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Topic: Welfare of Persons with Disabilities in Cambodia

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It is a great honour for me and my colleague, on behalf of the Cambodian Government, the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MOSALVY) and the Disability Action Council (DAC), to be invited to present to you the situation of Welfare of Persons with Disabilities (PWDs) in Cambodia.

Cambodia occupies a territory of 181,035 square kilometers topographically dominated by the Mekong River and the Tonle Sap Lake. It is located in the south-western corner of Indochina. Its total population is about 11.4 million (1998 census) with the annual growth rate of 2.4%. The proportion of female is 51.8%, and children under 15 years old are 48.2%. A large proportion of population (84.3%) lives in rural areas and only 15.7% live in urban areas. Phnom Penh, the capital city, has a population of 997,986. (Please see geographical and administrative map of Cambodia).

THE DISABLED POPULATION AND CAUSES

Cambodia's recent history of war and international isolation, the breakdown of basic services and destruction of national infrastructure, the presence of millions of landmines, the lack of basic health care and food security, and the absolute poverty of the majority of its citizens, all contribute to the fact that Cambodia is a country with a high number of disabled people (PWDs). It is estimated that between 2 and 3% of the population is physically disabled, in what is one of the world's most desperately poor economies. For example, one person in 235 is missing a limb(s). In addition, there are also an equally significant number of persons with hearing or sight impairment (35% of total disabilities). The vast majority of these disabilities are the result of explosions of landmines or UXO, the legacy of years of political strife.

Demining is, of course, a task of utmost importance to support the development and reduce human suffering. But for Cambodia, demining comes too late--people have already lost their lives or their limbs. We cannot bring back at least 13,000 people who died from mine injuries between 1979 and 1997. However, many efforts are being made to reach and help those who have sustained injuries and become disabled whose lives were changed forever when they took one step to many.

The major difficulties and constraints PWDs and their families face, include:

- *Many factors have put pressure on PWDs to feel themselves excluded from the services and activities, which are considered normal for other people.*
- *Lack of public understanding and awareness on disability issues affects the negative attitudes of the society toward PWDs.*
- *Lack of moral and material support and attention from community, society and the Government.*
- *Lack of legislative tools and law enforcement to protect the rights of PWDs.*
- *Lack of inclusion in ordinary health care, communication, vocational & skill training and education, accessibility, job employment and other social services.*

- *Lack of measures, policies in promotion of PWDs into social activities.*
- *Lack of integration of the needs of PWDs in the government Plan of Action or poor specific services and programmes to meet the specific needs of disabled persons.*
- *Lack of communication and discussion on disability issues and the needs of PWDs, etc.*

NATIONAL SOCIAL WELFARE SYSTEM FOR PERSON WITH DISABILITIES

There are five ministries and their line departments that directly/indirectly involve in social welfare support for general people including PWDs. However, as PWDs are not their specific target groups, projects and programs are usually designed for the general population. The Ministry of Labour, Vocational Training, and Youth Rehabilitation (MOSALVY) is the core Ministry that has the main responsibility for providing rehabilitation and vocational, skills training services to PWDs.

MINISTRY OF SOCIAL AFFAIRS, LABOUR, VOCATIONAL TRAINING & YOUTH REHABILITATION (MOSALVY)

The MOSALVY has been given the mandate to take overall responsibility for vulnerable groups including disabled persons in Cambodia. As a signatory to the ESCAP Proclamation of the decade of the disabled persons from 1993-2002 on "the Full Participation and Equality of Opportunities for People with Disabilities in the Asian and Pacific Region", the MOSALVY has tried to follow these guidelines as closely as possible in its development of policy and programs. The Department of Rehabilitation and the Department of Children Welfare have been established to carry out and support activities related to PWDs including Children with Disabilities. Provincial Rehabilitation Centers, under the Department of Rehabilitation provide free of charge rehabilitation services to PWDs. Other responsibilities include:

- In collaboration with relevant ministries, NGOs community and donor agencies, to prepare and manage all public services and to appeal for, receive and distribute emergency assistance, services to war victims, victims of disasters and persons with disabilities.
- To promote the socio-economic reintegration of disabled persons in their community through the promotion and implementation of policy, guidelines and various rehabilitation services including community based programs; physical rehabilitation; vocational training, employment and income generation; development of legislation, inclusive education, medical rehabilitation, etc.

However, the Ministry currently works under enormous constraints and is seriously under-resourced. It does not have enough budgets for the effective development of services for PWDs. Staff salaries and conditions of work are poor, which affects their level of commitment and motivation. Staff also has a great need to improve their technical and administrative skills.

So far, the provision of services for PWDs has mainly been concentrated in a single ministry, MOSALVY. However, other ministries such as Ministry of Health (MOH) and Ministry of Education, Youth and Sport (MOEYS) have been involved to some degree in supporting and promoting services for PWDs such as medical rehabilitation program and inclusive education for children with disabilities. Links have also been made with the Ministry of Women and Veteran Affairs (MWVA) focusing on the needs and rehabilitation of veterans with disabilities.

THE DISABILITY ACTION COUNCIL (DAC)

The DAC, a national semi-autonomous co-ordination body was established in 1997. It is made up of members from the Government along with those representing IOs/NGOs and individuals committed to working for the well being of PWDs. The DAC acts in a professional advisory capacity in relation to government and policy-makers on all issues affecting the well being of PWDs. It also serves as a national focal point on disability matters to facilitate the continuous evolution of a comprehensive national approach to rehabilitation, equalisation of opportunities and prevention of disabilities. Its mandate, the neutrality and the representation of all key participants in the field of disability that is required to effectively and efficiently undertake this vitally important coordinating role.

The DAC's vision: Individuals and society recognise that PWDs have equal rights and obligations as all citizens of Cambodia. They are given equitable opportunities to participate in the society, based on their abilities, enabling them to lead a life free of discrimination. The DAC's mission: To initiate, secure and co-ordinate the services necessary for PWDs and their rights to enjoy equal opportunities for employment and quality of life as the other non-disabled in the society.

The DAC's role is to bring government, national and international bodies, as well as business and religious communities together with PWDs to develop, implement, monitor and evaluate a National Plan of Action for the Disability Sector founded on the Guiding Principles of the Task Force and ESCAP Decade of Disabled Persons document. The most valuable role of DAC is that it provides an ongoing forum where debate can take place and consensus can be reached on how to achieve the evolution of the sector.

MOSALVY, MOEYS, MOH, other relevant bodies and NGOs in the disability sector all benefit from the DAC. The Government shares the technical expertise of the NGOs, while NGOs benefit from co-ordinated collaboration with each other and with the Government in a spirit of co-operation.

COORDINATION EFFORTS UNDERTAKEN BY THE MOSALVY AND DAC

- ⇒ Establishing of an organisational structure, which allows for relevant government institutions, organisations and individuals to be involved in all aspects of discussion and decision-making.
- ⇒ Formulating a comprehensive National Plan of Action for the Rehabilitation Sector based on ESCAP Decade of the Disabled Persons, 1993-2002;
- ⇒ Working with relevant government ministries to develop and implement policies, guidelines and programs relating to people with disabilities:
- ⇒ Promoting measures to allocate funding to maintain and develop quality services:
- ⇒ Providing opportunities for disabled persons to be included in decision making;
- ⇒ Strengthening human resource capacity;
- ⇒ Advocating and providing a forum for discussing all issues affected the well being of PWDs;
- ⇒ Facilitating the organisation of national and international workshops on issues relating to PWDs.

DISABLED PERSON NEEDS AND SERVICES

The basic survival needs for all people in Cambodia are centred on four areas:

- ⇒ **Land** – to enable people to produce food, to provide shelter and security;
- ⇒ **Food** – including access to clean drinking water;
- ⇒ **Health care** – free or affordable for their whole families; and
- ⇒ **Education** – basic education for children and vocational training.

Table: Perceptions of the Needs of the Disabled in Cambodia

Disabled Persons	United Nations	International Campaign to Ban Landmine	Basic Human Rights
<ul style="list-style-type: none"> ▪ Shelter ▪ Food ▪ Access to water ▪ Access to school ▪ Primary health services ▪ Income-generation opportunities ▪ Mine-free environment ▪ Land titles ▪ Access to prosthetics ▪ Access to roads ▪ Social standing ▪ Mine awareness 	<ul style="list-style-type: none"> ▪ Accessibility ▪ Education ▪ Employment ▪ Income maintenance & social services ▪ Family life and personal integrity ▪ Culture ▪ Recreation and sports ▪ Religion 	<ul style="list-style-type: none"> ▪ Emergency medical care ▪ Continuing medical care ▪ Physical rehabilitation ▪ Psychological/social services ▪ Employment and economic integration ▪ Capacity-building and sustainability ▪ Legislation and public awareness ▪ Data collection ▪ Access 	<ul style="list-style-type: none"> ▪ Food ▪ Shelter ▪ Health ▪ Education

It should be noted that needs differ for urban disabled as opposed to rural disabled. Urban disabled tend to require income generation and loans, whereas rural disabled primarily have agricultural needs. If these vulnerable people do not have land or sufficient and relevant skills they are forced into high-risk behaviour. Most will not stay at home until their families starve but will enter forest areas to collect thatch or wood, risking their lives in the process.

THE EXISTING PROVISION OF ASSISTANCE TO DISABLED PERSONS

Pre-Hospital Care

Cambodia is a country with only rudimentary transport infrastructure. In some instances, it may take many days before a mine victim reaches a medical facility that can treat him or her. Providing transport for mine accident victims is therefore a vital function to which all mine action groups can contribute as they are working in or close to mined areas and are required by international standards to have casualty evacuation facilities. Thus, both the Halo Trust and Mine Advisory Group (MAG) provide transportation to hospital for people injured by mines (and other serious illnesses), even though this is not an official part of their operation. But because these groups have only small operations, more of these services are required, especially in newly accessible areas, such as Samlot.

Hospital and Medical Care

In Cambodia, medical care is unfortunately more of a luxury than a right, and some payment is often required. Thus, high quality, affordable (ideally free), and regular medical care needs to be available to all community members. Amputees, especially children, require ongoing attention and operations on the stumps as their bodies and bones grow. Further, resources are lacking, especially in heavily mined areas, for the treatment of malaria, malnutrition, and good maternity care.

To receive medical care in rural areas often requires travel over long distances. Victims need financial support for transportation costs, their families and medicine. Support is also needed

for the provincial government hospitals and first aid clinics. To support existing institutions is a more sustainable choice than to set up a new functioning hospital. This support can be in the form of technical advisors, training, medicine, equipment, or the provision of transportation. MOSALVY and the DAC have established a Medical Rehabilitation Working Group, the aim of which is to improve medical facilities nation-wide.

Physical Rehabilitation

There are already 16 workshops across Cambodia, operating in most of the mine-affected provinces, some of which are now being converted to provincial rehabilitation centres. More are still needed, however, mainly to respond to needs in former Khmer Rouge areas. Physical rehabilitation facilities will be required as long as there are amputees and because, on average, each amputee will require a new artificial limb every two years, especially children as they grow.

Support for the family of a PWD is vital. Sometimes after the initial amputation the amputee has to travel long distances for assistance and may have to wait for a long time before a prosthesis can be fitted. If amputees cannot return to their villages because of the distance or because of the rainy season destroying roads, their families may be destitute. Many NGOs are working in this area of operation. The government could help by providing free or half-price transport for the disabled.

Psycho-Social Care

Many landmine survivors need counselling and support services as they often suffer from low self-esteem. They say the disability makes them “disabled in the heart” and they need assistance to trust and respect themselves. How the disabled feel is directly related to the period of their recovery – straight after their injury they feel very alone although they have the support of other disabled in the rehabilitation centres. But when they return home they may feel they do not fit in anymore and can feel rejected, useless or an outcast in their own community.

Help is therefore needed so that the disabled feel less isolated. Counselling, peer group and culturally appropriate interventions are needed. Including the disabled people in activities such as community-based rehabilitation, self-help groups, or income-generation activities can also assist their recovery

Social/Economic Reintegration and Other Institutional Supports

- ***Vocational Training, Job Placement and Income Generation Opportunities***

Many NGO development schemes focus on poverty but do not include PWDs in their activities. In fact, what a PWD really needs is a job, as only around 20% of the disabled are in a satisfactory economic situation. This means long-term food security on the basis of sustainable skills such as vegetable gardening, not just handouts of rice. They also need encouragement as usually they have poor education and limited employment opportunities, and without skills they have little chance of gaining employment. Although community awareness of their plight is important, it is still only temporary, whereas skills are permanent.

There are many problems in setting up income generation and vocational training schemes. Some NGOs have previously introduced basic training in areas that are not appropriate to rural life. People in the villages need basic farming skills or advanced techniques to improve animal raising, rice or other crop production. For example, chicken farming is a basic and easy technology to learn and put into place, learning how to identify, prevent and treat common chicken diseases. PWDs can also spread their knowledge around, elevating their

worth and status in the process. Also many activities are seasonal and require the villagers to engage in other tasks to find food other times of the year.

In general, the outlook for disabled farmers is said to be poor, unless they have access to life education and health care services. Organisations have the responsibility to promote these issues with the communities and government, to make sure that disabled farmers have access to training and information on new production techniques.

The main post-training needs are credit, loans or in-kind goods. The disabled trainees need to set up businesses, acquire tools of trade, rent a property, buy in stock and feed their family until their business becomes viable. However, many pitfalls and problems confront efforts to provide credit to the rural poor. Another approach is to provide in-kind support.

- ***Equal Opportunity in Employment***

Follow-up on the people who have used NGO education and rehabilitation services found that there are high success rates in increasing knowledge bases, but a very low success rate in employment placements. Discrimination may play a role because even if the disabled possess the appropriate skills they are often ignored. This is despite studies that have found that disabled workers are usually very good at their jobs and in many cases are a great deal more committed than non-disabled people.

A single leg amputee can do most types of work if some allowances are made for mobility problems, and possibly more time given off for medical needs. Promoting equal opportunity employment with big business is another important activity. Some success, though, has been achieved through the efforts of the National Centre for the Disabled Persons (NCDP), which has set up a disabled workers database. The database is primarily for urban disabled seeking work. Yet, out of the 1,500 registered only 125 are placed per year. NCDP has been successful in lobbying major companies in Phnom Penh to consider employing disabled workers.

- ***Sufficient Land for Food Security***

What rural poor need more than anything else is access to fertile land to enable them to produce their own food. In Cambodia, presently there is at least one NGO working on this issue, but considerably more follow-up and protection of rights are needed with regard to land use. HI's Land Use Planning Unit aims to work with village communities and NGOs to promote their active participation in the identification of needs and the implementation of development projects concerned with the use of demined land. They claim to have had some success to date and are waiting to restart three new land use planning units.

- ***Education and Equal Access to Education***

PWDs in general have lower education levels than non-disabled with only 10-15% reaching a reasonable standard. Landmine victims usually come from the military or farming communities who have traditionally received only basic education. Taking into account the amount of time they had been out of school, their lack of confidence, certain community attitudes, and lack of money, it is very difficult for many of them to progress.

There are problems with providing facilities for all the children in Cambodia, deficiencies in the overall education system in general, and a lack of classrooms and teachers. An estimated 400,000 children cannot go to school for one reason or another, usually because of lack of money to pay the teacher or excessive travelling distance.

The children of mine victims quite often cannot access education because the family has no money to pay the teachers or to buy the uniforms. One NGO, Action Nord Sud, conducted a survey in Samlot and found that 62% of the children did not attend school. As a result, the NGO set up an education project there with the objective of providing access to schools to all children. They set up the schools, built the buildings, trained the teachers (with the assistance of the Department of Education) and supplied the books and school uniforms. They also perform follow-up visits with the children to make sure they are actually attending school.

Promotion of inclusive education opportunities for disabled children has started with the technical support from the DAC since 1999. The Special Education Bureau has been set up within to oversee and manage all educational programs for vulnerable children including minority children, children with disabilities, etc. The current program is looking at three areas: disability awareness raising among teachers and school children; production and dissemination of teaching materials for use of teachers who have children with disabilities in their classes; and assisting the Ministry of Education in the development of policy on inclusive education.

- ***Disability Legislation and Disability Awareness***

It has been noted that PWDs are excluded from the wider society, the smaller communities, and even to a certain extent from their own families. Many people have no understanding of disabled needs and still refer to the disabled not by name but by their disability. There is a need to break down ignorance especially towards those in the community who are “different” such as the disabled.

In the rural areas there is less discrimination, whereas the urban people are continually faced with disabled beggars who exhibit a bad image. With funding from World Rehabilitation Fund, a national plan for disability awareness “See the Ability better than the Disability” has been developed by a Working Group. Media, radio, TV and sporting activities have been used to promote the awareness, but this will require long-term commitment. Continuing technical and financial assistance is required to promote these media campaigns that are innovative and interesting. Ideally, community awareness should also to be included in the national curriculum.

In addition, the draft legislation to protect the rights of PWDs has been developed and being in the process for submission to the Government, National Assembly and Senate for approval.

CLOSING REMARKS

In Cambodia, we do not make a distinction between mine victims and those with other disabilities. Those disabled by mines are neither more nor less deserving of assistance than other PWDs, although they are some of the most visible. There are at least as many people disabled by other injuries, as there are amputees due to mines. PWDs including mine victims will be helped most by strengthening the provision of services to the disabled in general. It is acknowledged that an appropriate mechanism in the form of DAC, as promoting multi-sectoral collaboration among key stakeholders and mobilising the resources, has been established and well functioned in the disability and rehabilitation to meet the needs and to improve the well being of all kinds of PWDs.

Although it is generally agreed that the prosthetic and physical rehabilitation of mine victims and other PWDs is appropriately covered in Cambodia, there remain significant needs for vocational training and employment and income generation promotion. In addition, there is a

lack of qualitative data on the needs of the disabled and insufficient input from PWDs themselves regarding services and resources allocated to them.

There is general agreement that mine victim assistance, as a whole, should be kept in the disability sector. Currently, however, the government lacks of resources to meet the needs of the disabled, including mine and UXO victims. As a result, the bulk of the work is carried out by NGOs. It is, though, felt desirable that mine action organisations should contribute, where possible, to promoting mine victim assistance by working together with the disability sector to solve problems faster.

It is important to mention that something being done specifically in Cambodia to help improve the welfare of disabled people and about the mechanism we are developing to enable us to do that more effectively. At the same time, we must acknowledge that much work remains to be done, and that there are many challenges along the path. But we would also like to stress that we have been growing confidence that, with local and external assistance/co-operation, we can successfully continue to develop its capacity to effectively meet the needs of the disabled.

Distinguished Guests, Ladies and Gentlemen,

Let me finish by saying that comprehensive and sustainable rehabilitation and socio-economic re-integration services/programs for disabled persons can only be guaranteed by a collaborative and co-ordinated partnership involving relevant bodies, IOs/NGOs, the business and religious communities and persons with disabilities.

Finally, may I, once again, express our deep gratitude and sincere thanks to the organisers of the international seminar for the kind invitation, hospitality and making all arrangements possible for me and my colleague to attend and present these papers at this meeting.

Thank you for your attention.