



KINGDOM OF CAMBODIA
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**National Plan of Action
for Persons with Disabilities, including
Landmine/ERW Survivors**

2008 – 2011

Final Version November, 2008

FOREWORD

Excellencies, Ladies and Gentlemen:

On behalf of Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSVY) and Cambodian Mine Action and Victim Assistance Authority (CMAA), we are pleased to present the National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors. This Plan of Action has been a collaborative effort, developed under the leadership of the Ministry of Social Affairs Veterans and Youth Rehabilitation and the Cambodian Mine Action and Victim Assistance Authority, in partnership with the Disability Action Council (DAC). The Plan of Action is the result of extensive consultation across the disability sector, including with the Ministry of Health, the Ministry of Education, Youth and Sport, the Ministry of Women's Affairs, as well as relevant international and local non-governmental organizations, and other partner service providers.

In December 2006 CMAA established the Landmine Victim Assistance Steering Committee (LVASC) which was tasked with assessing and making recommendations on priorities for future action and developing a National Plan of Action for the sector. With funding provided by AusAID for a secretariat and consultant, a series of focus groups based on the categories of victim assistance as defined by the States Parties at the First Review Conference of the Anti-Personnel Mine Ban Convention were held in August and September 2007. These focus groups comprised representatives from MoSVY, DAC and other specialists who developed and prioritized SMART objectives (Specific, Measurable, Achievable, Relevant, Time-bound), and actions to be undertaken and overseen by relevant Ministries of the Royal Government in partnership with service providers. We would like to thank those who have actively participated and provided comments on the outcomes. Our sincere thanks are also extended to the agencies and communities in the provinces that provided comments and shared their needs for application in the National Plan of Action. Of great benefit was assistance from CWARS, TPO, TCF, CABDICO, JSC and OEC in organizing interviews with the communities in order to collect the vital information.

Although the Plan of Action has given prominence to the achievements in disability sector activities in Cambodia, it also has highlighted the challenges that lie ahead for the Royal Government. Also most importantly, it has provided a unique opportunity to understand how the concept of victim assistance can be integrated into policies and programs for the disability sector as a whole. Support for this plan of action is widely acknowledged by the NGO sector and their longstanding interest in improving the lives and livelihoods of persons with disabilities including survivors of mine and ERW accidents.

The 2008 Cluster Munitions Diplomatic Conference in Dublin once again emphasized the need for a coordinated planning approach to victim assistance. The framework for victim assistance developed in the context of the Anti-Personnel Mine Ban Convention is applicable to assisting the victims of all types of weapons and other traumatic injuries.

The Royal Government of Cambodia will endorse the National Plan of Action for assistance to persons with disability, including landmine/ERW survivors as an important step in achieving its goal of more effective and coherent service provision for persons with disabilities, including landmine and other ERW survivors, their families, and affected communities.

Truly Yours,

Ambassador Sam Sotha
Secretary General, CMAA

His Excellency Sem Sokha
Secretary of State, MoSVY

Phnom Penh, 06 November 2008

Introduction and background

The Framework

Cambodia's 'National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors' was developed initially in the framework of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction (AP Mine Ban Convention) and is intended as an important contribution to efforts to address the rights and needs of persons with disabilities, including landmine and other ERW survivors in the country.

The Final Report of the First Review Conference of the AP Mine Ban Convention in 2004 provided a clear framework to develop mine victim assistance. Three principles agreed by the States Parties are particularly relevant to the provision of this assistance:

- that "the call to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner;"
- that "assistance to landmine victims should be viewed as a part of a country's overall public health and social services systems and human rights frameworks;"

And,

- that "providing adequate assistance to landmine survivors must be seen in a broader context of development and underdevelopment."¹

As such although the National Plan of Action originates from Cambodia's obligations under the AP Mine Ban Convention, in line with the understandings mentioned above, the National Plan of Action aims to encompass the rights and needs of all persons with disabilities including landmine/ERW survivors.

The National Plan of Action aims to promote the human rights and fundamental freedoms of persons with disabilities and aligns with the United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol, signed by Cambodia in October 2007, and the National Law on the Protection and the Promotion of the Rights of Persons with Disabilities which is awaiting approval by the National Assembly.

Definition of Disability

Of note in the development of the plan is the challenge to provide a definition for and classifications of disability. Cambodia lacks a legal or official definition of disability. However, the draft Cambodian Disability Law, states that, "A person with disability is any citizen who lacks any physical organ or capacity or suffers any mental impairment, that causes restriction to his or her daily life or social activities and which significantly causes differences from non-disabled people, and who has a disability certification from the Ministry of Health." A government sub-decree will define the types and degrees of disability after passage of the draft law.

There is also no standardized usage of the disability classification system. Until now, ministries and other actors have used different classification systems. Both the Cambodia Socio-Economic Surveys of the Ministry of Planning and the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) have classified disabilities into 9 categories, for operational purposes. The DAC has held recent meetings in a bid to define standardized categories for disability and the process is ongoing.

It is intended that this National Plan of Action will be a key document in promoting greater inter-government collaboration and leadership for government ministries and other organization in a bid to address the rights and needs of persons with disabilities in Cambodia.

¹ United Nations, Final Report, First Review Conference of the States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction, Nairobi, 29 November – 3 December 2004, APLC/CONF/2004/5, 9 February 2005, pp. 26-33.

Statistics on Disability and Causes of Disability

As in most developing countries, accurate statistics on the number of persons with disabilities in Cambodia are not available. Numbers and percentages differ from publication to publication. It is often mentioned that Cambodia has one of the highest rates of disability in the developing world (UN ESCAP 2002), however the most accurate data, found in the 2004 Cambodian Socio Economic Survey (CSES) reports a disability rate of 4%.² According to this survey disability rates increase sharply with age, are higher in rural areas (4.9% versus 4.0% urban) and are higher among females (4.9% versus 4.5% male). Disability rates are higher among males through the age group 45-54 years and more than one-fifth (22%) of those with reported disabilities have two or more reported disabilities.³

Vision-related disabilities account for 30% of all reported disabilities in the 2004 CSES, with mobility-related disabilities accounting for the next largest share (24%). Females are more likely to report vision-related and mental disabilities, while males are more likely to report mobility-related disabilities. The main reported causes of disabilities are old age (27%) and disease (26%). All health-related causes account for 35% of reported disabilities. Accidents and injuries, including war- and violence-related injuries, are also important reported causes of disabilities, accounting for about 15-16% of reported causes.

The main urban-rural difference is the higher frequency of mobility-related disabilities in rural areas. Urban-rural differences include the greater frequency of traffic accidents and old age as the reported causes of disabilities in urban areas and the greater frequency of fever and malnutrition as reported causes in rural areas. The vast majority of disability in Cambodia is preventable. Poverty is a major cause of disability, and one of its major consequences (Bonnet 1997).

Landmines and other ERW, including cluster munitions, continue to be an ongoing threat for many rural communities in Cambodia. Long-standing and successful mine clearance and mine risk education activities has meant the number of new casualties has declined substantially from a peak of more than 4,000 in 1996 to an average of between 700-850 per year since 2000. A further dramatic reduction to 450 casualties was recorded for 2006, 352 in 2007 and 230 for the first nine months of 2008, and although this signals that new cases are decreasing there are a high number of survivors from the preceding thirty years, who are living in dire socio-economic circumstances. Many of the survivors among the more than 60,000 recorded mine/ERW casualties are likely to require rehabilitative and/or medical care over the long term as a result of their injuries.⁴ Children may require prosthetic replacement on a 6 monthly basis and adults may require annual prosthetic replacement depending on individual needs.

In Cambodia areas suspected to be contaminated by landmines or other ERW are predominately concentrated in five provinces in the north and north-west regions of the country. It is estimated that from 1978 until the end of 1989, around 6 million landmines were laid by the different army factions in a 700-kilometre strip in Cambodia known as the K5 Mine Belt. ERW are a legacy from this period, and this border region is the primary location for the majority of mine / ERW accidents. According to the 2007 annual report CMVIS reported the highest incidents of landmine casualties in Battambang, Banteay Meanchey, Preah Vihear, Oddar Meanchey and Pailin. The provinces with the highest number of ERW casualties are Battambang, Siem Reap, Kampong Speu, Oddar Meanchey, and Kampong Cham.⁵

Of growing concern also in recent years is the mortality and morbidity caused from road traffic accidents which are now considered as the second largest catastrophe in the country after AIDS. Currently, more than 4 persons die and 75 are injured daily on the roads of Cambodia. From 2001 to 2007, the number of accidents has increased by 120% and the number of fatalities has tripled (RTAVIS 2007).⁶

² Cambodia Socio-Economic Surveys 2004

³ Health, Vulnerability and Poverty in Cambodia, Analysis of the 2004 Cambodia Socio-Economic Survey

⁴ CMVIS data recorded from 1979 to December 2007

⁵ http://www.redcross.org.kh/services/downloads/CMVIS/2007/July_08.pdf

⁶ (RTAVIS 2007)

Disability and Poverty

As noted by the 2004 CSES Households headed by someone with one or more reported disabilities have significantly less wealth than other households. For example the impact of a landmine or ERW accident penetrates every aspect of a families' ability to create a safe, secure and economically independent lifestyle. It has been estimated in earlier studies⁷ that households headed by a person disabled by war or landmines live in poverty at levels almost three times higher than if the disability was due to other causes. Although these households represented a small proportion of those living below the poverty line, in 2000 they were a great deal lower (27 percent) making this group particularly vulnerable to socio-economic crises.

National development policies such as the Cambodian Millennium Development Goals, and the National Strategic Development Plan 2006-2010 (NSDP) have linked landmine eradication directly with poverty reduction, and both plans endorse victim assistance activities as part of the platform to help rehabilitate land and reintegrate mine/ERW survivors and their affected communities. The NSDP has set a target of reducing the number of new landmine/ERW casualties to 200 in 2012 and 0 by 2020.⁸ Whilst the NSDP refers to landmine and ERW casualties there is no mention of people with disabilities in the 15 strategic goals and 43 critical targets. In a bid to table disability sector needs a joint statement on disability has been developed for inclusion in the NGO position paper to be submitted to the Cambodian Development Cooperation Forum (CDCF) in December 2008, with a focus on equality in the health, employment, infrastructure, governance, gender, and education sectors.

A Community Based Approach to Disability

Community-Based Rehabilitation (CBR) has been identified as a promising approach to providing people with disabilities with their rights, and has the potential to improve quality of life, impacting on all elements of victim assistance. Currently 44 organisations provide community based care and services in Cambodia.

To date MoSVY has had limited direct involvement although some recent activities mostly centred on disability awareness and promotion of self-help groups has been due to a UNICEF-funded CBR pilot project which is under the umbrella of the MoSVY CBR program. A technical advisor is now based at MoSVY to provide technical support for MoSVY to coordinate the CBR program.

Building on these achievements the CBR program implemented through MoSVY aims over the longer term to establish sustainable national CBR services coordinated by the government to help address some of the gaps in services available for persons with disabilities. The CBR project implemented jointly by MoSVY and the DAC has been extended until 2009 in 19 provinces.

The National CBR Coordination Project would not have been possible without the financial and technical support of UNICEF and the following organizations' participation and collaboration: AAR, ABC, ADD, CABDICO, CDMD, CDPO, CVCD, CVD, CWARS, DAC, DDD, DDSP, HIB, HIF, ICRC, ILO/APPT, JSC, LMDS, NCDP, OEC, SABORAS, TCF and VIC.

The National CBR Coordination Team was established in August 2006 as a mechanism to coordinate and monitor these CBR projects that are currently implemented by non-governmental organizations (NGOs). The Team also aims to develop capacity of MoSVY, the Provincial Office of Social Affairs, Veterans & Youth Rehabilitation (PoSVY) and the District Office of Social Affairs, Veterans & Youth Rehabilitation (DoSVY). In doing so, the broad strategic direction is that they gradually take over roles and responsibilities from NGOs to implement CBR projects.

It was evident from the evaluation of the UNICEF-supported projects in 2005⁹, that aside from improvement in the physical, psychosocial and economic well-being of beneficiaries, the projects have brought about better generalized understanding of the cause and prevention of disability as well as reported improvement in community attitudes towards persons with disabilities.

⁷ Ministry of Planning 2000

⁸ Goal 9 of the *National Strategic Development Plan 2006-2010*
www.car.gov.kh/hunsen/nationalstrategicdevelopmentplan20062010_en.asp

⁹ 2005 *External Evaluation of UNICEF support to Rehabilitation/Re-Integration of Mine/ERW Victims and Disabled People*

History of the Action Plan

Historically the Cambodian Mine Action and Victim Assistance Authority (CMAA) was mandated with responsibility for the coordination and monitoring of victim assistance in Cambodia. However, responsibility for victim assistance was delegated by sub-decree to the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and the Disability Action Council (DAC).¹⁰ MoSVY, as the ministry responsible for disability issues, is looking to take more responsibility to provide policy direction for activities within the disability sector, of which victim assistance activities form a part and because of consistently low national budget allocations, very limited services have been provided through MoSVY, and much is needed in terms of capacity building, increased resources and training for the Ministry for it to be able to develop a credible and constructive approach to the disability sector, including for landmine survivors. The Disability Action Council operates as a semi-autonomous national body that helps facilitate, coordinate and advise the government and the NGOs on disability issues.

In 2005, the AP Mine Ban Convention's Standing Committee on Victim Assistance and Socio-Economic Reintegration (SCVA)¹¹ developed a framework to assist the 24 most affected States Parties, including Cambodia, to develop a plan of action in relation to mine victim assistance. At this time, Cambodia did not have a disability policy or legislation to protect the rights and needs of persons with disabilities, including mine/ERW survivors. Therefore, this framework was viewed by the Royal Government of Cambodia as an opportunity to take the first steps in articulating specific, measurable, and realistic objectives that would be relevant to the disability sector as a whole, and to undertake activity planning to achieve these objectives.

Subsequently, as part of its obligations under the AP Mine Ban Convention, the Royal Government of Cambodia undertook a process to develop objectives and a Victim Assistance Plan of Action. In 2005, Cambodia responded to a victim assistance questionnaire developed by the Co-Chairs of the SCVA to assist the relevant States Parties in developing a plan of action to achieve the aims of the *Nairobi Action Plan 2005-2009*, adopted at the First Review Conference. The response was prepared by the DAC. Generally, the objectives were very broad and needed to be made more specific, measurable, achievable, relevant and time-bound – SMART.

Some efforts were made in 2006 to revise the objectives but it was not until mid-2007, with financial support from AusAID that the DAC was able to engage the technical support needed to coordinate activities of relevant stakeholders, government ministries, international and national NGOs and agencies, and persons with disabilities in the process of developing SMART objectives and a plan of action.

Through Australian Red Cross coordination, many agencies and individuals were consulted in developing the Plan of Action including: CMAA, MoSVY, Ministry of Education, Youth and Sport (MoEYS), Ministry of Labour and Vocational Training (MoLVT), Ministry of Health (MoH), Ministry of Women's Affairs, the DAC, and numerous other agencies and organizations.¹² Consultations were conducted in a series of Focus Groups and meetings of the Landmine Victim Assistance Steering Committee (LVASC).

Should Cambodia become a State Party to the recently negotiated Cluster Munitions Convention, this plan of action will also serve as an important tool in addressing victim assistance obligations under that Convention too.¹³

¹⁰ CMAA, *Organisation and functioning of the Cambodian Mine Action and Victim Assistance Authority – Restructuring the Secretariat General and Responsibilities*, January 2006; Sub-decree No.76 ANKR.BK Aug 8, 2001

¹¹ The Secretary General of the CMAA and Cambodia's Ambassador for Mine Action, His Excellency Sam Sotha, is Co-Chair of the AP Mine Ban Convention's Standing Committee on Victim Assistance and Socio-Economic Reintegration for the period from November 2007 to November 2008.

¹² For more information see Annex 3 and 4.

¹³ Diplomatic Conference for the Adoption of a Convention On Cluster Munitions

Over the past ten years there have been many successful disability/victim assistance programs implemented in Cambodia. Most have been integrated with other general disability services, although significantly, service provision is most often delivered by non governmental partner organizations.

As MoSVY's original mandate in the 1990s was to provide support for war veterans and was therefore focused on men and disabilities related to war. It is only in recent times that the broader mandate of disabilities in general has been added. As such, the interviews and focus group discussions highlighted gaps in services and inefficiencies in the government structure from central to provincial and community levels. For example provincial administrations (PoSVY, DoSVY) are often under-resourced, inexperienced, or reluctant to implement MoSVY directives.

Focus of the Action Plan

The format of the plan of action includes an overview of the status, objectives developed in November 2005, and progress in achieving these objectives, together with revised objectives and actions for the period 2008 to 2011. The plan of action covers the six key elements of victim assistance, which are also relevant to comprehensive disability sector programming:

- Part 1 – Understanding the extent of the challenge
- Part 2 – Emergency and ongoing medical care
- Part 3 – Physical rehabilitation
- Part 4 – Psychological support and social reintegration
- Part 5 – Economic reintegration
- Part 6 – Laws and public policies

Design and Implementation of the Action Plan

The lack of a comprehensive strategic management agenda for MoSVY, that gives direction and identifies specific deliverables, has made both the proper coordination and accountability of government services very difficult, as well as complicating effective monitoring and evaluation of the vast majority of services that are provided by partner organizations.

For this reason some components of the plan of action have been developed with a view to strengthening the internal processes and competencies within MoSVY, as the ministry with responsibility for disability issues, but importantly linking these to direct actions and building a solid relationship and understanding with clients whether they be landmine/ERW survivors or other persons with disabilities, advocacy groups or NGO implementing agencies.

The development of the plan of action includes timeframes to carry out the proposed activities, with a view to incorporating actions within the existing national disability, development and human rights frameworks and mechanisms, and reports on the strengths and challenges facing MoSVY and other relevant ministries, and what actions the ministries could put in place to help improve service provision whether it is delivered by the government or partner organizations. The actions look to strengthen existing services rather than creating alternative approaches to target victim assistance activities as well as integrate these specific activities within the disability, health, education, labour and regulatory sectors.

The plan of action is based on wide consultations with disability service providers and followed by the development of the *SMART* objectives and actions that can be readily undertaken by MoSVY and other relevant ministries, non governmental and other partners.

The plan of action should be considered as a resource that can be modified, adapted and refined to keep pace with the evolving and changing needs of persons with disabilities, including mine/ERW-affected individuals, and the communities it is ultimately designed to serve.

Part 1: Understanding the extent of the challenge faced

Status:

Since 1994, the CRC in collaboration with Handicap International Belgium (HI-B) has implemented the Cambodia Mine/ERW Victim Information System (CMVIS) which is a system for data collection, storage, and dissemination of information relating to landmines and other explosive remnants of war (ERW) casualties and incidents nation-wide and issues reports on a monthly basis to all relevant stakeholders. This process covers all provinces in Cambodia and utilizes 10 full-time data gatherers and 7 half time data gatherers in 24 provinces/municipalities. CMVIS has a longstanding reputation and is widely seen as a model database for other mine and ERW-affected countries. As an adjunct to data collection CMVIS also endeavours to provide vulnerable populations with services such as emergency assistance, house repairs, and mine/ERW risk education messages.¹⁴ CMVIS data gatherers have also received training on disability issues and awareness in order to advocate for the rights of people with disabilities in the communities and reduce violence in survivors' families.

CMVIS recorded a total number of 63,217 landmine and ERW incidents, including 43,771 people injured and 19,446 deaths, between 1979 and the end of August 2008.¹⁵ In terms of the type of injuries sustained, on average about 14 percent of mine/ERW casualties require an amputation and most of the amputations (84 percent) are due to mine related injuries.

Information for CMVIS is retrieved at the local level by trained data collectors. It is the intention over the medium term that the activities of CMVIS will be managed in collaboration with the Cambodian Red Cross and donor agencies. To date, data collection and management has been mostly limited to mine action activities (for example GIS mapping and documenting casualties). Although data management is well maintained and accessible via the CMVIS website, data-sets up to now have generally not included victim assistance services. Some data needs to be refined before CMVIS is able to provide MoSVY with more strategic information that can be linked to service provision or the actual situation of survivors and their quality of life. CMVIS are currently in the process of carrying out a victim assistance services provision survey in a bid to identify service provision gaps provided to landmine/ERW survivors.

Over the first four months of 2006, CMVIS recorded the first significant decrease in mine/ERW casualties of more than 50 percent compared to previous years. Some possible explanations suggest that the longer rainy season meant that farming activities extended into early 2006, which led to less people scavenging in the forest for food or in search of scrap metal, and consequently less people were exposed to potential danger. Other contributing factors have seen local police since mid 2005 become more actively engaged in eliminating the illegal trade in scrap metal sourced from mines and other ERW. This, together with the expansion of Mine Risk Education across targeted high-risk provinces has combined to reduce the incidence rate. The CMVIS data gatherers also carry out mine/ERW risk education activities in collaboration with local mine action agencies.

Throughout 2006 and 2007 the casualty numbers continued to fall with the lowest annual numbers since recording to date with 450 casualties in 2006, 352 in 2007 and 186 for the first seven months of 2008. Since 2005 the number of incidents caused by ERW has increased, together with a corresponding decrease in

¹⁴ Since 2006 CMVIS has provided mine/ERW risk education messages to communities where new accidents have occurred, and has provided short term assistance to mine/ERW victims (in Preah Vihear and Oddar Meanchey).

¹⁵ CMVIS data recorded from 1979 to August 2008, http://www.redcross.org.kh/english/cmvis.asp?lng=english&page=2_7

incidents caused by landmines (60 percent vs. 40 percent). Around 20 percent of casualties are fatal (2005-2007 59 people) and more than half of these fatalities will be due to ERW (60 percent).¹⁶

An external evaluation of CMVIS was conducted in 2006¹⁷ resulting in several recommendations including:

1. Solicit end-user feedback on regular basis
2. Standardize process for dissemination of repetitive requests
3. Strengthen partnership with CMAA and increase compatibility of data
4. Collect more accurate incident location data
5. Develop end-user feedback on monthly and annual reports
6. Promote use of Excel software system OLAP-Cubes; to allow greater flexibility of data analysis.
7. Increase end-user capacity to interpret data
8. Consider options to ensure long term sustainability

In light of these recommendations the main challenges for CMVIS are to ensure that existing processes for data collection and analysis is maintained at a high standard, while in the longer term CMVIS needs to guarantee that the design and methodology of surveys are made on a more strategic basis for all stakeholders, and that linkages for integrating existing data information systems are thoroughly assessed.

CMVIS is currently financed by the Ministry of Foreign Affairs of Finland, UNICEF and AusAID. Although the project is co-managed by the Cambodian Red Cross (CRC) and HI-B, HI-B is in the midst of phasing out their direct operational involvement, and for this reason it is important that CRC gains the necessary skills to maintain the standards currently delivered by CMVIS.

Apart from the important work of CMVIS there is also a significant number of small to large scale surveys and data assessments undertaken through either the government or NGO sector. These include household surveys, the national census, as well as commissioned local research or evaluations by the NGO sector. Considerable information on disability exists in Cambodia but at the moment it is not stored at a central facility. MoSVY is also looking to CMVIS for their expertise in data management, particularly for advice for future systems for integrated data management across the whole disability sector. It was agreed it would be useful for MoSVY to take a pro-active approach for coordinating data management and defining minimum datasets, although this is of course linked to first establishing an overall policy direction for the Ministry. Strengthening collaboration with CMVIS and others to increase expertise within the Ministry for data management is seen as a priority, which may include establishing a data management department within MoSVY as the focal point.

¹⁶ Cambodia Mine/ERW Victim Information System (CMVIS) Annual Report 2007

¹⁷ External evaluation of CMVIS Report in 2006

Part 1: Understanding the extent of the challenge faced			
<p>Goal: Define the scale of the challenge in order to identify, monitor and evaluate the responses to the needs.</p>	<p>Objectives @ November 2005:</p> <ul style="list-style-type: none"> • Continue to maintain and coordinate a sustainable information-gathering and referral network on mine/ERW casualties in Cambodia • Continue to analyze and disseminate mine/ERW casualty information nationally and internationally to assist in the planning and monitoring of mine action and victim assistance programs • Support the capacity and development of the Cambodian Red Cross in undertaking data collection and information management with a view to ensuring maximum autonomy • Establish a user-friendly decentralized system to follow-up on assistance received in two mine-affected provinces by the end of 2006 	<p>Revised objectives @ October 2008:</p> <ol style="list-style-type: none"> 1. Comprehensive mine/ERW casualty information-gathering and mine/ERW casualty referral network sustainable by December 2011 2. Comprehensive information gathering, referral network and data management system on disability functional and sustainable in MoSVY by December 2011 	<p>Actions to achieve revised objectives:</p> <ol style="list-style-type: none"> 1. <u>CMVIS, in collaboration with, DAC, MoH, MoSVY, CMAA and other relevant stakeholders will:</u> <ol style="list-style-type: none"> 1.1 Seek internal and external financial support 1.2 Collect and disseminate mine/ERW casualty data on a regular basis 1.3 Ensure collected information is available to key stakeholders 1.4 Develop and disseminate a directory of all disability related services in Cambodia, by mid 2009. 1.5 Discuss strategic directions of mine/ERW data collection in Cambodia with all relevant stakeholders and establish mid (2012) and long-term (2015) scenarios, by 2009. 1.6 Gather information to assess quality of life of survivors and victim assistance services received, on an ongoing basis. 2. <u>MoSVY and DAC, in collaboration with NIS / MoP, MoH, CMAA, CMVIS and other stakeholders, will:</u> <ol style="list-style-type: none"> 2.1 Seek donor funding to build capacity for data collection and information data management within MoSVY 2.2 Secure contribution from national budget for information / data management 2.3 Determine standardized definition/classification for disability 2.4 Build capacity of MoSVY staff to assume responsibility for data management and analysis 2.5 Review all current data collection mechanisms used by relevant ministries and agencies 2.6 Develop a strategy for a comprehensive information management system on disability within MoSVY 2.7 Establish a specific section/office for information / data management 2.8 Recruit data management specialists &/or train existing

		<p>3. At least 30% of MoSVY technical staff will have increased awareness of disability sector and issues by December 2009</p>	<p>MoSVY staff for data management and analysis</p> <p>2.9 Develop guidelines / protocols on data management in collaboration with CMVIS to allow structured, evidence-based decision making and effective data analysis.</p> <p>2.10 Establish a mechanism to link relevant disability baseline data to service provision and prioritize the relevant disability information needed and provide to end users</p> <p>2.11 Strengthen collaboration and coordination on the collection and sharing of disability-related data</p> <p>2.12 Disseminate a directory of all disability-related services in Cambodia, by mid 2009.</p> <p>2.13 Develop a memorandum of understanding (MOU) with relevant agencies to share or exchange information</p> <p>2.14 Consult relevant expertise on the design and implementation of the survey on the situational analysis of persons with disabilities.</p> <p>2.15 Collaborate and negotiate with NIS for concurrent survey with the Cambodian Socio-economic Survey (CSES).</p> <p>3. <u>MoSVY in collaboration with key actors in the disability sector will:</u></p> <p>3.1 Facilitate training on the needs and rights of persons with disabilities for at least 30% of MoSVY technical staff at all levels by December 2009</p> <p>3.2 Use the CBR program to strengthen relationships with persons with disabilities through self help groups to increase understanding of MoSVY (PoSVY/DoSVY) staff on disability issues</p> <p>3.3 Increase participation of MoSVY staff in key disability organizations for on the job training</p> <p>3.4 Use key disabled persons organizations (DPOs) to provide disability awareness training</p>
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Part 2: Emergency and on-going medical care

Status:

The healthcare system in Cambodia is structured on health centres (coverage 8,000-12,000 population), referral hospitals (coverage 60,000-200,000 population), and national level hospitals. The referral hospital is the point where a person with a traumatic injury, including a landmine/ERW casualty can receive appropriate medical care.

Transportation to reach medical facilities is often inadequate and in some areas of Cambodia it may take a day or more for an injured person to access an appropriate health facility. Emergency transportation or ambulance services are not widely available, and lack of serviceable roads especially in remote areas or during the rainy season can further compromise the chances of survival. Some landmine/ERW casualties die before reaching a hospital due to excessive bleeding, lack of transport or availability of first aid and other appropriate medical attention.

Training of healthcare workers in Cambodia is basic and minimal. Some programs include the training of community based Village Health Volunteers to respond to the emergency medical needs of landmine and other traumatic injuries. Volunteers also disseminate relevant information about available health facilities and agencies that can assist.

In Cambodia, receiving healthcare is often beyond the means of persons with disabilities as some payment is usually required. Furthermore, the long-term medical and rehabilitation cost of treating landmine injuries adequately continues to be prohibitive. Medical expenses most often pose a considerable burden on poor families particularly if an injured family member is in need of long term care. There are a few organizations that offer emergency medical assistance to mine/ERW survivors, but services are generally limited to the network of government providers such as health centres, referral and national hospitals.

Emergency care has been variously interpreted by many stakeholders as ranging from direct intervention or first aid delivered at the time of the accident, to medical, transport, food or accommodation subsidies during convalescence and also to emergency family income support to the casualties' families.

Currently there is a gap and limited cooperation between NGOs that are working in the same geographic areas where mine/ERW accidents happen and between NGOs and government with respect to emergency/referral and transport systems for mine/ERW casualties.

MoSVY is looking to develop a more sustained collaboration with the Ministry of Health for advocacy on issues relating to persons with disabilities, particularly in terms of the eligibility of persons with disabilities to be included in the expansion of Health Equity Funds, the reimbursement of transport costs, and the improvement of medical referrals between hospitals and health centres. In addition, the development of guidelines and data-sets describing local referral services will be explored by MoSVY / PoSVY to improve efficiencies.

Protocols for standard emergency response are currently in place for provincial and district offices of MoSVY (PoSVY, DoSVY) but coordination and implementation is limited and needs to be reassessed. This review is expected to be examined and resolved under the umbrella of the Community Based Rehabilitation (CBR) program.

Agencies involved in mine clearance generally have some degree of involvement in emergency care as part of their overall operations. These include the Cambodian Mine Action Centre (CMAC), Mines Advisory Group (MAG), Halo Trust and the Royal Cambodian Armed Forces. Some assistance is also provided by the Cambodian Red Cross/CMVIS, the Cambodia Family Development Services (CFDS) and Jesuit Services Cambodia (JSC).

Trauma Care Foundation (TCF), Catholic Relief Services (CRS) and Care International provide emergency training and first aid. Cambodian Red Cross provides training in first aid to its own Red Cross volunteers and also commercial first aid training for businesses and organizations. Emergency, an Italian NGO in Battambang provides important and high quality hospital services for trauma and mine/ ERW related injuries through free emergency and corrective surgeries.

		<p>3. An efficient and effective integrated network of stakeholders providing services for the management of medical and surgical emergencies is developed by 2011</p> <p>4. Standards and guidelines on Hospital Emergency Response Plan and management of pre-hospital activities are developed by 2011</p> <p>5. Inter-ministerial collaboration on disability sector issues and services increased by December 2008</p> <p>6. A mechanism to monitor and maximise equitable distribution of and accessibility to health services in both rural and urban areas is established by December 2009</p>	<p>2.4 Strengthen emergency transport capacity in all 24 provinces by 2011</p> <p>3. <u>MoH, in collaboration with other relevant stakeholders will:</u></p> <p>3.1 Implement the ‘National Policy on Emergency Medical Services System in Cambodia’</p> <p>3.2 Encourage the development and or implantation of specialized NGOs to support pre-hospital and hospital trauma care services.</p> <p>4. <u>MoH, in collaboration with other relevant stakeholders will:</u></p> <p>4.1 Implement the ‘National Policy on Management of Health Risks in mass casualty incidents’</p> <p>5. <u>MoSVY and MoH, in collaboration with PoSVY & DoSVY, and relevant service providers will:</u></p> <p>5.1 Convene regular meetings and increase interaction on disability sector issues</p> <p>5.2 Improve the referral system for persons with disabilities</p> <p>5.3 Discuss policies relating to persons with disabilities as part of Health Equity Funds</p> <p>5.4 Implement strategy for treatment payment exemption and Health Equity Funds for persons with disabilities.</p> <p>6. <u>MoSVY and DAC, in collaboration with service providers and MoH, will:</u></p> <p>6.1 Review referral service mapping in collaboration with service providers.</p> <p>6.2 Collect information on referral and outreach services from all service providers.</p> <p>6.3 Develop and coordinate a dataset for provinces that identifies what referral services are available</p> <p>6.4 Develop an identity card for persons with disabilities that would help improve health service delivery /</p>
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			<p>efficiency in the communities</p> <p>6.5 Provide referral service for relevant health services</p> <p>6.6 Assess and analyze the state of emergency and ongoing medical care in Cambodia</p> <p>6.7 Implement CBR guidelines in relation to emergency and ongoing medical care</p> <p>6.8 Review provincial procedures / work plans as part of the CBR project</p>
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Part 3: Physical rehabilitation

Status:

MoSVY and partner organizations deliver rehabilitative care to landmine survivors and other persons with disabilities through eleven Physical Rehabilitation Centres (PRCs) covering 24 provinces in Cambodia; a decrease from 14 in early 2003. These centres provide prosthetics, orthotics and mobility aids, as well as physiotherapy and psychosocial care. In addition, support services such as accommodation, meals, and transportation allowances are provided. Some of these services may also be delivered by mobile outreach teams. The PRCs are mainly supported by international agencies: Cambodia Trust (CT), International Committee of the Red Cross (ICRC), Handicap International (HI-France and HI-Belgium) and Veterans International. The PRCs are located in the provinces of Battambang (ICRC), Kampong Speu (ICRC), Siem Reap (HI), Kampong Cham (HI), Kratie (VI), Sihanoukville (CT), Prey Veng (VI), Takeo (HI), Kampong Chhnang (CT), and two in Phnom Penh (CT and VI). HI France also supports and in the process to hand over the government-run spinal cord injury rehabilitation unit in Battambang. Government and non-government staff are employed at all the centres, with government staff subsidised by the INGO partner organisation.

The Prosthetics and Orthotics factory in Phnom Penh continues to provide components and walking aids free of charge to PRCs nationwide, with the support of ICRC. Prosthetic components and walking aids produced include feet, hands, hooks, knees, alignment systems, orthotic joints, elbow joints and crutches.

Physical rehabilitation services for persons with disabilities, including landmine survivors, are generally well organized and of a good quality in Cambodia. An evaluation of the PRCs was finalised in 2006, and key recommendations included:

- ❖ Harmonising PRCs data systems and manuals;
- ❖ Improving cost effectiveness of centres and sharing the lessons learned;
- ❖ Standardising reimbursement policies (i.e. transportation) across all PRCs;
- ❖ Identifying and minimising barriers to accessing services for all clients;
- ❖ Establishing a formal referral system;
- ❖ Providing more information about outreach services to the communities;
- ❖ Reviewing client protection policies and monitoring; and,
- ❖ Identify of areas of mutual benefit for the Government and PRCs to work together on policy and budgeting.¹⁸

Service provision at the centres is of a high standard although improvements could be made in outreach provision and referral services particularly with the health sector. Data management between the centres could be better coordinated and this is seen as a role to be pursued by MoSVY. Feedback from the focus groups prioritised resolving staffing issues between MoSVY, MoH and non-governmental staff, as was gaining permanency of PRC locations.

To date the PRCs have been run independently from MoSVY, although the ICRC has begun to transfer management of its two centres in Battambang and Kampong Speu to MoSVY. It is a priority for MoSVY to gain the necessary skills and experience to make certain these important facilities remain sustainable. The ICRC has transferred the site management responsibilities to MoSVY staff working in PRCs with some support from ICRC expatriates and former local ICRC managers (who-

¹⁸ Gregson et al 2006 MoSVY, DAC, CT, ICRC, HI (Belgium & France) & VI - *Evaluation of the Physical Rehabilitation Sector in Cambodia*

are now in charge of finance). The aim is to have deeper involvement from MoSVY (central level) in setting rules/objectives and monitoring activities at the PRCs as soon as possible and in line with the recommendations from the evaluation of the sector in 2006.

Other partner organizations are also looking to develop exit strategies over the longer term, as the capacity for management and technical services grows within MoSVY. Successful discussions have taken place between MoSVY and 5 partner organizations responsible for the PRCs and a Memorandum of Understanding was signed on 2 June 2008 with a view to MoSVY having the managerial, technical, and financial skills to take on the role of managing the PRCs by the end of 2011. Some of the partner organizations that run the PRCs also extend their services to include community based rehabilitation activities such as home care and in-kind contributions.

The DAC is developing Terms of Reference for the Physical Rehabilitation Committee. MoSVY with DAC support, the Physical Rehabilitation Committee and sub-committee are reviewing national quality standards for monitoring and evaluation of PRCs. MoSVY will assist PoSVY both in the development of work plans and in training for improved client management which to date has been regarded as relatively poor.

To improve access to PRCs or hospital services greater liaison is needed with the MoH. MoSVY will strengthen and formalise this relationship, especially to highlight the needs of persons with disabilities under the services offered through Health Equity Funds. The development of guidelines and data sets describing local referral services will be explored by MoSVY / PoSVY to improve efficiencies. Some partner organizations collated information on the referral services available within their localities.

Provision of training is seen as necessary to increase the knowledge and skills of MoSVY / DAC staff to monitor or implement rehabilitation and social services, particularly in light of the eventual transfer of PRCs to MoSVY, as well as the anticipated expansion of the CBR project for delivery of social services. Further training on PRC managerial capacity building will be conducted for 10 DAC and PoSVY staff from the provinces of Kampong Cham, Takeo and Siem Reap. The PRC training will be done by VBNK and funded by HI-Belgium and HI-France.

Increasing financial or other resources to help maintain PRC services is essential. The evaluation of the PRCs sought clarification from MoSVY for both the budget process to provincial offices, as well for legislation applying to PRCs. Government support for victim assistance through CMAA to MoSVY was \$100,000 per year in 2006 and 2007. The national budget support for the disability sector in Cambodia is around US\$8 million per year plus the contribution from local and international NGOs (19 NGOs of which 6 are local) for 2007 was around US\$7 million¹⁹. Increasing overall government financial accountability including better liaison with the Department of Finance to improve the disbursement process to provinces was recommended by the Focus Group.

The Cambodian School of Prosthetics and Orthotics (CSPO) provides technical training in prosthetics/orthotics for Cambodia and the region. CSPO is accredited by the International Society for Prosthetics and Orthotics, and is one of only four Category II training centres in the region.

Physiotherapists are trained at the Technical School for Medical Care. Specialized rehabilitative physiotherapy training is also provided by some PRCs. The upgrade training for physiotherapists from the PRCs has already commenced for 37 trainees.

¹⁹ MoSVY Financial Department 2007

Part 3: Physical rehabilitation			
<p>Goal: To restore maximum physical functional ability for persons with disabilities, including the provision of appropriate assistive devices</p>	<p>Objectives @ November 2005:</p> <ul style="list-style-type: none"> ▪ Promote improved standards and quality of services provided by rehabilitation centres according to the long term plan for the sector ▪ Ensure maximum equitable distribution of quality physical rehabilitation services to all physically disabled persons in Cambodian society, taking into account their expressed needs and priorities with regard to their social, cultural and economic development 	<p>Revised objectives @ October 2008:</p> <ol style="list-style-type: none"> 1. Ensure sustainability through strengthening management structure, financial support, technical support, monitoring and evaluation to ensure the maximum equitable distribution of services, in line with the protection and promotion of the rights of persons with disabilities, in both rural and urban areas by December 2011 	<p>Actions to achieve revised objectives:</p> <ol style="list-style-type: none"> 1. <u>MoSVY, in collaboration with DoSVY / PoSVY and service providers, will:</u> <ol style="list-style-type: none"> 1.1 Implement the 3-year Physical Rehabilitation Working Project (2008-2010) as outlined in the MoU 1.2 Arrange PRAKAS on establishing provincial and municipal PRCs 1.3 Increase financial and/or resource contribution to PRCs 1.4 Clarify provincial budgeting systems to PRCs 1.5 Review monitoring and evaluation of provincial offices of PoSVY / DoSVY for financial management 1.6 Manage and strengthen PRC Management Structure 1.7 Develop and implement guidelines and tools for monitoring and evaluation of PRCs to follow up and evaluate the implementation of PRC activities and client satisfaction by December 2009 1.8 Strengthen data collection system 1.9 Strengthen the monitoring of service provision at PRCs 1.10 Develop the reporting form format to collect and collate information and data from all PRCs 1.11 Develop standardised policies for all PRCs 1.12 Develop planning, implementation, monitoring and evaluation of PRCs services with participation from persons with disabilities including landmine/ERW survivors 1.13 Secure the positions of trained prosthetic and orthotic technicians and physiotherapists under the Civil Servant law of RGC 1.14 Collaborate with NGO/INGO partners for fund raising 1.15 Build capacity of MoSVY and DAC staff on proposal development 1.16 Write project proposals for donors with assistance from DAC 1.17 DAC to review ToR of DAC Committee and sub-committees & ensure regular monthly meetings for all sub-committees

		<p>2. Spinal Cord Rehabilitation Unit sustainable by December 2011</p> <p>3. PRCs referral and outreach services improved to meet the needs of persons with disabilities, including women and children, with a 20% increase in referrals and a 10% increase in outreach services in urban and rural areas by December 2009</p>	<p>2. <u>MoSVY and DAC, in collaboration with MoH, will:</u></p> <p>2.1 Monitor and evaluate SCR (Spinal Cord Rehabilitation) project implementation annually</p> <p>2.2 Conduct training course on Spinal Cord Rehabilitation for all PRC staff.</p> <p>3. <u>MoSVY and DAC, in collaboration with service providers and relevant ministries will:</u></p> <p>3.1 Review standardized referral procedure in collaboration with PRCs</p> <p>3.2 Collect information on referral and outreach services from all PRCs, on an ongoing basis</p> <p>3.3 Develop and coordinate a dataset for provinces that identifies what referral services are available from PRCs in its coverage areas</p> <p>3.4 Develop and coordinate a dataset for provinces that identifies what other referral services are available</p> <p>3.5 Develop an identity card system for persons with disabilities that would help improve service delivery / efficiency in the communities</p>
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Part 4: Psychological support and social reintegration

Status:

Psychological support

The impact of a disability, including a mine / ERW trauma, and the associated psychological effects can result in exclusion from society. Many persons with disabilities experience serious anxiety or long term depression to the extent where emotional disorders impact on their family, friends, social networks and employment. The stigma associated with a disability can also lead to social exclusion with resulting psychological stress. In Cambodia psychological support has been interpreted to mean mainly the activities undertaken through informal networks of self-help groups either initiated by MoSVY and others through CBR programs, or services provided independently through various international and/or local NGOs.

Cambodia lacks a national integrated system for psychological or psychiatric care. There is only one training facility providing training to health centre staff on basic psychological support and care in addition to a few NGOs providing psychosocial services. These include the Trans-cultural Psychosocial Organization (TPO), Social Services of Cambodia (SSC), Handicap International France, Jesuit Services Cambodia (JSC) and Disability Development Services Pursat (DDSP). NGO activities have included: raising community awareness on psychosocial and mental health in general; training community resource persons and caregivers on identifying signs and symptoms of stress, anxiety, and depression; providing information on and encouraging community use of existing resources (e.g., monks, traditional healers, respected persons in the community, village health volunteers, etc) to effectively help persons with disabilities and their families to overcome psychological distress, and to restore their hope and self-esteem; and provide training in basic counselling skills to community workers and volunteers who regularly visit and provide support to persons with disabilities. Many organizations deliver these vital services providing counselling and emotional support to people in their homes. Centre for Child Mental Health (CCMH) focuses specifically on the needs of children, adolescents and their families.

To date the Ministry of Health provides limited psychiatric services primarily in referral hospital, currently outreach services are not available which limits access for many persons with disabilities. MoSVY has placed psychological and social services to a large extent under the auspices of the recent pilot programs for CBR funded through UNICEF. Although with a very limited budget, and now in operation in 19 of the 24 provinces, the CBR project has sought to encourage the development of self-help groups and endeavoured to include basic training for district social workers to help bring about empathy with clients. The overall function of the CBR program is for MoSVY to coordinate disability service providers (mainly NGOs), including monitoring and evaluation to ensure the needs and rights of persons with disabilities are being met. Additional training in case management skills, including advocacy and referral systems to improve access to services would greatly enhance the project. The CBR project places emphasis on awareness raising at the community and family level to help better reintegrate landmine survivors and other persons with disabilities into society. A wider terms of reference that includes the relevant actions identified in this plan coupled with an additional resource allocation is needed. A technical advisor for CBR has been recruited and is working at MoSVY.

An overall strengthening of the capacity within MoSVY and provincial offices to understand and deal with psycho-social issues are seen as fundamental priorities. There is a need for the development of a clear policy for psycho-social support by MoSVY, based on a close review of the success or failure of existing implementation strategies undertaken by PoSVY / DoSVY. Actively involving persons with disabilities, including landmine/ERW survivors, in decisions that affect their lives, and in national and international fora is essential for both good policy and empowerment of persons with disabilities.

MoSVY supports issues relating to persons with disabilities, including landmine survivors, though national livelihood and governance related programs such as those undertaken by the National Committee for Management of the Decentralization and De-concentration Reform (NCDD) as well as directly with other Ministries including the Ministry of the Interior for issues around child rights, the Ministry of Rural Development for economic reintegration, the Ministry of Health for medical and emergency services, and the Ministry of Education, Youth and Sport for inclusive education.

A joint statement by the MoH and MoSVY in May 2007 made some headway in recognition of the special needs of persons with disabilities within the health sector; however psycho-social needs were not mentioned as part of this statement.

TPO with financing through UNICEF has recently initiated short training courses (2 x 3 days) in some central aspects of psycho-social care for District Social Workers in order to increase their basic skills in dealing with persons with disabilities. Through the CBR program TPO is involved in trainings (2006-2011) to improve the skills of MoSVY staff on understanding psycho-social issues. Whilst this training is beneficial more comprehensive training is required for greater understanding.

TPO has also established self-help groups independently from MoSVY. The groups comprise around 10-12 people who seek mutual support for similar types of challenges (such as depression or other mental health conditions, alcoholism etc.). The Village Chief, Village Development Committee, or the Village Health worker may be approached to help form self-help groups. Interested recruits are given 13 days training, in some essential skills for raising awareness of psycho-social issues and in forming self-help groups. Some small financial contribution may be provided by TPO for refreshments as an incentive to members to participate.

Social Services Cambodia (SSC) has been active in Cambodia for 15 years and has a training centre for social workers and counsellors, offering a 30 day course in basic social work skills, as well as operating model social service programs in Kampong Speu and Kandal Provinces. SSC also conducts qualitative research and evidence-based advocacy. It has been actively involved in the past with DAC, and developed awareness raising training about disabilities, and conducted courses for the staff of Handicap International, Cambodia Trust, as well as giving basic social work training to staff of MoSVY.

A further aspect that goes towards helping persons with disabilities and families to effectively restore hope and self-esteem is being achieved through sports activities conducted by organisations such as the Cambodian National Volleyball League Disabled (CNVLD).

The benefits of sport for persons with disabilities include a low-cost and effective means to foster positive health and well-being, social inclusion and community building.²⁰ Numerous studies have revealed that physical activity and sport participation result in improved functional status and quality of life among people with selected disabilities. Scientific research has been conducted across disability groups that reveal participation in sport and physical activity leads to improved levels of physical health and well-being.

Sport and physical activity has also been shown to improve physical fitness and general mood in patients with depressive and anxiety disorders. Additionally, sport and physical activity has been linked to improvements in self-confidence, social awareness and self-esteem and can contribute to empowerment of persons with disabilities.

²⁰ See Sports at www.sportanddev.org/learnmore/sport_and_disability2/introduction/index.cfm

Sport and play may have a significant role to play in the life of children with disabilities, as with all children. Sport and play can promote physical well-being, combat discrimination, build confidence and a sense of security, as well as play an important role in the healing and rehabilitation process for all children affected by crisis, discrimination and marginalization.²¹

CBR programs are also an appropriate vehicle through which to help build psycho-social services. MoSVY's CBR pilot program focuses on persons with disabilities including mine / ERW survivors, usually in collaboration with vocational training centres, to either develop or engage with existing self help groups. Persons with disabilities have also received training as musicians as a livelihood option.

Increased funding and resource allocation, and expansion of CBR programs to cover a wider variety of psycho-social needs, better collaboration between MoSVY and its provincial and district offices along with overall strengthening of the capacity within MoSVY and MoH to understand and deal with psycho-social issues are important priorities.

Currently the MoH is expanding and strengthening mental health at all levels in order to provide mental health services within the health system of Cambodia. In addition, a mental health training program is included in the curriculum of the University of Medical Science, Medical Care Technical School and other Institutions of Private Medical Training. From 1992 to 2007, MoH provided mental health services in 11 hospitals including national hospitals and 40 primary services in all referral hospitals in Cambodia with support from the Norwegian International Development Agency. According to data from the Department of Planning and Information of the MoH the number of psychiatrics has increased every year. It was also noted that persons with disabilities seldom accessed mental health services. The Chey Chumneas referral hospital for children and adolescent mental health centre in Takmao is the only facility to provide treatment and medical care for children with all kinds of mental health problems with technical and financial support from Caritas Cambodia. However, these achievements are not yet sufficient to provide adequate psychosocial services for all persons with disabilities.

The MoH aims to expand and strengthen both mental health and human resources as well as skills levels to provide more mental health services to provide psychosocial support for persons with disabilities. In order to achieve this direction, MoH will work in collaboration with development partners, national organizations, non-government and international organizations and Institutions of Public and Private Medical Training to increase human resources to providing mental health services in the health system in Cambodia.

Education

Very few children with moderate or severe disabilities are able to attend public school, although accurate figures are not available. An evaluation by UNICEF (2005) reported that the screening and recording systems for children with disabilities within the education system are 'grossly inadequate', as is the methodology for recording disability used by DoSVY.²²

²¹ LITERATURE REVIEWS ON SPORT FOR DEVELOPMENT AND PEACE Commissioned by Sport for Development and Peace International Working Group (SDP IWG) Secretariat Toronto, Canada October 18, 2007

²² UNICEF 2005 *External Evaluation of UNICEF Support the Rehabilitation / Reintegration of Mine / UXO Victims and Disabled People*.

Children with disabilities, including children who are mine/ERW survivors or the children of persons with disabilities often cannot access education because their families cannot afford the related costs such as paying the associated tuition and exam fees or buying school uniforms due to their general poverty situation or competing healthcare and rehabilitation costs. An estimated 400,000 children cannot go to school for one reason or another but it is usually because of cost or excessive distances to schools.

Promotion of inclusive education opportunities for children with disabilities started with technical support from the DAC in 1999. The Special Education Office was set up to oversee and manage all educational programs for vulnerable children including minority children, children with disabilities, etc. Since the recent signing of the Child Friendly School Policy and the Policy on Inclusive Education for Children with Disabilities, the special education office together with the relevant ministries and operators for children with disabilities have developed a training manual for education for children with disabilities. DDSP and Komar Pika Foundation (KPF) work with MoEYS to integrate children with mild to moderate disabilities into mainstream public schools. Komar Pika Foundation has also provided training for Government and NGO teachers on inclusive education since 2004

Education policies for persons with disabilities, including landmine survivors, are pursued through integrated disability programs for Mainstreaming Inclusive Education (MIE) in collaboration with the Special Education Office at MoEYS. MIE is a successful VSO program delivered across six provinces as part of the MoEYS' Child Friendly Schools program, consisting of volunteers working to build capacity at different levels at the central, district and provincial education offices.

Up to 2007 children with disabilities were not included in the student register and so data was not collated in the Education Management Information System (EMIS). They were included in the register from the school year 2007-08 and it is anticipated that data will be included in EMIS from the school year 2008-2009.

Several international and national initiatives, which the Royal Government of Cambodia (RGC) supports, provide the rationale and context for the education of children with disabilities.²³

- The RGC is a signatory to all key legally-binding UN human rights treaties. It supports the 1994 Salamanca Statement on Special Education Needs, the 2003 Biwako Millennium Framework for Action and the Convention on the Rights of Persons with Disabilities. These international initiatives support the child's right to access education through inclusive education as a priority.
- The policy of the MoEYS is to provide access to basic education, formal or non-formal, to all children and youth, regardless of standards of living, gender, geography, physical appearance and ethnicity. To achieve its goals of providing Education For All (EFA), the Ministry has developed an Education Strategic Plan, 2003-2015, to "ensure nine years of quality basic education for all Cambodian children and youth".
- On 31 January 2000, the MoEYS set up the Special Education office in the Primary Education Department, with responsibility for the education and development of girls, children with disabilities, poor children, ethnic minorities and other disadvantaged children.
- With the collaboration of the DAC and funded by UNICEF, in 2000-2001 the MoEYS implemented the inclusive education (IE) pilot project for children with disabilities in one cluster school in Svay Rieng province. This has expanded to 15 provinces, 15 districts, 14 cluster schools and 80 schools, with training to 824 teachers (341 females). In addition, there are 42 integrated classes in 12 provinces for deaf and for blind children.
- Other development partners have provided educational services to children with disabilities. For example, Krousar Thmey has established special schools for deaf and blind children since 1994, and has trained government teachers in sign language and Braille to teach in integrated classes in public schools.

²³ Policy on Education for Children with Disabilities, adopted in March 2008

- The MoEYS has implemented the CFS program since November 2005 and the activity of education for children with disabilities is included in dimension 1 of the CFS framework, the 6 dimensions are as follows: (1) Schools are inclusive, (2) Effective Learning, (3) Health, Safety and Protection of Children, (4) Gender Responsiveness, (5) the Participation of children, families and communities in the running of their local school and (6) the National Education System Support which encourages schools to become more child friendly.

The Primary Education Department (PED) and UNICEF in Phnom Penh have agreed to work in partnership to support the establishment of District Training and Monitoring Teams (DTMT) and provide necessary trainings to the teams in the 6 Mainstreaming Inclusive Education provinces. The PED will lead on this with technical support from UNICEF and VSO. Trainings commenced in late August 2008 for key provincial trainers. The contents of the training may include CFS checklist, facilitation skills, classroom observation, giving constructive feedback, ELT contents and links to the curriculum and guidance on how to use the new 6 modules developed by PED. DTMT is a formal Ministry structure to achieve the CFS policy as stated in the Master Plan of CFS approved in March 2008.

MoSVY has a role to play to encourage families to enrol their children with disabilities in school, and to reinforce the right to and value of education for persons with disabilities. Provincial and district offices of PoSVY/DoSVY need disability awareness training particularly in the skills to develop strong relationships with families with children with disabilities to achieve these goals.

A national scholarship scheme coordinated through MoEYS is under development. MoSVY could act as an advocate for persons with disabilities, and argue for the inclusion of scholarships for children with disabilities. MoSVY could also examine and compare household data as part of regular national surveys with data for children with disabilities enrolled in school to determine un-met need.

MoSVY is not directly engaged with the MoEYS but rather delegates this responsibly to the child education program managed by the DAC. MoSVY has a role in encouraging the MoEYS to employ teachers with a disability to help reduce stigma as well as providing a positive role model for students. This activity is related to lobbying MoEYS for a more accurate interpretation of the Civil Service Law, so as not to discriminate against employment of teachers with disabilities. In October 2007 the Education Law was passed which now makes education of all children compulsory. In addition in March 2008 the MoEYS published its Policy on the Education for Children with Disabilities and a Master Plan for Education for Children with Disabilities.

Adult literacy courses for persons with disabilities are usually delivered as part of the curriculum for selected students by vocational training centres for persons with disabilities, either concurrently or prior to training. The Ministry of Labour and Vocational Training (MoLVT) is responsible for vocational training centres for the general population, and MoSVY is looking to strengthen services for persons with disabilities at these centres. Recommended actions for adult literacy are described in the section on Vocational Training.

Part 4: Psychological support and social reintegration			
<p>Goal: To promote the rights of persons with disabilities, including landmine/ERW survivors and children, to resume their role in the community by helping them to adjust to the psychosocial changes and to participate and contribute to their society.</p>	<p>Objectives @ November 2005:</p> <ul style="list-style-type: none"> • Develop plans and guidelines for best practice to address the psychosocial needs of mine survivors and their families 	<p>Revised objectives @ October 2008: <u>Psychological support</u></p> <ol style="list-style-type: none"> 1. Psycho-social support mechanisms/ services for persons with disabilities at the community level and referral hospitals are strengthened and expanded by December 2011 	<p>Actions to achieve revised objectives: <u>Psychological support</u></p> <ol style="list-style-type: none"> 1. <u>MoH and MoSVY, in collaboration with MoWA, PoSVY, DoSVY, UNICEF, and service providers will:</u> <ol style="list-style-type: none"> 1.1 Undertake a review of existing psycho-social support mechanisms and identify gaps in psycho-social support service provision in the health sector 1.2 Develop and finalize the ‘National Mental Health Policy’ (including strategic plan) 1.3 Develop framework/workplan to implement comprehensive policy on psycho-social activities at all levels through the CBR program 1.4 Integrate health services for persons with disabilities into the current 2006-2015 health strategy (MoH MPA and CPA guidelines) 1.5 Develop human resources and facilities in the field of mental health to increase psycho-social support services at the community and referral hospitals levels 1.6 Provide the opportunity for clinical psychologists and social workers from Royal Phnom Penh University to improve mental health services in provincial and national referral hospitals effectively 1.7 Encourage and coordinate psychosocial support implementation within non-government organizations 1.8 Strengthen linkages between psycho-social services in order to increase psycho-social services for persons with disabilities 1.9 Strengthen relationship with relevant partners in sport activities for persons with disabilities 1.10 Collaborate with MoEYS on training of teachers on behavioural problems for children with disabilities 1.11 Train MoSVY / PoSVY, DoSVY staff on psycho-social issues and awareness to be able to identify at risk individuals in order to refer to services

		<p><u>Education</u></p> <p>1. Children and persons with disabilities including landmine/ERW survivors have access to basic education (50%), secondary education (20%), and tertiary education (10%) nationwide with 50% access for boys and 50% access for girls by December 2011</p>	<p>1.12 Undertake disability-awareness programs in the community</p> <p>1.13 Provide families of persons with disabilities with information regarding the rights and the needs of persons with disabilities</p> <p>1.14 Promote capacity and confidence of persons with disabilities and their families to enable their full participation in decision making and community development programs</p> <p>1.15 Collaborate with stakeholders to implement “prevention of disabilities and distress among children and their families” activities (Maternal Child Health Policy)</p> <p>1.16 Establish a mechanism for monitoring and evaluating psycho-social service provision for persons with disabilities through the health sector</p> <p><u>Education</u></p> <p>1. <u>MoEYS, in collaboration with DAC, MoSVY, PoSVY / DoSVY and service providers will:</u></p> <p>1.1 Improve the Education Management Information System (EMIS) to monitor enrolment of children and adults with disabilities in education</p> <p>1.2 Assess number of school age children with disabilities not attending school</p> <p>1.3 Strengthen collaboration on awareness of disability issues in the education sector</p> <p>1.4 Implement the Education Law</p> <p>1.5 Implement the ‘Policy on Education for Children with Disabilities’ in conjunction with the Child Friendly School Policy</p> <p>1.6 Implement the ‘Mainstreaming Inclusive Education’ (MIE) program</p> <p>1.7 Increase participation in the Joint Technical Working Group</p> <p>1.8 Improve access for children with disabilities in schools (e.g. ramps etc) and in the provision of assistive</p>
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		<p>2. The effectiveness of education for children with disabilities is improved by providing training on inclusive and special education needs and issues of discrimination for 15,000 pre-service teachers at Teacher Training Centres and in service teachers by December 2011</p>	<p>devices such as glasses, hearing aids, special chairs, etc</p> <p>1.9 Provide and coordinate transportation to and from school for children with disabilities</p> <p>1.10 Develop an enrolment campaign to raise awareness for parents of the value of education of children with disabilities</p> <p>1.11 Encourage families to report discriminatory practices in schools toward children with disabilities</p> <p>1.12 Develop and distribute guidelines on best practice in education in relation to disability</p> <p>1.13 Develop a mechanism to provide information to key stakeholders on referral services for access to education and other services for children with disabilities</p> <p>1.14 Ensure girls with disabilities have equitable access to schools and their participation in all schools and societal activities</p> <p>1.15 Where needed provide specialized services for individuals with specific learning needs</p> <p>2. <u>MoEYS, in collaboration with DAC and MoSVY, and other service providers will:</u></p> <p>2.1 Review / modify curriculum for teacher training for children with special needs</p> <p>2.2 Implement a program to train teachers on special education needs</p> <p>2.3 Train ‘Training of Trainers’ for teachers on special needs</p> <p>2.4 Deliver disability awareness training to in-service and pre-service teachers</p> <p>2.5 Develop specific materials and learning aids for children with special needs</p> <p>2.6 Distribute and implement the Education Law</p> <p>2.7 Review the curriculum for students to improve awareness raising on disability issues</p> <p>2.8 Review the interpretation of the Civil Service Act on</p>
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		<p>3. An Inclusive Education program for children with disabilities on Braille and sign language is provided to pre-service and in-service teachers to improve the educational services for deaf and blind children in at least 18 provinces by December 2011</p> <p>4. The number of persons with disabilities involved in sporting activities nationwide increased by 15% by December 2011</p>	<p>the employment of teachers with disabilities</p> <p>2.9 Review existing policy on the employment of teachers with disabilities</p> <p>3. <u>MoEYS, in collaboration with DAC and service providers will:</u></p> <p>3.1 Implement the 'Policy on Education for Children with Disabilities'</p> <p>3.2 Collaborate with Kruosa Thmey & DDP to provide training for pre and in service teachers in Braille and sign language</p> <p>3.3 Implement inclusive education programs in schools</p> <p>3.4 Develop Braille books and teaching materials for teachers and students</p> <p>3.5 Create classes for inclusive education of sight and hearing impaired children in at least 12 provinces</p> <p>3.6 Lobby with universities to include persons with visual impairment and deafness in their programs</p> <p>3.7 Coordinate a National Examination Program for persons with visual and auditory impairment</p> <p>4. <u>MoEYS, in collaboration with MoSVY and key stakeholders, will:</u></p> <p>4.1 Undertake review of existing sporting activities for persons with disabilities</p> <p>4.2 Implement a comprehensive policy on sport for persons with disabilities in provinces through the CBR program</p> <p>4.3 Establish a mechanism for monitoring participation in sporting activities for persons with disabilities</p>
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Part 5: Economic reintegration

Status:

Persons with disabilities in general have lower education levels than the rest of the population with only 10 to 15 percent reaching a reasonable standard. Landmine survivors usually come from the military or farming communities and have traditionally only received basic education.

In general, the outlook for persons with disabilities, including mine survivors, in rural communities is said to be poor, unless they have access to life education and healthcare services. Of key importance for the rural poor is access to fertile land to enable them to produce their own food. People in the villages need basic farming skills and/or advanced techniques to improve animal raising, rice and other crop productions.

Some success has been achieved in identifying work sources for persons with disabilities through the efforts of the National Centre for Disabled Persons (NCDP), which has set up a database of workers with disabilities. The database is primarily for persons with disabilities from urban areas seeking work. However, out of the 1,500 registered persons with disabilities, approximately only 125 are placed per year. NCDP in collaboration with the Business Advisory Council (BAC) has been successful in lobbying major companies in Phnom Penh to consider employing workers with disabilities.

Follow-up on persons with disabilities who have used vocational training and rehabilitation services provided by NGOs found that there are high success rates in increasing their knowledge base, but a very low success rate in employment placements. Discrimination may play a role as even if a person with a disability possesses the appropriate skills they are often not given a fair chance due to a lack of understanding from the business community and the community as a whole regarding the capacities and rights of persons with disabilities.

Many local and international organizations in Cambodia deliver programs designed to improve socio-economic conditions. Typical activities are often community-based and can include vocational training, agricultural training, or income generating activities such as livestock/animal raising, micro-finance for small business development and job placement.

Poverty is a defining factor in both increasing vulnerability of people to landmine/ERW risk and in hampering the socio-economic reintegration of survivors and other persons with disabilities into their communities. Poor harvests, food shortages, a lack of economic opportunities or agricultural land have all been underlying reasons for people to resort to unsafe behaviour relating to mines/ERW.

There are seven Vocational Training Centres (VTCs) in Cambodia for persons with disabilities. All are operated and financed by NGOs. MoSVY has agreed to explore future funding options either through an increase in the national budget or by submissions to donor agencies to help contribute financially to some of these important services. The Ministry however has recognized that skills in proposal writing will need to be developed as will a better and more strategic understanding of donor funding mechanisms.

Vocational Training Centres for the general population are provided by the Ministry of Labour and Vocational Training (MoLVT). There has been little coordination with MoSVY to date to increase efficiencies of service provision. MoSVY is looking to provide wider opportunities for persons with disabilities including mine/ERW survivors in accessing mainstream vocational training services through negotiation with the MoLVT.

MoSVY will also build the capacity of staff at the central, provincial and district offices by integrating government personnel into the vocational training centres to gain experience and to help identify ways of improving coordination of training services offered at the community level for example, through the commune council or the provincial offices of the MoLVT. Monitoring and evaluation of VTCs will be expanded and will be based on the recently developed quality standards, including training of trainers.

Key NGOs in the vocational training sector for persons with disabilities are the Cambodian War Amputees Rehabilitation Society (CWARS), Association for Aid & Relief – Vocational Training for the Disabled (AAR/VTD), and Jesuit Services Cambodia (JSC). Most of these agencies provide some follow up and job placement after the training is finished as well as integrating adult literacy courses as necessary. In addition, the wider memberships of the Vocational Training sub-committee coordinated by DAC continue to be a focal point for the sector.

MoSVY through the CBR project is helping develop and expand the number of self-help groups. VTCs are also encouraged to participate as part of this scheme to identify and develop self-help groups either as part of the VTC program or by encouraging graduates to initiate local forums for mutual assistance.

The Business Advisory Council (BAC) is a volunteer group of representatives from business, industry and business associations, that helps improve vocational training and employment opportunities for persons with disabilities. MoSVY is looking to educate the private sector via the BAC about the implications and their responsibilities as employers that will apply as part of the disability law once it is adopted.

The International Labour Organisation (ILO) has provided technical assistance and support to MoSVY and its provincial offices, the DAC, as well as various NGOs.

The ILO project ‘Alleviating Poverty through Peer Training’ (ILO/APPT) ended its active field activities in Kampong Thom, Siem Reap and Pursat in 2007. The project was based on an informal strategy known as Success Case Replication (SCR) where successful entrepreneurs train others by imparting practical skills in both the technical and business management aspects of setting up a micro-business. In addition to training, the project provided small grants, loans (in exceptional cases) and business development and other follow-up services to assist beneficiaries to realise their plans. The funding for the APPT project was provided by the Finnish Embassy in Bangkok and the Arab Gulf Fund Programme for United Nations Development Organizations. In 2008, the ILO continues to develop tools to promote the SCR approach which was found particularly successful for persons with disabilities living in remote rural areas and to assist others, including government agencies and NGOs, to replicate or adapt it in Cambodia and beyond. The sustainability plans of the APPT project include handing the project sites to NGOs or to the government. For example, a local NGO, MODE, took over the project site in Kampong Thom in July 2007 and will continue to implement the project activities for another three years under separate funding independent of the ILO. Other organizations that have adopted APPT include the Buddhist Fund and some international NGOs and Help-Age International. PoSVY staff in Siem Reap and Pursat have been trained on SCR and have experience in implementing the project in the provinces (2002-2007). In 2008, the project equipment will be handed over to relevant NGOs and MoSVY and PoSVY to facilitate continuation. The ILO will continue to provide technical assistance for those replicating the SCR approach, including the government, however successful implementation of the SCR approach involves access to funds, which at the moment have not been mobilised within MoSVY. A sub-committee within the DAC Vocational Training Committee has been formed to facilitate knowledge sharing on the SCR approach.

NGOs offering vocational training for persons with disabilities include:

- The Cambodian War Amputees Rehabilitation Society (CWARS) has a total of five training centres located in five provinces: Pursat, Kampong Thom, Kratie, Banteay Meanchey and Battambang.
- Japan Cambodia Interactive Association (JCIA) operates the ‘Thmei’ Training Centre in Phnom Penh
- Jesuit Services Cambodia operates the Banteay Preap Training Centre in Kandal Province
- Association for Aid & Relief - Vocational Training for the Disabled (ARR-VTD) operates the Kien Kleang Training Centre in Phnom Penh.
- Cambodian Volunteers for Community Development (CVCD) have a centre in Phnom Penh and another in Battambang. Computer, sewing and English courses are offered in Phnom Penh, while small motor repair and agricultural training courses are offered in Battambang.
- World Vision Cambodia manages the Bringing Hope Project offering personal development courses as well as job placement service located in Phnom Penh.
- Village Works offers practical training courses for persons with disabilities on manufacturing souvenirs in Phnom Penh and Kampong Thom
- CABDICO has also provided vocational training (ice cream production, soap production, small business and animal raising to self help groups (40% are landmine survivors of 72 groups and their families).

Members of the Vocational Training Committee also provide job placement and referral services:

- Youth with Disabilities for Education and Employment (YODIFEE) offers a referral service (private and public) and income generating /micro-finance (interest free) activities to young persons with disabilities (under 25 years of age) in Takmao, Kandal, Battambang and Kampot Provinces. YODIFEE referred of young people and children with disabilities come from Lavalla School (school for adolescents and young adults 10-25 years with physical and intellectual disabilities).
- Rehabilitation Training Centre (RTC-Cambodia) offers job placement services to persons with disabilities in Phnom Penh.
- The National Centre for Disabled People (NCDP) provides referral and job placement services through the Information Referral System (IRS) and Business Advisory Council (BAC) projects in Phnom Penh and Siem Reap.
- World Rehabilitation Fund (WRF) provides a job placement service located in Phnom Penh.
- The Deaf Development Programme (DDP) provides sign language courses and job placement services to persons with disabilities from centres located in Phnom Penh, Kampong Chhnang and Kampot.
- New Humanity provides a job placement service in Phnom Penh.
- Pour des Sourir des Enfants (PSE) provides education and job placement services in Steng Meanchey and Phnom Penh to the general public including persons with disabilities.

Creating economic opportunities and enabling people to support their livelihood is universally acknowledged as an effective poverty reduction strategy. Many implementing agencies take this approach to victim assistance, but because of the disparate and often uncoordinated nature of projects there has been an on-going risk for duplication in services even at the village level where beneficiaries receive offers from many different organisations for training, activities and support. MoSVY through PoSVY and DoSVY could improve coordination and increase understanding of the goals of economic reintegration.

There is a need to make accurate market assessments for a business or skill and to include existing beneficiaries in the selection and decision making process for new beneficiaries. As more development agencies participate in income generation and micro-finance schemes MoSVY will continue to support the DAC

Vocational Training Committee to provide a forum to disseminate best practice and the lessons learned for successful implementation and management of small loan schemes. An informal Victim Assistance Forum might be warranted that could have a role similar to the Mine Action Forum, where key implementing agencies debate issues and take their recommendations to a more formal venue such as the Vocational Training Committee.

The recently developed Quality Standards for Vocational Training Centres (VTCs) include a requirement for making access to credit available as part of VTC services. This requirement has been assessed and accepted by MoSVY. A workshop to explain the Quality Standards to the key stakeholders was held in April 2008.

DAC will explore more conventional finance agencies and private sector businesses as a source of revenue to fund micro-finance proposals. DAC has the potential to be a valuable referee for NGOs making applications for funding proposals, and for making new links with mainstream job creation and business training projects under the ADB, IMF, or other SME schemes.²⁴

DAC will continue to maintain strong links with Vocational Training Centres for persons with disabilities. More information is needed on opportunities to develop co-operatives, and link with mainstream organizations. It is important for DAC to retain expertise in business and private sector development. Also Handicap International - France published a report on micro-finance activities that details the state of play in this sector in 2006.²⁵

²⁴ Asian Development Bank, International Monetary Fund, Small to Medium Enterprise

²⁵ HI- France 2007

Part 5: Economic reintegration			
<p>Goal: To improve the living standards of persons with disabilities, including landmine/ERW survivors, through increased opportunities for employment and other income generating activities</p>	<p>Objectives @ November 2005:</p> <ul style="list-style-type: none"> • Capacity building of people with disabilities and their families through the development of self help groups and promoting capacities and full participation of people with disabilities in mainstream development activities • Create opportunities for income generation for persons with disabilities through skilled employment and self employment activities. • Identify new skills and services to meet market demand and create opportunities for income generation for persons with disabilities • Assist children with disabilities to reach their full potential and have the same opportunities as all other children to active and valued participation in their home and community life • Develop and implement integrated, comprehensive community programs/projects that will allow the maximum number of children with disabilities to remain in the community while providing 	<p>Revised objectives @ October 2008: <u>Vocational Training</u></p> <ol style="list-style-type: none"> 1. Ensure sustainability of MoSVY VTCs through strengthening management structure, financial and technical support and monitoring and evaluation in order to ensure VTC quality standards, to meet the needs of men and women in rural and urban areas with 140 persons with disabilities enrolled at MoLVT VTCs including 20% of women by December 2011 2. Disseminate comprehensive information on services of MoWA and services made accessible, including "Womens' Development Vocational Training Centres", to persons with disabilities and their families and communities nationwide by 2009 	<p>Actions to achieve revised objectives: <u>Vocational Training</u></p> <ol style="list-style-type: none"> 1. <u>MoSVY, in collaboration with MoLVT, VTCs, DAC, donor agencies, ILO and other service providers will:</u> <ol style="list-style-type: none"> 1.1 Develop and implement a strategy to strengthen management structures, financial support, technical support and monitoring and evaluation of VTCs 1.2 Increase national budget for MoSVY and allocation to VTCs 1.3 Facilitate the issuing of PRAKAS and management structure for all VTCs 1.4 Build capacity of MoSVY and DAC staff on technical skills and proposal development 1.5 Build the capacity of PoSVY /DoSVY staff, commune council and provincial MoLVT offices to have better coordination and participation in activities 1.6 Increase employment and training of MoSVY / PoSVY / DoSVY staff within VTCs run by NGOs 1.7 Raise awareness within the MoLVT on the circular on Improving the Quality of Vocational Training for People with Disabilities 1.8 Lobby the MoLVT (Technical & Vocational, Education & Training -TVET) to include persons with disabilities in training programs of VTCs of MoLVT 1.9 Strengthen the relationship with, and raise awareness within, the Directorate General for TVET on pre-teachers training related to the disability sector 2. <u>MoWA in collaboration with MoSVY, DAC and service providers will:</u> <ol style="list-style-type: none"> 2.1 Provide community with information related to MoWA community based skill training 2.2 Provide all information related to services/skills of "Womens' Development Vocational Training Centres" to persons with disabilities and their families 2.3 Select participants from families living with disabilities to

	<p>essential care for more severely disabled children in specialised centres</p>	<p>3. Employment opportunities for persons with disabilities are increased to improve their socio-economic situation by the provision of training for key employment stakeholders on the Law on the Protection and Promotion of the Rights of Persons with Disabilities</p>	<p>enrol in the Centres according to their needs and skills</p> <p>2.4 Provide advice and information on business skills and family budgeting to persons with disabilities following graduation from the training centres</p> <p>2.5 Locate market sources for products produced by persons with disabilities</p> <p>2.6 Promote the inclusion of women with disabilities on the national council of women</p> <p>3. <u>MoSVY in collaboration with DAC, CDPO, NCDP, VTCs, NGOs/IOs and private sector will:</u></p> <p>3.1 Undertake activities to ensure the implementation of the circular on Improving the Quality of Vocational Training for Persons with Disabilities.</p> <p>3.2 Develop and implement guidelines and tools for monitoring and evaluation of MoSVY VTCs in order to follow up and evaluate implementation and client satisfaction by December 2009</p> <p>3.3 Encourage the establishment of local self help groups for graduates of VTCs through CBR programs</p> <p>3.4 Collect and disseminate up-to-date information on the number of persons with disabilities undertaking vocational training activities</p> <p>3.5 Raise awareness within the Business Advisory Council (BAC) on obligations under the Law on the Protection and Promotion of the Rights of Persons with Disabilities</p> <p>3.6 Provide referral services for mainstream business training and job placement</p> <p>3.7 928 persons with disabilities employed by businesses, organisations, and government employers including 92 by national NGOs, 36 by international NGOs, 200 by Government ministries and 600 by private companies and factories of which 440 are women, by December 2011</p>
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		<p>4. Employers in government, non governmental and private sectors providing employment opportunities for persons with disabilities, at least to the level of the quota according to the Law on Promotion and Protection of the Rights of Persons with Disabilities, by December 2011</p> <p><u>Business and microfinance</u></p> <p>1. At least 500 landmine survivors and other persons with disabilities, including at least 250 women, have accessed national grants or micro-finance schemes provided by both private and NGO organisations to improve their socio economic situation, by December 2011</p>	<p>4. <u>MoSVY and DAC in collaboration with CDPO and other relevant stakeholders will:</u></p> <p>4.1 Develop and implement an awareness raising strategy/campaign on the rights and capacities of persons with disabilities for employment</p> <p>4.2 With support from the Vocational Training Committee, convene a workshop for employers/government etc to advocate job placement for persons with disabilities</p> <p>4.3 Strengthen the role and responsibility of the job placement and development office under MoSVY</p> <p>4.4 Research the employment market and training needs</p> <p>4.5 Establish quota system according to the adopted law</p> <p>4.6 Create and/or link with mechanisms to monitor and evaluate the implementation of the disability law and the CRPD to collect up-to-date information on the numbers of persons with disabilities in employment</p> <p><u>Business and microfinance</u></p> <p>1. <u>MoSVY and DAC, in collaboration with MoWA, service providers, ILO, ADB, and IMF, will:</u></p> <p>1.1 Promote living standards of persons with disabilities including landmine/ERW survivors by expanding current products and producing new products as well as finding suitable markets for selling those products</p> <p>1.2 Develop and implement a strategy to ensure sustainability of income generating activities using ‘success case replication’ methods from the ILO-APPT project</p> <p>1.3 Lobby major donors (ADB, World Bank etc.) and existing projects to increase business training / microfinance opportunities</p> <p>1.4 Develop and implement a strategy in collaboration with the Vocational Training Committee to secure private sector funding for microfinance schemes</p> <p>1.5 Through the Vocational Training Committee, develop guidelines and policy for accessing microfinance and income generation activities including standardizing criteria for</p>
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		<p>2. Equal opportunities and social inclusion of persons with disabilities increased through strengthening and expansion of Community Based Rehabilitation (CBR) activities in at least 21 provinces by December 2011</p>	<p>selecting recipients, and identifying persons with disabilities who can be trainers of trainees</p> <p>1.6 Increase access for graduates of MoSVY coordinated VTCs for people with disabilities to microfinance assistance through implementation of guidelines and policy</p> <p>1.7 MoWA VTC graduates and vulnerable families living with disabilities in the community will have access to MoWA micro-finance</p> <p>1.8 Provide referrals to local NGOs seeking funding from external donors or other agencies for micro-finance schemes</p> <p>1.9 Collect standardized information from service providers on the number of persons with disabilities accessing grants and micro-finance schemes</p> <p>2. <u>MoSVY in collaboration with DAC, MoH, MoWA, PoSVY, DoSVY, UNICEF – CBR project and other service providers will:</u></p> <p>2.1 Develop, disseminate, implement and follow up Cambodian National CBR guidelines</p> <p>2.2 Review and implement the national CBR strategy 2008-2012</p> <p>2.3 Conduct CBR training in late September 2008 for PoSVY and DoSVY staff with approximately 37 participants from Prey Veng, Svay Reang, Battambang, Pailin and Kampong Speu</p> <p>2.4 Conduct an annual CBR national workshop</p> <p>2.5 Conduct research and provide advice on developing cooperatives for persons with disabilities</p> <p>2.6 Increase the number of self-help groups for persons with disabilities, including landmine survivors, nationally by 70 percent with 20% representation and participation of women and children by December 2011</p> <p>2.7 Involve persons with disabilities in raising public awareness on their rights through media and participation in the International Day of Persons with Disabilities and International Human Rights Day</p>
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			<p>2.8 Promote the protection and rights of persons with disabilities in the communities to reduce and prevent discrimination</p> <p>2.9 Collect and disseminate standardized information from service providers on the number of persons with disabilities accessing services through CBR programs</p> <p>2.10 Promote inclusion of persons with disabilities in mainstream employment and business opportunity through CBR program</p> <p>2.11 Work with MoWA to train village volunteers (gender focal persons) to promote awareness of gender issues relating persons with disabilities and their families in the community</p>
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Part 6: Laws and policy

Status:

The Constitution of the Kingdom of Cambodia (article 31) states that “every Khmer citizen shall be equal before the law, enjoying the same rights, freedom and fulfil the same obligations regardless of race, colour, sex,” Cambodia was a signatory to the UN Decade of Disabled Persons and the Asia and Pacific Decade of Disabled Persons (1993-2002).

As the Ministry responsible for policy and legislation related to persons with disabilities, MoSVY has co-chaired the Landmine Victim Assistance Steering Committee with CMAA since 2006 to work on developing a national plan of action for victim assistance and to coordinate other victim assistance issues. DAC is the secretariat of the Committee and has collaborated with technical advice and resource materials to develop the plan of action. The committee was endorsed by the Prime Minister’s office in October 2007. Membership of the committee comprises representatives of MoSVY, MoH, MoEYS, CMAA, MoWA, MoLVT, MoPT, UNICEF, NGOs and donors.

Cambodia is in the process of passing the Law on the Protection and Promotion of the Rights of Persons with Disabilities. The law was approved by the Prime Minister, and also by the Council of Ministers in February 2008. The legislation was developed with the aim of promoting the integration of persons with disabilities into mainstream development programs/activities to ensure the protection and promotion of their rights and the prohibition of abuse, neglect and discrimination. Many advocacy groups and others in the NGO sector have long lobbied for passage of the draft disability legislation through the Council of Ministers. It is anticipated that once passed by the National Assembly, this law will provide a framework for a national approach to rights and obligations, standards and services, for persons with disabilities and will be a powerful means to achieve victim assistance objectives.

Cambodia signed the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol (CRPD) in October 2007 and agreed in principle to ratify the convention as soon as possible. A legal expert or access to legal opinion is a critical factor in both passing the national legislation and in fulfilling the obligations under the CRPD and its Optional Protocol, particularly for MoSVY. Cambodia was also among more than 100 states that agreed to adopt the Oslo Convention on Cluster Munitions in May 2008, which includes provisions for assisting the victims.

The Common Statute of Civil Servants, Chapter II Recruitment of Civil Servants: Article 11; 5° states that employees ‘*must satisfy the conditions of physical aptitude for the exercise of the function as required by guidelines and applicable regulations*’.²⁶ MoSVY has agreed to investigate the application of this statute and to encourage other Ministries not to be discriminatory in their hiring practices. MoEYS is in the process of changing this policy by such practices as including persons with disabilities in the pre service teacher training and in service teachers who are currently teaching at public schools in some provinces. The national Education Law was passed in October 2007.

²⁶ See www.bigpond.com.kh/Council_of_Jurists/Foncpubl/fpl014g.htm Accessed 19 September 2007. English translation certified by the Council of Jurists. Kram dated October 26, 1994.

Part 6: Laws and policy			
<p>Goal: To establish, implement and enforce laws and public policies that guarantee the rights of persons with disabilities, including landmine survivors</p>	<p>Objectives @ November 2005:</p> <ul style="list-style-type: none"> • The adoption and implementation of the draft legislation to protect the rights of all persons with disabilities, including women and children, regardless of the cause of disability • Review other existing laws with a view to identifying discrimination against persons with disabilities • Raise awareness in the community of the rights and needs of persons with disabilities • The Cambodian Mine Action and Victim Assistance Authority (CMAA) in collaboration with MoSVY, to convene a Victim Assistance Forum in 2006 bringing together mine survivors, relevant ministries, NGOs, and DAC, to develop a plan of action to meet the aims of the <i>Nairobi Action Plan</i> 	<p>Revised objectives @ October 2008:</p> <ol style="list-style-type: none"> 1. Legislation on the Protection and Promotion of the Rights of Persons with Disabilities adopted by the National Assembly by 2009 2. An institutional framework and body for implementation and monitoring of the disability legislation and an Administrative Disability Rights Office established by December 2010 	<p>Actions to achieve revised objectives:</p> <ol style="list-style-type: none"> 1. <u>MoSVY, in collaboration with DAC, CDPO and other relevant stakeholders, will:</u> <ol style="list-style-type: none"> 1.1 Follow up to ensure the adoption of the legislation on the Protection and Promotion of the Rights of Persons with Disabilities 1.2 Once adopted, develop and implement a plan for awareness raising of the legislation on the Protection and Promotion of the Rights of Persons with Disabilities 1.3 Promote the inclusion of persons with disabilities in key government and NGO decision making bodies 2. <u>MoSVY, in collaboration with DAC and other relevant stakeholders, will:</u> <ol style="list-style-type: none"> 2.1 Establish an Administrative Disability Rights Office under the direction of the Rehabilitation Department 2.2 Recruit and train designated persons for the Administrative Disability Rights Office 2.3 Establish a technical working group to develop sub-decrees, guidelines, policies, regulations and other necessary measures to enforce the impending disability law 2.4 Engage a legal specialist or obtain a legal opinion to compare, contrast and review the links between the impending disability law, the CRPD and Optional Protocol, the (draft) Social Insurance Law, Education Law, Labour Law and any other relevant domestic laws 2.5 Provide training on the Law on the Protection and Promotion of the Rights of Persons with Disabilities to MoSVY staff at all levels to strengthen their capacity to monitor and implement the law 2.6 Investigate examples of good practice in the establishment of institutional frameworks for implementing and monitoring disability legislation 2.7 Strengthen collaboration between all relevant ministries

		<p>3. The UN Convention on the Rights of Persons with Disabilities and its Optional Protocol is ratified</p> <p>4. Comprehensive national disability policy and work plan developed by December 2011</p>	<p>to monitor and implement the Law on the Protection and Promotion of the Rights of Persons with Disabilities</p> <p>3. <u>MoSVY, in collaboration with DAC, OHCHR, UNICEF, ILO, CDPO and other relevant stakeholders, will:</u></p> <p>3.1 Develop and implement a strategy to lobby the executive and legislative bodies for the ratification of the CRPD and its Optional Protocol</p> <p>3.2 Develop and implement a strategy to raise public awareness of the CRPD and its Optional Protocol</p> <p>3.3 Develop and implement a program to train DPOs and other civil society groups on the CRPD</p> <p>3.4 Once ratified, establish an independent body to develop a strategy to implement and monitor implementation the CRPD and its Optional Protocol</p> <p>4. <u>MoSVY, in collaboration with other relevant ministries, DAC, CDPO and other key stakeholders will:</u></p> <p>4.1 Recruit a technical advisor to assist in the process of developing a comprehensive disability policy</p> <p>4.2 Establish a taskforce with representatives from all relevant ministries and key actors in the disability sector, including persons with disabilities, to elaborate a comprehensive policy to provide strategic direction and guidelines to address the rights and needs of persons with disabilities</p> <p>4.3 Secure funding to undertake a comprehensive situation analysis of the disability sector and needs in Cambodia</p> <p>4.4 Identify what key policies already exist and what is needed by the disability sector</p> <p>4.5 Mainstream Equity and Gender Policy in all disability services</p> <p>4.6 Review new or existing policies to ensure they are linked to the disability law and CRPD</p>
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Annex 1 : Abbreviations

AAR/VTD	Association for Aid & Relief – Vocational Training for the Disabled
ABC	Association of the Blind in Cambodia
ADB	Asian Development Bank
ADD	Action on Disability and Development
APM	Anti-Personnel Mine
APMBC	Anti-Personnel Mine Ban Convention
APPT	Alleviating Poverty through Peer Training
ARC	Australian Red Cross
ATLS	Advance Training in Life Support
AusAID	Australian Agency for International Development
BAC	Business Advisory Council
BTLS	Basic Training in Life Support
CABDICO	Capacity Building of Disabled People in the Community Organization
CAR	Council for Administrative Reform
CBR	Community Based Rehabilitation
CCC	Cooperation Committee for Cambodia
CDC	Council for Development of Cambodia
CDMD	Cambodian Development Mission for Disability
CVCD	Cambodian Volunteers for Community Development
CDPO	Cambodian Disabled People’s Organization
CMAA	Cambodian Mine Action and Victim Assistance Authority
CMAC	Cambodian Mine Action Centre
CMVIS	Cambodian Mine/ERW Victim Information System
CNVLD	Cambodian National Volleyball League Disabled
CRC	Cambodian Red Cross
CSD	Council for Social Development
CSES	Cambodia Socio Economic Survey
CWARS	Cambodian War Amputees Rehabilitation Society
DAC	Disability Action Council
DFID	UK Department for International Development
DDD	Digital Divide Data
DDP	Deaf Development Programme
DDSP	Disability Development Service Pursat
DPOs	Disable People Organizations
DoSVY	District Office of Social Affairs, Veterans and Youth Rehabilitation
EDC	Enfant Du Cambodge
ERW	Explosive Remnants of War
FYMAP	Five-Year Mine Plan of action
GICHD	Geneva International Centre for Humanitarian Demining
HI-B	Handicap International Belgium
HI-F	Handicap International France
ISU	AP Mine Ban Convention Implementation Support Unit
JSC	Jesuit Services of Cambodia
IASC	Inter-Agency Standing Committee
ICBL	International Campaign to Ban Landmines
ILO	International Labour Organization
IMF	International Monetary Fund
IMAS	International Mine Action Standards
IMSMA	Information Management System for Mine Action
IRS	Information Referral System
LVASC	Landmine Victim Assistance Steering Committee
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoLVT	Ministry of Labour and Vocational Training
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation

MoWA	Ministry of Women Affair
MRE	Mine Risk Education
NCDP	National Centre of Disabled Persons
NGO	Non Governmental Organization
NIS	National Institute of Statistic
NMAD	National Mine Action Database
NPA	National Plan of Action
NPA	Norwegian People's Aid
NPRS	National Poverty Reduction Strategy
NSDP	National Strategic Development Plan
NTTI	National Technical Training Institute
OEC	Operation Enfant Due Cambodge
OHCHR	UN Office of the High Commissioner for Human Rights
PIP	Public Information Plan
PoSVY	Provincial Office of Social Affairs, Veterans and Youth Rehabilitation
PRC	Physical Rehabilitation Centre
PRDC	Provincial Rural Development Committee
PSE	Pour des Sourir des Enfants
RGC	Royal Government of Cambodia
RTC-Cambodia	Rehabilitation Training Centre - Cambodia
SABOROS	N/A
SCVA	Standing Committee on Victim Assistance and Socio-Economic Reintegration
SEDP	Socio-Economic Development Plan
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SME	Small to Medium Enterprise
SSC	Social Services Cambodia
TCF	Trauma Care Foundation
TPO	Trans-cultural Psychosocial Organization
TVET	Technical & Vocational, Education & Training
TWG	Technical Working Group
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and Pacific
UNICEF	United Nations International Children's Education Fund
UXO	Unexploded Ordnance
VBNK	Veak Bondosbondal Neak Krobkrong
VI-C	Veteran International Cambodia
VSO	Voluntary Service Overseas
WHO	World Health Organization
WRF	World Rehabilitation Fund

Annex 2 : References

- ARC 2006 *Landmine Survivor Assistance Program Cambodia 2007-2009 Australian Red Cross Program Design Document*
- BAC 2007 *Business Advisory Council By-Laws/Operational Procedures*
- Bailey, S 2005 *Standing Tall Australia Ltd. Landmine Victim Assistance in Integrated Mine Action in Cambodia Final Report*
- Brinkert, K 2007 *Geneva International Centre for Humanitarian Demining – Conference presentation Victim Assistance March 2007 Phnom Penh*
- Brinkert, K 2007 *Geneva International Centre for Humanitarian Demining – Making Sense out of AP Mine Ban Convention’s Obligations*
- Cambodia Trust 2006 *Annual Report 2005-06*
- Campbell-Thorpe,S 2006. *Austcare / AusAID / Standing Tall – Report: Landmine Victim Assistance in Integrated Mine Action Programs – Recommendations*
- CCC 2006 *Cooperation Committee for Cambodia - The Challenge of Living with a Disability in Rural Cambodia*
- CDPO 2006 *Annual Programme Report*
- CMAA 2005 *Five Year Mine Plan of action 2005-2009*
- CMAA 2006 *CMAA, Organization and functioning of the Cambodian Mine Action and Victim Assistance Authority – Restructuring the Secretariat General and Responsibilities, January 2006*
- CMAA 2006 *A Study on the Dramatic Decrease of Mine/ERW Casualties in 2006 in Cambodia.*
- CMAA 2006 *Minutes of Coordinating Meeting Review of Current Assistance to Landmine victims. in Cambodia and the Way Ahead.*
- CMAA 2005 *Five Year Mine Plan of action (FYMAP) 2005-2009 Third Edition*
- CMAA 2006 *Organization and functioning of the Cambodian Mine Action and Victim Assistance Authority – Restructuring the Secretariat General and Responsibilities, January 2006*
- CMVIS 2007 *ERW Survivor Assistance Information form (draft)*
- CMVIS 2007 *Monthly Report May 2007*
- CMVIS 2005 *Cambodia Mine/ERW Victim Information System (CMVIS) Annual Report 2005*
- CAR 2006 *National Strategic Development Plan 2006-2010*
- CSD 2002 *National Poverty Reduction Strategy 2003-2005*
- DAC 2007 *Work-plan Education*
- DAC 2007 *Work-plan Physical Rehabilitation*
- DAC 2007 *Work-plan Vocational Training*
- DAC 2007 *Project Proposal - National Community Based Rehabilitation Coordination*
- DAC 2001 *National Institute of Public Health - Report National workshop on Victim Assistance September 2001*
- DAC 2006 *Annual Report 2006*
- DAC 2001 *Strategic Directions for the Disability and Rehabilitation Sector In Cambodia
Second Edition (February 2001) Disability Action Council*
- E-Mine 2007 *Electronic Mine Action Network Portfolio of Mine Action Projects 10th Edition (<http://www.MineAction.Org>)*
- APMBC 2006 *Seventh Meeting of the States Parties (7 MSP) 18 – 22 September 2006, Geneva
General status of implementation of the Nairobi Plan of action in relation to Victim Assistance*
- APMBC 2005 *Achieving the aims of the Nairobi Plan of action: The Zagreb Progress Report
3 November 2005*
- APMBC 2006 *Process Support provided by the Implementation Support Unit of the GICHD to States Parties to the AP Mine Ban Convention that have*

reported the responsibility for significant numbers of landmine survivors.
8 February 2006

APMBC 2005 Co-Chairs Of the Standing Committee On Victim Assistance And Socio-Economic Reintegration *Progress In Victim Assistance By 2009: Questionnaire*

APMBC 2005 Zagreb Progress Report 6MSP Annex V: Cambodia - Victim assistance objectives of the States Parties that have reported the responsibility for significant numbers of landmine survivors. November 2005.

APMBC 2004 *Nairobi Plan of action 2005-2009* Extract from *Ending the suffering caused by anti-personnel mines: IV. Assisting the Victims.*

Gregson et al 2006 MOSVY ; DAC; CT; ICRC; HI (Belgium & France) & VI - *Evaluation of the Physical Rehabilitation Sector in Cambodia*

Harknett et al 2005 *Developing participatory rural appraisal approaches with disabled people*
A pilot project by Disability Development Services Pursat (DDSP) in Pursat province, Cambodia

Hottentot, E 2006 *CMVIS External Evaluation Report March 2006*

IASC IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (<http://www.humanitarianinfo.org/iasc>)

ICBL 2006 *Landmine Monitor Report 2006 Cambodia*

ICBL 2006 *Guiding Principles For Victim Assistance Compiled By The Working Group On Victim Assistance*

International Journal of Psychiatry 2002 Weine et al: *Guidelines for International Training in Mental Health and Psychosocial Interventions for Trauma Exposed Populations in Clinical and Community Settings* *Psychiatry* 65(2) Summer 2002 (pp 156-164)

Islamic Republic of Afghanistan 2006 Ministry of Foreign Affairs *Report of the First National Landmine Victim Assistance Workshop, Kabul, Afghanistan*

Lentz, K.L 2007 Austcare assessment of Landmine Survivors and Victim's Needs: *Banteay Meanchey & Oddar Meanchey Provinces.*

Long, S 2007 Presentation March 2007 *Cambodia Victim Assistance*

MOH 2007 Department of Planning & Health Information: *Monthly Report Form Referral Hospitals*

MOH 2007 Department of Planning & Health Information: *Monthly Report Form Health Centres*

MOH 2007 Joint Statement 10 May 2007 *Workshop draft paper MOH and Disability Issues*

MOH 2003 *Health Sector Strategic Plan 2003-2007*

MoSVY 2005 Cambodia's response to AP Mine Ban Convention *Zagreb Progress Report*

MoSVY 2004 *Strategic Plan for Disability and Rehabilitation Sector (2004-2008)*

MoSVY 2006 Draft legislation on the *Rights of Persons with disabilities*

MoSVY 2006 Translation - *Draft Legislation on Rights of Persons with disabilities*

Ninh, S 2007 CDPO *Conference presentation: Victim Assistance March 2007 Phnom Penh*

Thomas, P 2005 *Disability, Knowledge & Research Poverty Reduction and Development in Cambodia*

UNESCAP 2002 *Biwako Millennium Framework (BMF)*
(www.unescap.org/esid/psis/disability/bmf/bmf.html)

UNESCAP 2007 *Aide-Mémoire Second Session of the Biwako Millennium Framework*
Stakeholders' Coordination Meeting (BMF-SCM) Bangkok, Thailand, 1-2 March 2007

UNICEF 2005 *External Evaluation of UNICEF support to Rehabilitation /Re-Integration of Mine/ERW Victims. and Disabled People*

UNOHCHR
WHO

2006 UN Convention on the Rights of Persons with Disabilities
2006 WPRO Workshop on Developing National Health Information
Systems.

Annex 3 : Consultations & Interviews – Phnom Penh

A review of relevant reports, work-plans and evaluations, along with focus groups and/or interviews with government personnel, local and international NGOs, Red Cross organizations, UN agencies and bilateral donors contributed to this plan.

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Annex 4 : Consultations & Interviews – Provinces

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