

**Country Profile on
Disability**

KINGDOM OF CAMBODIA

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Japan International Cooperation Agency
Planning and Evaluation Department**

Country Profile on Disability Kingdom of Cambodia

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Abbreviations

AAR-J	Association for Aid and Relief - Japan
ADD	Action on Disability and Development
AFSC	American Friends Service Committee
AmCross	American Red Cross
CBR	Community Based Rehabilitation
CBW	Community-based Worker
CDPO	Cambodian Disabled People's Organization
CIOMAL	Comite International de l'Ordre de Malte pour l'Assistance aux Lépreux
CMAA	Cambodian Mine Action and Victim Assistance Authority
CMAC	Cambodian Mine Action Center
CSES	Cambodia Socio Economic Survey
CT	Cambodia Trust
CWARS	Cambodian War Amputees Rehabilitation Society
CWDP	Community Work with Disabled People
DAC	Disability Action Council
GDP	Gross Domestic Product
GNP	Gross National Product
HI	Handicap International
ICRC	International Committee of the Red Cross
ILO	International Labour Organization
JCIA	Japan Cambodia Interactive Association
JICA	Japan International Cooperation Agency
JS-C	Jesuit Service, Cambodia
MOEYS	Ministry of Education, Youth and Sports
MOH	Ministry of Health
MOP	Ministry of Planning
MORD	Ministry of Rural Development
MOSALVY	Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation
MWVA	Ministry of Women's and Veterans' Affairs
NCDP	National Center for Disabled Persons
NGOs	Non Governmental Organization
NIS	National Institute of Statistics
P&O	Prosthetics and Orthotics
PHC	Primary Health Care
SEDP I	First Five-Year Socio Economic Development Plan
SSC	Social Services of Cambodia Work
ToR	Terms of Reference
UCC	United Cambodian Community Development Foundation
UN	United Nations
UNDP	United Nation Development Programme
UNESCO	United Nations Educational Scientific, and Cultural Organization
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
VI	Veterans International
WHO	World Health Organization

1. Basic Profile

1-1. Basic Indicators

Public Sector Expenditure¹

Health (% of GDP)	0.6%	1990-98
Education (% of GNP)	2.9%	1997
Social welfare (% of total expenditure)	N/A	
Defense (% of GNP)	4.1%	1997

Population²

Population (total)	11.8 million	1999
% of women	51.5%	1999
% of urban population	15.6%	1999
Life Expectancy (total)	53.7	1999
Male	52.2	1999
Female	55.3	1999

Medical Care

Medical care personnel		
Population/Doctor ³	3,333	1990-99
Population/Nurse & midwife ⁴	735	1992-95

¹ World Bank. World Development Report 2000-2001

² World Bank. World Development Indicators 2001

³ UNDP. Human Development Report 2001

⁴ UNDP. Human Development Report 2000

Education

Education system ⁵		
Primary education	6 year	
Compulsory education	8 year	
Adult literacy rate ²		
Male	59.6%	1999
Female	21.1%	1999
Enrollment ratio		
Primary education (Net enrollment ratio)		
Total ⁵	98%	1996
Male ⁶	82%	1995-99
Female ⁶	74%	1995-99
Primary education ⁶ (Gross enrollment ratio)		
Total	113%	1997
Male	123%	1997
Female	104%	1997
Secondary education (Net enrollment ratio)		
Total ⁶	39%	1997
Male	N/A	
Female	N/A	
Higher education ⁵ (Gross enrollment ratio)		
Total	1.2%	1996
Male	1.9%	1996
Female	0.5%	1996

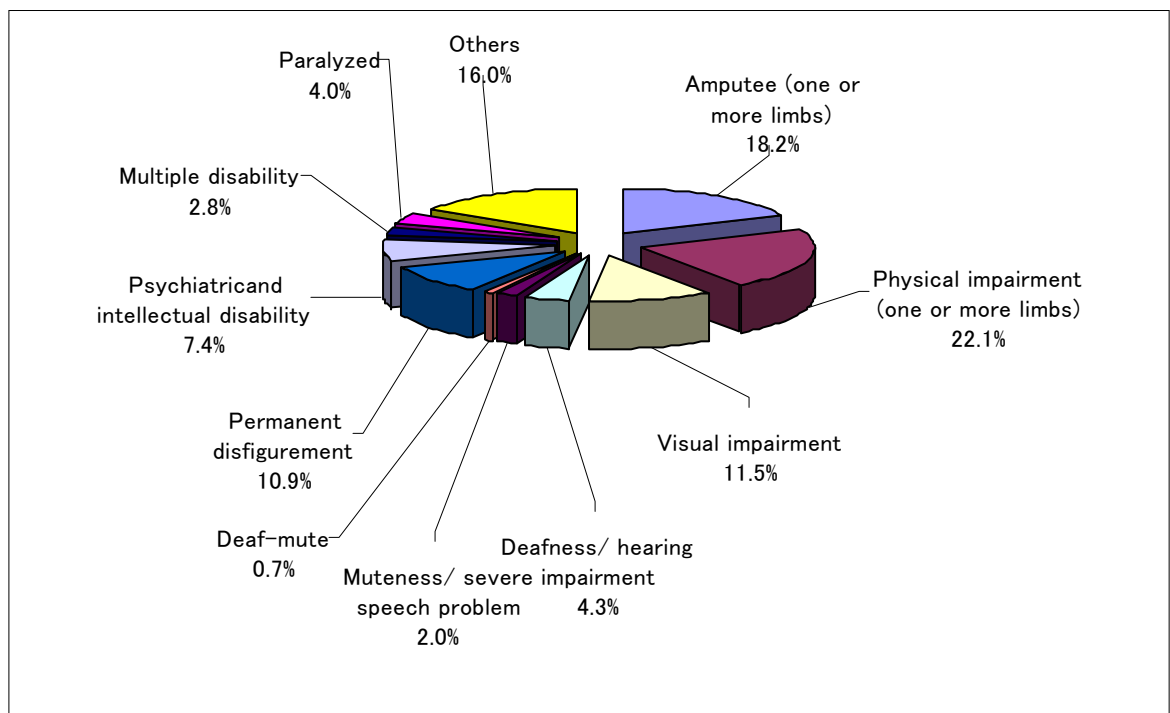
⁵ UNESCO. Statistical Yearbook 1999

⁶ USAID ESDS. GED2000 Retrieved February 21, 2002, from <http://qesdb.cdie.org/ged/index.html>

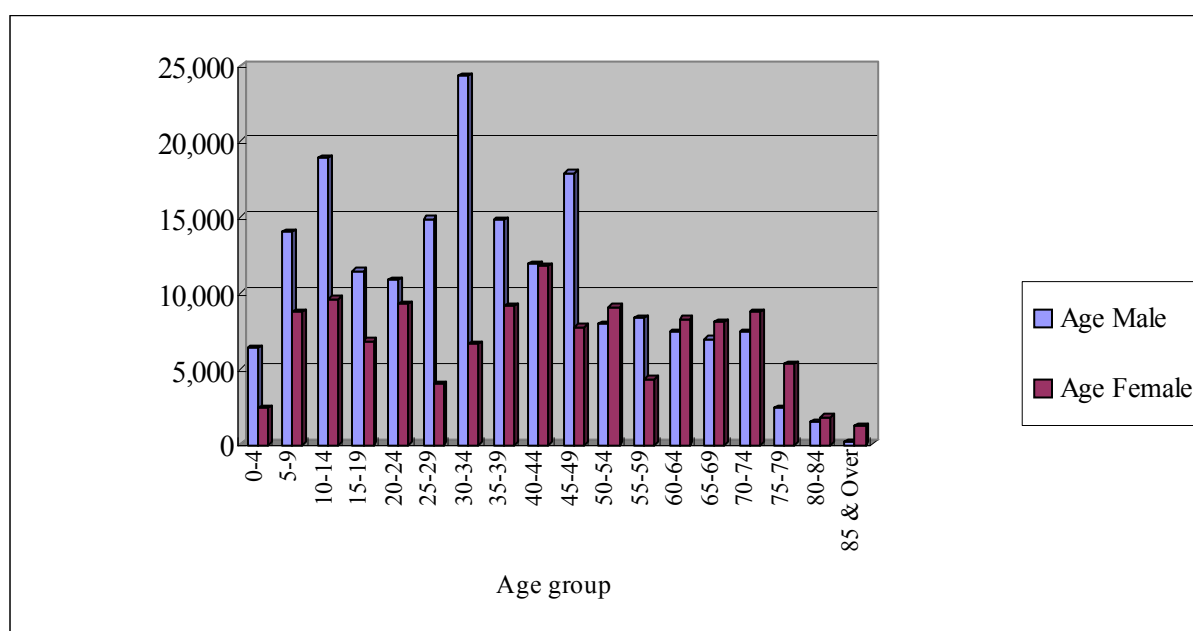
1-2. Indicators on Disability

Disability-specific Data

Figure 1: Persons with Disabilities Classified by Type of Disability



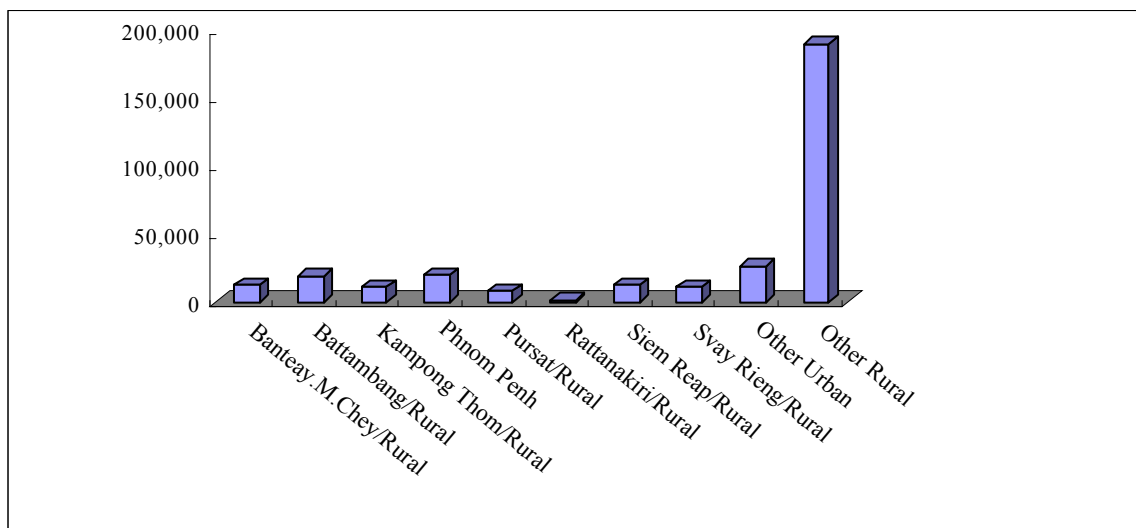
Source: Ministry of Planning/National Institute of Statistics, *Socio-Economic Survey of Cambodia, 1999*

Age-specific Data**Figure 2: Persons with Disabilities Classified by Age and Gender**

Source: Ministry of Planning/National Institute of Statistics, *Socio-Economic Survey of Cambodia*, 1996

Even though a reliable count of persons with disabilities is not available, it is estimated that the number of persons with disabilities is 169,058 (1999) and that approximately 21% of the population with disabilities are children⁷. The most common types of disability among children in Cambodia are polio, hearing and visual problems, cerebral palsy and emotional and behavioral problems.

⁷ Ministry of Planning/National Institute of Statistics, *Socio-Economic Survey of Cambodia*, 1999

Area-specific Data**Figure 3: Persons with Disabilities Classified by Living Area**

Source: Ministry of Planning/National Institute of Statistics, *Socio-Economic Survey of Cambodia*, 1996

Cause-specific Data

In 1997, cause-specific data on the population with disabilities showed that illness or disease was the principal cause of disability in both urban and rural areas. In Phnom Penh, the main cause reported was congenital disability. Disabilities caused by landmines accounted for 6.7%, 10.7%, and 7.8% in Phnom Penh, other urban areas, and rural areas, respectively. Meanwhile, the proportion of persons with disabilities due to war or conflict was higher, with corresponding rates of 11.6%, 16.4%, and 12.3%.

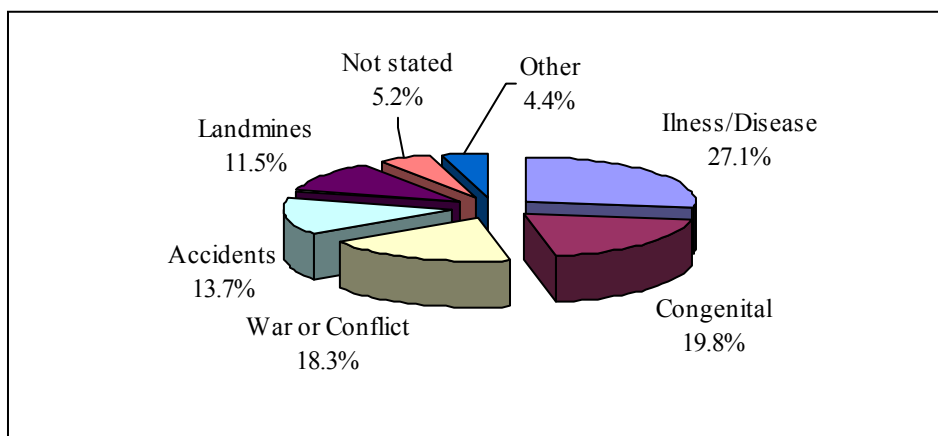
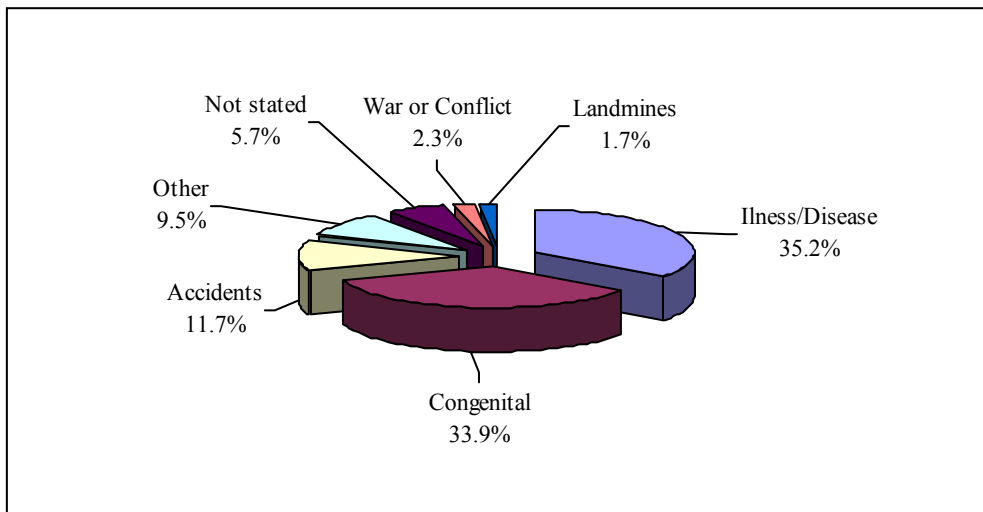
Figure 4: Persons with Disabilities Classified by Cause: Male

Figure 5: Persons with Disabilities Classified by Cause: Female



Source: Cambodia Socio-Economic Survey (CSES), 1997, NIS, MOP

2. Issues on Disability

2-1. Definition of Disability in Cambodia

With reference to Article 2 of the Draft Legislation on “The Rights of People with Disabilities”, which is being developed by the Legislation Working Group, “a disabled person” refers to a person who loses any physical organ or capacity, including loss of limbs and paralysis, or suffers from any significant mental impairment such as visual/hearing impairment, mental disability, etc that significantly affects his/her capacity to participate in social activities. These people are required to have a certified document of disability issued by the Ministry of Health. The category and level of disability are determined by a Government Sub-decree⁸.

There is to some extent identification of grade and categories of disabilities specific to disabled soldiers stated by the government. However, there had not been any official definition regarding the general classification of types of disability in Cambodia until the "Socio-Economic and Behavioral Pilot Survey on the Situation for the Disabled in Cambodia" was conducted during March-June 2000⁹. From this survey, an unofficial agreement was drawn up to classify disabilities into eight types of difficulties as follows:

- Seeing difficulties or visual impairment
- Hearing difficulties or hearing impairment
- Speaking difficulties or mute/speaking impairment
- Moving difficulties or physical impairment
- Feeling difficulties
- Abnormal behavior or mental impairment
- Learning difficulties or intellectual impairment
- Fits

There is no official definition of the above types of disabilities in Cambodia. However, efforts have been made in this regard in conjunction with World Health Organization (WHO) amended

⁸ Draft Legislation on the Rights of Persons with Disabilities, Provision I, Article 2, 2000

⁹ Socio-Economic and Behavioral Pilot Survey on the Situation for the Disabled in Cambodia", December 2000

definition of disability.

2-2. Current Situation

The recent turbulent history of Cambodia has left the legacy of a high number of persons with disabilities of all ages and conditions. Health and social services as well as educational facilities have been destroyed, and there are no financial means or the human resources to cope with the overwhelming needs of disabled persons. Rehabilitation services are still limited, especially services that address the needs of children and women with disabilities. The government's long-term goals are to develop, implement and manage a national strategy for the prevention of disability and for the rehabilitation of persons with disabilities, based on an integrated participatory and decentralized approach to delivering services. The immediate goal is to ensure that the maximum possible number of persons with disabilities receive appropriate services and support, so as to enable them to live with dignity and be integrated into the community to the best extent possible.

Registration

There is no universal registration system for persons with disabilities set up in Cambodia.

General Perception Towards Persons with Disabilities

More than 85% of Cambodians practice Buddhism. People believe in "Karma: Committing good, receives good. Committing bad, receives bad". In Buddhist theory or teachings, disability is the outcome of a bad deed that a person committed in his/her previous life. On the other hand, people have also been taught to have mercy for the weak, and that when one does good to others, good luck is brought to that person. Therefore, most Cambodians prefer to donate to charities or give to the poor or beggars with disabilities. However, such compassion and support for people has weakened due to the suffering and a breakdown of community spirit caused by the prolonged civil war and devastation in the country. Therefore, although the above concept might be regarded as a good framework to support persons with disabilities, additional approaches would better enable them to gain an equal footing in society, and considerable attention is required to help empower persons with disabilities to be included at all levels of decision making processes.

Disability Awareness

A major factor restricting the full participation and equality of opportunities of persons with disabilities is the prevalence of perceptions and practices that prevent them from functioning as

full members of society. Often the abilities of persons with disabilities are not recognized, and they face social and economic marginalization, discrimination, and have very limited access to resources. Therefore, persons with disabilities find limited opportunities for full and equal participation. Also, public awareness and mass education campaigns on the inclusion of persons with disabilities into the country's mainstream development program to mobilize the private sector and community to eradicate discrimination are almost non-existent.

At present, a study on Disability Awareness Programs is being carried out under the coordination of the Disability Action Council (DAC). The main objectives of this study are to assess the current activities on disability awareness that are being implemented by organizations, to identify gaps and to develop a comprehensive national strategic plan for a disability awareness program in a systematic and coordinated fashion.

Training and Employment

Skills training, income generation and job placement are important factors for vocational rehabilitation of persons with disabilities. In Cambodia persons with disabilities typically come from the poorest segments of society. Therefore, the highest priority of society is to enable them to gain an income for themselves and their families. Training and employment programs include the following:

1. Provision of vocational training (including literacy, numeracy and small business management)
2. Referral services to training providers and employers
3. Production of crafts for the local market and export through production workshops or independent producer groups

The follow-up of graduates who have left the centers has gained increasing importance in most programs. Follow-up takes the form of regular visits to these graduates' work places with the provision of start up equipment, and in some cases, the provision of loans or grants. Persons with disabilities face the following constraints in terms of training and employment opportunities:

1. Self-employment usually requires access to credit facilities. Impoverished persons with disabilities find it particularly difficult to gain access to credit.
2. Persons with disabilities often face discrimination in employment. The belief in their abilities is very low.

3. The labor market is very limited. Employees are often hired not necessarily because they are particularly qualified but on a trust or personal basis.
4. Employees are very lowly paid, often not meeting the minimum expectations and needs of job seekers.
5. Most persons with disabilities live in rural areas, where economic activity is limited.
6. The promotion of micro-enterprises requires people who are willing to be entrepreneurs. This cannot be assumed for all persons with disabilities.

Poverty

Persons with disabilities are one of the most vulnerable groups in Cambodia as there is limited access to education, skills/vocational training, job placement, income generation opportunities, and other social services. As a result, many are extremely poor and live in poverty. Thus, income generation for persons with disabilities not only contributes to establish a sense of dignity and self-confidence among them, but is also directly linked to reduce poverty and stimulate development. Many view disability as a condition of occupational disadvantage, which can and should be overcome through a variety of policy measures, regulations, appropriate programs, and services. Equality of treatment, mainstreaming training and employment opportunities and community involvement are central pillars of this multi-sector approach.

Accessibility

Cambodia's physical environment contains many obstacles for persons with disabilities. The majority of public building entrances and exits are inaccessible to persons with disabilities. Toilets are usually located on higher floors in small cubicles and do not have support handles. Some of the larger hotels have accessibility features such as lifts, wide doors, and corridors. However, most small hotels and guesthouses are largely inaccessible. Similar problems are seen in hospitals, schools, and institutions with multiple levels as they typically have several flights of stairs. Features that should be accessible, include entrances, exits, door handles, handle rails, floor surfaces, corridors, toilets, escape routes, elevators, and staircases. External environmental barriers include uneven footpath or where there are no footpaths, street vendors, cars parked on footpaths, and a lack of ramps or steps.

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

Education

Education is a human right and a basic need. Education in Cambodia however, has suffered greatly from past political, social and economic turmoil. During the Khmer Rouge Regime (1975-79), the education system was almost completely destroyed. However, Cambodia has made significant progress in the last decade to recover from the years of war and turmoil.

Nevertheless, the limited capacity and resources of the general education system, particularly in rural areas, has resulted in a majority of learners being excluded from education opportunities altogether. This has also resulted in illiteracy and low skills amongst children and persons with disabilities, which in turn reduce employment opportunities.

To date, educational programs for persons with disabilities have been implemented solely by NGOs and focus on children with disabilities. A limited number of special schools and classes exist as a few community-based initiatives. Collectively these services are provided to a fraction of children with disabilities in Cambodia, and are concentrated mainly in urban areas catering almost exclusively for children with physical disabilities and sensory impairments. A non-quantifiable number of children with disabilities (mainly with physical disabilities) are intrinsically included in the mainstream education system; however, the present school environment does not facilitate integration. At present, the national policy and pilot inclusive programs for promoting educational opportunities for children with disabilities have been coordinated by DAC in close collaboration with the Ministry of Education, Youth and Sports (MOEYS).

2-3. Documentation and Survey on Disability

National Census

【Title】	National population census
【Last published】	1998
【Items regarding disability】	This census aimed to provide a picture of the social and economic conditions of the population at all levels. Unfortunately, the data on disability collected was minimal. There has not been any separate national census on disability, nor a registration system for persons with disabilities set up in the country.

3. Administration and Policy on Disability

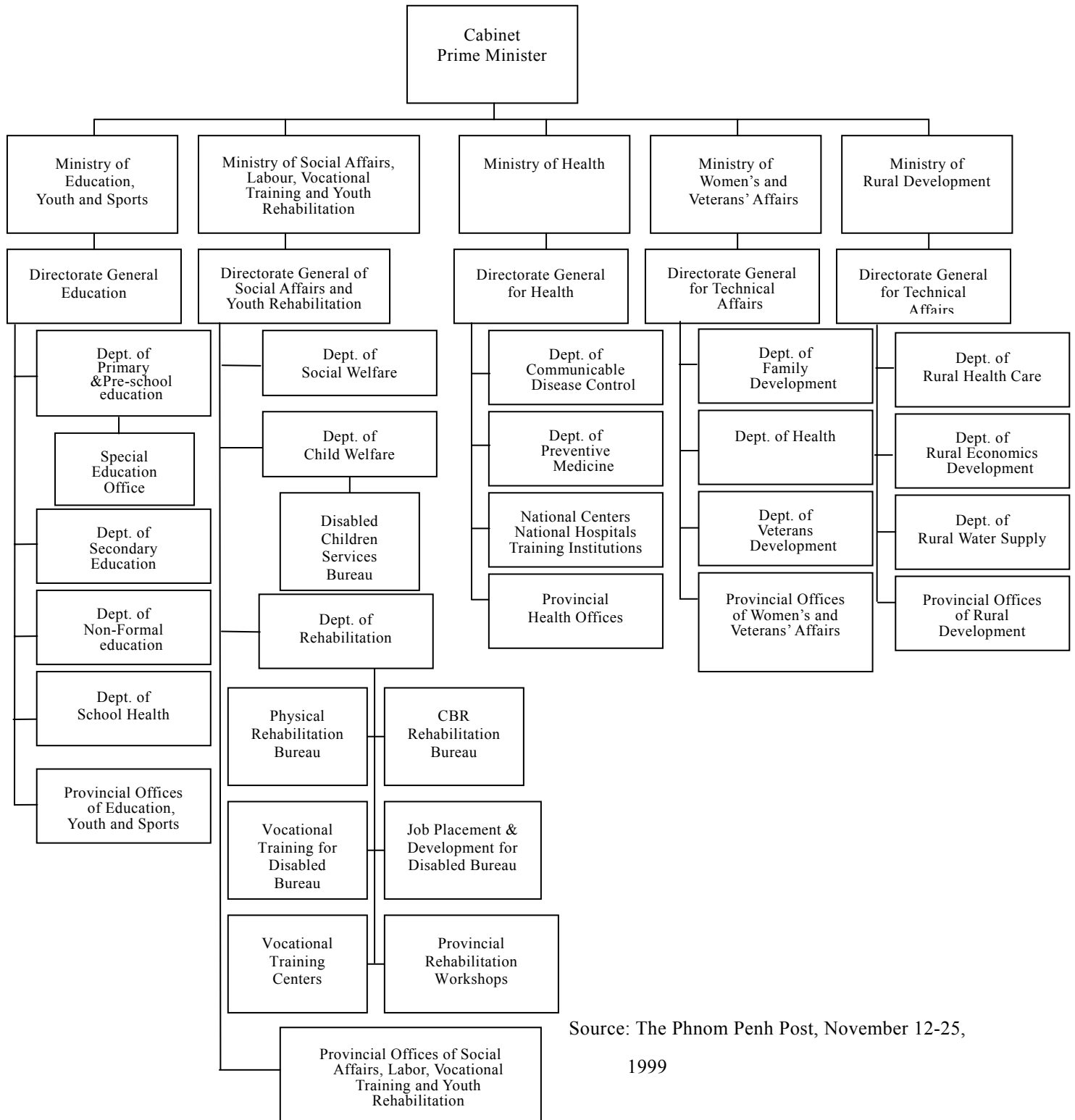
3-1. Administration on Disability

* See Annex 1-2 for the list of governmental organizations

Central Government

【Organizational chart】

Organizational Chart of Central Government



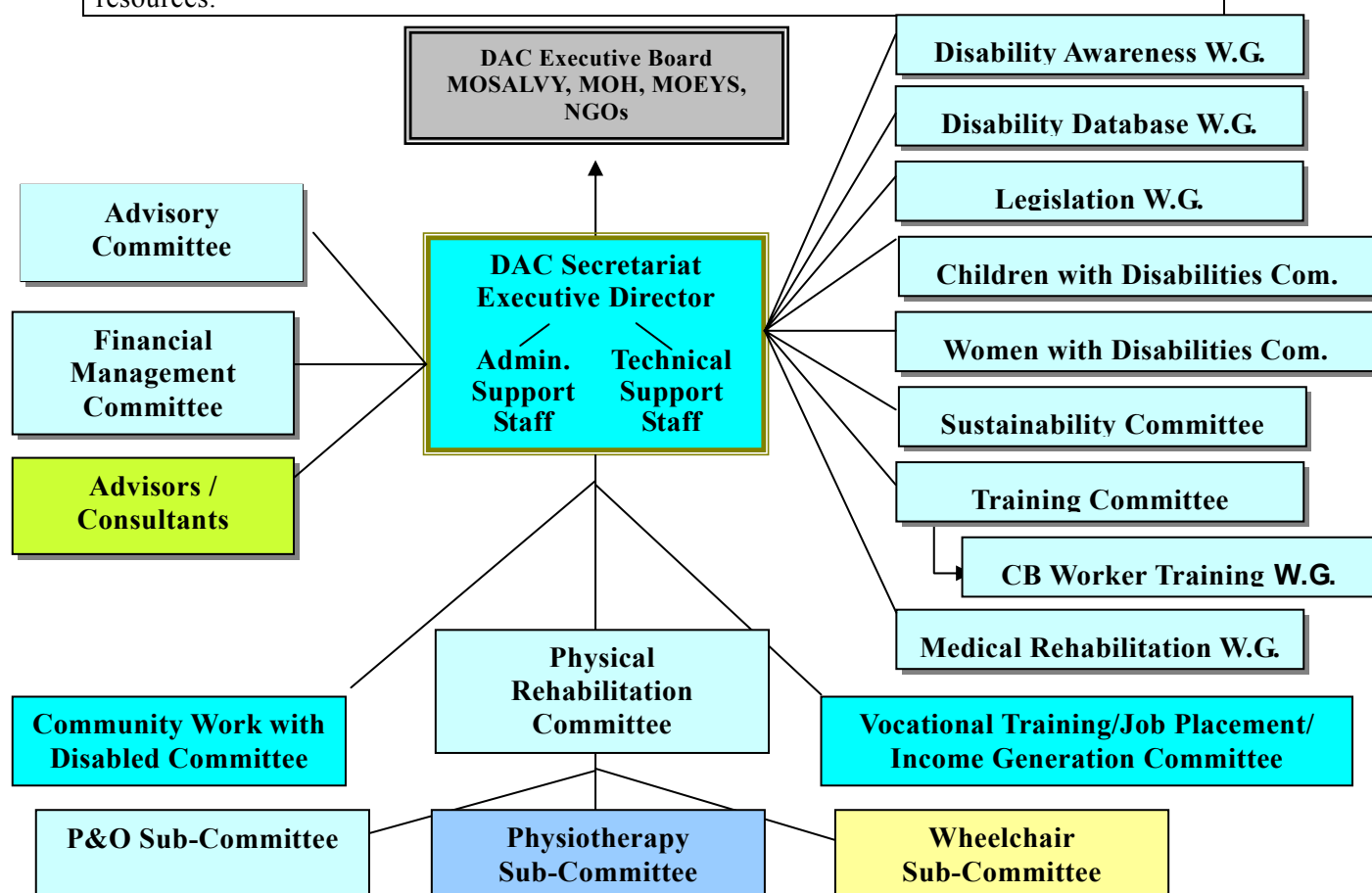
Source: The Phnom Penh Post, November 12-25,

1999

【Disability-related Organizations in Central Government】

【Name】	【Description】
Ministry of Social Affairs, Labor, Vocational Training, and Youth Rehabilitation	Responsible for providing rehabilitation and vocational skill training services to persons with disabilities.
Ministry of Education, Youth and Sports	Introduces inclusive education for children with disabilities based on the principle of Education for All.
Ministry of Women's and Veterans' Affairs	Responsible for pensions of disabled veterans.

【Availability of national coordination committee】	Available
【Committee name】	Disability Action Council
【Plan and activities implemented】	DAC was established in 1997 as a semi-autonomous national coordinating body with representatives from the relevant government ministries under the leadership of MOSALVY, as well as representatives from NGOs, and individuals committed to the promotion of the well being of persons with disabilities. The objective of this organization is to implement services and programs for persons with disabilities to supplement the lack of government ministry resources.



Source: MOSALVY. Prakas No. 308. Cambodia: 1999

W.G.: Working Group

Year	Establishment/Process	Plans Implemented
1995	1. Agreement between MOSALVY and NGOs to form a Task Force	<ol style="list-style-type: none"> 1. Assesses the current situation of the sector 2. Generates Guiding Principles 3. Analyzes information and identification of main issues 4. Prioritizes main issues 5. Develops recommendations and plans to address the priority issues. 6. Presents a Task Force Report to the government and NGOs.
1997	<ol style="list-style-type: none"> 1. Establishment of DAC as a National Coordinating Body with representatives from relevant ministries along with those representing NGOs and individuals committed to working for the well being of persons with disabilities. 2. DAC acts in a professional advisory capacity in relation to the government and policy-makers on all issues affecting the well being of persons with disabilities. It also serves as a national focal point on disability matters to facilitate the continuous evolution of a comprehensive national approach to rehabilitation, equality of opportunities and prevention of disability. 	<ol style="list-style-type: none"> 1. Vision: Individuals and society recognize that persons with disabilities have equal rights and obligations as all citizens of the Kingdom of Cambodia. Persons with disabilities are given equitable opportunities to participate in society based on their abilities, enabling them to lead a life free from discrimination. 2. Mission: Initiate, secure and co-ordinate the services necessary for persons with disabilities and their rights to enjoy equal opportunities for employment and quality of life as others in society. 3. Role: Bring government, national and international agencies, as well as businesses, religious and local communities together with persons with disabilities to develop, implement, monitor and evaluate a National Plan of Action for the Disability and Rehabilitation Sector. It also provides an ongoing forum where debate can take place and consensus can be reached on how to evolutionize the sector.
1998	1. With 3-year funding from USAID/Leahy War Victims Fund, as well as office space, electricity and water supplied by MOSALVY, the DAC-Secretariat was established and officially functions under the Prakas: Ministerial Declaration dated October 26, 1999.	<ol style="list-style-type: none"> 1. To prepare a Program of Action for the disability and rehabilitation sector. 2. To establish and advise on development priorities and targets, and the selection of projects in collaboration with Committees and Working Groups. 3. To liaise with ministries, institutions, NGOs and donor agencies concerned with disability with a view to coordinate activities and provide technical guidance and direction as necessary. 4. To carry out other duties within the objectives and functions of the DAC as may be necessary.
1999	1. Development of the first draft of the National Plan of Action: Cambodian Plan of Action for the Disability and Rehabilitation Sector	<ol style="list-style-type: none"> 1. To establish systematic co-ordination of services and programs. 2. To prioritize major areas of work. 3. To provide better geographical distribution of services for persons with disabilities. 4. To avoid overlapping of services and identify gaps in services. 5. To improve and/or to establish services for categories of disability that are not adequately served. 6. To plan for future assistance from within and outside Cambodia. 7. To improve budget allocation on a rational basis. 8. To guide appropriate use of human and financial

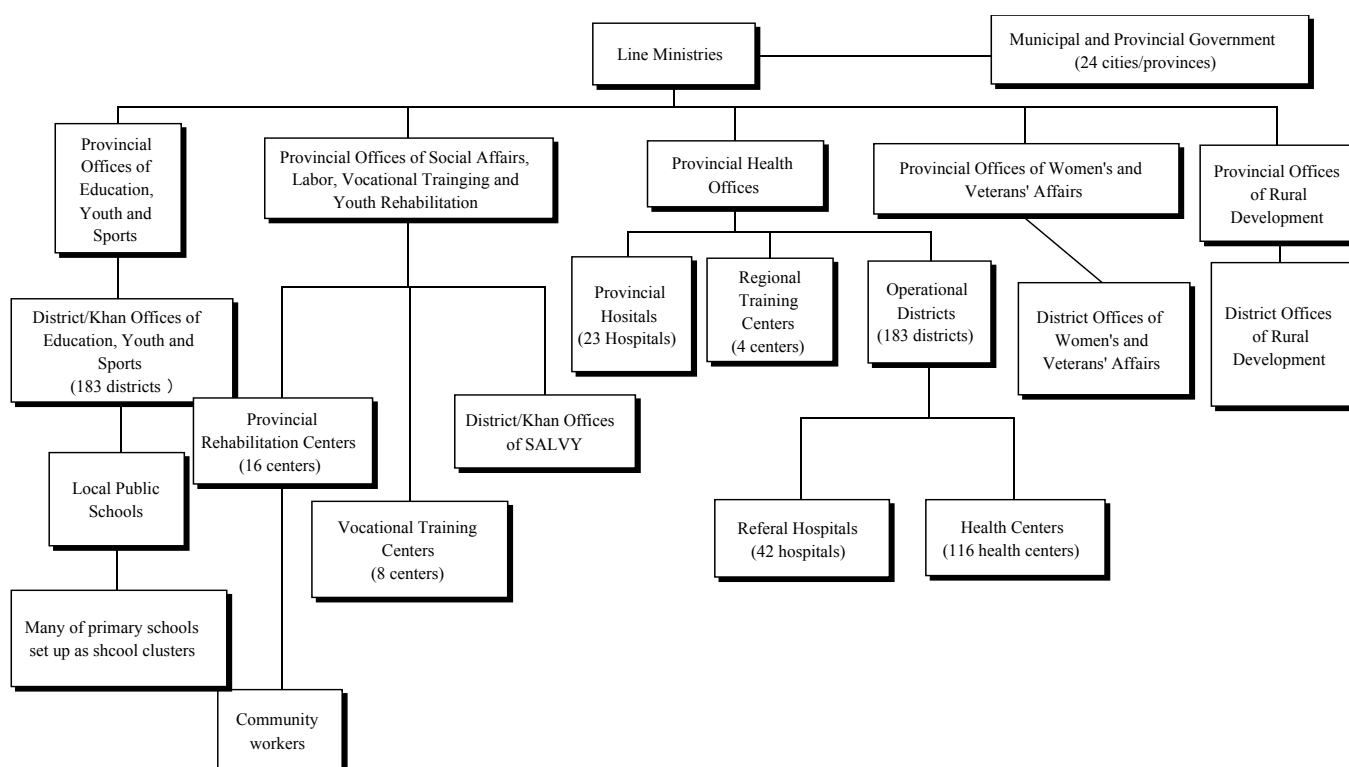
Year	Establishment/Process	Plans Implemented
		resources. 9. To identify gaps in human resources. 10. To establish a comprehensive monitoring, evaluation and reporting system. 11. To assess the impact of programs and services. 12. To ensure technical and financial sustainability of programs.

* Comprehensive and sustainable rehabilitation and socio-economic reintegration programs and services for persons with disabilities including landmine victims in Cambodia can only be guaranteed by a collaborative and coordinated partnership involving relevant ministries, NGOs, the business sector, religious community and persons with disabilities.

Local Government

【Organizational chart】

Organizational Chart at Local Level



- Source: 1. MOSALVY, *Report on Work Results of the Year 2000 and Future Objectives*, 2001
 2. MOH, *Health Situation Analysis 1998 and Future Direction for Health Development 1999-2003*, 1999
 3. MOEYS, *Education in Cambodia*, 1999
 4. National Task Force, *Situation of the Disabled in Cambodia*, 1996

【Disability-related Organizations in Local Government】

【Name】	【Description】
Line Ministries	Technical aspects are channeled through line ministries.
Municipal and Provincial Government	General administration is channeled through municipal/provincial governments.

3-2. Laws and Regulations on Disability

* See Annex 3 for other laws

【Title】	Constitution of the Kingdom of Cambodia
【Legislated year】	1993 (amended in 1999)
【Description】	The Constitution stipulates rights and responsibilities of Cambodian citizens (Chapter 3) and Education, Culture and Social Welfare for Cambodian citizens (Chapter 6).

【Title】	The Labor Law
【Legislated year】	January 10, 1997
【Description】	The Labor Law stipulates contractual agreements between employers and employees including persons with disabilities.

【Title】	Royal Decree NS/RKM/0295/16
【Legislated year】	February 25, 1995
【Description】	Establishment of Cambodian Mine Action Center which is responsible for administering, controlling, and co-ordinating all mine and unexploded ordnance activities in Cambodia.

3-3. Policies on Disability

National Development Plan

【Title】	The First Five-Year Socio-Economic Development Plan (SEDP I)
【Period】	1996-2000
【Items regarding disability】	<p>The Plan indicates:</p> <ol style="list-style-type: none"> 1. The government's position in promoting disability prevention and rehabilitation for the disability and rehabilitation sector based on an integrated, participatory, and decentralized approach to service delivery. 2. The immediate goal that the government has set as its a maximum number of persons with disabilities to receive appropriate services and support that enable them to live with dignity and be integrated into mainstream activities to the furthest possible extent¹⁰. 3. Measures to conduct a situation analysis of persons with disabilities to contribute to policy

¹⁰ First 5 Year Socio-Economic Development Plan (1996-2000), Ministry of Planning, 1996, p. 34

and strategy development. However, enforcement is still limited in coping with the overwhelming need.

4. Public awareness and educational programs that would contribute to disability prevention by increasing knowledge of disabilities, and enforcing implementation of a vocational training program and development of a monitoring and evaluation system.

【Title】	The Cambodian Plan of Action
【Period】	N/A
【Items regarding disability】	
<p>The main purposes of the Plan of Action are to provide an orientation strategy, offer opportunities to gain an overview of the disability and rehabilitation sector, and guide investment in this area. The Plan encourages organizations to think in wider terms than is usually necessary for implementation of individual programs/projects to cope with the overwhelming need of persons with disabilities in Cambodia. Objectives of the Plan include:</p> <ol style="list-style-type: none"> 1. To establish systematic co-ordination of services and programs 2. To prioritize major areas of work 3. To provide better geographical distribution of services for persons with disabilities 4. To identify gaps in services 5. To improve and/or establish services for types of disabilities that are not adequately served 6. To plan for future assistance from, in as well as outside Cambodia 7. To avoid overlapping of services 8. To improve the allocation of budgetary resources on a rational basis 9. To identify appropriate use of human and financial resources and gaps in human resources 10. To establish a comprehensive monitoring and evaluation system 11. To assess the impact of programs and services 12. To ensure technical and financial sustainability of programs/services. 	

3-4. Measures on Disability

Prevention, Identification and Early Intervention

【Current situation】

Prevention of disabilities in Cambodia incorporates different elements such as promotion of primary health care, improvement of hygiene and nutrition, vaccination, landmine and unexploded ordnance (UXO) awareness, and weapons reduction. According to the Cambodia Socio-Economic Survey 1999 by the Ministry of Planning, illness and diseases are the principal causes of disabilities in Cambodia. Gene mutation is reported as the second largest cause of disability in the country, while landmines have caused disability to 10.8% of persons with disabilities. The cause of disability of more than one out of ten in the country as a whole is reported as war or conflict. And, it was also found that males were three times more likely to have disabilities caused by a combination of landmines, war and conflict.

The lack of basic health care, malnutrition, bad hygiene, and poverty are also regarded as serious

causes of disabilities in Cambodia. Recently, disabilities caused by traffic accidents have been increasing especially in Phnom Penh due to the rapid and uncontrolled increase in the number of vehicles and motorcycles as well as weak enforcement of traffic laws. The compulsory use of seat belts in vehicles, and helmets for motorcycles has not been enforced. In Cambodia, disability identification and early intervention are still inadequate, especially in rural areas due to a lack of resources, poor disability awareness, a low education level of the people at the community level and absolute poverty. However, efforts are being made through the following activities.

【Policy/program title】	Sub-Decree No. 37, the establishment of an Inter Ministerial Committee on Primary Health Care (PHC)
【Year implemented】	April 1995 ~
【Description】	<ol style="list-style-type: none"> 1. To support the development and implementation of a National Policy on PHC. 2. To support the understanding of PHC issues and implementation of the National Policy on PHC. This entails the following: <ol style="list-style-type: none"> a. Promoting health through the National Policy on PHC b. Providing information on PHC in the Cambodian context and factors influencing health and community development in Cambodia c. Establishing a conceptual framework for analysis of factors influencing the health and well being of people in Cambodia. 3. Cambodia's PHC policy is based on internationally recognized PHC principles. These are regarded as core characteristics essential for all PHC activities in Cambodia. In implementing activities, all agencies and activity participants should adhere to the following five principles of the Government's policy: <ol style="list-style-type: none"> a. Universal accessibility and coverage in accordance with need b. Community participation in development and improving health c. Inter-sectoral action on improving health d. Appropriate technology and cost effectiveness e. Sustainability, monitoring and evaluation

【Policy/program title】	National Subcommittee for the prevention of blindness
【Year implemented】	December 1994
【Description】	<p>National Plan: Eye care development (1995-2001) to provide eye care services to reduce blindness to less than 0.5% of the population by 2005:</p> <ol style="list-style-type: none"> 1. Human resource development, facilities, materials, financial resource mobilization and management, and specific control of locally endemic diseases such as cataract, trachoma, and Vitamin A deficiency. 2. Second phase of the National Plan (1997-2001). 3. Training of basic eye doctors and nurses, overseas training of ophthalmologists and ophthalmic nurses, and provincial training of primary eye care workers and optometrist technicians. 4. Development of guidelines and protocols to support eye care services, extended outreach activities, and cataract intervention programs.

【Policy/program title】	Polio Eradication Unit of MOH with the support of WHO
【Year implemented】	1994～
【Description】	Polio vaccination for babies across Cambodia to prevent disability caused by polio.

【Policy/program title】	1. Royal Decree NS/RKM/0295/16 2. Royal Decree
【Year implemented】	1. February 1995 2. September 2000
【Description】	<ol style="list-style-type: none"> 1. Established the Cambodian Mine Action Center (CMAC) with responsibility for administering, controlling, and coordinating all landmine and UXO activities in Cambodia. 2. Established the Cambodian Mine Action and Victim Assistance Authority (CMAA) with the main roles of administering all demining and UXO's clearance activities, and assisting landmine victims in Cambodia.

【Policy/program title】	Disability Awareness Modules
【Year implemented】	2000～
【Description】	In collaboration with MOH, modules have been developed in relation to identification of disability. The main purpose of the modules is to spread and promote awareness on disability so that people can seek intervention and referral for treatment as early as possible.

【Policy/program title】	Government efforts to regulate weapons in Cambodia ¹¹
【Year implemented】	<ol style="list-style-type: none"> 1. January 1992 2. July 1995 3. July 1996 4. Oct 16, 1998 5. April 1999
【Description】	<ol style="list-style-type: none"> 1. The law on penalties for the possession of weapons and wearing of uniforms in violation of the regulations sets jail penalties of one to five years for keeping, selling or making explosives, ammunition or weapons without authorization. 2. Sub-Decree 62 on Illegal Weapons and Explosives Control splits the responsibility of issuing weapons and explosives permits between the Ministry of Defense for military, military police and militia personnel, and the Ministry of Interior for the police and civilians. It also specifies the rank and level of military and government staff entitled to carry a weapon. 3. The Ministry of Interior releases a decree canceling weapons and explosives permits for officials, police and civilians 4. The Ministry of Defense issues a direct ordering soldiers to turn in weapons they hold illegally. The directive prohibits them from carrying guns in Phnom Penh unless on a mission and from using them unless ordered. 5. The Interior Ministry issues Sub-Decree 38 on "management and control of the import, production, purchase, distribution, sale and use of weapons and explosives of all kind".

¹¹ The Cambodia Daily, Monday February 19, 2001

Medical Services and Rehabilitation

【Current situation】

In Cambodia medical rehabilitation is under the joint responsibility of the two ministries MOH and MOSALVY. However, the terms of reference (ToR) for each ministry is unclear and there is insufficient co-ordination and collaboration. That is why a Specialized Committee on Medical Rehabilitation was established in mid 2000. When a person is injured, he/she needs to be sent to hospitals for treatment or surgery. After medical/surgical treatment she/he will be referred to a rehabilitation workshop or center for rehabilitation services to maximize his/her ability to live in society. There are rehabilitation centers in 7 provinces of which 3 are managed by international NGOs¹². Mines and the aftereffects of polio are some of the causes of disabilities of rehabilitation centers beneficiaries.

Often medical doctors (including surgeons), nurses, physiotherapists and other allied health professionals do not receive adequate training in disability and rehabilitation. In addition, most of the training is focused on hospitals and large institutions.

The provision of comprehensive rehabilitation services requires close links between hospital-based rehabilitation centers and community-based services or rehabilitation. Future activities in this area are expected to be as follows:

- a. Early identification and treatment of disease, illness and trauma, thus minimizing the degree of disability
- b. Development of appropriate physical medicine and rehabilitation services based on specific needs in Cambodia
- c. Mainstreaming of rehabilitation services into PHC and community services
- d. Training health professionals and community worker

Communication tools and assistive appliances are available in Cambodia. For example, the components for prosthetic and orthotic (P&O) devices as well as wheelchairs and tricycles are produced.

¹² According to Izumi Tetsuhiko's *Case Study: Cambodia's Social Security System* the 3 NGOs that manage the person with disability rehabilitation centers are the British "Cambodian Trust", French "Handicap International (HI)" and the American Red Cross.

【Program title】	Directive Declaration No. 10 PRKNN. Ministry of Disabled Veterans and Social Action of Organizational Structure of Rehabilitation
【Year legislated】	January 1992
【Description】	<p>Defines the following:</p> <ol style="list-style-type: none"> 1. The rehabilitation system 2. Role, responsibilities and organizational structure of the rehabilitation system 3. Role, responsibilities, organizational structure and framework of the National Center of Regional Rehabilitation 4. Regional Rehabilitation centers 5. Municipal, provincial physical assisting workshops that are not part of the regional center.

【Program title】	DAC Physical Rehabilitation Committee (a joint effort between the Government and NGOs)
【Year legislated】	1997~
【Description】	<p>The Committee's goal is to effectively and efficiently provide physical rehabilitation services for persons with disabilities including Veterans with disabilities and victims of landmines.</p> <ol style="list-style-type: none"> 1. Develop common goals and objectives for this sector 2. Avoid overlapping of services 3. Share information, experiences, good practices 4. Identify issues, gaps and recommendations to address key issues and provide a better quality of services.

【Program title】	Prakas on the Establishment of Para-Tetra Rehabilitation Center (Battambang province), Supported by HI
【Year legislated】	25 January 1994
【Description】	<ol style="list-style-type: none"> 1. Provide Rehabilitation Services to patients with spinal cord injuries including victims of landmines. 2. Provide medical care, physiotherapy, occupational therapy. 3. Provide equipment, encouraging social integration and sports. 4. Support MOSALVY in terms of training staff on techniques, management, communication, and budgeting.

【Program title】	National Rehabilitation Center (Kien Khleang, Phnom Penh)
【Year legislated】	1998
【Description】	<ol style="list-style-type: none"> 1. Surgical rehabilitation for leprosy patients, supported by CIOMAL 2. Surgical rehabilitation for people with eye and face problems, supported by ROSE. 3. Physical rehabilitation services and wheelchair production and distribution, supported by VI, 4. Vocational training supported by the Association for Aid and Relief - Japan (AAR-J), 5. Wheelchair production and distribution, supported by AAR-J

【Program title】	Prakas No. 175 MOSALVY on Establishment of Phnom Penh National Physiotherapy Center
【Year legislated】	12 May 2000

【Description】

The main tasks of the center include the following: management of equipment and financial resources, development of annual action plans, network with relevant institutions for referral and receiving persons with disabilities, provision of physiotherapy services to all persons with disabilities, issuing orders for referring persons with disabilities to hospitals and other centers, provision of advice and counseling to persons with disabilities for available services, monitoring and follow up, etc.

【Program title】

Prakas No. 757 MOSALVY on Establishment of a Component Factory Supported by ICRC (Boeung Trabek)

【Year legislated】

12 May 2000

【Description】

The factory is under the direct supervision and management of the Rehabilitation Department, MOSALVY. Main tasks include the following: developing plans, co-ordinating, implementation, monitoring and evaluating the production of prosthetics and assistive device materials to supply all rehabilitation workshops and centers in order to sufficiently produce P&O for persons with disabilities throughout the country.

Education**【Current situation】**

Although efforts have been undertaken to promote Education for All including children with disabilities, educational opportunity for adults with disabilities is still minimal. Persons with disabilities experience a lack of accessibility, appropriate support, and encouragement from their families and community. They also face marginalization and discrimination. Moreover, they face state, public and private sector barriers. For instance, the recruitment criteria of students for higher education and of teachers for public pre-schools and primary schools imposed by the MOEYS, according to the Council of Ministers' decisions No. 1356 SRC/NN/1995, 223 SRC/NN/1997, 872 SRC/NN/1997, 835 SRC/NN/1998 and 39 SRC/NN/1999, is that "... Recruitment must be made among candidates of either gender, of Cambodian nationality, who have clear bio-data, good health and are free of disabilities, ..." .

【Policy/program title】

Education programs for persons with disabilities

【Year implemented】

1993~

【Description】

1. Implementation has been carried out mainly by NGOs with particular focus on children with disabilities.
2. Programs are concentrated mainly in Phnom Penh and other urban areas, and currently cater almost exclusively for children with physical disabilities and sensory impairments.
3. All the special schools have set incorporating integration education into the mainstream as their ultimate goal.

【Policy/program title】

Special Education Office

【Year implemented】

January 2000

【Description】 Development of educational opportunities for children with disabilities, girls, minorities, and other vulnerable groups such as street children.
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【Policy/program title】	Project to develop educational opportunities to meet the specific needs of children with disabilities in Cambodia
【Year implemented】	Since Sept 1999
【Description】	The Project has been coordinated by the DAC in partnership with MOEYS with focus on two main areas: 1. Policy development 2. Awareness raising

Social Services

【Current situation】

In Cambodia, benefits are already set for civil servants.

Participation of person with disabilities in social activities is growing. In 1997, the National Center for Disabled Persons (NCDP) was established, and persons with disabilities can now live with dignity and participate in activities of the society through services provided by the body.

The government has tried its best with its limited resources to promote awareness and the ability of persons with disabilities through sporting activities. Organizing the Handy Sports Day on a yearly basis helps contribute to the promotion of employment of persons with disabilities through the demonstration of their abilities.

【Program title】	Government Sub Decree on Retirement Pensions and Disability Regime for Civil Servants. No 059/ANK/BK
【Year legislated】	1997
【Description】	The minimum and maximum levels of disability pension are fixed at 50% and 65% of net salary, respectively. The maximum is applicable to those disabled due to accidents at work or on duty. The calculation is based on seniority.

【Program title】	Cabinet Resolution on Organizing the Handy-Sports Day No 15/SSR
【Year legislated】	1995
【Description】	Established an Inter Ministerial Committee to organize the Handy Sports Day to promote disability awareness and sensitize the abilities of persons with disabilities.

【Program title】	Government Sub Decree on Establishment of the National Paralympic Committee of Cambodia No 70/ANK/BK
【Year legislated】	1997

【Description】

Organizes sporting activities and events at national and international levels.

Vocational Training and Employment Promotion Services

【Current situation】

The Cabinet Resolution No 181/SSR is the only regulation relating to the strategy and policy of the government on the promotion of services and employment for persons with disabilities. It was implemented by Ministerial Proclamation No 02/PRNN. Based on these documents, provincial rehabilitation centers and vocational/skills training centers have been established, and other line ministries including the National Bank have been ordered to take appropriate measures to promote employment of persons with disabilities. Concrete action has not been taken yet, as Resolution 181/SSR was issued during the previous regime of the State of Cambodia and does not fit well with the current system. However, it still remains a principle document regarding policy and guidelines on employment for persons with disabilities while a new one has not yet been developed.

The following initiatives have been taken to promote job opportunities by local NGOs, the government, international organizations, and private sectors, with technical support from the International Labour Organization (ILO), in an effort to form a Business Advisory Council that is able of:

1. Advising training centers to include persons with disabilities in their programs and update curricula so that it becomes practical and applicable to reality.
2. Advising on current and future job opportunities and requirements.

The Rural Development and Income Generation Project for persons with disabilities in Cambodia have been initiated by DAC. The aim of the project is to promote employment opportunities for persons with disabilities in rural areas by conducting surveys on existing income generation activities to identify gaps and potential, etc.

The ILO's Disability Resource Team, in cooperation with MOSALVY, implements activities on work place accessibility for persons with disabilities, promotes job placement for persons with disabilities including credit schemes and provides a modest allowance or grant to disabled trainees after graduation. Other activities such as follow-up monitoring, counseling, and the promotion of self-confidence of persons with disabilities are also undertaken.

There are 8 vocational training schools/centers in Cambodia (3 in Phnom Penh, 1 in Kandal province, 1 in Kampot, 1 in Battambang, 1 in Pursat, and 1 in Kampong Thom). These centers are operated with the support and in close collaboration with World Vision, Maryknoll, AIR-J, BUCK, JS-C, JCIA, CWARS and others. So far 3,493 trainees with disabilities have been trained in different skills of which 1,751 of graduates currently have a paid job or are self-employed in their own villages. However, these services only meet a small percentage of the needs of persons with disabilities, and job placement is not guaranteed after training, as there are no specific incentives, quota systems or legislative instruments promoting the employment of persons with disabilities.

【Program title】	Cabinet Resolution on Principle Guidelines on Rehabilitation, Vocational Training, and Job Placement for persons with disabilities. No 181/SSR
【Year legislated】	1990
【Description】	Provides persons with disabilities with more opportunities for vocational/skills training and job employment, priority for credit and loans as well as incentives including tax reductions.

【Program title】	Ministerial Proclamation on Guiding Implementation of Cabinet Resolution No 181/SSR and No 02/PRNN
【Year legislated】	1991
【Description】	Establishes Provincial Rehabilitation Centers and Vocational Training Centers, and provides employment for persons with disabilities.

【Program title】	Ministerial decision on Establishment of National Disabled Persons-NCDP No 757/MOSALVA
【Year legislated】	1997
【Description】	Develops data on job placement and referral services for persons with disabilities, and provides catering services for persons with disabilities.

【Program title】	Government Sub Decree on Supplementary Salary of Civil Servants, Military, National Police, Retirees, and Disabled Officials. No 028/ANK/BK
【Year legislated】	1999
【Description】	Authorized a net salary increase of 30% for civil servants, military personnel, the national police, retirees, and disabled officials effective as of May 1999.

【Program title】	Prakas No. 757 MOSALVY on Establishment of National Center for Disabled Persons (NCDP)
【Year legislated】	10 May 1997

【Description】

The main task of NCDP is to provide rehabilitation services, and to improve economic conditions through the provision of employment opportunities to persons with disabilities so that they can live with dignity and fully participating in all activities of the society.

【Program title】

MOSALVY-Rehab-dept. Vocational Training Bureau (8 Vocational Training Centers across Cambodia)

【Year legislated】

1998

【Description】

The Vocational Training Bureau is a government unit under the Rehabilitation Department of MOSALVY. Tasks of the unit are to:

1. Facilitate, co-ordinate and liaise with 8 Vocational and Skills Training centers
2. Collect and collate data/statistics and compile a progress report on graduates from skills training programs to the Government Minister.
3. Facilitate the import/export of materials and equipment for vocational training centers.

Community-based Rehabilitation (CBR)**【Current situation】**

In Cambodia, Community Work with Disabled People (CWDP) has been the chosen approach of most persons/children with disabilities. Despite the heterogeneity of the agencies that provide services, certain aspects of rehabilitation work is fundamental to CWDP. These core common elements are: raising awareness on disability issues at the individual, family, and community level, promoting self esteem and the capability of persons with disabilities, promoting their inclusion in the community, promoting opportunities for employment by referring persons with disabilities to agencies and creating links between persons with disabilities and agencies (government and non-government), and finally, providing family and community support.

The term CWDP was chosen to describe this approach in a simple and unambiguous way. It embraces the term Community Based Rehabilitation (CBR), and avoids the conceptual difficulties surrounding CBR.

CWDP staff and programs face particular accessibility constraints in terms of availability of services. In the past, widespread coverage was impossible due to political instability. This is improving now, but certain problems remain:

1. Security – landmines, robberies, kidnapping
2. Transportation – poor roads, weather conditions, lack of vehicles
3. Lack of co-operation with local authorities, lack of transparency, and corruption, etc.

【Program title】

Community Based Rehabilitation Bureau within the Department of Rehabilitation, MOSALVY

【Year legislated】	1998
【Description】	Has overall responsibility for CBR activities.

【Program title】	Major CWDP Programs have been carried out by NGOs in collaboration with relevant ministries.
【Year legislated】	1993～
【Description】	<ol style="list-style-type: none"> 1. Self help group formation and socioeconomic support 2. Community based socio-economic rehabilitation 3. Link between rehabilitation centers, communities, and mainstream NGOs 4. Referral and follow up, emergency grants 5. Development of federation of self help groups 6. Counseling, advocacy, referrals 7. Awareness and information 8. Community education 9. Leadership training courses 10. Rehabilitation work with clients and family/follow up with children, technical aids/referrals 11. Pilot project for hearing impaired children 12. Outreach and follow up programs 13. Surgical referrals 14. Facilitation of access to services for persons with disabilities 15. Support for older people with special needs on health, sanitation, income generation, home gardening, loans, counseling. 16. Home based care for differently able children, as well as victims of polio, landmines, clubfoot and cerebral palsy 17. Provision of access to education, health care, etc.

Communication Tools

【Current situation】

N/A

3-5. Experts and Workers in the Field of Disability

Cambodia lacks a sufficient number of doctors and nurses as intellectuals were exiled during the Pol Pot era. However, the medical qualification and training system to train such medical personnel are inadequate as a medical law has not been legislated.

【Job title】	【Training and qualification system】
Community Based Rehabilitation (CBR) Supervisor	National Center for Disabled Persons / No qualification
Community Based Rehabilitation Volunteer	National Center for Disabled Persons / No qualification
Community Based Worker (CBW)	MOSALVY, MWVA, MORD, MOH, VI, HI, CT, Action on Disability and Development (ADD), CDPO, NCDP, American Red Cross (AmCross) and others / No qualification
Eye Doctor	Takeo Eye Hospital / Basic eye doctor accredited by the government
Eye Nurse	Takeo Eye Hospital / Basic eye nurse accredited by the government
Physiotherapist	Technical School for Medical Care, within Ministry of Health (Physiotherapist) / Diploma accredited by the government
Prosthetics and Orthoptics	Cambodian School of P&O, Regional. / Accredited by the government Accredited by the International Society of P&O
Psychiatrist	Ministry of Health / Master degree accredited by an overseas institute
Psychologist	Phnom Penh University / Bachelor degree accredited by the government
Psychology - Teachers	Faculty of Pedagogy / Accredited by the government
Sign Language	Deaf School or Krousar Thmey or The Cambodian Disabled People's Organization / No qualification
Social Worker	Social Service of Cambodia / No qualification
Social Worker	Basic Social Service Training School / No qualification

4. Disability-related Organizations and Activities

4-1. Activities by Disability-related Organizations

* See Annex 1 for the list of organizations

At present, there are 300 local NGOs in Cambodia. As authority of the government is not so strong in Cambodia, NGOs, which have funds and human resources to some extent, can operate on a large scale. As a matter of fact, the Ministry of Social Affairs, Labor, Vocational Training, and Youth Rehabilitation lacks funding, and 90% of social welfare activities that should be undertaken by the ministry are carried out by NGOs.

Self-help organizations

One of the main self-help organizations of persons with disabilities is the Cambodia Disabled People's Organization (CDPO). CDPO was established in 1994 and consists of 100 people with disabilities from 13 out of the total 21 states. The body's activities range from national level activities such as initiation of legislation to protect the rights of persons with disabilities, to services for persons with disabilities such as job placement and vocational training.

Organizations for persons with disabilities

One of the main organizations for persons with disabilities is the Disability Action Council (DAC). DAC was established in 1997, and consists of representatives from relevant government ministries, and from NGOs as well as individuals committed to the promotion of the well being of persons with disabilities. DAC has two main purposes. First, to act in a professional advisory capacity in relation to government and policy-makers on all issues affecting the well being of persons with disabilities. And second, to serve as a national focal point for discussing a comprehensive national approach to rehabilitation, equality of opportunities and prevention of disability.

With respect to governmental organizations, please refer to section 3.1 "Administration on Disability".

4-2. Cooperation Projects on Disability Organized by International and Other Donors

* See Annex 2 for the list of projects

Assistance by Multilateral/Bilateral Organizations and International NGOs

Support by the United Nations (UN) became active after 1993 when a general election was conducted in Cambodia. Currently, the provision of support to persons with disabilities in rural areas by the Food and Agricultural Organization of the UN is planned. Concretely, food processing training at a village level and workshops to build the capacity of persons with disabilities in rural areas is under consideration.

Also, many international NGOs play an important role in supporting persons with disabilities in Cambodia. About thirty NGOs from Japan have been operating in Cambodia. As of the year 2000, the foreign aid organizations that cooperated with Cambodia's Ministry of Social Affairs, Labor Vocational Training and Youth Rehabilitation (MOSALVY) were Rose Charity, ICRC, CWARS, AFSC, World Vision, JICA, AARJ, ADD, UCC and Mary Knoll¹³.

Assistance by Japan

JICA has continuously provided physical and mental care for persons with disabilities and supported self-help in Cambodia. Concretely, JICA has contributed to strengthen the capacity of the government by dispatching an advisor on social welfare administration to the Ministry of Social Affairs, Labor, Vocational Training, and Youth Rehabilitation. In addition, JICA has contributed to strengthening the government's capacity through relevant training. Direct financial support has also been provided to Handicap International (HI) in person with disability rehabilitation. The Social Service of Cambodia Work (SSC) which trains social workers who are able to consider the socially disadvantaged, has been supported through JICA's Community Empowerment Scheme since 1998.

¹³ According to Izumi, Tetsuhiko's *Case study: Cambodia's Social Security System*

5. References

This report is edited based on the material and report provided by a local consultant.

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