

SITUATION ANALYSIS FOR DISABILITY-INCLUSIVE GOVERNANCE AND COMMUNITY DEVELOPMENT IN CAMBODIA



**Prepared for
UNICEF Cambodia
Local Governance and Child Rights
by
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JULY 2014**

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<i>Acknowledgements</i>	i
<i>Acronyms and abbreviations</i>	ii
<i>Glossary of key terms</i>	iv
1. EXECUTIVE SUMMARY	1
2. INTRODUCTION	6
3. LEGAL AND POLICY FRAMEWORKS	
3.1 Obligations under global and regional treaties	7
3.2 National legislation, policies and programmes	8
3.3 Accountability and coordination structure	12
4. DATA ON SITUATION OF ADULTS AND CHILDREN WITH DISABILITIES	
4.1 Current available data	12
4.2 Plans for improving data on adults and children with disabilities	14
5. DISABILITY IN CAMBODIA	
5.1 The situation of women, girls, boys and men with disabilities	14
5.2 Overview of services, programmes and projects	17
6. MAIN ACTORS RELEVANT TO THE DISABILITY SECTOR IN CAMBODIA	
6.1 Government ministries and agencies	21
6.2 Sub-national authorities/entities	23
6.3 Organizations of persons with disabilities	25
6.4 International agencies	26
6.5 Non-governmental organizations (NGOs)	27
7. KEY CROSS-CUTTING ISSUES	
7.1 Cultural beliefs and discrimination	27
7.2 Lack of reliable data for planning	28
7.3 Coordination and cooperation	28
7.4 Barriers to inclusion	28
7.5 Capacity and expertise for inclusion and special services	29
7.6 Budget/funding	30
8. CONCLUSIONS AND RECOMMENDATIONS	31
9. ANNEXES	
Annex 1: Objectives, methodology and limitations of consultancy	34
Annex 2: Consultations undertaken for situation analysis	36
Annex 3: Selected Sub-Decrees, Prakas, Circulars and Letters	39
Annex 4: Analysis of 2011 Commune Database	40
Annex 5: Mapping by province of organizations/service providers working with and for adults and children with disabilities in Cambodia	41
Annex 6: Examples of training materials relevant to local governance and community development	45
Annex 7: Selected bibliography	46
Annex 8: Recommendations for UNICEF Cambodia to promote disability- inclusive governance and community development	47

Acknowledgements

This situation analysis is the result of the contributions of a number of people throughout Cambodia, including: women and men with disabilities; representatives of government ministries and agencies, and sub-national authorities at the provincial, district and commune level; representatives of international agencies, NGOs and DPOs; service providers; and, village chiefs. On behalf of the consultancy team, I gratefully acknowledge the time, information, ideas, and experiences shared by more than 300 people during consultations in Phnom Penh and ten provinces. The report would not be possible without their contributions.

We also thank UNICEF Cambodia for the logistical support provided to undertake the field visits. In particular, we acknowledge the valuable guidance and support provided by Anne Lubell and Thinavuth Ek, from the Local Governance and Child Rights programme, in all phases of the project.

I am especially grateful to the consultancy team, Sophak Kanika Ngoun, Mao Meas, and Samnang Pheng, for their indispensable advice and support, and for sharing their extensive knowledge, to achieve the aims of the project.

I take responsibility for any errors or omissions.

Sheree Bailey AM
Consultancy Team Leader
July 2014

Acronyms and abbreviations

ABC	Association for the Blind in Cambodia
ADD	Action on Disability and Development International – Cambodia
APMBC	Anti-Personnel Mine Ban Convention
ARC	Australian Red Cross
CABDICO	Capacity Building of People with Disability in the Community Organization
CANDO	Cambodian NTFP Development Organization
CBM	Christian Blind Mission
CBO	Community Based Organizations
CBR	Community Based Rehabilitation
CCWC	Commune Committee for Women and Children
CDC	Commune Disability Committee
CDHS	Cambodia Demographic and Health Survey
CDIDF	Cambodia Disability Inclusive Development Fund
CDMD	Cambodian Development Mission for Disability
CDP	Commune/Sangkat Development Plan
CDPO	Cambodia Disabled People’s Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIDI	Cambodia Initiative for Disability Inclusion
CIP	Commune/Sangkat Investment Plan
CMAA	Cambodian Mine Action and Victim Assistance Authority
CMVIS	Cambodia Mine/ERW Victim Information System
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CT	Cambodia Trust
D&D	Decentralization and Deconcentration
DAC	Disability Action Council
DDSP	Disability Development Services Programme
DIAF	Disability Inclusion Assistance Fund
Disability Law	Law on the Protection and the Promotion of the Rights of Persons with Disabilities
DoLA	Department of Local Administration
DoSVY	District Office of Social Affairs, Veterans and Youth Rehabilitation
DPO	Disabled People’s Organization
DRA	Disability Rights Administration
DWCP	Decent Work Country Programme
DWPD	Department of Welfare for Persons with Disabilities
ECDD	Early Childhood Care and Development
EMIS	Education Management Information System
ERW	Explosive Remnants of War
HEF	Health Equity Fund
HIF	Handicap International Federation
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICF	International Classification of Functioning, Disability and Health
ICRC	International Committee of the Red Cross
ILDO	Islamic Local Development Organization
ILO	International Labour Organization

JRS	Jesuit Refugee Service
JSC	Jesuit Service Cambodia
KNKS	Kumar Ney Kdey Sangkheum “Children of Hope”
KPF	Komar Pikar Foundation
KT	Krousar Thmey
LGCR	Local Governance and Child Rights
MDS	Model Disability Survey
MoEYS	Ministry of Education, Youth and Sports
Mol	Ministry of the Interior
MoLVT	Ministry of Labour and Vocational Training
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoU	Memorandum of Understanding
MoWA	Ministry of Women’s Affairs
NCDD	National Committee for Sub-National Democratic Development
NCDP	National Centre for Disabled People
NDCC	National Disability Coordination Committee
NDSP	National Disability Strategic Plan 2014-2018
NGO	Non-Governmental Organization
NPA	National Plan of Action for Persons with Disabilities including Landmine/ERW Survivors 2009-2011
NP-SNDD	National Programme for Sub-National Democratic Development
NSPS	National Social Protection Strategy for the Poor and Vulnerable
OEC	Operations Enfants du Cambodge
Organic Laws	Law on Administrative Management of the Capital, Provinces, Municipalities, Districts and Khans and the Law on Administrative Management of Communes/Sangkats
PACHID	Parents Association of Children with Intellectual Disability
PoSVY	Provincial Office of Social Affairs, Veterans and Youth Rehabilitation
PRC	Physical Rehabilitation Centre
PWDF	Persons with Disabilities Foundation
SHG	Self-help group
TIGA	Towards Sustainable Income Generating Activities
RGC	Royal Government of Cambodia
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNICEF	United Nations Children’s Fund
UNOHCHR	United Nations Office of the High Commissioner for Human Rights
UXO	Unexploded Ordnance (also known as ERW)
VDPC	Village Disabled People’s Committee
VI-C	Veterans International Cambodia
WASH	Water, sanitation and hygiene
WCCC	Women and Children Consultative Committee
WCDF	Women and Children with Disability Forum
WHO	World Health Organization
YODIFEE	Youth with Disabilities Foundation for Education and Employment

Glossary of key terms

Accessibility	Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, including persons with disabilities. ¹
Barriers	Factors in a person's environment that, through their absence or presence, limit functioning and create disability – for example, inaccessible physical environments, a lack of appropriate assistive devices, and negative attitudes towards disability. ²
Community Based Rehabilitation (CBR)	CBR is a multi-sectoral strategy for rehabilitation, equalization of opportunity, poverty reduction and social inclusion as they relate to persons with disabilities. CBR focuses on enhancing the quality of life for persons with disabilities and their families; meeting basic needs; and ensuring inclusion and participation. CBR empowers persons with disabilities to access and benefit from mainstream services. CBR is implemented through the combined efforts of persons with disabilities, their families and communities, and relevant government and non-governmental service providers. ³
Disability	The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors). ⁴
Disabled People's Organization (DPO)	DPOs are representative organizations or groups of persons with disabilities, where persons with disabilities constitute a majority of the staff and board. DPOs are formally structured and registered. DPOs also include organizations of relatives of persons with disabilities which represent children with disabilities, persons with intellectual disabilities, or the deaf-blind. DPOs work to change policies and attitudes to ensure equal rights and equal opportunities, mostly through advocacy. ⁵
Discrimination	Any distinction, exclusion, or restriction on the basis of disability that has the purpose or effect of impairing or nullifying the recognition, enjoyment, or exercise on an equal basis with others, of all human rights and fundamental freedoms: includes denial of reasonable accommodation. ⁶
Education – Inclusive	Education which is based on the right of all learners to a quality education that meets basic learning needs and enriches lives. Focusing particularly on vulnerable and marginalized groups, it seeks to develop the full potential of every individual. ⁷
Education – Special	Includes children with other needs, such as through disadvantages resulting from gender, ethnicity, poverty, learning difficulties, or disability, related to their difficulty to learn or access education compared with other children of the same age. Also referred to as special needs education. ⁸

Impairment	An impairment is a loss or abnormality in body structure or physiological function (including mental functions), where abnormality means significant variation from established statistical norms. ⁹
Inclusive development	Inclusive development is a process that leads towards the goal of an inclusive community and a process that ensures all marginalized / excluded groups, including persons with disabilities, are included in the development process. Disability-inclusive development promotes the involvement of persons with disabilities in all development initiatives, with the ultimate aim of equitable development outcomes for all, and is an effective tool for overcoming social exclusion. ¹⁰
Mainstream services	Services available to any member of a population, regardless of whether they have a disability – for example, public transport, education and training, labour and employment services, housing, health and income support. ¹¹
Persons with disabilities	Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. ¹²
Prakas	A Prakas is a ministerial or inter-ministerial decision signed by the relevant Minister(s) that conforms to the Constitution and to the law or sub-decree to which it refers.
Quality of Life	An individual's perception of their position in life in the context of culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns. It is a broad-ranging concept, incorporating in a complex way the person's physical health, psychosocial state, level of independence, social relationships, personal beliefs, and relationship to the environmental factors that affect them. ¹³
Reasonable accommodation	Necessary and appropriate modification and adjustment not imposing a disproportionate or undue burden, where needed in a particular case, to ensure that persons with disabilities enjoy or exercise, on an equal basis with others, all human rights and fundamental freedoms. ¹⁴
Self-Help Group (SHG)	SHGs are informal groups of people who come together to address their common problems through mutual support. SHGs can serve many different purposes depending on the situation and the need. SHGs can facilitate empowerment and increase community participation. ¹⁵
Twin-track approach	The "twin-track approach" focuses on empowering those who may be excluded through addressing special needs but treats disability as a cross-cutting issue at the same time. It ensures that (i) disability issues are actively considered in mainstream development work, and (ii) more focused or targeted activities for persons with disabilities are implemented where necessary. This approach aims at removing barriers to participation and mainstreaming disability into every sector and every development action. ¹⁶

1. EXECUTIVE SUMMARY

Cambodia remains one of the poorest countries in Asia, with a growing inequality between urban and rural settings. Around 90 percent of Cambodia's poor live in rural areas. Poverty is a key challenge for many adults and children with disabilities who face challenges associated with limited access to services, discrimination, and fewer opportunities to participate in the community. The ratification of the Convention on the Rights of Persons with Disabilities (CRPD) and recent adoption of the National Disability Strategic Plan 2014-2018 (NDSP) are indications of the commitment of the Royal Government of Cambodia (RGC) to addressing the rights and improving the daily life of people living with disability. However, it is widely recognized that on-going external financial and technical support is needed to fully implement the CRPD and NDSP.

In response to this need, UNICEF Cambodia, in partnership with the United Nations Development Programme (UNDP) and the World Health Organization (WHO) are implementing the 5-year programme; the Disability Rights Initiative Cambodia (DRIC). UNICEF is leading on the component "Inclusive Governance and Community Development." To better understand the current situation on the ground for women, girls, boys and men with disabilities at the sub-national level, UNICEF commissioned a situation analysis for disability-inclusive governance and community development.

Legal and policy frameworks

Cambodia has an extensive national, regional and international legal and policy framework relevant to guaranteeing the rights and addressing the needs of adults and children with disabilities. Obligations under global and regional treaties include: the CRPD; the Convention on the Rights of the Child; the Convention on the Elimination of All Forms of Discrimination Against Women; the International Covenant on Economic, Social and Cultural Rights; and, the Anti-Personnel Mine Ban Convention. As a Member State of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), Cambodia also adopted the *Incheon Strategy*; the first set of regionally agreed disability-inclusive development goals.

At the national level, the most important legal instrument is the *Law on the Protection and the Promotion of the Rights of Persons with Disabilities*. Several Sub-decrees, Prakas, Circulars and Letters have been adopted to promote and accelerate the effective implementation of the disability law, and other disability supports. Between 2009 and the end of 2013, the disability sector was guided by the *National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors*. In a process under the leadership of the Disability Action Council (DAC), the NDSP for the period 2014-2018 was developed and adopted. The vision of the NDSP is that "persons with disabilities and their families have a high quality of life and participate actively, fully and equally in society in which their rights and dignity are respected with the inclusion of disability across all sectors." The NDSP includes ten strategic objectives.

The strategic plans and policies of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), the Ministry of Health (MoH), the Ministry of Education, Youth and Sport (MoEYS), and the Ministry of Women's Affairs (MoWA), and the RGC's policies and plans for development and social protection are also relevant to the rights and needs of adults and children with disabilities, including: the *"Rectangular Strategy" for Growth, Employment, Equity and Efficiency Phase III*, the *National Strategic Development Plan (NSDP)*, the *National Social Protection Strategy for the Poor and Vulnerable (NSPS)*, and the *National Policy on Early Childhood Care and Development*. Especially relevant to disability-inclusive local governance and community development is the *National Programme for Sub-National Democratic Development (NP-SNDD) 2010-2019* which recognizes the need for equal opportunity for all citizens to participate in local development.

Nevertheless, despite a comprehensive national legislative and policy framework, several challenges remain including limited implementation of the Disability Law, limited financial resources, and discrimination.

Data on adults and children with disabilities

The NDSP acknowledges that current disability data is inadequate and not specific. The 2011 Inter-Ministerial Prakas on the Classification of Types and Levels of Disability aims to standardize data collection for more effective implementation of the Disability Law and for the development of policies and plans. Although there are several mechanisms that collect data on adults and/or children with disabilities, accurate, comprehensive, and comparable data are not available. The 2008 National Census registered 1.44 percent of a total population of 13.4 million with disabilities, or about 193,000 people, whereas the 2012 Cambodia Socio-Economic Survey (CSES) identified 5 percent of the total population with disabilities, or around 624,000 people. The 2013 *Cambodia Inter-Censal Population Survey* notes 301,629 persons with disabilities, or 2.1 percent of the total population; 86 percent of persons with disabilities live in rural areas. Other mechanisms to collect disability data include the Commune Database, and smaller scale qualitative and quantitative data collected by NGOs and DPOs. The 2014 CDHS questionnaire includes six Washington Group questions (question 21-26) which focus on functioning rather than impairment, which may result in a more realistic assessment of the number of persons with disabilities in Cambodia. Also in 2014, the WHO will pilot the Model Disability Survey in Cambodia.

The situation of women, girls, boys and men with disabilities

When a person with a disability has access to health care, education, vocational training, employment or self-employment, and development initiatives on an equal basis with others, and is included in community activities, they can enjoy their rights and a better quality of life. Nevertheless, women, girls, boys and men with disabilities, particularly those in rural and remote areas, may face many challenges in their daily lives, including: poverty and unsustainable livelihoods; discrimination and negative attitudes from all levels of society; limited access to appropriate services and education; inaccessibility of physical infrastructure; limited access to appropriate services for adults and children with severe disabilities, sensory disabilities, and/or intellectual disability; limited services for older persons with disabilities; and, parents often do not have access to adequate and up-to-date knowledge about disability or their rights, how to raise a child with a disability, or where to go for advice and assistance. Children with disabilities in institutional care are particularly vulnerable and excluded. Women and girls with disabilities may also face more discrimination and negative attitudes, fewer opportunities to access health care and education, and increased vulnerability to physical, emotional and sexual violence. Furthermore, youth with disabilities face many challenges in accessing higher education and employment opportunities, and older persons with disabilities have limited or no access to appropriate services.

A key challenge affecting the daily lives of adults and children with disabilities is limited understanding of their rights and capacities, and the meaning of a rights-based approach not only within their family, community, and local authorities, but also within themselves.

Overview of services, programmes and projects

A range of services and opportunities are available to adults and children with disabilities in the areas of health care, physical rehabilitation, psychological support, sport, education, vocational training, economic empowerment, and Community Based Rehabilitation (CBR). The majority of services are provided or supported by NGOs, mainstream organizations, and international agencies. However, significant challenges remain in the provision of services, such as: limited human resources in clinical and rehabilitative care; poor access to services, including accessibility of physical infrastructure and information; limited opportunities to participate in arts and sporting activities

which can build confidence and self-esteem; limited effective referral mechanisms; limited awareness of available services among local authorities and persons with disabilities; limited coordination between ministries and among service providers; and, a shortage of services for adults and children with sensory impairment, severe disability, and/or intellectual disability. Many services are concentrated in urban areas with poor coverage in rural and remote areas. Remoteness, poor road access, and the low density of the population in some provinces add to the costs of implementing and monitoring projects which may result in the absence of service providers working in areas with high needs.

Main actors relevant to the disability sector

To promote inclusion and well-being, guaranteeing the rights and addressing the needs of women, girls, boys and men with disabilities requires a coordinated multi-sectoral approach involving a range of actors at all levels. Key actors in Cambodia include: Government ministries and agencies; sub-national authorities/entities; DPOs; United Nations and other international development partners; and, NGOs.

The lead ministry on disability is MoSVY which has the overall responsibility of ensuring the welfare and well-being of adults and children with disabilities and other vulnerable groups. MoSVY's Department of Welfare for Persons with Disabilities (DWPD) was established to lead and manage disability-related work. Other disability specific entities include the Persons with Disabilities Foundation (PWDF), the Disability Rights Administration (DRA) under the DWPD, the DAC, and the Council for Disability Classification. Other relevant ministries and agencies include the MoH, MoEYS, MoWA, Ministry of Labour and Vocational Training (MoLVT), Ministry of Planning (MoP), Ministry of Interior (MoI), National Committee for Democratic Decentralization (NCDD), and the Cambodian Mine Action and Victim Assistance Authority (CMAA); 11 other Ministries are members of the DAC. The 2013 Sub-Decree on the DAC requires each Ministry to establish a Disability Working Group, to mainstream disability into the work of the Ministry. A process, led by the DAC, has started to support Ministries to establish these groups.

At the sub-national level, relevant actors include the Provincial Office and District Office of Social Affairs, Veterans and Youth Rehabilitation (PoSVY/DoSVY), Provincial and District Governors and Deputy Governors, Commune/ Sangkat Councils, Commune Committees of Women and Children (CCWC), Village Chiefs, and in specific target areas, NGO-supported Commune Disability Committees (CDC).

Organizations of persons with disabilities are central to promoting disability-inclusive local governance and community development. The Cambodian Disabled People's Organization (CDPO) is considered the peak body working to promote the rights of persons with disabilities. CDPO has 60 members at the sub-national level. Skills development and additional resources are needed in many districts. Other DPOs work with specific target groups of persons with disabilities, including: the Association for the Blind in Cambodia (ABC); the Cambodian Spinal Cord Injury Association; the Parents Association of Children with Intellectual Disability; and, the Phnom Penh Centre for Independent Living.

While the RGC takes responsibility for the provision of health, education, and other social services the majority of services for persons with disabilities, particularly at the sub-national level, are currently provided or supported by NGOs or DPOs. A mapping of NGOs, DPOs, Federations and other service providers identified 138 entities working with or for persons with disabilities, including several mainstream service providers with programmes that are inclusive of adults and children with disabilities, in 24 provinces; 75 are national or international NGOs.

Key cross-cutting issues

Several cross-cutting issues have been identified that should be taken into account in efforts to promote disability-inclusive local governance and community development, including:

- *Cultural beliefs and discrimination* – The deep belief in karma leads to the idea that misfortune in this life is caused by wrongdoings in a previous life. Consequently, disability is sometimes perceived as the fault of the individual. Often persons with disabilities are considered a burden and unable to contribute to the well-being of their families. There is also a culture of pity.
- *The lack of reliable data for planning* – Sub-national authorities do not have adequate data to support effective planning processes, together with limited knowledge of the data that does exist. Capacities are limited to identify adults and children with disabilities, and the types of disability, both in the collection of data and at health centres. Assistance tends to focus on persons with physical disabilities as they are easier to identify.
- *Coordination and cooperation* – The key coordination mechanism for the disability sector is the DAC, which has 58 members, including 18 Ministries. Many of the Ministries represented in the DAC are also members of the NCDD which aims to build capacity for good governance at the sub-national level. Cooperation between civil society and ministries and institutions in charge of disability remains limited.
- *Barriers to inclusion* – the three most significant barriers to inclusion are discrimination and negative attitudes, limited understanding of the rights and capacities of persons with disabilities, and limited financial, technical and human resources.
- *Capacity and expertise for inclusion and special services*: Disability awareness is increasing. However, the NDSP acknowledges that procedures for mainstreaming disability in national and sub-national development plans remains unclear.¹⁷ Training tools to raise awareness, to promote inclusion, or for good governance more generally are available. A range of actors are implementing training at the sub-national level. Close collaboration with all actors, including persons with disabilities, is essential in the development and delivery of trainings to ensure that the knowledge shared is based on deep understanding of the issues. Cambodia has expertise and capacity to provide the special services that persons with disabilities may need to reach their fully potential. However, current financial and human resources and technical capacities are insufficient to meet the demand.
- *Budget/funding* – Limited national budget allocations and donor funding is a concern to many actors at both the national and sub-national level. The NDSP does not include a budget for implementation, instead relying on development partners for continued support and calling on ministries to develop their own budget plans. The new Cambodia Disability Inclusive Development Fund will improve access to services in target areas. However, facilitating the inclusion of disability issues in commune/sangkat plans will not be sustainable without financial resources to implement the actions, due to small budgets and many issues to address.

Conclusions and recommendations

Although Cambodia has a range of laws, policies, plans, and programmes to guarantee the rights and address the needs of adults and children with disabilities, implementation is limited. Many adults and children with disabilities continue to live in poverty without access to services and opportunities that would promote their well-being and inclusion. Poverty and unsustainable livelihoods, together with discrimination and negative attitudes, are among the most significant challenges impacting their enjoyment of rights and inclusion in local governance and community development. Cambodia has expertise and capacities to provide the services that persons with disabilities may require to reach their full potential. However, financial, human and capacities are inadequate to meet the needs. Furthermore, while disability awareness is increasing at the sub-national level, in many districts the degree of understanding appears low. Enhanced collaboration at all levels is needed.

The NDSP, with support of the DRIC, provides a unique opportunity to improve the lives of persons with disabilities. In particular, UNICEF's work to promote disability-inclusive local governance and community development, together with the Cambodia Disability Inclusive Development Fund (CDIDF), will improve access to quality services and promote the inclusion and well-being of women, girls, boys and men with disabilities. To ensure sustainable disability-inclusive local governance and community development, a focus on changing attitudes and understanding, together with improving access to quality services and opportunities, at the grassroots in the communities where persons with disabilities live, is essential.

Eleven recommendations are made to promote sustainability of disability-inclusive local governance and community development, and to improve access to quality services for adults and children with disabilities.

- A long-term capacity development plan should be developed, based on international good practice experiences adapted to the Cambodian context, to build the capacities, knowledge and skills of all relevant actors at the national and sub-national level to promote disability inclusion and quality CBR service provision.
- At the national level, all members of the DAC should have the opportunity to develop a solid understanding of disability-inclusive development and disability mainstreaming, including through visits to target areas to have a better understanding of the reality on the ground, so that they are in a position to advocate effectively for disability-inclusion in all policies and programmes.
- Standardized and comprehensive user-friendly tools should be developed for participatory training and on-going learning opportunities at the sub-national level to enhance understanding on issues including disability-inclusive development, disability rights, and the benefits of CBR. Key targets for activities should include Village Chiefs, Commune/Sangkat Councils, CCWCs, Provincial and District Governors and Deputies, and persons with disabilities.
- Guidelines on mainstreaming disability in national and sub-national development plans should be developed and tested in target communes.
- The CBR network should be strengthened and expanded, with appropriately trained community workers to remote communities through the provision of home-based care and mobile service provision, and through increased application of the National CBR Guidelines.
- To ensure a holistic approach, the CDIDF and other donor support should give priority to projects that cover multiple components of the CBR matrix, including a focus on health (rehabilitation), education, and livelihoods.
- Priority should be given to strengthening capacities for the provision of quality services for children with intellectual disability, severe disability, and/or sensory disability, particularly in rural and remote areas.
- Priority should be given to building the capacity of persons with disabilities to engage in income generation, employment, education and other opportunities to promote social inclusion and improved livelihoods.
- A comprehensive and up-to-date directory of services available for persons with disabilities at the provincial and district level should be developed and disseminated to all relevant actors, including Commune/Sangkat Councils, at the sub-national level.
- The experience of NGOs in establishing Commune Disability Committees, or similar structures, should be explored as a potential effective mechanism to promote the inclusion of persons with disabilities in local governance and community development.
- Persons with disabilities must be key partners in the planning and implementation of all activities that impact on their daily lives.

2. INTRODUCTION

Cambodia remains one of the poorest countries in Asia, ranking 138 out of 187 countries on UNDP's Human Development Index 2012.¹⁸ Poverty rates have decreased from 52.2 percent in 2004 to 20.5 percent in 2011. However, despite this progress, the majority of people who no longer live in poverty remain highly vulnerable to falling back into poverty. Furthermore, there is a growing inequality between urban and rural settings; around 90 percent of the poor live in rural areas.¹⁹

Accurate and comprehensive data on persons with disabilities is not available. Nevertheless, it is known that poverty is a key challenge for many adults and children with disabilities and their families, particularly those who live in rural communities. Furthermore, many face challenges associated with limited access to services that would promote their physical, psychological, social and economic well-being. Many adults and children with disabilities experience discrimination and have fewer opportunities to participate in community activities and to access services promoting health, education, employment and income generation, and community development.

In December 2012, the RGC ratified the CRPD, and in July 2014, adopted the NDSP 2014-2018. However, it is widely recognized that on-going external financial and technical support is needed to fully implement the CRPD, the NDSP, and other legislative and policy frameworks relevant to persons with disabilities, and to build the capacities necessary to adequately address the rights and needs of women, girls, boys and men with disabilities in Cambodia.

In response to this need, UNICEF Cambodia, in partnership with UNDP and the WHO, are implementing a 5-year joint United Nations programme; the Disability Rights Initiative Cambodia (DRIC) funded by the Government of Australia. The DRIC aims to improve the lives of persons with disabilities through increased opportunities for participation in cultural, social, economic and political life. It is a unique global pilot of partnership at the country level to deliver a disability specific programme. The DRIC consists of four components. UNICEF is leading on the component "Inclusive Governance and Community Development."²⁰ Implementation of this component provides "a unique window of opportunity to make local decision making processes inclusive, participatory and responsive to people's needs."²¹

To better understand the current situation on the ground for women, girls, boys and men with disabilities at the sub-national level, UNICEF Cambodia commissioned a situation analysis for disability-inclusive governance and community development.²² This report presents the situation analysis of the disability sector in Cambodia, with a particular focus on the sub-national level. In addition to a review of literature, this report reflects consultations with a wide range of actors in Phnom Penh and ten provinces, including persons with disabilities, national and sub-national authorities, and organizations working with and for persons with disabilities.²³

The report provides an overview of key issues, including: legal and policy frameworks; data on adults and children with disabilities; disability in Cambodia; the main actors relevant to the disability sector in Cambodia; and, key cross-cutting issues. The report concludes with recommendations for future action to promote disability-inclusive local governance and community development and improve access to quality services for adults and children with disabilities.

3. LEGAL AND POLICY FRAMEWORKS

3.1 Obligations under global and regional treaties

One of the most significant developments for the disability sector in Cambodia was the RGC's ratification of the CRPD. The CRPD aims "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms of all persons with disabilities."²⁴ The CRPD promotes the social model where persons with disabilities are subjects of human rights, active in the decisions that affect their lives and empowered to claim their rights. The CRPD does not introduce any new rights, but rather sets out Cambodia's obligations to meet existing civil, cultural, economic, political and social rights in the specific context of persons with disabilities. The 50 articles of the CRPD cover issues such as: accessibility; health; personal mobility; habilitation and rehabilitation; education; work and employment; adequate standard of living and social protection; living independently and being included in the community; participation in cultural life, recreation, leisure and sport; participation in political and public life; awareness raising; statistics and data collection; women with disabilities; children with disabilities; equality and non-discrimination; access to justice; freedom from exploitation, violence and abuse; situations of risk and humanitarian emergencies; implementation and monitoring; and, international cooperation. Implementation of the CRPD provides an opportunity to strengthen the national legal and policy framework for disability and to promote a rights-based approach to improve the daily lives of persons with disabilities.

The RGC also has other international obligations applicable to addressing the rights and needs of adults and children with disabilities, and the victims of landmines and other explosive remnants of war (ERW), under various instruments of international humanitarian and human rights conventions to which it is party: Convention on the Rights of the Child (CRC); Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); International Covenant on Economic, Social and Cultural Rights (ICESCR); and, the Anti-Personnel Mine Ban Convention (APMBC).

The CRC is a legally binding set of non-negotiable standards and obligations that sets out the basic human rights of children, including access to health care and education. Article 23 of the CRC recognizes that children with intellectual or physical disability "should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community" and that a child with disability has the right to special care and support.²⁵

Although disability is not specifically mentioned in the CEDAW or the ICESCR, these instruments promote and ensure the equal right of women and men, including those with disability, to all economic, social, cultural, civil and political rights. The RGC reports to the CEDAW Committee on issues relating to persons with disabilities.²⁶

Article 6.3 of the APMBC requires that "each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims (...)." As a State Party, Cambodia has recognized its obligation to assist landmine survivors and their families in the broader context of disability and development.

In addition, as a Member State of the UNESCAP, Cambodia adopted the *Incheon Strategy* in November 2012 as part of the launch of the third Asian and the Pacific Decade for Persons with Disabilities 2013-2023. The *Incheon Strategy* provides the first set of regionally agreed disability-inclusive development goals.

3.2 National legislation, policies and programmes

Cambodia has a wide range of legislation, policies and programmes relevant to adults and children with disabilities. The most important of these is the *Law on the Protection and the Promotion of the Rights of Persons with Disabilities* (Disability Law) which was adopted by the RGC in July 2009. The purpose of the law is to prevent, reduce and eliminate discrimination against persons with disabilities, and to rehabilitate physically, mentally and vocationally to ensure adults and children with disabilities are able to participate fully and equally in activities within society. The law focuses on issues such as livelihoods, physical and mental rehabilitation, health care and prevention, public accessibility, education, employment and vocational training, political participation, implementation of international treaties, and penalties.

The Disability Law defines a person with disability as “any persons who lack, lose, or damage any physical or mental functions, which result in a disturbance to their daily life or activities, such as physical, visual, hearing, intellectual impairments, mental disorders and any other types of disabilities toward the insurmountable end of the scale.”²⁷ In contrast, the rights-based approach of the CRPD places the emphasis on barriers to inclusion not on the situation of the individual: persons with disabilities “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”²⁸

In the Cambodian context, Sub-decrees, Prakas, Circulars and Letters support the implementation of laws, policies and plans of action. Consequently, to promote and accelerate the effective implementation of the Disability Law, and other disability supports, several legal documents have been developed and adopted.²⁹

Particularly relevant at the sub-national level is the Sub-decree on Policy to Support Poor Persons with Disabilities in the Community. To support implementation of the Sub-Decree, a Prakas on Establishment of Committee for Policy to Support Poor Persons with Disabilities at the Municipality and Province was also drafted. Depending on the level of disability, persons with disabilities may be eligible for a payment of 20,000 Riel per month (approximately US\$5). The Sub-Decree aims to:

- Include disability issues in efforts to implement National Strategic Plans and other Policies related to reducing poverty;
- Provide emergency services for persons with disabilities in the community;
- Rehabilitate and promote the living conditions of persons with disabilities in the community;
- Prevent and reduce the migration of poor persons with disabilities;
- Reduce vagrancy and begging of poor persons with disabilities on the streets; and
- Provide social welfare services to poor persons with disabilities effectively.³⁰

In 2009, the RGC adopted the *National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors 2009-2011* (NPA). The NPA was developed in the framework of Cambodia’s obligations under the APMBC. The NPA covered six key components: understanding the extent of the challenge; emergency and ongoing medical care; physical rehabilitation; psychological support and social reintegration; economic reintegration; and, laws and public policies. Each component had an overall objective and specific objectives, with a total of 27 specific objectives. A review of implementation of the NPA in 2011 found that progress had been recorded in only 12 of the specific objectives. At a meeting of the National Disability Coordination Committee (NDCC) on 29 February 2012 it was agreed to continue implementation of the NPA for two years (2012-2013) and to start a process to develop a new National Disability Strategic Plan (NDSP) for the period 2014-2018.

In a process under the leadership of the Disability Action Council (DAC), the NDSP was developed over several months starting in 2013. However, several actors in the sector have expressed concern over the limited opportunities to make a real contribution to the development of the NDSP. The new NDSP was signed by the Prime Minister after adoption by the Council of Ministers in June 2014 and officially launched by the DAC in Phnom Penh on 3 July 2014. The NDSP will guide the work of the disability sector for the period 2014-2018. The 12 principles guiding the development and implementation of the NDSP are based on the principles outlined in Article 3 of the CRPD together with four principles specific to the Cambodian context:

- Protect the rights and freedom of persons with disabilities;
- Protect the interests of persons with disabilities;
- Prevent, reduce and eliminate discrimination against persons with disabilities; and,
- Provide physical and mental rehabilitation to ensure habilitation for full and equal participation by persons with disabilities in society.

The vision of the NDSP is that “persons with disabilities and their families have a high quality of life and participate actively, fully and equally in society in which their rights and dignity are respected with the inclusion of disability across all sectors.” The mission statement of the NDSP is to “promote participation of government institutions, private sector, civil society, and [development partners] for disability inclusive social affairs to support sustainable development.”³¹

To achieve this vision and mission, the NDSP outlines five overarching goals and objectives:

- Improve livelihood of persons with disabilities and their families, respect natural dignity and independent living including comprehensive welfare;
- Promote equality before the Law and access to justice, freedom from torture, abuse, exploitation, violence and solutions in emergency situations as well as equality for women and children with all forms of disabilities.
- Provide social protection, education, vocational training, employment, job placement and other services to persons with disabilities;
- Empower through participation in decision making and political life of persons with disabilities in the society; and
- Improve choices of access to the physical environment, public transport and facilities, knowledge, information and communication.

The NDSP also presents ten strategic objectives, the strategies to achieve each strategic objective, and the responsible institutions:

- Strategic Objective 1: Reduce poverty of persons with disabilities through the promotion of increased jobs and employment appropriate to persons with disabilities, to ensure their decent livelihood and enhance ownership.
- Strategic Objective 2: Provide persons with disabilities with equal access to quality health services as well as physical and mental rehabilitation.
- Strategic Objective 3: Increase justice intervention services to reduce toward elimination, discrimination, abuse, mistreatment, and exploitation of persons with disabilities.
- Strategic Objective 4: Strengthen and expand personal freedom and security and manage risks of humanitarian emergencies in disaster situations.
- Strategic Objective 5: Ensure persons with disabilities have equal access to quality education and vocational training services.
- Strategic Objective 6: Promote participation of persons with disabilities in expressing their opinions, accessing information and participation in political life.
- Strategic Objective 7: Ensure participation in social activities such as cultural, religious, sports, the arts, recreation and other activities.

- Strategic Objective 8: Develop and improve accessibility of the physical environment, public transport and facilities, knowledge, information and communication for persons with disabilities.
- Strategic Objective 9: Ensure gender equality; and promote the capacity of women and children with disabilities.
- Strategic Objective 10: Strengthen and expand cooperation at international, inter-regional, regional, sub-regional, national and sub-national levels.

The NDSP is consistent with the aims of MoSVY's Strategic Plan for 2014-2018.

The MoH's *Health Strategic Plan 2008-2015* includes objectives to reduce disability, including sight and hearing impairment, and to improve access to treatment and rehabilitation for non-communicable diseases, including mental health, and accidents and injuries.³² Provincial hospitals and national hospitals provide physiotherapy and some specialist care for vision impairments and psychosocial disorders.

The MoEYS has policies and plans to ensure all children including children with disabilities have equal access to quality basic schooling regardless of their gender, where they live, or their economic status. These policies and plans include the *Education Strategic Plan to Achieve Education for All 2003-2015*, the *2007 Policy on Child Friendly Schools and Master Plan*, and the *2008 Policy on Education for Children with Disabilities*. The new *Education Strategic Plan 2014-2018* outlines specific policies, strategies and actions relating to children with disabilities, such as: increase enrolment of children age 0 to under 6 years old, especially for poor, ethnic minorities, and children with disabilities and provide priority to community pre-school and home based care services (expand inclusive programme for children with disabilities in public pre-schools and community pre-schools); and, ensure all school-age children and at age of enrolment are enrolled and retained to the end of the school year and cycle (revise master plan to help children with disabilities from 2014 and support for student with hearing and listening problems).

The MoWA's *Five Year Strategic Plan 2009 - 2013 (Neary Rattanak III)* included women and girls with disabilities as a specific target group in the areas of economic empowerment and education.³³ The strategic plan for 2014-2018 is also inclusive of women and girls with disabilities.³⁴ The MoWA's *National Action Plan to Prevent Violence Against Women 2013-2017* identifies women with disabilities as being at increased risk of violence and requiring special targeting in prevention and response efforts.³⁵

The "*Rectangular Strategy*" for Growth, Employment, Equity and Efficiency Phase III was adopted by the RGC in September 2013. The strategy outlines priorities in social protection reform, such as: improving the social protection policy framework and strategy, including the update of "National Social Protection Strategy for the Poor and Vulnerable 2011-2015"; and, implementing the national policy on disabilities through the DAC, strengthening the implementation of the Disability Law, and promoting the enhancement of the rights and welfare of persons with disabilities according to the CRPD, as well as improving the quality and efficiency of the PWDF's services.³⁶ The Rectangular Strategy will be implemented through the NSDP 2014-2018.³⁷

The National Social Protection Strategy for the Poor and Vulnerable (NSPS) was adopted by the Prime Minister in April 2011 and is intended to complement existing sectoral policies, plans and strategies related directly or indirectly to social protection. The vision of the NSPS is that "Cambodians, especially the poor and vulnerable, will benefit from improved social safety nets and social security, as an integral part of a sustainable, affordable and effective national social protection system." Under the strategy, the poor and vulnerable are defined as: people living below the national poverty line; and, people who cannot cope with shocks and/or have a high level of exposure

to shocks (people living under or near the poverty line tend to be most vulnerable). Persons with disabilities are identified among “most vulnerable groups”. The achievement of the five objectives outlined in the NSPS will potentially improve the quality of daily life of adults and children with disabilities and their families: 1) the poor and vulnerable receive support to meet their basic needs, including food, sanitation, water and shelter, etc., in times of emergency and crisis; 2) poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving nutrition, maternal and child health, promoting education and eliminating child labour, especially its worst forms; 3) the working-age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods, while contributing to the creation of sustainable physical and social infrastructure assets; 4) the poor and vulnerable have effective access to affordable quality health care and financial protection in case of illness; and, 5) special vulnerable groups, including orphans, the elderly, single women with children, persons with disabilities, people living with HIV, patients of TB and other chronic illness, etc., receive income, in-kind and psychosocial support and adequate social care.³⁸

The 10-year *National Programme for Sub-National Democratic Development (NP-SNDD) 2010-2019* was adopted in May 2010 to support implementation of the Decentralization & Deconcentration (D&D) Strategic Framework and the Law on Administrative Management of the Capital, Provinces, Municipalities, Districts and Khans and the Law on Administrative Management of Communes/Sangkats (Organic Laws). The NP-SNDD notes that “there is a need for equal opportunity for all citizens to participate in local development and to demand better and more comprehensive public services to meet citizen’s needs, leading to poverty reduction and focusing on the most vulnerable groups, particularly the indigenous peoples, women and children.”³⁹ The RGC’s goals for sub-national democratic development are to: create a culture of local participatory democracy, accountable to the citizens; improve public services and infrastructures; bring about social and economic development; and, contribute to poverty reduction. The programme document states that “the provision of public services, materials/means and basic infrastructures is a crucial component in the sub-national democratic development. Councils of all sub-national administrative levels shall be assigned functions, together with adequate resources, in order for them to be able to provide public services, necessary materials and basic infrastructures to their local communities.”⁴⁰ Although disability is not directly addressed in the programme document, adults and children with disabilities are a vulnerable group. Through the promotion of disability-inclusive development, particularly through inclusion of disability issues in Commune/Sangkat Investment Plans (CIP) and Commune/Sangkat Development Plans (CDP), the potential for improving the daily lives of persons with disabilities and their families will be significantly enhanced.

The *National Policy on Early Childhood Care and Development (ECCD)* includes an objective to “expand health care and curing services for all infants from birth to three years with regular health check-up, timely and adequate provision of immunization and monitoring on nutrition provision services for children with malnutrition, chronic illness, delayed development and disabilities.” The policy outlines the roles and responsibilities of various ministries, which for MoSVY includes integrating ECCD into CBR and other programmes.⁴¹

However, despite a comprehensive legislative and policy framework that could address the rights of women, girls, boys and men with disabilities, several challenges remain. The NDSP highlighted several weaknesses including: dissemination of the law and regulations relevant to disability issues and rehabilitation is not yet comprehensive; promotion of implementation of policies, law, national plans and regulations related to disability and rehabilitation remains limited; lack of human resources; limited financial resources; and, discrimination against persons with disabilities remains visible.⁴² Consultations with actors in the disability sector highlighted other issues: disability is not a priority for sub-national authorities; limited awareness on the Disability Law and policies at the sub-

national level; limited human and technical capacities to implement laws and policies; and, limited inclusion of persons with disabilities in planning and implementation processes.

3.3 Accountability and coordination structure

In July 2009, the role of the DAC was officially stipulated in the Disability Law as a national coordination and advisory mechanism on disability and rehabilitation issues. Sub-Decree No. 59 ANKR-BK on the Organization and Functioning of Disability Action Council, adopted on 21 June 2010, outlined roles and responsibilities and amended the composition of the DAC. Individual members of the DAC were named in Government Decision (No 72 SSR) of December 2010. In May 2013, the Prime Minister signed a new Sub-Decree No. 216 ANK-BK on Organization and Functioning of the Disability Action Council which included several changes to the structure and organization of the DAC. The Prime Minister is now the Honorary President. The DAC is responsible for coordination, promoting implementation, and the monitoring of the NDSP 2014-2018.⁴³

In August 2009, the NDCC was established by Government Decision No. 50 SSR to promote implementation and monitoring of the NPA. The Minister of MoSVY serves as Chair of the NDCC with the DAC serving as the secretariat. It is not clear whether the NDCC is still functional.

4. DATA ON ADULTS AND CHILDREN WITH DISABILITIES

4.1 Current available data

The NDSP acknowledges that current disability data is “inadequate and not specific.”⁴⁴ In recognition of the importance of disability data collection, MoSVY in collaboration with the MoH amended the 2003 Inter-Ministerial Circular on Classification of Persons with Disabilities. The 2011 Inter-Ministerial Prakas on the Classification of Types and Levels of Disability aims to standardize data collection for more effective implementation of the Disability Law and for the development of policies and plans. The Prakas identifies four types of disability: physical; intellectual; mental; and, others. Six levels of disability classification were also identified.⁴⁵ In addition, the Prakas requires the establishment of the Council of Assessment of the Type and Level of Disability Classification at the national and provincial level. The classifications are based on the ICF.

Although there are several mechanisms that collect data on adults and/or children with disabilities, accurate, comprehensive, and comparable data are not available. The 2011 WHO and World Bank’s *World Report on Disability* estimates that 15 percent of the global population are persons with disabilities; of whom 2.2 percent have very significant difficulties functioning. Using this global estimate, Cambodia may have approximately 2 million adults and children with disabilities, including over 320,000 with very significant difficulties functioning.

RGC data collection mechanisms appear to significantly underestimate the number of persons with disabilities in Cambodia. For example, the 2008 National Census registered 1.44 percent of a total population of 13.4 million with disabilities, or about 193,000 people, whereas the 2012 Cambodia Socio-Economic Survey (CSES) identified around 5 percent of the total population with disabilities, or around 624,000 people. The 2010 Cambodia Demographic and Health Survey (CDHS) reported 1.7 percent of the population with physical impairment. The most common cause of impairment was illness (34.1 percent), followed by birth (19.8 percent), landmines (11.4 percent), road accidents (10 percent), guns (5.1 percent), and other accidents (19.4 percent).⁴⁶

According to the 2013 *Cambodia Inter-Censal Population Survey*, a nationally representative sample survey, 301,629 Cambodians live with disability, or 2.1 percent of the total population of 14,676,591 people, including 144,622 females (48 percent) and 157,007 males (52 percent); 32,056 (10.6 percent) were children aged between 0 and 14 years. The majority of persons with disabilities, 86 percent, live in rural areas. The main type of disability reported was sight impairment (34.8 percent) followed by mobility impairment (33.4 percent). Of the total number of persons with disabilities, 52,240 (17.3 percent) were under 19 years-of-age.⁴⁷

The Commune Database is the primary tool for monitoring progress towards the Millennium Development Goals. Village or Commune/Sangkat Chiefs collect data annually based on a standard survey which includes two questions on disability: “number of people with disability in village” and the cause of disability (acquired at “birth, because of other accidents, war, mines/UXO.” Data is collated by the Provincial Office of Planning. Data can be disaggregated by gender. An analysis of the Commune Database for 2011, revealed 85,636 persons with disabilities (0.59 percent of population), including 21,067 women, 6,190 girls and 17,580 boys under 18, and 40,799 men.⁴⁸ In consultations with Commune/Sangkat Councils, it would appear that not all communes/sangkats collect specific or comprehensive data on persons with disabilities. Some Councils reported that they were assisted by NGOs to collect data, while others reported that it was easier to identify people with a physical disability, and that some data was collected but they had not been asked to share it.

The MoP’s Identification of Poor Households Programme is implemented in collaboration with the MoI’s Department of Local Administration (DoLA). Also known as the ID Poor project, the data collected is available to implement measures to improve the situation of the poor, including persons with disabilities.⁴⁹ There is one question on disability but this is not considered in the scoring part of the questionnaire. The question only relates to the head of the household or their spouse. This reduces the opportunity for households with an adult or child with disability to qualify for the ID Poor Equity Card.⁵⁰ In addition, disability information is not routinely collated or analysed. Several persons with disabilities interviewed during the course of collecting information for the situation analysis reported that they were very poor but did not have an ID Poor Equity Card. According to a 2013 survey, around 41 percent of persons with disabilities had the ID Poor Equity Card.⁵¹

Several NGOs also collect smaller scale qualitative and quantitative data but this information does not appear to be widely disseminated or used for broader planning purposes. Examples include the 2010 survey by the Capacity Building of People with Disability in the Community Organization (CABDICO). CABDICO collected data on 13,745 persons with disabilities, including 4,525 women and girls with disabilities, in the provinces of Banteay Meanchey (6,740 persons with disabilities, including 2,141 women and girls), Kep (642 persons with disabilities, including 246 women and girls), and Siem Reap (6,363 persons with disabilities, including 2,138 women and girls).⁵²

From October 2011 to March 2012, Handicap International, as part of a Global Partnership for Education (GPE) initiative, implemented a medical assessment and disability prevalence project for children aged 2-9 years. The project was implemented in Phnom Penh and six provinces (Battambang, Kampong Cham, Kampot, Preah Vihear, Ratanakiri, and Siem Reap). Of 21,107 children screened, 3,750 children (17.7 percent), including 1,687 girls, were found to have one or more types of disability.⁵³

From May 2012 to May 2013, the Cambodian Campaign to Ban Landmines & Cluster Munitions, in collaboration with the Cambodian Mine Action and Victim Assistance Authority (CMAA) and Jesuit Refugee Service (JRS), conducted a survey in 393 villages in 21 provinces. The survey identified 3,448 persons with disabilities, including 963 females and 2,485 males, representing 9.9 percent of the total population in the 393 villages. The types of disability identified include: amputee (38 percent),

paralysis (23 percent), blind (13 percent), hearing/speech impairment (6 percent), intellectual disability (2 percent), cerebral palsy (one percent), and other (17 percent). The objectives of the project were to: raise awareness on rights and needs at the village level; help village leaders to understand rights and needs; allow persons with disabilities to reflect on their quality of life; ensure the vulnerable have access to appropriate services; and, to strengthen networks.⁵⁴

CDPO also collects data on persons with disabilities in their target areas based on MoSVY's classifications of disability. As of April 2014, information on 12,377 persons with disabilities had been recorded, including 4,918 women, 493 girls, 691 boys, and 6,275 men.⁵⁵

Other mechanisms to collect disability-related data include: the MoEYS' Education Management Information System (EMIS); UNICEF's Social Service Mapping; Physical Rehabilitation Centres (PRC) data; data collected by the PWDF/MoSVY regarding the social protection fund for poor persons with disabilities and veterans; and, the Cambodian Mine/ERW Victim Information System (CMVIS).

4.2 Plans for improving data on adults and children with disabilities

To implement the Sub-decree on Policy to Support Poor Persons with Disabilities in the Community, MoSVY is working to improve data collection at the Commune/Sangkat level. To be eligible for support, the person or their family must have an ID Poor Equity Card. Working groups, including PoSVY/DoSVY officers, health officers and commune chiefs, are in the process of being established to register persons with disabilities for the ID Poor Equity Card.⁵⁶ The collation and analysis of this data will provide additional information on the number and location of persons with disabilities.

The 2014 CDHS questionnaire has been modified to replace impairment focused questions with the six Washington Group questions (question 21-26) which focus on functioning. Responses to the CDHS questionnaire may result in a more realistic assessment of the number of persons with disabilities in Cambodia.

In 2014, the WHO will pilot the Model Disability Survey (MDS) in Cambodia. The MDS is a general population survey that provides detailed and other information on the lives of persons with disabilities. The survey allows direct comparison between groups with differing levels and profiles of disability, including comparison to persons without disability. The MDS is grounded in the ICF.

5. DISABILITY IN CAMBODIA

5.1 The situation of women, girls, boys and men with disabilities

In Cambodia, many women, girls, boys and men with disabilities and their families live in poverty with limited access to services that would promote their physical, psychological, social and economic well-being. Persons with disabilities often experience discrimination and have fewer opportunities to participate in all spheres of society including areas of health, education, employment, vocational training, income generation, and development initiatives.

Poverty and unsustainable livelihoods impact on the quality of daily life of persons with disabilities and for many, is their most significant challenge. However, it is important to recognize that not all persons with disabilities and their families are poor. When a person with disability has access to health care, education, vocational training, employment or self-employment opportunities, and development initiatives on an equal basis with others, and is included in community activities, they can enjoy their rights and a better quality of life. Nevertheless, for many other persons with

disabilities and their families, particularly those in rural and remote communities, they do not have the means of securing their basic necessities of life – for food, water, shelter and health. Many women and men with disabilities have limited education, and limited skills and resources to improve their livelihoods, including through employment or self-employment. According to the 2011 Commune Database, 45 percent of adults with disabilities do not earn an income. A 2013 study, found that 52 percent did not consider that they had enough income to live with dignity.⁵⁷

A significant barrier to inclusion and the enjoyment of rights is discrimination and negative attitudes towards persons with disabilities from all levels of society, including the attitudes of some village chiefs, local authorities, teachers, health care workers, employers, families, neighbours, and sometimes the negative attitudes of persons with disabilities themselves. Discrimination often takes the form of name calling, teasing, rudeness, denial of services, isolation and exclusion from community activities and being treated as having no value by their family or community. Several local authorities interviewed for the situation analysis said there was no discrimination as it is not allowed under the Disability Law, but when talking with persons with disabilities in the same communities they disagreed. Due to limited understanding, often persons without disability do not consider their words or actions as discriminatory. Experience suggests that discrimination has reduced in communities where DPOs and NGOs are active in raising awareness on disability rights and the capacities of persons with disabilities.

Access to appropriate services, infrastructure and programmes, particularly in rural areas, continues to be a challenge. Many services are located far from where the person with disability lives and transport may not be available, or the services and transport may be too expensive. In addition, the person with disability or their family may not be aware of available services. The physical accessibility of many public building in both urban and rural areas, including health centres, PoSVY/DoSVY offices, and Commune/Sangkat Council buildings, is also a challenge. Some ramps have been installed but these are often too steep or too narrow for people in wheelchairs or with limited mobility. Persons with disabilities sometimes rely on family or friends to carry them into inaccessible buildings. In many facilities, toilets are also not adapted to meet the needs of people with a disability. In the consultations, persons with disabilities also raised the issue of limited access to information, including information relating to planning for natural disasters.

Adults and children with severe disabilities may face significant challenges in accessing services as they cannot travel to facilities at the provincial level or in major centres. To improve the quality of their daily life, home-based services such as rehabilitation are needed. However, due to a shortage of technical and financial resources, mobile and home-based services have been cut in some districts or have never been available. Without appropriate services, persons with severe disabilities are often isolated and unable to participate in family or community activities. Adults and children with sensory disabilities may be particularly marginalized as services are limited and mostly found in urban areas.

Although the right to clean water services is guaranteed under the CRPD⁵⁸, the needs of adults and children with disabilities are not always taken into account in the implementation of mainstream water, sanitation and hygiene (WASH) programmes in rural areas. The limited access to WASH facilities, including water pumps and toilets, may add to the vulnerability of persons with disabilities, particularly for women and girls. Walking to ponds that are a distance from their house, or having to toilet in the forest, increases their vulnerability to physical and sexual abuse.

Adults and children with disabilities, or the children of people with a disability, often do not have access to education at all levels. This may be due to several factors: physical accessibility of classrooms and toilets; lack of transport to the school; parents not understanding the value of

education or the child's ability to be educated; parents may be over-protective and elect not to send their child to school; the adult or child is often expected to contribute to household chores; or, the family may be too poor to send children to school. In 2011, the literacy rate among persons with disabilities was 62 percent as compared to 78 percent in the general population.⁵⁹ According to the 2013 *Cambodia Inter-Censal Population Survey*, 55.5 percent of persons with disabilities had either never attended school or had not completed primary school.⁶⁰

Youth with disabilities report significant challenges, including poverty, in furthering their education beyond primary school and accessing employment opportunities. Scholarships and housing support is often needed to enable youth with disabilities from rural areas to access higher education in Phnom Penh and other cities.

Children with disabilities are amongst the most vulnerable in Cambodia and face many challenges, including rejection and abandonment, and are sometimes hidden and not encouraged to participate in the life of their community. Children with disabilities in institutional care are particularly vulnerable and excluded. Parents often do not have access to adequate and up-to-date knowledge about disability or their rights, how to raise a child with a disability, or where to go for advice and assistance. The situation is especially difficult for families in rural and remote areas with limited or no access to services.

Children with intellectual and/or severe disabilities often face significant discrimination from both within the family and the community which can prevent the child from receiving the services they need. A child with intellectual and/or severe disability also places an additional economic burden on the family due to the income lost by the carer, usually the mother, staying at home to care for the child. In other situations, the child can be left alone for long periods of time with no support if all family members are engaged in economic activities. It is widely agreed that there are not enough services to meet the needs of children with intellectual and/or severe disabilities.

Women and girls with disabilities face many challenges in efforts to improve their daily lives. During the consultations issues raised include: more discrimination and negative attitudes including being seen as less valuable and unable to contribute to their family, and not worth sending to school; fewer opportunities to access services including health care; fewer opportunities to participate in activities to improve livelihoods including employment; less likely to marry; increased burdens in looking after their family; limited opportunities to participate in community development activities; and, because of the Cambodian culture more likely to be shy and reluctant to demand their rights as compared to men and boys with disabilities. Women and girls with disabilities also have limited access to appropriate information and services relating to sexual and reproductive health due to a lack of recognition of their sexual and reproductive health needs and rights. In addition, protective attitudes of family members sometimes prevent women and girls with disabilities from achieving their full potential.

The 2013 *Cambodia Inter-Censal Population Survey* revealed that women and girls with disabilities were more likely than men and boys not to attend school or complete primary school; 55.1 percent as compared to 47.7 percent. Women with disabilities aged 15-64 were also less likely to be economically active (60.6 percent) as compared to men in the same age group (76.2 percent).⁶¹

A 2013 study reported that women with disabilities are "much more likely to be insulted, made to feel bad about themselves, belittled, intimidated and subjected to physical and sexual violence" than women without disabilities.⁶² For example, 52.5 percent of women with disabilities participating in the study reported emotional abuse, 25.4 percent reported physical violence, and 5.7 percent reported sexual violence from family members. This is compared 35.2 percent of women without

disabilities reporting emotional abuse, 11.4 percent reporting physical violence, and 1.1 percent reporting sexual violence. Women and girls with disabilities also experience higher levels of controlling behaviours from partners and/or family members and higher levels of psychological distress than women and girls without disabilities. Furthermore, barriers of access to services are exacerbated by the fact that many women with disabilities have less financial autonomy and less power in their lives than women without disabilities.⁶³ Women with disabilities also experience lower levels of political participation (e.g. voting) compared to men and women without disability.⁶⁴

In 2011, the RGC established the National Committee for Elderly and has national policies relating to the health and well-being of older persons. The RGC has also encouraged the establishment of more than 560 associations of older persons at the commune level.⁶⁵ Nevertheless, older persons with disabilities, including those with reduced physical, cognitive and emotional functioning as the result of a stroke, have limited or no access to appropriate services. Often the only support available for older persons with disability is their family. In addition, adults and older persons with severe and/or intellectual disability may face considerable hardship after the death of their parents or primary care giver.

A key challenge affecting the daily lives of persons with disabilities is limited understanding of their rights and capacities, and the meaning of a rights-based approach not only within their family, community, and local authorities, but also within themselves. This limited understanding at all levels is hindering their inclusion and participation in community activities and development initiatives on an equal basis with others. In June 2014, Prime Minister Samdech Akka Moha Padei Techo HUN Sen stated that adults and children with disabilities “have to be included in all development activities and are not to be left behind” adding that “there is a need for a change in behaviour and social views towards persons with disabilities.”⁶⁶

5.2 Overview of services, programmes and projects

Various government facilities provide health care services for those with and without disabilities, including national hospitals, referral hospitals, health centres and health posts. Accessing appropriate, adequate and affordable health care services is a challenge for many people in Cambodia, particularly those living in rural or remote areas. However, adults and children with disabilities continue to face specific challenges, despite a 2009 MoH decision that entitles poor persons with disabilities to free health care services. These challenges include: health centres at commune level are understaffed; limited skills related to disability and the identification of disability; limited disability awareness among staff; cost of transportation to health facilities; unofficial user fees for services; limited knowledge among persons with disabilities or their family of available services and their rights; long distances to health facilities; and, the accessibility of the physical infrastructure. A 2012 study found that financial barriers ranked as the most significant challenge to accessing health care services.⁶⁷ The Health Equity Fund (HEF) is intended to improve access for the poor, including adults and children with disabilities, to health services at public health facilities by providing health care, transportation, and referrals free-of-charge. The HEF currently covers about two thirds of referral hospitals and one third of health centres.⁶⁸ However, to be eligible for the HEF the family must be assessed as poor under ID Poor programme.⁶⁹ Some NGOs provide emergency support to enable people to access needed health care services.

Rehabilitation services, including physiotherapy and the provision of prostheses, orthoses and other assistive devices, are provided by eleven Physical Rehabilitation Centres (PRC) in Phnom Penh (two centres), Battambang, Kampong Cham, Kampong Chhnang, Kampong Speu, Kratie, Prey Veng, Siem Reap, Preah Sihanouk, and Takeo. There are three small provincial PRCs providing repair services; Kampong Thom, Preah Vihear and Svay Rieng and the Spinal Cord Injury Centre in Battambang.

Initially these facilities were established and run by international agencies and NGOs, including the International Committee of the Red Cross (ICRC), Cambodia Trust (CT), Handicap International Federation⁷⁰ (HIF), and Veterans International Cambodia (VI-C). MoSVY manages the Orthopaedic Component Factory in Phnom Penh. Cambodia, with the support of NGOs, also has a sustainable capacity for the production of wheelchairs including at the Kien Khleang Rehabilitation Centre in Phnom Penh, and at the Banteay Prieb Vocational Training School in Kandal province.

Following an evaluation of the rehabilitation sector in 2006, MoSVY is now taking greater responsibility of the sector. In 2009, a MoSVY Prakas categorized the 11 PRCs as either Municipal, Provincial or National centres. Each international agency has developed separate MoUs with MoSVY specifying their plans for handover. MoSVY adopted Guidelines on Physical Rehabilitation in order to standardize and ensure quality of services. Now, the management of most of the PRCs has been handed over to MoSVY with some PRCs receiving ongoing technical and financial support from the ICRC and NGOs (Battambang, Kampong Cham, Kampong Chhnang, Kampong Speu, Kratie, Phnom Penh, Prey Veng and Preah Sihanouk). These organizations also support limited outreach services and/or mobile services. In 2009, HIF handed over the Spinal Cord Injury Centre to the PoSVY in Battambang. The PoSVY has limited technical and financial resources to maintain an adequate level of services with many qualified staff leaving the centre. In addition, since the handover of the PRCs, there has been a reduction in available services and in some cases, persons with disabilities or NGOs assisting them, are being asked to pay for assistive devices.

Specialized training for prosthetic and orthotic technicians is available through the Cambodian School of Prosthetics and Orthotics. The Technical School for Medical Care provides a 3-year physiotherapy course, with the Royal University of Phnom Penh's Faculty of Social Science and Humanities offers a 4-year programme leading to a Bachelor of Arts in Social Work degree. There is currently no training available for Occupational Therapists or Speech Therapists.

Rehabilitation services, particularly for children with disabilities or people with spinal cord injuries, are also available through home-based services as part of CBR programmes being implemented by NGOs, including Cambodian Development Mission for Disability (CDMD), CABDICO, Disability Development Services Program (DDSP), Komar Pikar Foundation (KPF), Operation Enfants du Cambodge (OEC), Safe Haven, and VI-C. In addition, organizations such as DDSP, Grace House Community Centre, KPF, and the Parents Association of Children with Intellectual Disabilities (PACHID) operate small day care centres for children with disabilities in their target areas.

Although policies and plans exist to promote inclusive education, children with disabilities reportedly make up less than 2 percent of children in primary schools.⁷¹ Since 2007, the MoEYS has collected data on children with disability in the EMIS. A review of the status of implementation of the NPA in 2011 noted that 78,714 children and adults with disabilities, including 3,318 females, had enrolled in education facilities, and that at least 26 students with visual or hearing impairments were undertaking bachelor degrees at university.⁷² In 2013, MoEYS reportedly provided scholarships for 10,469 students with disabilities; 4,385 were girls. The Ministry also facilitated opportunities for 78,986 students with disabilities and others in difficult situations, including 33,120 women, to learn through special education techniques.⁷³

Nevertheless, many children with disabilities do not attend school, start later, or experience higher drop-out rates than children without disabilities. Reasons for this include: limited pre-service training for teachers to effectively work with children with disabilities, limited skills to teach children with hearing impairments; limited appropriate teaching methodologies and aids; large class sizes (usually about 50 children) leading to limited time available to provide additional supports when needed; classrooms and toilets are not physically accessible; and, schools are often a long distance

from the child's home with no transport available. Children with intellectual disability also face significant discrimination in accessing education.⁷⁴ The Rabbit School in Phnom Penh provides education for children with moderate and severe intellectual disability. Hagar's House of Smiles also promotes education for children with intellectual disability in integrated classrooms in three public schools in Phnom Penh and Kandal. Other NGOs, such as CABDICO, CDMD, DDPS, Krousar Thmey (KT), Kumar Ney Kdey Sangkheum "Children of Hope" (KNKS), KPF and OEC, work to promote inclusive education through providing training and salary incentives for teachers, and improving the accessibility of schools. While the focus appears to be on improving access to primary education, some NGOs, such as CT, provide scholarships to improve access to higher education.

Accessing education, at any level, for adults and children with hearing or sight impairment can be difficult, particularly for people living in rural areas. KT runs five schools for blind or deaf in Phnom Penh, Siem Reap, Battambang and Kampong Cham, and supports integrated classes in public schools. In 2012, KT reported 620 deaf and 350 blind children attending school.⁷⁵ However, more than 1,500 people are registered with the Association for the Blind in Cambodia (ABC). ABC operates a resource library with Braille books and sound devices.⁷⁶ Furthermore, it is estimated that 50,000 people in Cambodia are deaf but only 1,800 people who are deaf have been taught sign language.⁷⁷ To improve access for the deaf and blind, KT has provided Sign and Braille language training to more than 150 public schools, conducted Training of Trainers training on Sign and Braille Language, translated the MoEYS curriculum for grades 1 to 12 into Sign and Braille language, and developed and disseminated over 2,000 Braille language materials in collaboration with the MoEYS. The Deaf Development Programme (DDP) has developed and published Cambodian Sign Language Books and the Cambodia Sign Language Dictionary.⁷⁸

Given its turbulent past, the prevalence of post-traumatic stress disorder in Cambodia is higher than global averages.⁷⁹ In addition, persons with disabilities may experience despair and loneliness. Discrimination can also lead to exclusion and psychological stress. Anxiety and long term depression can impact on their family and their inclusion in the community and opportunities to improve their livelihoods. The MoH's vision on mental health is for "every Cambodian to live in harmony with optimum psychosocial well-being and socio-economic development to achieve a satisfactory quality of life as he/she wishes."⁸⁰ However, there are limited human, technical and financial resources, including limited numbers of psychologists and social workers, to adequately address the scope of the problem. In Kandal province, the Chey Chumneas Referral Hospital's Centre for Child and Adolescent Mental Health (CCAMH) is the only facility to provide treatment and medical care for children with mental health problems. Several NGOs provide psychological and peer support through their CBR programmes. In addition to limited services provided through MoH facilities, a few NGOs also provide technical support and training to improve the quality of psychological support and mental health services, including Social Services of Cambodia (SSC), and the Transcultural Psychosocial Organization (TPO). Self Help Groups (SHG) of persons with disabilities also serve to provide peer support to improve psychosocial well-being.

Sport has been identified as an effective and low-cost means to promote physical and psychological well-being and social inclusion for adults and children with disabilities. Organizations working to promote sport for persons with disabilities include the National Paralympic Committee of Cambodia, the Cambodian National Volleyball League Disabled (CNVLD), Spirit of Soccer, and the ICRC. In Pursat, in 2007, DDSP supported the creation of the annual Pursat River Run to facilitate the participation of persons with disabilities in a sporting event alongside their peers without disability.

In rural areas, the main livelihood activity is agriculture. Because of high levels of poverty, for many persons with disabilities and their families, their top priority is improving their livelihoods through access to income generation activities. Nevertheless, there are limited opportunities to undertake vocational training or to improve their skills in animal raising and agriculture that would build their

capacity to establish sustainable livelihoods. There are also limited employment and other income generation opportunities. Often limited skills and education hinder efforts to promote economic well-being. Even when vocational training is available this often means lost earning potential during the training and time away from the family.

MoSVY, in collaboration with NGOs, established nine Vocational Training Centres to provide training at the community level for persons with disabilities. Several centres are no longer operating with others now managed by the PWDF, with support from NGOs. The Banteay Prieb Vocational Training Centre, run by Jesuit Service Cambodia (JSC), in Kandal province provides residential places for about 100 women and men with disabilities from around the country. Many NGOs provide referrals to vocational training. Other economic empowerment initiatives include HIF's *Towards Sustainable Income Generating Activities* (TIGA) project. TIGA focuses on technical and entrepreneurial skills development, financial services, social protection, and self-employment, working in close collaboration with local authorities.⁸¹ ABC provides computer training and CBR activities which focus on vocational training and referrals to services for people who are blind or vision impaired.⁸²

Many SHGs have been created and supported by NGOs to promote economic empowerment through activities such as savings, cow and rice banks, and pig raising. These SHGs were deemed necessary as persons with disabilities were often unable to access mainstream micro-credit schemes due to poverty and/or lack of confidence. It has been estimated that there are now over 2,000 SHGs of persons with disabilities in Cambodia.⁸³ Over time, the focus of NGO support to SHGs has shifted from economic empowerment to advocacy on rights and empowering people to become self-advocates. However, as SHGs usually represent some of the poorest and most vulnerable, this approach was found to be unsustainable as people lost interest if the SHG did not enable them to generate income to meet their basic needs.⁸⁴ Many SHGs only accept members with disability rather than also accepting other vulnerable groups in their community. This practice does not encourage an inclusive community and can lead to isolation of persons with disabilities. Furthermore, the long-term sustainability of SHGs is not assured as an evaluation of the Cambodia Initiative for Disability Inclusion (CIDI) reported that up to seven years of financial and technical support is needed to build sufficient capacity for SHGs to be self-sustaining.⁸⁵

CBR plays an important role in improving access to services and promoting the rights of adults and children with disabilities. Changing people's behaviour, attitudes and views on disability through CBR is an important means to promote inclusion. MoSVY has been active in the area of CBR since 2006 with the establishment of a national coordination working group. With support from UNICEF and in collaboration with key actors, MoSVY developed and adopted the National Community-Based Rehabilitation Guidelines for Cambodia in 2010. The guidelines are in accordance with the WHO's CBR Guidelines. The WHO's CBR Matrix consists of five key components, each divided into five key elements focused on health, education, livelihoods, social inclusion, and empowerment.⁸⁶

The 2011 review of implementation of the NPA noted that CBR activities had expanded from 19 provinces in 2010 to 21 provinces by October 2011, with 40 organizations covering approximately 77 districts. In response to a recent UNICEF questionnaire, 16 of 21 respondents report using CBR approaches in their work. However, CBR activities generally cover only one or two CBR components.

To promote economic and social inclusion, the CIDI encouraged and trained mainstream NGOs, such as Cambodian Human Resource Development (CHRD), Cambodian NTFP Development Organization (CANDO), KNKS, and the Islamic Local Development Organization (ILDO), to include persons with disabilities in their programmes. As a result, people previously excluded from mainstream programmes have been empowered to participate in and benefit from community development

initiatives, and local authorities in the NGOs' target areas have increased awareness on the rights and needs of adults and children with disabilities.

Despite the range of services and opportunities available from government and non-governmental providers, significant challenges remain that impact on the well-being and enjoyment of rights of adults and children with disabilities, including: limited human resources in clinical and rehabilitative care; poor access to services, including accessibility of physical infrastructure and information; limited opportunities to participate in arts and sporting activities which build confidence and self-esteem; limited effective referral mechanisms; limited awareness of available services among local authorities and persons with disabilities; limited coordination between ministries and among service providers; and, a shortage of services for adults and children with sight and hearing impairment, severe disability, and/or intellectual disability. Furthermore, there appears to be limited awareness on the benefits of CBR and disability mainstreaming among sub-national authorities.

Respondents to the recent UNICEF questionnaire also highlighted the challenge of services being concentrated in urban areas with poor coverage in rural and remote areas. However, remoteness, poor road access, and the low density of the population in some provinces add to the costs of implementing and monitoring projects which results in the absence of service providers working in areas with high needs. Furthermore, since the end of the CIDI and with it the Disability Inclusion Assistance Fund (DIAF) in early 2013, several NGOs and DPOs report a reduction in their programme activities due to an absence of available funding. This situation is impacting not only on the availability of services for adults and children with disabilities but also the sustainability of capacities built, including of sub-national authorities.

6. MAIN ACTORS RELEVANT TO THE DISABILITY SECTOR IN CAMBODIA

To promote inclusion and well-being, guaranteeing the rights and addressing the needs of women, girls, boys and men with disabilities requires a coordinated multi-sectoral approach involving a range of actors at all levels, including regional associations such as the UNESCAP. A brief overview of other key actors in Cambodia include: Government ministries and agencies; sub-national authorities/entities; DPOs; international agencies; and, NGOs.

6.1 Government ministries and agencies

At the national level, key ministries and agencies play an important role in coordination, planning, capacity building, monitoring and evaluation. The lead ministry on disability is the MoSVY which has the overall responsibility of ensuring the welfare and well-being of adults and children with disabilities and other vulnerable groups in Cambodia. MoSVY's Department of Welfare for Persons with Disabilities (DWPD) was established to lead and manage disability-related work. UNICEF's Child Protection programme provides support to the DWPD to promote and coordinate CBR. The role of the DWPD includes to: develop policies, laws and other legal frameworks related to the welfare of persons with disabilities; promote and oversee the effective implementation of the Disability Law; promote the implementation of international treaties related to disability; develop plans of action for physical rehabilitation including the production and distribution of orthotics and prosthetics and other mobility devices, vocational training and job placement; develop plans of action for CBR, arts and sport, and the development of Braille and Sign languages; and, organize the Cambodian Day and Cambodian Sports Day for Persons with Disabilities.

The DAC was first established in 1997 as a semi-autonomous coordinating body for the disability sector. In July 2009, the role of the DAC was officially stipulated in the Disability Law as a national

coordination and advisory mechanism on disability and rehabilitation issues. The DAC was reformed by Sub-Decree No. 59 ANK-BK dated 20 June 2010, under MoSVY. The 2011 MoSVY Prakas No. 561 on the Organization and Functions of the Secretariat of Disability Action Council outlined the duties and composition of the Secretariat of the DAC. In May 2013, the Prime Minister signed a new Sub-Decree No. 216 ANK-BK on Organization and Functioning of the Disability Action Council which included several changes to the structure and organization, including: the Prime Minister is the Honorary President; the DAC is responsible for preparing reports on the CRPD; the DAC Secretariat is upgraded to a General Secretariat (effectively higher than a Department within the Ministry); and, the General Secretariat comprises five units (Administration and Finance, Rights of Persons with Disabilities, Welfare and Rehabilitation, Integration and Disability Service Development). The Sub-Decree also requires each Ministry to establish a Disability Working Group to mainstreaming disability into the work of the Ministry. The DAC will lead a process to support Ministries to establish these groups. UNDP works with the DAC under Component 1 of the DRIC.

Other entities established under the 2009 Disability Law include the Disability Rights Administration (DRA) and the PWDF. The role of the DRA, which is under the DWPD, includes activities to: promote national policies, plans and the CRPD; monitor, evaluate and promote the implementation of the Disability Law and legal frameworks; coordinate and encourage ministries, institutions, employers, persons with disabilities, and other stakeholders to implement the Disability Law; inspect ministries, institutions, private sector and NGOs; provide advice on legislation and policies regarding disability to ministries, institutions, private sector, NGOs, and persons with disabilities; provide coordination, reconciliation and conflict resolution as detailed within the Disability Law; take legal procedures on interim fines in accordance with Article 54 of the Disability Law within ministries, institutions, public places and private sector, in case of non-compliance as stipulated in the legislation; and, compile litigations against those who commit any offences against the regulation of the Disability Law.⁸⁷

The PWDF is a public administrative establishment with the mandate to: provide funding for implementing projects which assist persons with disabilities; provide support to institutions and establishments which provide services to persons with disabilities such as health, rehabilitation, education, vocational training and job placement; provide and enhance the welfare of persons with disabilities especially poor persons with disabilities and military veterans with disabilities who have not received rehabilitation services; provide loans and credits for reasonable accommodation; and, provide and enhance the welfare of persons with disabilities especially poor persons with disabilities who have received rehabilitation services and have skills but have no employment.⁸⁸ The WHO works with the PWDF under Component 3 of the DRIC.

While MoSVY and the DAC have a mandate to lead on disability issues, the roles and responsibilities of the different bodies are unclear and often overlapping. Furthermore, the NDSP acknowledges that there is limited capacity to respond to disability issues.⁸⁹ In 2014, UNDP will analyse the functional management and structure of the DAC, DWPD and PWDF to identify the key priorities for organizational development.

The Council for Disability Classification was established following the Inter-ministerial Prakas 2492 on Classification of Types and Levels of Disability to assess persons with disabilities to determine the type and level of disability. The Council is co-chaired by MoSVY and the MoH with two members from each ministries responsible department and two representatives of the technical department of the Ministry of National Defence.

In addition to MoSVY, 17 other Ministries are represented on the DAC. Of these, five Ministries are known to be addressing disability issues and/or providing services for adults and children with disabilities:

- The MoP, through its National Institute of Statistics, is responsible for collecting statistics through the national census and socio-economic surveys, including disability-related data.
- The MoLVT provides vocational training to all the population and has established more than 30 Vocational Training Centres to provide job counselling and vocational training. Target groups include poor women, marginalized groups and persons with disabilities.
- The MoEYS has developed and implements policies and plans to promote the education of children and adults with disabilities.
- The MoH is mandated to provide health care services for all the population, including adults and children with disabilities. The WHO will work with the MoH under Component 3 of the DRIC.
- The MoWA promotes the rights of women, including women with disabilities, through economic empowerment and access to education. The MoWA also provides vocational training through 13 Women's Development Centres and small grants for business start-up.

The MoI is in a unique position to influence sub-national disability-inclusive development and decision making processes as the Ministry has the mandate from the RGC to lead and coordinate decentralization reform. The Minister of MoI is chair of the NCDD, a high-level inter-ministerial mechanism for promoting democratic development through D&D reforms. Established by Royal Decree in late 2008, the NCDD is accountable for the implementation of the Organic Laws, the D&D policy, and the NP-SNDD. The NDCC also has a mandate to develop policies, strategies and plans for capacity building of sub-national councils and administrations. The NCDD is supported by sub-committees and a secretariat, which includes a Capacity and Human Resource Development Office.⁹⁰ Capacity Development Units are also located at the Provincial Level.

The CMAA, established by the RGC in September 2000, was mandated with responsibility for the coordination and monitoring of assistance to the victims of landmines and other ERW. However, responsibility was delegated by sub-decree in 2001 to MoSVY and the DAC. A second sub-decree in 2005 reaffirmed the role of MoSVY and the DAC. CMAA played a leading role, together with the DAC, in the development of the NPA. CMAA's Victim Assistance Department remains active in data collection, referrals and raising awareness on the rights and needs of landmine/ERW survivors and other persons with disabilities.

6.2 Sub-national authorities/entities

Cambodia's 25 provinces are further divided into 197 Districts (26 Krong, 159 Srok, and 12 Khan), 1,406 Communes, 227 Sangkats, and 14,138 villages.⁹¹ At the sub-national level, there are several actors relevant to promoting the rights and inclusion of adults and children with disabilities.

National ministries have Provincial Offices and District Offices. MoSVY is represented at the sub-national level by PoSVY and DoSVY offices. In addition, the PWDF has a representative in each PoSVY and the DAC is in the process of appointing DAC focal points at the provincial level. The PWDF has an agreement with provincial authorities to place charity boxes in key locations to raise additional resources for their activities. The capacities of PoSVY and DoSVY offices are not consistent across all provinces. In Mondulhiri, for example, there are no DoSVY officers and only a Director and three staff at the PoSVY office. In some cases, the key priority of the PoSVY is the distribution of monthly payments to veterans, including veterans with disability. While PoSVY and DoSVY offices do collect some data on persons with disabilities, PoSVY and DoSVY officers interviewed for the situation analysis indicated that activities were limited due to financial constraints. In most districts where NGOs were implementing CBR programmes, DoSVY officers were actively involved in activities.

The Provincial level Council for Disability Classification is co-chaired by the director of the health department and the PoSVY director, with two technical persons from each department as members.

To support implementation of the Sub-Decree on Policy to Support Poor Persons with Disabilities in the Community,⁹² a Prakas on Establishment of Supporting Policy of the Poor Persons with Disabilities Committee at the Municipality and Province was also drafted. However, as of June 2014, the establishment of the Committees at the sub-national level is reportedly on hold pending instructions from a national level Committee to implement the Sub-Decree.

Provincial and district governors report to the MoI and have an important role in coordinating and supporting all development initiatives in their territory. Provincial governors and district governors are well-placed to bring together various sub-national level actors to cooperate, share information and resources in an integrated manner.⁹³ Furthermore, Deputy Provincial Governors are members of the DAC.

Commune/Sangkat Councils are responsible for promoting and supporting good governance by managing and using resources in a sustainable manner to meet the basic needs of the community, including for water and sanitation, road construction and repair, health services, and education. Activities must conform to the RGC's policies and plans. The activities of Councils mostly relate to infrastructure development and the preparation of annual CDPs and CIPs. The Councils are comprised of elected members, some of whom have limited skills to fulfil their tasks. The DoLA designs and delivers training for sub-national authorities, including Commune/Sangkat Councils to improve their capacities for planning and good governance. The level of disability awareness among the Councils interviewed during the situation analysis varied significantly, depending mostly on whether NGOs or DPOs were active in the Commune/Sangkat. A few Commune Chiefs were highly motivated and engaged on the issue. However, two common themes emerged in most discussions: the limited financial resources available to implement activities to promote the inclusion of persons with disabilities; and, limited knowledge about available services and where to refer persons with disabilities who were in need of assistance. Persons with disabilities, along with other members of the community, have the opportunity to engage in planning processes to develop CIPs and CDPs. In some CDPs, persons with disabilities were mentioned. This was usually in connection to access to health services. Other Councils reported that specific projects had been included in early drafts of CDPs but were later removed because of the lack of budget to implement activities. Councils were sometimes able to provide emergency support and wheelchairs to persons with disabilities.

The National League of Communes/Sangkats and the Provincial/ Municipal Associations of Commune/Sangkat Councils brings together the Councils with the aim of enhancing collaboration and the exchange of experiences to make Councils more responsive to the special needs of people in poverty, women, children, and other vulnerable groups.⁹⁴

The Commune Chief is supported by advisory committees with expertise on specific issues. To promote gender mainstreaming and the rights of women and children, CCWCs have been established in each Commune/Sangkat Council across the country. There are also provincial and district level Women and Children Consultative Committees (WCCC). The WCCCs and CCWCs were created under the 2009 Law on D&D and Prakas on Establishment and the Functioning of the Women's and Children's Consultative Committees at Capital Council, Provincial Councils, Municipal Councils, District Councils and Khan Councils. The MoWA works through provincial and district level WCCCs and CCWCs. Training on women's issues is provided by the Provincial and District Offices of Women's Affairs to these committees. UNICEF also provides support to CCWCs in focus districts.

The Village Chief also plays a key role at the sub-national level as they are usually in the best position to know the situation of people, including persons with disabilities, in the village as they live in the

community. The Village Chief has a responsibility to present key issues relating to the village to the Commune/Sangkat Council during planning processes for inclusion in the CIP and CDP.

Several disability NGOs report that they work closely with the PoSVY, DoSVY, Commune/Sangkat Council, CCWC, and Village Chief in the implementation of their CBR programmes. In addition, NGOs such as CABDICO, CDMD, DDSP, and NCDP, have supported the establishment of Commune Disability Committees (CDC), Commune Committees for Disability, or Village Disabled People's Committees (VDPC). For example, CDMD has created 42 CDCs in their target areas, each consisting of five members including a representative of the Commune Council, the local school and the health centre, a religious leader, and a representative of persons with disabilities. These CDCs are responsible for locating persons with disabilities in the commune and coordinating the collection of statistics, raising disability awareness through community and school meetings, coordinating social services and referrals, fundraising to support activities, and advocating for disability inclusion in CDPs.⁹⁵ DDSP has established 40 VDPCs to raise awareness and promote inclusion. In addition, six Commune Councils are contracted to be project implementers; in 16 villages activities are managed by Commune Councils and DosVY with financial and technical support provided by DDSP.⁹⁶

6.3 Organizations of persons with disabilities

The disability movement in Cambodia continues to grow in strength through focused efforts to build capacities and raise awareness. CDPO is considered the peak body working to promote the rights of persons with disabilities and advocate for their inclusion at national and sub-national levels. CDPO aims to present a united voice for persons with disabilities at the national level and to bring about positive changes in attitudes in Cambodian society towards persons with disabilities. However, there is a need for CDPO to strengthen its capacity to represent a wider range persons with disabilities, including deaf, blind, severe disability, and intellectual disability.

CDPO also plays an important role as an educator in the community for the rights of persons with disabilities and implements activities and capacity building support at national and sub-national levels. The aim is for persons with disabilities at the village level to be empowered through the establishment of SHGs. Empowered SHGs form Federations at the district level and then DPOs at provincial level. SHGs, Federations and DPOs at the sub-national level work with Commune Councils and district and provincial authorities to raise awareness and promote inclusion of persons with disabilities in planning processes. In 2013, CDPO reported 60 member organizations, including three Disabled Women's Forums and five Women and Children with Disability Forums. NGOs play an important role in creating and supporting SHGs, Federations and DPOs. However, additional skills development and resources are needed in many districts. UNDP works with CDPO under Component 2 of the DRIC.

Other DPOs work with specific target groups of persons with disabilities. The ABC is the only other national level DPO in Cambodia. There is no national or sub-national level DPO for persons with hearing impairment. The PACHID, based in Phnom Penh, aims to represent children with intellectual disabilities, but activities are limited by financial resources. The Phnom Penh Centre for Independent Living (PPCIL) advocates for the rights of persons with severe disabilities and empowers them by providing a personal assistant and peer-counselling to encourage independent living in the community. The Cambodian Spinal Cord Injury Association, based at the Spinal Cord Injury Centre in Battambang, works to raise awareness with the PoSVY on the rights and needs of people with spinal cord injury and provides home-based care in six districts after discharge from the centre.

6.4 International agencies

There are numerous international agencies working in Cambodia to support the RGC, promote development, and provide services relevant to guaranteeing the rights and addressing the needs of persons with disabilities, including: United Nations agencies such as the International Labour Organization (ILO), the United Nations Office of the High Commissioner for Human Rights (UNOHCHR), UNDP, UNICEF, and the WHO; and, development partners.

The ILO is an active partner in Cambodia's economic, social and democratic development, and plays an important role in helping to restore livelihoods, generate sustainable employment, rebuild infrastructure and set-up and strengthen democratic institutions. In the past, the ILO was active in the disability sector through implementation of the *"Alleviating Poverty Through Peer Training"* project. The ILO's Decent Work Country Programme 2011-2015 (DWCP) provides the basis for the ILO's contribution to the RGC's Rectangular Strategy and NSDP. The DWCP focuses on three priority areas: improving industrial relations and rights at work; promoting an enabling environment for decent employment growth, with a focus on young people; and, improving and expanding social protection.⁹⁷ Although not a DRIC partner agency, the ILO could make a valuable contribution to improved livelihoods for persons with disabilities by promoting inclusion in DWCP activities.

The UNOHCHR provides assistance to the RGC in promoting and respecting human rights, including disability rights. The UNOHCHR provided support during the ratification process of the CRPD, including advice on the drafting of a statement of reasons for ratification submitted to the Parliament. In addition, MoSVY has requested ongoing assistance in training government officials on the CRPD.⁹⁸

UNDP works to enhance the RGC's ability to deliver public services to the population in an efficient, effective, equitable and accountable manner, to consolidate a participatory democracy with a responsible civil society, and to create an enabling environment for inclusive growth, private sector development and sustainable use of natural resources.⁹⁹ UNDP has long experience of capacity building of government institutions. Two key areas of UNDP's work are particularly relevant to improving the quality of daily life of women, girls, boys and men with disabilities: poverty reduction and democratic governance. UNDP provides technical support to the RGC in efforts to achieve the aims of the Rectangular Strategy, the NSDP, and the NSPS. UNDP also has experience supporting the MoWA to ensure that line Ministries and sub-national actors address gender equality across the whole-of-government. UNDP is a key partner in the DRIC. In addition to implementing activities under the DRIC, UNDP could make a valuable contribution by ensuring that all programme activities across the organization are inclusive of, and accessible to, persons with disabilities and their families.

UNICEF Cambodia has a long history of working with the RGC to build capacities and improve access to services. The current country programme (2011-2015) works to promote a healthy, clean and protective environment in which children can thrive and reach their full potential. Seven programme areas focus on child protection, education, health and nutrition, HIV and AIDS, local governance, social protection, and, water and sanitation (WASH).¹⁰⁰ All programme areas are relevant to guaranteeing the rights and addressing the needs of persons with disabilities, particularly women and children. UNICEF's experience working with relevant ministries, including MoSVY on CBR and MoEYS on inclusive education, and at the sub-national level with local authorities is producing results that have the potential to develop sustainable capacities to promote the inclusion and improve the quality of life of persons with disabilities in Cambodia. UNICEF also has an opportunity to lead-by-example through the inclusion of women and children with disabilities in mainstream programmes.

The WHO's Country Cooperation Strategy for 2009-2019 highlights three priority areas: technical excellence in disease and public health programmes; access to quality health services; and, effective stewardship of the health sector, including health partnerships.¹⁰¹ Progress in all of these areas has the potential to improve the health and well-being of persons with disabilities in Cambodia. Furthermore, the WHO's work with the MoH's Department of Preventive Medicine, which is responsible for disability, and MoSVY under Component 3 of the DRIC, together with the organization's experience in CBR will serve to build technical capacities and improve access to quality services in the areas of health and rehabilitation.

The disability sector in Cambodia has been dependent on the support of development partners for more than two decades. In the past, the majority of funding was channelled through non-governmental partners. Currently, the Government of Australia is the main donor to the disability sector in Cambodia through the DRIC.¹⁰²

6.5 Non-governmental organizations (NGOs)

The majority of services for adults and children with disabilities in Cambodia are currently provided or supported by national and international NGOs or DPOs. An indication of the range of actors working in the sector is provided by the evaluation of the CIDI's DIAF. By the end of 2012, the DIAF was supporting 55 projects, implemented by 38 primary partners and another 20 secondary partners subcontracted to three DIAF grant holders, to provide services for persons with disabilities in 24 provinces.¹⁰³

Bringing together a variety of sources, including CDPO's Disability Data Mapping project and the 2013 *Services Booklet for People with Disability*, a mapping of NGOs, DPOs, Federations and other service providers identified 138 entities working with or for persons with disabilities, including several mainstream service providers that are inclusive of adults and children with disabilities, in 24 provinces; 75 are national or international NGOs.¹⁰⁴ However, it is important to note that available services do not cover all districts in a province, or all communes and villages in a district, or the breadth of services needed, leaving many adults and children with disabilities without access to appropriate services and opportunities that would promote their inclusion and well-being. Furthermore, in some provinces, such as Mondulkiri and Stung Treng, there appears to be no services for physical rehabilitation or home-based care, and in others, such as Oddar Meanchey and Preah Vihear, these services are very limited.

7. KEY CROSS-CUTTING ISSUES

7.1 Cultural beliefs and discrimination

The majority of the population is Buddhist. The deep belief in karma leads to the idea that misfortune in this life is caused by wrongdoings in a previous life. Consequently, disability is sometimes perceived as the fault of the individual. Other cultural norms impacting on people's perception of disability, include the belief that there is a connection between mind and body. This sometimes leads to the notion that people with a physical disability must also have an intellectual impairment. Often persons with disabilities are considered a burden and unable to contribute to the well-being of their families. There is also a culture of pity towards persons with disabilities.¹⁰⁵ Raising awareness on the rights and capacities of adults and children with disabilities has led to a reduction in discrimination based on cultural beliefs in some communities, particularly in urban areas.

7.2 Lack of reliable data for planning

As previously discussed, Cambodia lacks comprehensive and comparable data to support effective planning processes, particularly at the sub-national level. Furthermore, there are limited capacities to identify adults and children with disabilities, and the types of disability, both in the collection of data and at health centres, and limited knowledge of the data that does exist. This issue was highlighted by several Commune/Sangkat Councils and persons with disabilities. Assistance tends to focus on persons with physical disabilities as this is easier to identify. It was also highlighted that early identification of disability in children, such as club foot, also has the potential to reduce the severity of disability. More training is needed at the sub-national level, on the classification of types and levels of disability to improve village and commune level data collection processes to better identify needs and appropriate responses.

7.3 Coordination and cooperation

The DAC, with 58 members, is the key coordination mechanism for the disability sector. The Prime Minister is Honorary President, with the Minister of MoSVY as Chair. The Secretaries of State of MoSVY, the Council of Ministers, MoH, MoI, Ministry of National Defence, and a DPO representative, serve as Co-Chairs. Other members include the Under Secretaries of State of the MoEYS, MoWA, MoP, MoLVT, Ministry of Economy and Finance, Ministry of Rural Development, Ministry of Information, Ministry of Public Works and Transportation, Ministry of Land Management, Urbanisation and Construction, Ministry of Culture and Fine Arts, Ministry of Commerce, Ministry of Agriculture, Forestry and Fisheries, Ministry of Justice, Ministry of Tourism, and Secretariat of Public Function, and representatives of CMAA, Cambodian Red Cross, Council for Development of Cambodia, Council for Agriculture and Rural Rehabilitation and Development, and four representatives of DPOs (two female, two male), one from an NGO working in the disability sector, one from an employer, and the Secretary of the DAC Secretariat. Deputy Governors of each province/municipality are also members.¹⁰⁶

Many of the Ministries represented in the DAC are also members of the NCDD which aims to build capacity for good governance at the sub-national level. However, to date, there appears to be no collaboration or cooperation between these two mechanisms.

The DRIC programme document notes that there is only limited dialogue between international and national NGOs and DPOs as to who is doing what, where, why and how, and whether there are opportunities to collaborate and reduce duplication.¹⁰⁷ The NDSP also highlights that cooperation between civil society, development partners and ministries and institutions in charge of disability remains limited.¹⁰⁸ Since the restructuring of the DAC in 2009, various civil society coordination mechanisms for the disability sector have been initiated. In 2014, the Disability Advisory Forum brings together CDPO and national Directors of NGOs working in the sector. In addition, the recently formed Disability Alliance has evolved from the CIDI Forum. Nevertheless, there is currently no common strategy or strong unified voice to promote disability-inclusive development.

7.4 Barriers to inclusion

Women, girls, boys and men with disabilities in Cambodia, particularly those living in rural and remote areas, face many barriers that impact on the quality of their daily lives. However, the three most significant barriers to disability-inclusive local governance and community development are: discrimination and negative attitudes; limited understanding of the rights and capacities of persons with disabilities, not only within the family, community, and local authorities, but also within

persons with disabilities themselves; and, limited financial, technical and human resources, to promote inclusion and improve access to appropriate services.

7.5 Capacity and expertise for inclusion and special services

Effective disability-inclusive local governance and community development requires a solid understanding of disability rights and the capacities of women, girls, boys and men with disabilities, together with adequate financial, technical and human resources to provide the special services that persons with disabilities may need to reach their full potential.

Disability awareness is increasing at all levels through the efforts of the government and civil society. Nevertheless, the NDSP acknowledges that procedures for mainstreaming disability in national and sub-national development plans remains unclear.¹⁰⁹ A booklet with the full text of the Law on the Protection and the Promotion of the Rights of Persons with Disabilities, produced by MoSVY and the DAC, has been widely distributed in all provinces. In addition, many trainings and awareness raising activities have been conducted at the national and sub-national level on the Disability Law and the rights and needs of persons with disabilities by MoSVY, the DAC, the PWDF, CDPO and DPOs, or by NGOs. The various trainings have targeted a range of actors including PoSVY and DoSVY officers, Commune and Village Chiefs, and persons with disabilities. Disability awareness training for mainstream NGOs has served to build their capacities to be more inclusive of persons with disabilities in programme activities, and to raise awareness on disability issues in their target areas.

MoSVY trained about 300 people, including representatives of the DWPD, the Department of Policy, the DAC, PoSVY Directors, and DoSVY officers, to be trainers on the Disability Law. The participants were assessed on their capacity to be Trainers. To be eligible, participants had to meet minimum standards. However, there is no refresher training for the Trainers, and the availability of financial resources has limited the number trainings implemented at the provincial or district level.¹¹⁰ No trainings have been undertaken by MoSVY at the commune level. There is no formal training manual, rather the training is in the form of a slide presentation and post-training test. However, information related to the Disability Law and other legal frameworks is provided. The DWDP is sometimes invited as a guest speaker at trainings or awareness raising activities undertaken by NGOs. Topics discussed include: the Disability Law; accessibility to public places and the workplace and a barrier-free environment for persons with disabilities; the promotion of employment opportunities for persons with disabilities in the public and private sectors; the concept of CBR; and, the function of the DRA. The DWDP recognizes the need for training at the commune and village level to raise awareness on disability rights and to promote the inclusion of persons with disabilities in plans and programmes. However, financial resources are needed to develop a comprehensive training manual to increase knowledge and understanding at the sub-national level.¹¹¹

The DAC also plans to undertake trainings at the sub-national level on the CRPD, the NDSP, and the 2009 Disability Law, including for new DAC focal points at the provincial level. It is understood that comprehensive training materials have not yet been developed.

A range of training materials related to disability awareness, disability rights and disability-inclusive development are available. These have been developed by organisations such as Action on Disability and Development (ADD), HIF, CDPO, and Christian Blind Mission (CBM)/Nossal Institute.¹¹²

Various training materials have also been developed to build capacities for good governance at the sub-national level.¹¹³ However, these materials currently do not refer to persons with disabilities or disability rights. The NCDD Secretariat implements training in selected provinces, districts and communes based on a 2010 training manual entitled *The Commune Council/Sangkat in social*

development. The training aims to provide guidance to the CCWC on the implementation of social development activities and to provide basic knowledge on the situation of social services in Commune/Sangkat social development activities and mechanisms for social development. The training covers: health of the mother; hygiene for the mother; the Community kindergarten; gender equity; social development activities in the Commune/Sangkat; the function of related stakeholders in the Commune/Sangkat; and, the function of related stakeholders at city and provincial level. Issues relating to disability are not covered in the training. The training does cover child rights and child protection, education for children, child abuse, domestic violence and gender mainstreaming.

UNICEF's Local Governance and Child Rights (LGCR) programme uses various training manuals in its work at the sub-national level, including the 2011 *NCDD Manual on Roles, Duties, and Working Process of the Commune Committee for Women and Children at Municipal Council, District Council and Khan Council* and, the 2011 *NCDD Manual on Roles, Duties, and Working Process of the Women's and Children's Consultative Committees at Capital and Provincial Councils*. The main issues covered in the manuals are the aims/objective of forming a CCWC; the rights of the CCWC; the function and responsibilities of the CCWC; membership of the CCWC; functions and responsibilities of members of the CCWC; CCWC meetings; development activities related to women and children; and, implementation mechanisms to support CCWC functions. The guidelines also include different formats for reports and documents in the annexes, including action plans and a table for monitoring implementation of activities. The guidelines do not refer to women and children with disabilities. Additionally, in 2012 UNICEF developed with the MoI the "Promoting Social Services with Equity" training package aimed at CCWCs and Commune Councils to address issues of equity in basic social service delivery. Children with disabilities are included in this training package. Greater inclusion of disability in this and other packages has the potential to support more inclusive local governance.

The DRIC programme document identifies the MoI and NDCC Secretariat as key partners to promote disability-inclusive local governance and community development, noting that the DoLA and NCDD Secretariat has many skilled and experienced trainers at national and sub-national levels.¹¹⁴ However, it is important to recognize that these trainers do not have experience in relation to raising awareness on disability rights or the capacities and needs of adults and children with disabilities. Close collaboration with persons with disabilities, MoSVY, the DAC, and experienced NGOs will be essential in the development and delivery of trainings at the sub-national level to ensure that the knowledge shared is based on deep understanding of the issues.

Cambodia has expertise and capacity to provide the special services that persons with disabilities may need to reach their fully potential. However, current financial and human resources and technical capacities are insufficient to meet the demand, particularly in rural and remote communities. In addition to strengthening centre-based services such as those provided by the PRCs and health facilities, there is a need to expand the CBR network to reach more communities. However, there is currently no formal training available for CBR workers with most training provided through short courses by NGOs implementing CBR projects. For an expanded CBR network to be effective, it will be necessary to build the technical capacities of more community workers, including social workers and those providing home-based rehabilitation. Furthermore, attention is needed to implement the National CBR Guidelines to standardize and improve the quality and breadth of services available.

7.6 Budget/funding

The issue of national budget allocations and donor funding is a concern to many actors at both the national and sub-national level. The national budget allocation to the social sector generally is low; due in part to limited capacities to prepare budget requests. MoSVY's budget allocation for the PRCs

is increasing year by year but remains insufficient to meet the needs. A2013 budget allocation of US\$1 million will support payments of around \$5 per month to poor persons with disabilities.

The NDSP does not include a projected budget for implementation, instead relying on development partners for continued support and calling on ministries to develop their own budget plans.¹¹⁵ In addition, to fully implement the NDSP, the DAC will need to prepare a work plan and budget for activities.

With the provision of specialized services mostly carried out by NGOs, the sector remains dependant on external donors. Several actors indicated that over the past few years the number of donors supporting the disability sector has reduced, leading to a cut in available services. The new Cambodia Disability Inclusive Development Fund (CDIDF), administered by UNICEF under the DRIC, will provide around US\$500,000 per year to improve access to services in target areas. However, additional donor support to the sector is needed to not only maintain but also expand services as the CDIDF has considerably less financial resources than the former DIAF.

It has also been highlighted that facilitating the inclusion of disability issues in CIPs and CDPs will not be sustainable without financial resources to implement the actions. Commune/Sangkat Councils have small budgets and many issues to address. External donor support is usually required to ensure effective mainstreaming of issues relating to specific target groups in the implementation of plans.

8. CONCLUSIONS AND RECOMMENDATIONS

Although Cambodia has a range of laws, policies, plans, and programmes to guarantee the rights and address the needs of adults and children with disabilities, implementation is limited. The ratification of the CRPD and adoption of the NDSP are indications of the RGC's commitment to address the rights and improve the life of persons with disabilities. Furthermore, with the 2013 Sub-Decree on Organization and Functioning of the DAC requiring each Ministry to establish a Disability Working Group, responsible for mainstreaming disability into the work of the Ministry, the potential for a whole-of-government rights-based approach to disability has been significantly enhanced. However, to realise this potential, it is essential that each Disability Working Group has the resources, knowledge and skills necessary to ensure that mainstreaming disability into the work of the Ministry is effective and sustainable.

Even with the legislative and policy framework, many adults and children with disabilities continue to live in poverty without access to services and opportunities that would promote their well-being and inclusion. Poverty and unsustainable livelihoods, together with discrimination and negative attitudes, are among the most significant challenges impacting their enjoyment of rights and inclusion in local governance and community development. Through the work of NGOs and other agencies, Cambodia has expertise and capacities to provide the services that persons with disabilities may require to reach their full potential. However, current financial, human and capacities are insufficient to meet the needs. While some level of service has been identified in all provinces, the available services do not cover all districts in a province, or all communes/sangkats and villages. Access to appropriate quality services and opportunities can have a profound impact on improving the quality of daily life of children and adults with disabilities, and their families. An expansion of holistic CBR activities in rural and remote communities, where 86 percent of persons with disabilities live, would contribute to improved access.

While awareness on the rights and needs of persons with disabilities is increasing at the sub-national level, in many districts the degree of understanding appears low, particularly in relation to the

capacities of persons with disabilities, how to implement the Disability Law, and on the concept of disability-inclusive development. Several actors are involved in training at the sub-national level but not all have adequate knowledge and understanding for effective training on disability rights and disability-inclusive development. Persons with disabilities must be key partners in all activities.

To promote inclusion and the well-being of women, girls, boys and men with disabilities a coordinated multi-sectoral approach at all levels is needed. Coordination mechanisms have been established by the RGC and civil society at the national level, including the DAC, NCDD, Disability Alliance and Disability Advisory Forum. However, collaboration and cooperation between government and civil society remains limited. Effective coordination of the disability sector at the sub-national level is also limited. Enhanced collaboration within and between coordination mechanisms at all levels is needed, including to better understand who is doing what, and where.

The NDSP, with support of the DRIC, provides a unique opportunity to improve the lives of persons with disabilities through facilitating increased inclusion and participation in all aspects of community life. In particular, UNICEF's work to promote disability-inclusive local governance and community development, together with the CDIDF, will improve access to quality services and promote the inclusion and well-being of women, girls, boys and men with disabilities.

To ensure sustainable disability-inclusive local governance and community development, a focus on changing attitudes and understanding, together with improving access to quality services and opportunities, at the grassroots in the communities where persons with disabilities live, is essential.

Eleven recommendations are made to promote sustainability of disability-inclusive local governance and community development, and to improve access to quality services for adults and children with disabilities.

- A long-term capacity development plan should be developed, based on international good practice experiences adapted to the Cambodian context, to build the capacities, knowledge and skills of all relevant actors at the national and sub-national level to promote disability inclusion and quality CBR service provision.
- At the national level, all members of the DAC should have the opportunity to develop a solid understanding of disability-inclusive development and disability mainstreaming, including through visits to target areas to have a better understanding of the reality on the ground, so that they are in a position to advocate effectively for disability-inclusion in all policies and programmes.
- Standardized and comprehensive user-friendly tools should be developed for participatory training and on-going learning opportunities at the sub-national level to enhance understanding on issues including disability-inclusive development, disability rights, and the benefits of CBR. Key targets for activities should include Village Chiefs, Commune/Sangkat Councils, CCWCs, Provincial and District Governors and Deputies, and persons with disabilities.
- Guidelines on mainstreaming disability in national and sub-national development plans should be developed and tested in target communes.
- The CBR network should be strengthened and expanded, with appropriately trained community workers, to remote communities through the provision of home-based care and mobile service provision, and through increased application of the National CBR Guidelines.

- To ensure a holistic approach, the CDIDF and other donor support should give priority to projects that cover multiple components of the CBR matrix, including a focus on health (rehabilitation), education, and livelihoods.
- Priority should be given to strengthening capacities for the provision of quality services for children with intellectual disability, severe disability, and/or sensory disability, particularly in rural and remote areas.
- Priority should be given to building the capacity of persons with disabilities to engage in income generation, employment, education and other opportunities to promote social inclusion and improved livelihoods.
- A comprehensive and up-to-date directory of services available for persons with disabilities at the provincial and district level should be developed and disseminated to all relevant actors at the sub-national level.
- The experience of NGOs in establishing Commune Disability Committees, or similar structures, should be explored as a potential effective mechanism to promote the inclusion of persons with disabilities in local governance and community development.
- Persons with disabilities must be key partners in the planning and implementation of all activities that impact on their daily lives.

9. ANNEXES

Annex 1: OBJECTIVES, METHODOLOGY AND LIMITATIONS OF CONSULTANCY

The end of programme outcome for the UNICEF component of the DRIC is “increased capacity of and collaboration between sub-national decision makers, civil society and communities to achieve the rights of people with disability.” UNICEF will achieve this outcome through a package of three key interventions: capacity development activities for local government including Provincial Governors, provincial, district and commune decision-makers; the roll out of a commune contracted community worker to be a commune level disability focal point and to provide outreach support to people with disability; and, a small grants scheme of US\$500,000 per year aimed at strengthening the link between NGOs/CBOs and local decision-makers, and to provide disability support services to people with disability.¹¹⁶

As part of the DRIC, and to better understand the current situation on the ground for adults and children with disability at the sub-national level in Cambodia, UNICEF Cambodia commissioned a situation analysis for inclusive governance and community development.

Objectives

The main objective of the consultancy was to provide UNICEF Cambodia with a comprehensive review of the situation on the ground for women, girls, boys and men with disability which will inform the planning and implementation of UNICEF Cambodia’s component of the DRIC.

Specifically, the objectives of the consultancy were to:

- Review available data on women, girls, boys and men with disability
- Review disability services available to women, girls, boys and men with disability and identify NGOs and DPOs operating on the ground
- Map out actors and priority areas of support for women, girls, boys and men with disability
- Review relevant and existing training materials related to disability and sub-national capacity building, including those of MoSVY, the DAC, and the Mol’s NCDD
- Assess existing capacities and knowledge of disability at sub-national level to identify key training needs to be rolled out at the sub-national level through the UNICEF component
- Identify key actors at the sub-national level to promote or champion disability inclusion
- Identify the select areas of geographic focus for the first two years of implementation
- A needs assessment, including identification of barriers, for adults and children with disability and their families, as well as opportunities for programme support at sub-national levels

Methodology

The methodology employed to achieve the specific objectives of the consultancy included:

1. Desk review of documents

- The desk review of relevant documents, includes the DRIC programme document, UNICEF Cambodia Country Programme 2011-15, LGCR documents, official documents and reports on decentralization in Cambodia, Cambodia specific disability-related documents, reports and surveys, the draft NDSP, minutes of DAC meetings with stakeholders, international and national guidance on disability-inclusive development, and other relevant documents. The review of documents informed the situation analysis and needs assessment.
- Current training materials on disability awareness, inclusive development, and sub-national capacity development were also reviewed to identify gaps in available materials.

2. Consultations

- Consultations were undertaken with key stakeholders in Phnom Penh including: UNICEF Cambodia senior management, LGCR section and zone officers; UNDP DRIC Team; WHO DRIC Team; MoSVY; DAC; NCDD Capacity Development Team; CDPO, NCDP, ABC, and, PACHID; CMAA; key disability NGOs; and, other agencies identified in the course of the review of documents. CDPO staff also participated in a focus group discussion.
- Semi-structured consultations gathered information on disability awareness, plans and programmes, available data, training needs, challenges, possible solutions to overcome challenges, and opportunities to enhance inclusion and participation of persons with disabilities, including women and children, at the sub-national level.
- A representative group of NGOs, including CT, CABDICO, CDMD, CBM, DDSP, HIF, KPF, VI-C, and YODIFEE working with and for adults and/or children with disability were consulted to learn from their experience on disability awareness, training needs, attitudes, barriers, and needs of persons with disabilities, including women and children, at the sub-national level. Responses to UNICEF's questionnaire "Seeking your views" sent out on 17 March 2014 were also utilized.

3. Field visits to at least ten provinces and/or urban areas as agreed with UNICEF Cambodia¹¹⁷

- Consultations with MoSVY provincial/district officers (PoSVY/DoSVY), DAC provincial officers, Commune Councils, CCWCs, WCDFs, local DPOs and NGOs, village leaders and other relevant stakeholders, based on a questionnaire to gather information on disability awareness, plans and programmes, available data, challenges, possible solutions to overcome challenges, and opportunities to enhance inclusion and participation of persons with disabilities, including women and children.
- Focus group discussions with women and men with disability, family members and/or self-help groups in the communities visited.
- Consultation and focus group data was also supported by observation.

4. Analysis of all collected information from review of documents, training materials, field visits and consultations for preparation and submission of a final report to UNICEF Cambodia.

The consultancy team consisted of Sheree Bailey, as Team Leader, and three national counterparts with extensive experience in the disability sector and on issues relevant to inclusive governance and community development: Sophak Kanika Ngoun, Mao Meas (first phase of in-country work), and Samnang Pheng (field visits to six provinces). The timeframe was from 12 March to 9 July 2014 and involved both home-based and in-country work in Phnom Penh and selected provinces. In-country work was conducted by the Team Leader, in collaboration with national counterparts, from 17 to 28 March and from 22 May to 20 June 2014.

Limitations

The time available for the consultancy was insufficient to allow the consultancy team to visit all provinces or meet with all relevant actors. As a consequence, the final report also relies on the quality of documentation available. Efforts were made to ensure that a representative cross-section of actors contributed directly to the information obtained for the final report.

Annex 2: CONSULTATIONS UNDERTAKEN FOR SITUATION ANALYSIS

Date	Ministry/agency/organization	
20 March 2014	PACHID	Ms. Samorn, Director
	DAC	Em Chan Makara, Executive Director
	ABC	Bun Mao, Executive Director
	MoSVY	H.E. Sem Sokha, Secretary of State
21 March 2014	VI-C	Keo Rithy, Executive Director
	Australian Aid	Darryl Barrett, Regional Specialist Disability Inclusive Development (Mekong, Myanmar and Philippines) and Tokyo Bak, Senior Programme Manager – Development Cooperation (Disability)
24 March 2014	MOI/NCDD	Kimunn Oeung, Capacity Development Unit
	CABDICO	Yeang Bun Eang, Executive Director
	CDMD	Nhip Thy, Executive Director
	KPF	Kong Vichetra, Executive Director
	YODIFEE	Nimul Ouch, Director
25 March 2014	POSVY/PWDF	Director and Deputy Director of PoSVY, Director of PWDF, and Head of the Veterans Department, Svay Rieng province
	CCWC and representative of people with disability	Khset commune, Kampong Rou district, Svay Rieng province
	Members of Self Help Group	Rouseyom village, Khset commune, Kampong Rou district, Svay Rieng province
26 March 2014	Prey Veng PRC	Ul Menghour, Manager, VI-C
	Prey Veng Women and Children with Disability Forum	Ms Chanry, Head, Prey Veng town
	Disabled Persons Team House	Girls and youth with disability, Prey Veng town
	Commune Council Chief	Svay At village, Chrey commune, Svay Antor district, Prey Veng province
	Head of Federation of SHGs	
27 March 2014	Members of Self Help Group	
	NCDP	Yi Veasna, Executive Director
	UNDP	Velibor Popovic, Democratic Governance Specialist
	UNICEF Cambodia	Thinavuth Ek, LGCR Officer
28 March 2014	MoSVY	Lao Veng, Director, Department of Welfare for Persons with Disabilities
	MoWA	H.E. Nhem Morokot, Under Secretary of State
	HIF	Anita Pearson, Regional Technical Unit Coordinator, Cambodia & Thailand Regional Programme, Sophie Coelho, Disability & Vulnerability Manager, and Sopheap Chen, Rights & Inclusion Programme Manager
	CDPO	Ngin Saorath, Executive Director
30 April 2014	Focus Group Discussion with DPOs at CDPO meeting in Phnom Penh	Representatives of 57 DPOs from 24 provinces
26 May 2014	Cambodia Trust	Ms Oeng Huy Po, Rehabilitation Programme Manager, PRC, Sihanoukville Referral Hospital, Preah Sihanouk province
	Commune Council	Men Sambo, Commune Chief, Prey Nob commune, Prey Nob district, Preah Sihanouk province

27 May 2014	PoSVY	Chhom Bunrith, Deputy Director of PoSVY and Director of PWDF, Preah Sihanouk province
	DoSVY	Minh Sarann, Chief, and Deputy, Prey Nob district, Preah Sihanouk province
	Prey Nob Disabled People's Organization	Kan Sovan, Director
	Members of Self Help Group	Smach Deak commune, Prey Nob district, Preah Sihanouk province
29 May 2014	Commune Council/CCWC	Chhoeung Chho, Commune Chief and Ms Hom Sokoun, CCWC, Roka Khpos commune, Saang district, Kandal province
	Association of People with Disability Saang Members of Self Help Group	Russey Chouy village, Svay Propean commune, Saang district, Kandal province
	WHO (by email)	Ms Pauline Kleinitz, Regional Adviser
30 May 2014	UNICEF Cambodia	Plong Chhaya, Child Protection Specialist
	CMAA	Chan Rotha, Director and Ny Nhar, Deputy Director, Victim Assistance Department
	UNDP	Velibor Popovic, Democratic Governance Specialist Meas Mao, National Management Specialist, DRIC
	CANDO	Heang Sarim, Director
2 June 2014	Commune Council/CCWC	Tieng Om, Commune Chief, Ms Min Thy, CCWC, and other members of CC, Serey Meanchey Commune, Sampov Lun district, Battambang province
3 June 2014	PoSVY/DoSVY	Kong Vutha, Deputy Director and Director of PWDF Sarouen, DoSVY and Deputy of PWDF, Battambang
	Spinal Cord Injury Association	Ms Cheati Sokha, Executive Director, Battambang
	Battambang Disabled Persons Organization (BDPO)	Pich Saroeun, Executive Director, and staff, Battambang
	ILDO	Ms Sem Kalyan, Executive Director, and staff Battambang (Village chief also participated)
	OEC	Programme staff, Battambang
4 June 2014	Solidarity People with Disabilities Organization	Roth Vichean, Wat Svay, Sereisphon, Banteay Meanchey province
	Members of Self Help Group	Klarkon They village, Sangkat Kampong Svay, Sereisophon, Banteay Meanchey province
	PoSVY	Khun Vuthy Director and Director of PWDF, Banteay Meanchey province
	JSC	Ms Sok Eng, Coordinator, Sereisophon, Banteay Meanchey province
	Cambodian Human Resource Development (CHRD)	Sok Chhorn, Executive Director, Sereisophon, Banteay Meanchey province
5 June 2014	Commune Council/CCWC	Im Eam, Commune Chief, and other members, Reul commune, Puok district, Siem Reap province
	Grace Community House and Day Care Centre	Dani, Director, KorKranh village, Siem Reap commune, Siem Reap town
	PoSVY/DoSVY	2 Deputy Directors of PoSVY, Director of DoSVY, and Chief of PRC and Director of PWDF, Siem Reap town
	JRS/Metta Karuna/Survivor Network Project	Denise Coghlan and Tun Channareth, Phum Kaekam, Khum Srangae, Siem Reap town

6 June 2014	People with Disabilities Organization in Siem Reap / Members of Self Help Group Commune Council	Pream Meng, Director Trapenges village, Kokchork commune Deputy Commune Chief, Kokchork commune, Siem Reap province
	CABDICO	Khiev Vanna, Field Supervisor, Svay Thom commune, Siem Reap province
	Members of Self Help Group	Thinal Totoeng village, Preh Dak commune, Banteay Srey District, Siem Reap province
	Safe Haven Cambodia	Jessica Whitney, Sala Kanseng Village, Svay Dangkom commune, Siem Reap town
	Angkor Association for the Disabled	Sem Sovantha, Executive Director, Krous village, Svay Dangkom commune, Siem Reap town
9 June 2014	Commune Council/CCWC	Kao Sophon, Commune chief, Ms San Heng, CCWC, and other members of CC, Prolay commune, Stoung district, Kampong Thom province
	PoSVY/PWDF	Chea Cheat, Director, and Eap Chhunreang, Director of PWDF, Kampong Thom province
	Organization for Disability Development Kampong Thom Members of Self Help Group	Pech Sovann, Director, Chrap commune, Stung Sen city, Kampong Thom province (Village Chief also participated)
10 June 2014	PoSVY	Him Chan Phal, Director, Mondulkiri province
11 June 2014	Commune Council/CCWC	Ms Kwan Trel, Commune Chief, and other members of CC, Senmonorom commune, Oreang district, Mondulkiri province
	Senmonorom Disabled People's Federation Organization	Hun Rotha, Executive Director, Moeung Sronouh, Programme Coordinator, and Van San, Deputy of SHG, Kandal village, Spean Meanchey district, Senmonorom town, Mondulkiri province
	Members of Self Help Group	Chombok village, Spean Meanchey district, Senmonorom town, Mondulkiri province
	Commune Council/CCWC	Roy Thoeun, Commune Chief, and Ms Kreh Boeung, CCWC, Romnea commune, Senmonorom district, Mondulkiri province
12 June 2014	PWDF	Ek Pisey, Director (former Deputy Director of PoSVY), Kampong Cham province
13 June 2014	Commune Council/CCWC	Y Kok Kong, Commune Chief, Ms Lay Tang, CCWC, and other members of CC, Preak Krabao commune, Kang Meas district, Kampong Cham province
	Women & Children Disabilities Forum Kampong Cham Province / Representative Self Help Disabilities Organization Batheay District (RSDOB)	Ms Khun Vanneth, Chief, and Ms Ly Linna, Deputy Chief Soy Sakhorn Director, four project officers, Maypring commune, Batheay District, Kampong Cham province
16 June 2014	Sangkat Council	Deputy Chief and other members, Sangkat Trapaing Krasaing, Khan Por Sen Chey, Phnom Penh
	Sangkat Disability Committee	Chief and other members, Sangkat Khmouch, Khan Por Sen Chey, Phnom Penh
	ADD	Srey Vanthon, Country Director, Phnom Penh
17 June 2014	CBM	Ngy San, Country Coordinator, Phnom Penh

Annex 3: SELECTED SUB-DECREES, PRAKAS, CIRCULARS AND LETTERS

Letter of Ministry of Health on Provision of Free Health Care Services for Poor Persons with Disabilities	006 ABS.CHPS 30 January 2009
Prakas on Organization and Function of Physical Rehabilitation Centres	164 MoSVY 24 February 2009
Letter on Establishment of Technical Working Group on Development of Legal Frameworks and Promotion of the Implementation and Dissemination of the Law on the Protection and the Promotion of the Rights of Persons with Disabilities	20 MoSVY 17 August 2009
Prakas to establish Disability Rights Administration	056 MoSVY 28 January 2010
Sub-Decree on Organization and Functioning of the Disability Action Council	59 ANKr-BK 21 June 2010
Sub-Decree on Employment Quota for Persons with Disabilities	108 ANKr.BK 30 August 2010
Sub-Decree on Proceedings and Functioning of Persons with Disabilities Foundation	118 ANK-BK 3 September 2010
Decision on Appointment and Composition of Board of Disability Action Council	72 SSR 17 December 2010
Prakas on Organization and Functions of the Secretariat of Disability Action Council	561 MoSVY 11 March 2011
Prakas on Roles and Responsibilities of Department of Welfare for Persons with Disabilities	24 March 2011
Sub-Decree on Policy to Support Poor Persons with Disabilities in the Community	137 ANKr.BK 27 June 2011
Prakas on Establishment of Committee for Policy to Support Poor Persons with Disabilities at the Municipality and Province	
Prakas on the operational function of the sub-entities of Department of Welfare of Persons with Disabilities	9 September 2011
Inter-Ministerial Prakas on Classification of Types and Levels of Disability	2492 MoSVY.BK 22 November 2011
Inter-ministerial Circular on Reasonable Accommodation on Employment of Persons with Disabilities	005 MoSVY.SRNN 20 September 2012
Inter-Ministerial Prakas on the Classification of Types and Levels of Disability at Municipality and Province	
Inter-Ministerial Prakas on the Establishment of Assessment Council on the Classification of Types and Levels of Disability at Municipality and Province	
Sub-Decree on Organization and Functioning of the Disability Action Council	216 ANKr-BK 2 May 2013

Annex 4: ANALYSIS OF 2011 COMMUNE DATABASE

	PROVINCE	# OF PERSONS WITH DISABILITIES	# OF FEMALES WITH DISABILITIES	# OF CHILDREN UNDER 18 WITH DISABILITIES	# OF PERSONS WITH DISABILITIES FOR EVERY 1,000 PEOPLE IN PROVINCE
1	Battambang	8,468	2,131	1,221	7.7
2	Takeo	7,375	2,612	1,453	7.5
3	Kampong Cham	7,340	2,825	2,405	3.9
4	Siem Reap	6,926	2,087	990	7.3
5	Kampong Speu	6,374	2,062	1,653	8.0
6	Banteay Meanchey	2,411	1,637	695	11.5
7	Kampot	5,224	1,662	775	8.1
8	Prey Veng	5,208	1,956	1,889	4.5
9	Kandal	5,178	1,817	1,224	4.5
10	Kampong Chhnang	3,851	1,285	955	7.4
11	Kampong Thom	3,807	1,193	588	5.3
12	Svay Rieng	3,486	1,331	686	6.0
13	Pursat	3,193	951	879	7.0
14	Phnom Penh	3,046	1,046	532	2.4
15	Oddar Meanchey	2,411	480	260	11.5
16	Preah Vihear	1,414	405	216	6.9
17	Kracheh	1,256	421	265	3.7
18	Pailin	1,177	167	136	17.8
19	Preah Sihanouk	958	340	162	4.8
20	Ratanakiri	703	263	184	4.3
21	Stung Treng	615	208	145	5.2
22	Koh Kong	485	118	93	3.9
23	Mondulhiri	433	138	96	6.4
24	Kep	381	122	78	10.1
	TOTAL	85,636	27,257	17,580	5.9

Annex 5: MAPPING BY PROVINCE OF ORGANIZATIONS/SERVICES PROVIDERS WORKING WITH AND FOR ADULTS AND CHILDREN WITH DISABILITIES IN CAMBODIA¹¹⁸

Phnom Penh • ADD • Aide et Action (AeA) • All Ears Cambodia (AEC) • Artisans Association of Cambodia • Association for Aid and Relief, Wheelchairs for Development (AAR-WCD) • ABC • Association for Music and Disabled People • Australian Centre for Education • CDPO • CDMD • Cambodia Trust • Cambodian National Volleyball League (Disabled) • Cambodian Volunteers for Community Development (CVCD) • Cambodian Youth with Disabilities and Development • CABDICO • Caritas-Centre for Child and Adolescent Mental Health (CCAMH) • Children's Surgical Centre • CBM • Deaf Development Program (DDP) • Development Technology Workshop • Digital Divided Data • Hagar House of Smiles • HIF • ICRC • IDP Education (Cambodia) • International Resource for Improvement of Sight (IRIS) • Japan-Cambodia Interactive Association • Jesuit Service Cambodia (JSC) • Khmer Association for Vocational Training and Vocation • KPF • KT • Light of Mercy Home Children's Centre • NCDP • National Paralympic Committee of Cambodia • New Humanity • PACHID • Phnom Penh Centre for Independent Living • Pour des Sourir des Enfants • Rabbit School • Rehab Craft Cambodia • Reverse the Curse Cambodia • Rose Charity • Social Services Cambodia (SSC) • Transcultural Psychosocial Organisation (TPO) • VI-C • Watthan Artisans Cambodia • YODIFEE	Banteay Meanchey • ABC • CABDICO • CDPO • Cambodian Human Resource Development • Help Age International • ICRC • JSC • KT • OEC • Solidarity Disabled Organization • TPO Battambang • ABC • AEC • Arrupe Centre • Battambang Disabled People's Organisation • CDPO • Cambodian Spinal Cord Injury Association • CVCD • CCAMH • Digital Divided Data • Handa Emergency Hospital • Help Age International • HIF • ICRC • ILDO • IRIS • JSC • KNKS • KPF • KT • OEC • Spirit of Soccer • TPO • Trauma Care Foundation (TCF) • YODIFEE Kampong Cham • ABC • CDPO • DDP • HIF • KT • OEC • Plan Cambodia • Representative Self-Help Disabilities Organization Batheay District • Women & Children with Disability Forum
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Kampong Chhnang • ADD • AEC • Cambodia Trust • CDPO • Chulkiri District Disabled People's Development Organization • Kampong Trolach Disability Development Federation • Landmine Disability Support • New Humanity • OEC	Kampong Speu • ABC • ADD • Borsat Disabled People's Development Organization • CDMD • CDPO • Cambodian Disabled People's Development Federation • Cambodian Saving Disabled People's Association • Disabled People's Organization Representative Kampong Speu • Disabled Women Forum • ICRC • Kong Pisey Disability Development Federation • NCDP • Oddong Disability Development Federation • Social Services of Cambodia • Somrong Tong Disability Development Federation • Svay Krovann Disabled People's Development Federation • Vor Sor Disability Development Federation
Kampong Thom • ABC • ADD • CDPO • CCAMH • HIF • JSC • Organization for Disability Development Kampong Thom Province • TPO	Kandal • AAR-WCD • AEC • Banteay Prieb Vocational Training School • CDMD • CDPO • CCAMH • Hagar House of Smiles • JSC • Kandal Steung Disabled People's Development Organization • Lavalla School for the Physically Disabled • Marist Solidarity Cambodia • NCDP • Representative for Disability Development Organization in Kandal • Rose Cambodia Rehabilitation Centre • SSC • VI-C • Women & Children with Disability Forum • YODIFEE
Kampot • AAR-WCD • ABC • ADD • AEC • Angkor Chey Disabled People's Federation Organization • CDMD • CDPO • Chum Kiri Disabled People's Development Federation • DDP • Dong Tong Disability Development Federation • Epic Arts • KPF • NCDP • Women & Children with Disability Forum in Kampot • YODIFEE	Kratie • ABC • CDPO • Kratie Disabled People's Organization • Kratie Disabled Women Forum • VI-C
Kep • AeA • AEC • CABDICO • CDPO • Persons with Disability Organization in Kep	

Koh Kong • CDPO • Koh Kong Disabled People's Organization • OEC	Mondulkiri • CANDO • CDPO • Italian Association for Aid to Children (CIAI) • Mondulkiri Disabled People's Organization • Senmonorom Disabled People's Federation Organization
Oddar Meanchey • CDPO • ICRC • Jesuit Refugee Service (JRS) • People with Disability Organization in Oddar Meanchey	Pailin • Arrupe Centre • CDPO • DDSP • Disabled People's Organization in Pailin • ICRC • TCF
Prey Veng • ABC • ADD • CDPO • Porieng Disability Federation Organization • Svay Antor Disabled People's Development Organization • Women & Children with Disability Forum Prey Veng • VI-C	Preah Sihanouk • ABC • AEC • Cambodia Trust • CDPO • KT • NCDP • Preah Sihanouk Disabled People's Organization • Prey Nob Disabled People's Federation Organization • Starfish Foundation
Preah Vihear • CDPO • JRS • Minority Organization for Development of Economy (MODE) • Representative Disability Organization in Preah Vihear Province	Siem Reap • ABC • ADD • AEC • Angkor Association for Disabled • Angkor Hospital for Children • CABDICO • CDPO • Ensure Khmer Disabled Assistance Organization • Friends Cambodia • Grace House Community Care • Krolanh Disabled People's Development Federation • JRS • JSC • KPF • KT • OEC • Plan Cambodia • People with Disability Organization in Siem Reap • Safe Haven Cambodia • SIFA Organization • Srey Snom Disability Development Federation • TPO
Pursat • ABC • AeA • AEC • Bakan Disabled People's Organization • CDPO • DDSP • ICRC • KNKS • OEC • Organization for Disability Development in Pursat Province	
Ratanakiri • CANDO • CDPO • CIAI • NCDP • New Humanity • Plan Cambodia • Ratanakiri Disabled People's Organization	

Stung Treng • CDPO • Disabled People's Voice Organization in Stung Treng • Strung Treng Disabled People's Organization	Takao • AAR-WCD • ADD • Bati Disability Development Federation • CDMD • CDPO • Community Council for Development Organization • Disabled Youths, Children Foundation for Education • Federation for Disability Development Kirivong • NCDP • Somrong Development Organization for Disabled Orphan and the Poor • Takeo Disabled Women Forum • Tramkok Disabled People's Development Organization • Union of Disabled Development Prey Kabas District Organization
Svay Rieng • AAR-WCD • ADD • CDPO • Federation for Disability Development Romeas Hek District • Svay Chrum Disabled People's Federation Organization • Svay Teab Disabled Development Federation • Union of Disabled Rehabilitation Kompong Ro • Women & Children with Disability Forum • VI-C	

- * In addition to the above, the Cambodian Red Cross provides health care and other services and assistance in all provinces and districts with the aim of contributing to poverty reduction among the most vulnerable. It is not clear to what extent persons with disabilities and their families are accessing these services.

Annex 6: EXAMPLES OF TRAINING MATERIALS RELEVANT TO LOCAL GOVERNANCE AND COMMUNITY DEVELOPMENT

Affiliated Network for Social Accountability in East Asia and the Pacific, *A Manual for Trainers of Social Accountability*, ANSA-EAP, Manila, 2010.

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Handicap International, *Let's do it! Mainstreaming disability into development policies, sector plans and practice: Mainstreaming Project Guideline*, HI, March 2009.

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International Disability and Development Consortium, *Making Inclusion a Reality in Development Organisations: A manual for advisors in disability mainstreaming*, IDDC, 2012.

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Demand for Good Governance, Ministry of Interior, available at www.dfggmoi.gov.kh – 12 Learning Themes: Fundamentals of Social Accountability; Gender For Social Accountability; Partnership; Transparency and Access to Information; Citizen Engagement, Conciliation; Monitoring for Results; Communication for Accountability; Complaint Handling; Local Conflict Resolution; and, Role of Civil Society.

Annex 7: SELECTED BIBLIOGRAPHY

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Adam Huebner, *Handicap International's Disability Prevalence Project – Cambodia 2011-2012: Final Report*.

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Jennifer Carter, *Preparing for the Journey: A Cooperative Approach to Service Provision for Children with Intellectual Disabilities in Cambodia*, Hagar, 2009.

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World Health Organization and World Bank, *World Report on Disability*, WHO, Geneva, 2011.

Annex 8: RECOMMENDATIONS FOR UNICEF CAMBODIA TO PROMOTE DISABILITY-INCLUSIVE GOVERNANCE AND COMMUNITY DEVELOPMENT

These recommendations for UNICEF Cambodia are in addition to the general recommendations contained in the body of the report, and respond to specific objectives of the Terms of Reference of the consultancy.

Select areas of geographic focus for the first two years of implementation

While most sub-national authorities have some level of disability awareness, there does not appear to be deep understanding of what disability-inclusive development means or of how relevant laws and policies can be implemented. The two main barriers to disability-inclusive local governance and community development is limited understanding and a lack of financial resources and technical capacities to implement activities.

The Consultancy Team Leader was informed that UNICEF will include 13 provinces and urban areas in the call for proposals under the CDIDF: Banteay Meanchey, Battambang, Kampong Cham, Kampong Thom, Kandal, Monduliri, Phnom Penh, Preah Sihanouk, Prey Veng, Pursat, Ratanakiri, Siem Reap, and Svay Rieng. The areas of geographic focus were selected based on criteria including: the needs of persons with disabilities; the existing capacity of sub-national decision makers; activities of NGO service providers; and, by clearly identifying areas with weak and strong capacities.

Based on the selection criteria, all of these provinces warrant attention in the first two years of implementation. Monduliri is likely the priority in terms of weak capacities, due in part because of the absence of experienced NGOs to provide services and raise awareness with local authorities. It is recommended that in the first year of implementation of the small grants scheme funding is provided to an experienced NGO to undertake a needs assessment and feasibility study in Monduliri province. In other provinces, it may be difficult to select districts where all three proposed elements of the component can be implemented. That is, not all districts where UNICEF has a presence have experienced NGOs providing services.

UNICEF focus districts where experienced NGOs are providing services and working closely with Commune Councils and DoSVY officers:

- Battambang – Phnom Proek district and Sampov Loun district (OEC)
- Kampong Thom – Stoung District (ABC and JSC)
- Preah Sihanouk – Prey Nob district (Cambodia Trust and NCDP)
- Prey Veng – Kampchay Mear district (ABC and VI-C)
- Siem Reap – Pouk district (ABC, ADD, CABDICO, JSC and Safe Haven)

Potential partners for UNICEF in Pursat province include DDSP, KNKS and OEC, and in Banteay Meanchey, CABDICO works in three districts.

In the mapping exercise it was not possible to clearly identify all the districts and communes that NGOs were working in. In the first two years of implementation, support could be provided to disability awareness raising activities as a first step to implementing a more comprehensive programme in focus districts.

Final selection of focus districts may depend on the project proposals received. It is recommended that the call for proposals makes reference to the preferred focus areas, including districts, for implementation to provide an opportunity for experienced NGOs to look for opportunities to work outside of their current target areas. It is also recommended that a representative of persons with disabilities be part of the selection panel for the grants programme.

The WHO component of the DRIC envisages a provincial rehabilitation demonstration project where a group of provincial stakeholders will trial a coordinated and streamlined approach to rehabilitation and disability service provision in one province. It is recommended that UNICEF also implements a demonstration or pilot project in one or more districts in order to develop good practice guidelines and a model for disability-inclusive local governance and community development. This model would include enhancing the knowledge of local authorities, DPOs and persons with disabilities themselves on disability rights and the concept of disability-inclusive development, while at the same time improving access to adequate and appropriate services and opportunities through a CBR projects funded by the small grants scheme.

Identify key training needs

The DoLA and NCDD Capacity Development Unit has been identified as a key partner in building capacities for disability-inclusive local governance and community development. However, as noted in the report these entities have no capacity themselves in relation to disability. In the meeting with the Capacity Development Unit, it was mentioned that even though there are Units at the provincial level, this capacity is not sustainable as there is a high turnover of staff at the sub-national level. Five people have been trained as trainers this year.¹¹⁹ It is recommended that initially UNICEF works closely with CDPO, MoSVY's DWPD and experienced NGOs (those with existing training materials) to develop an appropriate training package for the sub-national. The training package would include different modules on specific issues, such as: disability rights and legal frameworks, disability identification and classification, data collection, CBR, inclusive education, inclusive development, disability-inclusive planning and budgeting, women with disabilities, children with disabilities, etc. Motivated women and men with disabilities should undertake ToT training to be partners in the delivery of all training activities and other disability awareness activities at the sub-national level. In addition, DoLA and NCDD Capacity Development Unit officers should also undertake ToT training on the full package of training modules so they have a broad understanding of the key issues. However, in the implementation of training in the districts, DoLA and the NCDD would only lead the training on disability-inclusive planning and budgeting. Experts on disability issues, such as persons with disabilities, MoSVY/PoSVY or experienced NGOs, would lead the training on other modules.

The primary targets for training would be the Commune/Sangkat Councils, CCWCs, Commune/Sangkat Disability Committees (?), Village chiefs, DoSVY, and persons with disabilities in the community. Following the training, it will be important that financial resources are available to the Commune/Sangkat Councils to implement what they have learnt to promote inclusion.

Key actors at sub-national level to promote or champion disability inclusion

During the field visits, it was not been possible to identify individuals who stood out as a key actor to promote or champion disability issues at the sub-national level. However, it is likely that the DAC's focal point at the provincial level will be the Provincial Governor. The potential of engaging sub-national decision makers to promote disability inclusion would likely be enhanced if the Provincial Governor was to champion disability inclusion. At the national level, the Under-Secretary of State of the MoWA, H.E. Nhem Morokot, is very committed to the disability issue and would likely welcome the opportunity to champion disability inclusion.

The CCWC has been identified as a key partner in promoting disability inclusion at the sub-national level. However, the mandate of the CCWC is limited to a focus on women and children. While it is recognized that women and children with disabilities face additional challenges, such a focus runs the risk of excluding men with disabilities from opportunities for inclusion. The experience of

mainstreaming gender has shown the value of targeted interventions to ensure that issues relating to women are on the agenda. CCWCs were formally established at the Commune/Sangkat level to facilitate the mainstreaming of gender in the work of Commune Council. To promote disability-inclusive local governance and community development, a similar targeted intervention may be required. The experience of NGOs in establishing Commune Disability Committees, or similar structures, should be explored as a mechanism to promote the inclusion of all persons with disabilities in commune plans, processes and services.

It is recommended that, instead of the Community Worker model, consideration be given to the establishment of Commune Disability Committees. Alternatively, support could be provided to existing CDCs established by NGOs. The CDC would have similar functions as the CCWC and in time enjoy the same legal status. Membership of the CDC would include the Commune Chief, representatives of health centres, schools, religious leaders, the elderly, and a representative of persons with disabilities.

General suggestions for UNICEF Cambodia

The scope of the UNICEF component of DRIC is limited. However, UNICEF has a long history of support to government ministries and agencies on disability issues, including MoSVY, MoEYS, MoH, DAC and CMAA. All sections are already doing work relevant to women and children with disability. Consequently, UNICEF has an opportunity to lead by example on disability-inclusive programming by all sections. To achieve this, five actions are proposed:

- In-house training provided to enhance expertise on disability inclusion
- Mechanism for coordination/collaboration between sections on disability
- Continue to build capacities of stakeholders, including MoSVY, on CBR
- Review indicators to enhance monitoring and reporting on disability inclusion in all programmes
- Advocate for strong focus on disability-inclusive development in next UNDAF and on women and children with disabilities in UNICEF's Country Programme 2016-2018

ENDNOTES

¹ World Health Organization and World Bank, *World Report on Disability*, WHO, Geneva, 2011, 301.

² Ibid, 302.

³ For more information see, www.who.int/disabilities/cbr/en/

⁴ *World Report on Disability*, 303.

⁵ *Community Based Rehabilitation: CBR Guidelines, Empowerment Component*, WHO, 2010, 51-52.

⁶ *World Report on Disability*, 303.

⁷ Ibid, 304.

⁸ Ibid, 304.

⁹ Ibid, 305.

¹⁰ Commission for Social Development, Emerging Issue Panel Discussion: "Mainstreaming Disability in the Development Agenda," 12 February 2008.

¹¹ *World Report on Disability*, 306.

¹² Article 1, Convention on the Rights of Persons with Disabilities

¹³ *World Report on Disability*, 307.

¹⁴ Ibid, 308.

¹⁵ *Community Based Rehabilitation: CBR Guidelines, Empowerment Component*, WHO, 2010, 37-48.

¹⁶ Department for International Development, Disability, Poverty and Development. DFID Issues, London, February 2000; and, *Community Based Rehabilitation: CBR Guidelines, Introductory Booklet*, WHO, 2010, 20.

¹⁷ *National Disability Strategic Plan 2014-2018*, unofficial translation, 12.

¹⁸ See, *Human Development Report 2013 The Rise of the South: Analysis on Cambodia*, UNDP Cambodia.

¹⁹ The World Bank, *Where Have All the Poor Gone? Cambodia Poverty Assessment 2013*, World Bank, Washington D.C., November 2013, XIII.

²⁰ For more information, see *Disability Rights Initiative Cambodia: Joint Programme Document* [hereinafter, *DRIC*].

²¹ *DRIC*, 30.

²² See Annex 1 for objectives, methodology and limitations of consultancy.

²³ See Annex 2 for details of consultations undertaken in the context of the situation analysis.

²⁴ Article 1, Purpose, Convention on the Rights of Persons with Disabilities.

²⁵ Article 23, Convention on the Rights of the Child

²⁶ See, for example, Speech to the 56th Session of the CEDAW by Her Excellency Dr. Ing Kantha Phavi, Minister of Women's Affairs of Cambodia and Head of the Royal Government of Cambodia Delegation, Geneva, Switzerland, 8 October 2013.

²⁷ Article 4, Law on the Protection and the Promotion of the Rights of Persons with Disabilities

²⁸ Article 1, Convention on the Rights of Persons with Disabilities

²⁹ For more details, see Annex 3.

³⁰ Sub-decree on Policy to Support Poor Persons with Disabilities in the Community, 137 ANKr.BK, 27 June 2011.

³¹ For more information, see *National Disability Strategic Plan 2014-2018*, unofficial translation.

³² Ministry of Health, *Health Strategic Plan 2008-2015*, 30-31.

³³ For more information, see Ministry of Women's Affairs, *Five Year Strategic Plan 2009 - 2013: Neary Rattanak III*, Phnom Penh, September 2009.

³⁴ Consultation with H.E. Nhem Morokot, Under Secretary of State, MoWA, Phnom Penh, 28 March 2014.

³⁵ MoWA, *National Action Plan to Prevent Violence Against Women 2013-2017*, 21 May 2013.

³⁶ "Rectangular Strategy" for Growth, Employment, Equity and Efficiency Phase III, Of the Royal Government of Cambodia of the Fifth Legislature of the National Assembly, Phnom Penh, September 2013, 38.

³⁷ At the time of finalizing this situation analysis the new NSDP for 2014-2018 was not available. However, the NSDP Update 2009-2013, which was adopted by the RGC on 30 June 2010, includes reference to priorities for adults and children with disabilities.

³⁸ For more information see, *National Social Protection Strategy for the Poor and Vulnerable*, available at www.social-protection.org/gimi/gess/ShowRessource.action?ressource.ressourceId=24880 (accessed 30 June 2014)

³⁹ National Program for Sub-National Democratic Development (NP-SNDD) 2010-2019, ix.

⁴⁰ *Ibid*, ix-x.

⁴¹ *Cambodia Country Report*, The 8th ASEAN & Japan High level Officials Meeting on Caring Societies "Poverty alleviation with a focus on vulnerable people through strengthening collaboration between the social welfare and health services, Tokyo, Japan, 30 August – 2 September 2010.

⁴² *National Disability Strategic Plan 2014-2018*, unofficial translation, 12.

⁴³ *Ibid*, 37.

⁴⁴ *Ibid*, 12.

⁴⁵ Inter-Ministerial Prakas on the Classification of Types and Levels of Disability, 2492 MoSVY.BK, 22 November 2011.

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- ⁴⁶ *Cambodia: Democratic and Health Survey 2010*, National Institute of Statistics and Directorate General for Health, September 2011, 28.
- ⁴⁷ For more information, see National Institute of Statistics, *Cambodia Inter-Censal Population Survey 2013: Final Report*, Ministry of Planning, Phnom Penh, November 2013, 97-104.
- ⁴⁸ For more details, see Annex 4.
- ⁴⁹ For more information, see www.mop.gov.kh/Projects/IDPoor/tabid/154/Default.aspx
- ⁵⁰ *DRIC*, 83.
- ⁵¹ *I am happy I am alive! A practical approach towards a dignified quality of life for people with disability in Cambodia* [hereinafter, *I am happy I am alive*], Cambodia Campaign to Ban Landmines & Cluster Munitions, CMAA, and Jesuit Refugee Service, undated, 15.
- ⁵² MoSVY, *Review of the Status of Implementation of the National Plan of Action for Persons with Disabilities including Landmine/ERW Survivors 2009-2011* [hereinafter, *Review of the Status*], December 2011.
- ⁵³ For more information, see Adam Huebner, *Handicap International's Disability Prevalence Project – Cambodia 2011-2012: Final Report*.
- ⁵⁴ For more information, see *I am happy I am alive*.
- ⁵⁵ Focus group discussion with seven staff of CDPO responsible for different target areas, Phnom Penh, 8 April 2014.
- ⁵⁶ Consultation with H.E. Sem Sokha, Secretary of State, MoSVY, Phnom Penh, 20 March 2014.
- ⁵⁷ *I am happy I am alive*, 22.
- ⁵⁸ Article 28, Convention on the Rights of Persons with Disabilities.
- ⁵⁹ *Review of the Status*.
- ⁶⁰ For more information, see National Institute of Statistics, *Cambodia Inter-Censal Population Survey 2013: Final Report*, Ministry of Planning, Phnom Penh, November 2013, 97-104.
- ⁶¹ *Ibid*, 97-104.
- ⁶² Jill Astbury and Fareen Walji, *Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia* [hereinafter, *Triple Jeopardy*], AusAID Research Working Paper 1, January 2013, 3.
- ⁶³ For more information, see *Triple Jeopardy*, 20-28.
- ⁶⁴ Handicap International Federation, *Political Participation of Women with Disabilities in Cambodia*, Research Report 2010, 6.
- ⁶⁵ Cambodia Country Report, The 11th ASEAN & Japan High Level Officials Meeting on Caring Societies, Theme "Active Ageing", Ministry of Social Affairs, Veterans and Youth Rehabilitation, Ministry of Health, and Ministry of Labour and Vocational Training, Tokyo, Japan, 3-5 December 2013.
- ⁶⁶ Message by Samdech Akka Moha Sena Padei Techo HUN SEN, Prime Minister of the Kingdom of Cambodia and Honorary President of the Disability Action Council supporting the National Disability Strategic Plan 2014-2018.
- ⁶⁷ For more information, see Pauline Kleinitz, Fareen Walji, Kong Vichetra, Ouch Nimul, and Priya Mannava, *Barriers to and Facilitators of Health Services for People with Disabilities in Cambodia*, Nossal Institute for Global Health, Working Paper Series, Number 20, July 2012; see also, Pauline Kleinitz, CBM Nossal Partnership for Disability and Development, *Improving Health Services for People with Disabilities in Cambodia, Issues, Findings and Ways Forward*, August 2011.
- ⁶⁸ *Analysis of the Rehabilitation Sector Situation in Cambodia*, WHO, November 2013 [draft], 12.
- ⁶⁹ Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ, now GIZ), *Healthcare for Vulnerable Groups in Cambodia*, 26 November 2010, 37.
- ⁷⁰ Previously Handicap International Belgium and Handicap International France.
- ⁷¹ Maya Kalyanpur, *Inclusion of Children with Disabilities in Cambodia*, in *Disability and International Development Journal*, Issue 2 2010, 14.
- ⁷² *Review of the Status*.

⁷³ Speech to the 56th Session of the CEDAW by Her Excellency Dr. Ing Kantha Phavi, Minister of Women's Affairs of Cambodia and Head of the Royal Government of Cambodia Delegation, Geneva, Switzerland, 8 October 2013.

⁷⁴ Hagar, *Towards A Cooperative Approach, A Study on the Situation of Children with Disabilities in Cambodia*, June 2009, 7.

⁷⁵ For more information, see www.krousar-thmey.org/html/special-education.php?p_lang=en (accessed 30 June 2014)

⁷⁶ Meeting with Bun Mao, Executive Director, Association for the Blind in Cambodia, Phnom Penh, 20 March 2014.

⁷⁷ *DRIC*, 84.

⁷⁸ *Review of the Status*.

⁷⁹ *DRIC*, 82.

⁸⁰ Dr. Kim Savuon MD, Psychiatrist, Chief of Bureau of Mental Health, Department of Hospital Services, Ministry of Health, presentation to the Parallel Programme for Victim Assistance Experts, Eleventh Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, Phnom Penh, 1 December 2011.

⁸¹ For more information, see *Good Practices from the Project: Towards Sustainable Income Generating Activities for Mine Victims and Other Persons with Disabilities in Cambodia*, Handicap International Federation, Phnom Penh, 2010.

⁸² Meeting with Bun Mao, Executive Director, Association for the Blind in Cambodia, Phnom Penh, 20 March 2014.

⁸³ Komar Pikar Foundation, *Self-Help Groups and Parents/Carers of Children with Disability – A Participatory Action Research Initiative*, November 2012, 11.

⁸⁴ *Ibid*, 12, 19.

⁸⁵ See *Evaluation of Landmine Survivor Assistance Programme (LSAP)/ Cambodia Initiative for Disability Inclusion (CIDI): Evaluation Report* [hereinafter, *CIDI Evaluation*], January 2013.

⁸⁶ The five key components and key elements of the CBR Matrix are: health (promotion, prevention, medical care, rehabilitation, and assistive devices); education (early childhood, primary, secondary and higher, non-formal, and lifelong learning); livelihoods (skills development, self-employment, wage employment, financial services, and social protection); social (personal assistance, relationships, marriage and family, culture and arts, recreation, leisure and sports, and justice); and, empowerment (advocacy and communication, community mobilization, political participation, self-help groups, and DPOs); for more information, see www.who.int/disabilities/cbr/en/

⁸⁷ Prakas to establish Disability Rights Administration, 056 MoSVY, 28 January 2010.

⁸⁸ Sub-Decree on Proceedings and Functioning of Persons with Disabilities Foundation, 118 ANK-BK, 3 September 2010.

⁸⁹ *National Disability Strategic Plan 2014-2018*, unofficial translation, 13.

⁹⁰ For more information, see www.ncdd.gov.kh/en/

⁹¹ For more information, see Gazetteer Database Online, available at <http://db.ncdd.gov.kh/gazetteer/view/index.castle> (accessed 24 June 2014)

⁹² Sub-decree on Policy to Support Poor Persons with Disabilities in the Community, 137 ANKr.BK, 27 June 2011.

⁹³ *DRIC*, 33.

⁹⁴ For more information, see National League of Communes/Sangkats of the Kingdom of Cambodia, available at www.nlcs.org.kh (accessed 24 June 2014)

⁹⁵ For more information, see Tan Thearin and Chum Chanthly, *Comparative Study on Effectiveness of Community Disability Committee (CDC)*, Cambodia Advanced Research Team, May 2013.

⁹⁶ Email from Pheng Samnang, Executive Director, DDSP, 16 April 2014.

⁹⁷ For more information, see www.ilo.org/asia/countries/cambodia/lang--en/index.htm (accessed 4 July 2014)

⁹⁸ Report to the Secretary-General, Role and achievements of the Office of the United Nations High Commissioner for Human Rights and people of Cambodia in the promotion and protection of human rights, Human Rights Council, Twenty-fourth session, A/HRC/24/32, 19 September 2013, paragraph 22.

⁹⁹ For more information, see www.kh.undp.org

¹⁰⁰ For more information, see www.unicef.org/cambodia/activities.html

¹⁰¹ *WHO Country Cooperation Strategy: Cambodia 2009-2015*, WHO, October 2009, 13-14.

¹⁰² An analysis of development partners, such as the Government of Australia, is beyond the scope of this situation analysis.

¹⁰³ For more information, see *CIDI Evaluation*.

¹⁰⁴ See Annex 5.

¹⁰⁵ Jennifer Carter, *Preparing for the Journey: A Cooperative Approach to Service Provision for Children with Intellectual Disabilities in Cambodia*, Hagar, 2009, 25-27.

¹⁰⁶ See, <http://dac.org.kh/en/article/about-us/who-we-are.html>

¹⁰⁷ *DRIC*, 6.

¹⁰⁸ *National Disability Strategic Plan 2014-2018*, unofficial translation, 12.

¹⁰⁹ *Ibid*, 12.

¹¹⁰ Meeting with H.E. Sem Sokha, Secretary of State, MoSVY, Phnom Penh, 20 March 2014.

¹¹¹ Meeting with Lao Veng, Director of DWPD, MoSVY, Phnom Penh, 28 March 2014.

¹¹² See Annex 6.

¹¹³ See Annex 6.

¹¹⁴ *DRIC*, 33.

¹¹⁵ *National Disability Strategic Plan 2014-2018*, unofficial translation, 35.

¹¹⁶ For more information, see *DRIC*, 30-39.

¹¹⁷ Provinces visited include Banteay Meanchey, Battambang, Kampong Cham, Kampong Thom, Kandal, Mondulhiri, Phnom Penh, Preah Sihanouk, Prey Veng, Siem Reap, and Svay Rieng.

¹¹⁸ The main sources of information used for the mapping include: responses to questions asked during the consultants, CDPO's Disability Data Mapping provided in an email from Pheng Phanrozin, CDPO on 10 June 2014; *Services Booklet for People with Disability: Cambodia by District 2013*, Jesuit Refugee Service and Cambodia Campaign to Ban Landmines, 2013; and, *Analysis of the Rehabilitation Sector Situation in Cambodia*, WHO, November 2013 [draft]. Information on NGOs and DPOs working in Tbong Khmum province was not available.

¹¹⁹ Meeting with Kimunn Oeung, Capacity Development Unit NCDD Secretariat, Phnom Penh, 24 March 2014.