17. Financial sustainability remains problematic. The RGC requests that services in the clinics are provided free, and while the school can sell some places to international students, on the whole the organization's activities rely heavily on donor aid and it is unlikely that in the near future the RGC can provide the financial resources needed.

7. Constraints

18. Funding is the main constraining factor on CT's activities and this is due to several reasons, but most notably is the low priority disability issues receive compared to primary health care and education.

8. Vision

19. An ideal future would see Cambodian Trust as a fully functioning organization without need for expatriate support, funded by the RGC with greater involvement of people with disabilities in the management and design of services provided.

B. Handicap International

1. Policies, Strategies, Legislation

20. In 1988, the Royal Government of Cambodia (RGC) requested Handicap International (HI) to manage centers, and the needs of people with specific forms of physical disability. HI is therefore intrinsically linked and has a close relationship with the Ministry of Social Affairs, Labour and Youth Rehabilitation (MoSALVY), in working towards the national objectives for the country. Initially the staff of MoSALVY had little experience in the provision of services and so HI took the lead. Now as MoSALVY staff gain greater expertise they are gradually taking the lead role.

21. An MOU between HI and the Ministry document a shared understanding of the work HI conducts and internal regulations from MoSALVY are used to govern and regulate the services HI offers. In addition HI's strategy plans, goals and purposes are linked to the Ministry (e.g. MoSALVY). They follow the national plan when possible but at times some details are missing. They work closely with six other organizations, which work in rehabilitation and collaborate closely with the coordinating body - Disability Action Council (DAC).

22. HI, six other rehabilitation organizations and MoSALVY staff make up DAC, and this body meets once a month to define standards of treatment, which are then submitted to MoSALVY for governmental approval. Staff of MoSALVY require support for this process and training in technical issues that are raised in this line of work for people with disabilities.

23. HI as an organization employs 31 employees with disabilities out of 126 (about 20% of the workforce).

2. Activities

24. HI has several activities listed below:

- HI in collaboration with the RGC provides free services to people of all ages and both sexes. The services provided are for people with physical disabilities who require prosthesis. There are 16 centers in Cambodia and HI initially operated eight, although this has now been reduced to four. The centers specialize in physical disability by providing orthopedic devices. In cases of persons with blindness, for example, they are referred to others. When a person arrives at a center, they are assessed, fitted with prosthesis, interviewed by a social worker and can receive counseling. They stay in a dormitory until they are discharged.
- HI works with schools and communities to facilitate access for children and adults in schools and to social events.
- Every six months HI changes the areas in which they work, but before moving they conduct a survey to assess the situation. They examine how many PwDs live in the vicinity, what type of disabilities people have, and who/what organizations are working in the area so that collaboration and services can be enhanced. Other surveys are conducted to evaluate the viability of centers. In 2001, one such study helped HI and the Ministry decide which centers to close and which to expand.
- HI has undertaken an assessment of the Labour law. In 2001, they contracted a lawyer to review the law and how it approached the issues of PwD. In essence the law does not take into account issues of disability - there are insufficient details with regards to rights for PwD and work. HI plans to contact 5 factories and work with them to look at the prospect of recruiting PwDs.

3. Participation

25. Work at the centers involves participatory processes and is combined with social services. When HI assesses the needs of the patient, they encourage discussion with the patient about their lifestyle; for example with a fisherman HI may look at providing a net. In these situations HI engages in dialogue with the client.

26. The centers are run like a hospital where people receive treatment but are not involved in the running, managing or decision-making processes. If a child is the client then family members can participate and HI will teach the mothers to help their children using various exercises.

27. The community approach requests villagers to come and participate in order to build the capacity of the village; they work with the family to look at the (wider) needs of the child. The community approach is about involvement of the people - the project can only continue if the family participates.

4. Monitoring and Evaluation

28. HI undertook an evaluation in 2001 and decided to down size because they wanted to decrease the number of activities and increase the quality of services.

5. Constraints

29. HI reports that a main constraint is the budget of MoSALVY, which is below the needs of its staff and clients. Another constraint in Cambodia is the attitude people have towards those with disabilities. In addition, PwD themselves believe that they are inferior to more able-bodied people. Attitudes need to be changed and increasing employment for PwDs is one way towards alleviating this problem.

C. Action On Disability And Development (ADD)

1. Policy, Strategy, Legislation

30. Legislation is severely limited in Cambodia on issues of disability; therefore organizations such as ADD have developed their vision, mission statement and strategies based on international best practices, and in line with directives, guidance and collaboration with other organizations and agencies working in this sector.

Mission statement:

31. To support organizations of people with disability in their campaign for the rightful inclusion of disabled adults and children in society.

32. ADD have developed strategic objectives that can be listed as six statements:

- To build strong associations of people with disabilities.
- To promote self-advocacy and influence.
- To promote PWD access to rehabilitation services and other development opportunities.
- To promote economic-empowerment.
- To provide information and education.
- To promote recreation, sport and cultural activities.

33. Community members of ADD's activities (discussed below), recently actively participated in the long term (five years) strategic planning to influence and voice their opinions on the direction and approach the organization should take towards reaching its aims.

34. ADD is a member of the national coordinating body, Disability Action Council (DAC).

2. Activities

35. In order to meet the five strategic objectives ADD have developed village activities and national advocacy actions.

Village

36. At the village level ADD's most significant contribution in the area of disability and development is the formation of village and commune level structures - 137 self-help groups and three federations.

37. Self-help groups are avenue for people with differing disabilities to express their interests and needs, gain access to public services by identifying barriers, discuss problems, analyze causes and develop solutions. These may either be local and practical or national and strategic networks with other organizations.

38. Federations are bodies of nine people with disabilities at the commune level with the role of: representing PWD in the commune, supporting self help groups through management of activities, leading in issues of advocacy, facilitating and monitoring the implementation of the Disability Act, asserting an inclusion environment at local levels and in collaboration with local authorities.

39. ADD has shared the technology for self-help group formation with other organizations working in disabilities across several provinces in the country. ADD set up a complimentary organization, Kompong Speu Disabled Women's Association (KSDWA) to represent the issues of disabled women, although the effectiveness of this approach as opposed to mainstreaming gender and disability were questioned in a recent evaluation.

40. ADD supported the leaders of the self-help groups with training on topics such as conducting meetings, group process work, issues of disability, bookkeeping and account maintenance. Issues of setting up, moderating and addressing the needs of a heterogeneous group (ages/sex/disabilities/needs) requires knowledge, skills and experience. ADD and the self help groups are in an early stage of their development and as such require continued support and capacity building in order to achieve ADD's vision. ADD additionally gives small grants for income generation, activities and running costs.

41. Many of the self-help groups work on practical issues of poverty alleviation through savings plans, credit schemes income generation projects and other rehabilitation initiatives. Some self-help group members have acquired income and employment skills such as dress making, animal rearing, farming and small enterprise management. This has led to greater abilities for some to generate income and thus raised confidence. In turn these activities have helped address the communities' acceptance of people with disabilities and acknowledge them as people with abilities.

National

42. Since 1995 ADD worked in collaboration with DAC to promote advocacy work through allocating financial resources and by active participation. ADD was instrumental in assisting DAC and the Cambodian Disabled Person's Organisation (CDPO) to develop their advocacy strategies and capacities. Additionally, ADD supported the drafting of the Disability Act that is with the Council of Ministers for approval.

3. Monitoring and Evaluation

43. In their Annual Plan 2002, ADD has developed strategic objectives (above), operational objectives, impact and outcome indicators which should enable the organization to monitor and evaluate its activities. ADD additionally invited independent consultants to conduct a mid-term evaluation in 1997 and a final evaluation this year (2002). The final evaluation report is interesting, informative and offers sound recommendations for the continued progress towards the vision and mission statements.

4. Sustainability

44. As a member of DAC, ADD view sustainability in three areas; management, technical and financial. Additionally, however, they view behavioral change in communities and attitudes of people with disabilities to be a sustainable change towards full integration of PWD in society. All ADD's senior management staff are Cambodian, and has therefore reached management sustainability. Behavioral changes within communities are beginning to be documented, indicating that technical sustainability in health behavior communication is being achieved. Financial sustainability remains elusive in recent years and like other organizations in their sector, have a need for external funds to fulfill their strategic objectives.

5. Constraints

45. Economic empowerment for people with disabilities face many challenges in a country with approximately 40 percent of people living in poverty. Additionally, gender mainstreaming is required but the empowerment of women and education of men to appreciate, understand, analyze and hence address issues of gender require continuous support, guidance and critical analysis to recognize its affects on relationships, social practices, discrimination and marginalization. This process is time consuming, costly and requires facilitators with many skills. Moreover, it challenges the power structures and patronage system, which are entrenched practices in Cambodian culture.

46. Power and patronage again create a challenge when ADD attempts to encourage collaborative working relationships of commune level structures with national level advocacy movements. Collaboration is required to challenge aspects of society that restrict a person with disability from reaching their full potential.

47. A major constraint to ADD and others working in this sector are the obvious lack of laws and policies and the limited enforcement of existing laws and policies to include people with disabilities into various development activities.

6. Future

48. ADD plans to continue:

- Promoting the network of 'people with disability's organizations.
- Supporting the development of federations and other organizations of people with disability.
- Raising awareness of other development agencies on issues related to the need of people with disabilities.
- Promoting self-help groups in other geographical areas in Cambodia through key people.
- Supporting advocacy activities for the inclusion of people with disabilities in national development plans and strategies.

LIST OF PARTICIPANTS

A. Bateman Workshop

No	Full Name	Sex	Occupation	Institution
1	Kuy Pheap	M	Chief Office District (Samlot)	MOSALVY District
2	Huot Samnang	M	Chief Office	Women & Veteran Affairs
3	Em Sythol	F	Administrative office	MOSALVY BTB
4	Chheng Veasna	F	PAS	Provincial Education
5	Oeur Phan	M	Deputy Chief of Industry Prov.	Provincial Industry
6	Khun Vuthy	M	Deputy Chief Office	Provincial MOSALVY
7	Han Bun Kheurb	F	Vocational Rehabilitation Sec	World Vision International
8	Yean Ritivong	M	Veteran Dept	Women & Veteran Affairs
9	Kak Ravy	M	Chief Office	Prov. Rural Development
10	Sok Sovann	M	Instructor	SABOROS (NGO)
11	Eap Hourt	F	Matron	Emergency
12	Oy Devy	F	Staff	Pro. Rural Development
13	Tith Davy	F	Director	O.E.B (NGO)
14	Chan Sokhom	M	Director	Voc.Training Center BTB.
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21	Dy Sovann	M	Extension Chief	WVI BTB
22	Vann Vannara	F	Admin	Provincial MOSALVY
23	Ly Long Dy	M	Director	Paratetra Center BTB
24	Yok Nam	M	Head of village	
25	Nam Neang	M	DUz Manager	
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28	Chem Mom M	M	Assistant to Secretary of State	MOSALVY
29	Van Vannara	F	Staff Admin	M.S.V
30	Bun Thourn	M	Chapter Staff	CDPO/Provincial office

B. Kampong Cham Workshop

No	Full Name	Sex	Occupation	Institution
1	Kul Yat	M	Deputy Chief	Provincial MOSALVY
2	Pan Sovannaroth	F	Social Worker	NGO. House Of Hope
3	Doul Son	M	Staff	M. Rural Development
4	Keo Meng	M	Assistant of Director	DTC/ ILO
5	Nou Chhin	M	Individual with disability	Pohga Krek District

No	Full Name	Sex	Occupation	Institution
6	Thuy Vanna	M	Chief	District MOSALVY
7	Kung Tha	M	Chief	District MOSALVY
8	Em Saroun	M	Individual with disability	Kg. Cham district
9	Sok Sarun	M	Vice-chief	Transport and Telecom Prov
10	Chhin Luan	M	Chief of Social welfare	Provincial MOSALVY
11	Chiem RaM	M	Member PRDC	PRDC
12	Mao Chory	F	Deputy Planning	Provincial Planning
13	Keiv Sokha	M	Chief	Provincial Agriculture
14	Meas Sambath	M	Training Manager	SCA
15	Keo Soeurn	M	Chief	Dep't Rehab MOSALVY
16	Sim Soeurn	M	Chief Deputy	Dep't Rehab MOSALVY
17	Chem Phan	M	Deputy Director	Provincial Education
18	Kong Mony Chan	M	Advisor	UNDP/PLG. SAILA
19	Khong Sun Eng	F	Chief of D. Prey Chhor	Provincial WVA
20	Lay Samnang	F	Chief	Provincial Eco & Finance
21	Hiek Tol	M	Chief Admin.	Provincial WVA
22	Suong Khunvinakboth	M	Coordinator	LICADHO
23	Long Sotha	M	Chief Office RHC	PDRO Kg. Cham
24	Cheam Chean	M	Deputy chief	Provincial MOSALVY
25	Ung Rithy	M	Project Field Monitor	WFP
26	Lao Sokharam	M	Project Field Manager	WFP
27	Chhun Bun Long	F	Disabled woman	Batheay District
28	Chem Savay	F	Provincial Project Officer	ADB

C. National Workshop

No.	Name	Institution/NGO
1	Dr. Leang Seng	Ministry of Rural Development
2	Mr. Soung Sokong	Ministry of PWT
3	Mr. Sin Setha	Ministry of Planning
4	Dr. Khol Khemrary	Ministry of Health
5	Ms. Heng Salin	Municipality MOSALVY
6	Ms. Chin Saveth	Ministry of Women Affairs & Veteran
7	Nhem Samon	Ministry of Industry, Mines and Energy
8	Mr. Kong Pheng	Cambodian Mine Action and Victims Assistance Authorities
9	Mr. Keo Soeun	Ministry of Social Affair, Labour, Vocational Training & Youth Rehabilitation
10	Mr. Sim Soeun	Ministry of Social Affair, Labour, Vocational Training & Youth Rehabilitation
11	Mr. Chum Mom	Ministry of Social Affair, Labour, Vocational Training & Youth Rehabilitation
12	Mr. Kauv Pheng	Ministry of Country Planning, Urbanization and Construction
13	Mr. Neang Saroeurn	Ministry of Education, Youth and Sports
14	Mr. Chey Sokun	Ministry of Agriculture, Forestry and Fisheries
15	Mr. Dy Sovan	Ministry of Finance
16	Mr. Thong Sokun	Council of Ministers
17	Mr. Hou Vuthy	Ministry of Social Affair, Labour, Vocational Training & Youth Rehabilitation
18	Mr. Douch Serey	Ministry of Social Affair, Labour, Vocational Training & Youth Rehabilitation(Pro)
19	Mr. Un Sideth	Ministry of Women and Veteran Affair(Pro)
20	Mr. Srey Vanton	Action on Disability and Development
21	Dr. Long Viseth	Association of Medical Doctor of Asia
22	Mr. Ngim Sao Rath	CDILO (DPO)
23	Ms. Heng Rasmey	CDPO/DPI-Cambodia
24	Mr. Van Sareth	International Labor Organization
25	Mr. Pen Rathyna	CDPO
26	Mr. Bou Sophal	Comite International de l'Ordre de Malte pour l'Assistance aux Lépreaux
27	Mr. Ouck Nimol	La Valla School
28	Mr. Terry Heinrich	La Valla School
29	Mr. Lim Saing	Rehabcraft
30	Ung Simonaly	National Center of Disabled Persons
31	Ms. Heng Mory	World Food Program
32	Mr. Sary	Children Affected by Mine -I
33	Ms. Top Tit	Jesuit Services
34	Mr. Ngy San	Disability Action Council
35	Mr. Ong Tivea	Disability Action Council
36	Mr. Chey Phally	Disability Action Council
37	Ms. Josefina McAndrew	VETERAN INTERNATIONAL

No.	Name	Institution/NGO
38	Mr. Chan Sam Ol	DPO
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40	Mr. Yusa Tsuyoshi	JICA
41	Mr. Piph Sokra	Cambodia Trust
42	Mr. Nong Bunteng	Cambodian War Amputee Rehabilitation Society
43	Ms. Imee Gapitana	Catholic Office for Emergency Relief and Refugees
44	Mr. Mao Kosal	Cambodian Labor Organization
45	Mr. Kann Kal	Trans Cultural and Psychosocial Organization
46	Ms. Patrica Deboer	American Friend Service of Cambodia
47	Mr. Neang Son	Marry Knoll Vat Than
48	Mr. Dim Vy	Help Aged International
49	Mr. Soun Both	World Vision International
50	Ms. Huoy Socheat	AARC-Japan
51	Mr. Laurent Chapus	American Cross
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57	Ms. Merry Scott	Cambodia Trust