

Country Profile:

Study on Persons with Disabilities

(Cambodia)

Supported by JICA-Cambodia

Prepared by
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Consultancy Team

Introduction

The recent history of war, conflict and international isolation, the breakdown of many basic social services and the 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 citizens have left Cambodia with a high number of vulnerable groups. As Cambodia is also one amongst the poorest developing countries, the recovery process is hampered by all the developmental problems associated with extreme poverty.

The most vulnerable groups in Cambodia include street children, orphans, persons with disabilities (PWD), and homeless women in especially difficult circumstances, elderly people without support, single heads of households with many children, commercial sex workers, ethnic minorities, women and girls who have been violated and demobilized soldiers. From this statement, PWD are among the most vulnerable groups in this society. They have very limited access to basic social services, education, skills/vocational training, job placement, and income generation opportunities. As a result, many are extremely poor. At present, many organizations view disability as a condition of occupational disadvantage, which can and should be overcome through a variety of policy, measures, regulations, programs, and services. Equality of opportunity, equality of treatment, mainstreaming of training and employment opportunities and community involvement is central pillars of the multi-sectoral approach.

It has long been recognized that PWD should be looked at from their abilities and not disabilities. Our obligation is to work with PWD to make it possible to realize their full potential, full participation and equality of opportunities, to improve their living conditions, and to lead dignified lives free of discrimination.

To succeed in this goal, it is necessary to review the current studies and documents relating to the status of PWD and take into consideration recommendations and action for improvement. The interconnectedness of the disability and rehabilitation sector should be noted as the disability covers many sectors and the needs of PWD and their families are huge and varied. Therefore, collaborative multi-sectoral action will be necessary if all needs are to be taken into consideration. The services provided to meet the needs must be located as close as possible to disabled individuals and their families in order to ensure that they are appropriate, i.e., that they take into account the social and economic context, the mobilization of local resources, the integration of existing services, and above all, seeks to promote positive social attitudes towards PWD.

The main objective of the study is to compile a report and information concerning the current situation of PWD that can be used as a guiding tool for developing policy, strategies, planning, and international co-operation in the field of disability and rehabilitation. To achieve this goal the study was conducted in 12 countries last year and currently being conducted in other different 12 countries by using the same format. The JICA Headquarters in Tokyo is planning to include the study result in their web site soon.

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0 Basic Profile

The Kingdom of Cambodia occupies a territory of 181,035 square kilometers. According to the General Population Census of Cambodia 1998 conducted by Ministry of Planning, Cambodia has a total population of 11,437,656. The annual growth rate is 2.49%. The proportion of female is 51.81%, and children under 15 years old are 42.80%. The high percentage of women and children indicates that health and education needs must be a high priority. A large proportion of population 84.30% lives in rural areas and only 15.70% live in urban areas. Phnom Penh, the capital city, has a population of 999,804.

The average of national population density is 64 per km². This density varies a lot from one province to another, for instance, from 2 per km² in the province of Mondol Kiri to 3,441 per km in the Phnom Penh City.

0.1 Socio-Economic Profile

After 1979, the Cambodian economy was organized predominantly along a centrally planned system. Some economic liberalization began in 1985, and this accelerated in 1989. Since the signing of the Paris Peace Accord in 1991, the reform process has been deepened and widened, to the point that the country is now operating as a market-oriented economy.

According to the World Bank, Cambodia's achievements in macro-economic development until 1996 have been impressive when compared with that of some post-conflict countries. However, the GDP has fluctuated since 1993. Cambodia remains one the poorest countries in Asia, with a per capita income estimated at 252US\$ and the expenditure on health was only 1US\$ per capita, in 1998¹. In 1999 total expenditure on health financed through the national budget slightly in crease to 1.1 % of GDP or 2.85 US\$ per capita².

Economic Indicators		GDP/Capita	Growth rate of real GDP		Inflation Rate	Gini-coefficient	Ref.
		300 US\$ ³	4% (1999)		9% (1999)	42.0 ⁴	
Public sectors		Health	Education	Social Welfare*	Defense	Other	
Expenditure to sectors (1999) ⁵		6.9%	13.7%	6.8%	42.7%	35%	
Population (1999) ⁶	Total	11,561,000 millions	% of urban population 15.70% (1998)		Population Growth Rate 2.49%		
	Men	48.19%					
	Women	51.81%					
Employment by Industry (1999) ⁷		Agriculture	Manufacturing	Construction	Service	Rural sector*	
		74.7%	9%-17%	6.4%	n/a	*	

Note:

* The social welfare includes the budget for MOSALVY and MWVA from that 1.7% was allocated for social action (The term of social action describes as registration of Vocational Training Centers; Orphanage Vocational Training Transfer; Renovate Inspectorate; Employment Promotion Project; and Construction of Centers for PWD). The figure is still too low given to the existing needs and the trend shows that the Government try to upward the two digits figure in the next couple of years while quite a large part of social service has been provide by IOs and NGOs.

* The Table shows that by industry 74.7% of the employed population of Cambodia had worked in the agriculture, hunting and forestry sector and a further 1.9% in the fishery sector. The sector had contributed to 84.7% of total employment in the rural sector, nearly 55% in the urban areas and about 8% in Phnom Penh. The share of the industrial sector comprising mining and quarrying, manufacturing, electricity gas and water supply (contribution amounted to 6.4% in the country as a whole). In Phnom Penh the manufacturing sector had grown during the past 5-6 years from about 9%-17% and in the other urban areas and in the rural sector too there had been modest gains of about 1%-2%.

Sources:

1. Health Situation Analysis 1998 and Future Direction for Health Development 1999-2003
2. World Bank (1999), Ministry of Health (1999c, 2000d), Espinoza and Bitran (2000)
3. Cambodia Country Profile, UNICEF, 2001.
4. Cambodia Poverty Assessment, Ministry of Planning, 1999, p.16; p.24
5. Governing the National Budget 2000, Ministry of Economic and Finance, January 2000, Cambodia (Third Quarterly Meeting Between the Royal Government and Donor Community, April 5-6, 2000)
6. General Population Census of Cambodia (GPPC) 1998, Ministry of Planning, 1999
7. Cambodia Socio-Economic Survey 1999, National Institute of Statistics, Ministry of Planning

0.2 Health Profile

Health Profile					Ref.
Life expectancy (1998)	Male 54	Female 58	Population growth rate	2.49%	HAS 1998,
Expansion of health service	Physician/1000 inhabitants (1998)*	0.41	Ratio Nurse-to-doctor ration	3.0	FDHD 1999-2003
Governmental expenditure to health in 1998*		(US\$) per capita 1.08			
Infant mortality rate	% of the vaccinated 1-year-old children (1990/1999) ⁽³⁾				HS
Per 1,000 live births (2000)	Total 95	BCG	54/78%		HS
	Female n/a	DPT3	40/64%		HS
Under-5 mortality rate		OPV3	40/65%		HS
Per 1000 live birth (2000) ⁽⁵⁾	Total 125	Measles	34/63%		HS
		TT2	.../33		HS
Family Planning	Contraceptive rate (1998)	16%	Total fertility rate per woman (1998)	5.3%	GPCC
	Birth attendance rate (1998)*	50%	Age at first marriage (1998)	Male n/a Female 15 ⁽¹⁾	NHSR
	Maternal anemia rate (2001)	70%-75%	% of infants with low birth weight (1998)	49 % (less than 2.200g)	(6)
	Maternal mortality rate (2000)	437 person per 100,000 live births			(5)
Nutrition	Iodine deficiency (1997)	12%	Malnutrition (2001) ⁽²⁾	50%	ICMPO
	Oral dehydration Therapy use rate (2000)	Increased liquid 53% Increased liquid & food 15%	Households consuming iodized salt (2000) ⁽⁶⁾	14%	(5)
Community Health Service	Access to safe water (1998) ⁽⁸⁾		36%		GPCC
	Access to adequate sanitation (1998) ⁽⁸⁾		urban 65%	rural 14%	GPCC
HIV/AIDS	HIV infected (2000)	165,000 cases	AIDS cases (1999)	2,556 cases and 374 AIDS deaths	(8)

Source:

* Health Situation Analysis-HSA 1998 and Future Direction for Health Development-FDHD 1999-2003, Ministry of Health.

(1) National Health Statistic Report- NHSR 1999, Ministry of Health

(2) Investing in Children Master Plan of Operations (ICMPO) of the Country Program of Cooperation 2001-2005

(3) Health Statistic-HS, Ministry of Health, 1999

(4) GPCC 1998, Ministry of Planning, 1999

(5) Cambodia Demographic and Health Survey-CDHS 2000

(6) Cambodia country profile, UNICEF 2001, HIV/AIDS case has been accumulated up to 300,000 by the June 2000

(7) GPCC1998, Ministry of Planning 1999/UNICEF Cambodia country profile 2001

(8) Strategic Plan for HIV/AIDs and STI Prevention and Care in Cambodia 2001-2005, MOH; and Report on Sentinel Surveillance in Cambodia 1999, p.7 &18, Ministry of Health

0.3 Educational Profile

Education System	Compulsory Education (9 years) Primary Education (6 years)	
Public Expenditure on Education (% of GDP)	Between 0.9% - 1.0% since 1994	
Adult Literacy Rate	Males 82.91% Females 61.14% Total 71.20%	<i>(Source: 1999 Socio Economic Survey)</i>
	Literate 36% Semi-literate 27%	<i>(Source: UNDP/UNESCO Survey 2000)</i>
Enrolment Ratios		
Pre-School	Approximately 5 % of which roughly half are girls	
Primary	Gross Enrolment Rate (90%) Girls (84%) Net Enrolment Rate (78%) Girls (74%) * <i>There are significant disparities in these figures between urban and rural areas and provinces</i>	
Secondary	Lower Secondary GER 23% NER 6.4% Upper Secondary GER 8.7% NER 4.8% Girls represent only one third of both lower and upper secondary enrolment. There are also significant geographical inequalities. 17% of district nationwide does not have a lower secondary school. <i>(MOEYS 1998/9)</i>	
Higher Education	Enrolment is low at 204 per 100,000 people approximately. In 1999 the total enrolment was around 22,000 people with approximately two thirds of students paying fees in public and private institutions) The Government only funds the places for 2000 students a year.	

(Note: Unless otherwise stated all figures are based on current MOEYS data)

The Government's stated education policy priority is to ensure equitable access and quality improvement for nine years of basic Education for All by 2010. *(Interim Poverty Reduction Strategy Paper)* The Cabinet adopted this policy in late 2000. To attain this target MOEYS introduced its Priority Action Program (PAP) in 10 provinces in 2000 (refer to the MOEYS/NGO Workshop on Priority Action Program, January 2001). The main features of the PAP 2000 were:

- Increased provision of school operating budgets administered at the district level
- Remedial classes for grades 1 & 2 to reduce repetition rates
- Strengthening of HQ/provincial technical and financial monitoring

The PAP proved to be largely successful especially in reducing repetition rates for grade 1 from 46% in 1999 to 18% in 2000. The PAP will be extended nation-wide in 2001. The PAP 2001 will concentrate on basic education quality improvement, higher education quality improvement and teacher incentives.

1 Statistical Data

The statistical data on disability has been compiled from official government statistics of the National Institute of Statistics (NIS), Ministry of Planning (MOP). It appears that data is different from one survey to another and it is felt that the current figures may not be reliable. The discrepancy can be explained at least partially by confusion of terms used to define or identify disability, unclear definition on disability and its categories, and lack of trained staff on disability who collected data.

- a) *Socio-Economic Survey of Cambodia (SESC), 1996, in collaboration with UNICEF, UNDP/CARERE and ILO Sponsored by Asian Development Bank (ADB)*
- b) *Cambodia Socio-Economic Survey (CSES), 1997, sponsored by UNDP, Swedish International Development Cooperation Agency and executed by the World Bank*
- c) *Cambodia Socio-Economic Survey (CSES), 1999, sponsored by UNDP, Swedish International Development Cooperation Agency and executed by the World Bank.*
- d) *Socio-Economic and Behavioral Pilot Survey on the Situation of PWD, in two provinces of Cambodia namely Kampong Speu and Banteay Meanchey, was conducted by DAC's Disability Database Working Group in collaboration with MOSALVY and DAC affiliated members, and financially supported by UNICEF. The study was mainly aimed to test the survey tools and methodologies for future data collection activities on disability.*

Tables 1-1, 1-2 and 1-3 show disability data extracted from "Socio-Economic Survey of Cambodia 1996", "Cambodia Socio-Economic Survey 1997" and "Cambodia Socio-Economic Survey 1999", while table 1-5 demonstrates data from the "Cambodia Socio-Economic Survey 1997 and 1999". Table 1-4, the grade-specific data was not categorized in any of the above surveys. However, according to sub-degree N^o 46 ANK/PK dated on 18th November 1996 on the establishment of Assessment Council under the Ministry of National Defense and based on the inter-ministerial declaration, the Council is composed of Ministry of National Defense, Ministry of Health, Ministry of Social Affairs and Veterans (Previous name of MOSALVY). The criteria for the category and the grade of disability was defined as follows:

* **Category "A"** an injured soldier will not cause to death but become disabled soldier due to fighting is divided into 4 grades:

- Grade 1: Lose of working ability up to 80%
- Grade 2: Lose of working ability up to 60%
- Grade 3: Lose of working ability up to 40%
- Grade 4: Lose of working ability up to 20%

* **Category "B"** an injured soldier will not cause to death but become disabled soldier due to the operation in a safety zone is divided into 3 grades:

- Grade 1: Lose of working ability up to 80%
- Grade 2: Lose of working ability up to 60%
- Grade 3: Lose of working ability up to 40%

** The number of disabled soldiers, as at 25 December 2000 is 23,867. No *disabled civilian* was mentioned in the sub-degree. The grade of disability is extracted from the sub-degree on pension for armed force of the Royal Government of Cambodia, the sub-degree signed by the First and Second Prime Ministers.

According to the Socio-Economic Survey of Cambodia 1996, the types of disabilities are categorized as amputation of one or more limbs, unable to use one or more than one limbs, blindness/poor eye sight, deafness, muteness/severe speech problem, disturbances in thinking/feeling/acting behavior, alcohol problem, permanent disfigurement, learning disability or mental handicap, multiple disability. The different category between the surveys 1996, 1997 and 1999 is paralyzed lower limb only and paralyzed all four limbs, mute and deaf, other, mentally disturbed or retarded. However, the similarity of the categories is to be combined or renamed in an appropriate technical terms as seen in some columns of the below tabulations.

Remarks: *The below figures indicate different number of PWD. In 1996, the figures show 310,791 of PWD; in 1997 it was 202,930; while the survey in 1999 was 169,058.*

1.1 Disability-Specific Data

Year	Number of PWD (100%)	Amputee of one or more limbs	Unable to use one or more limbs	Visual Impairment	Deafness/hearing impairment	Muteness/severe speech problem	Deaf-mute	Alcohol problem	Permanent disfigurement	Mentally disturbed or retarded	Multiple disability	Paralyzed	Others
	Total (Men/ Women)												
1996	100%	18.6%	20.1%	23.1%	7.2%	5.6%	n/a	0.1%	7.8%	11%	6.5%	n/a	n/a
	310,791	57,718	62,513	71,709	22,505	17,414	n/a	229	24,126	34,375	20,201	n/a	n/a
1997	100%	22.1%	21.6%	15.3%	4.4%	3.2%	1.2%	n/a	5.2%	8.7%	3.3%	2.2%	12.8%
	202,930	44,808	43,797	31,134	8,968	6,517	2,492	n/a	10,460	17,714	6,751	4,377	25,911
1999	100%	18.2%	22.1%	11.5%	4.3%	2.0%	0.7%	n/a	10.9%	7.4%	2.8%	4%	16%
	169,058	30,721	37,351	19,453	7,353	3,414	1,246	n/a	18,471	12,576	4,791	6,251	27,430

Sources: The report on Socio-Economic Survey of Cambodia 1996, NIS, MOP
The report on Cambodia Socio-Economic Survey 1997, NIS, MOP
The report on Cambodia Socio-Economic Survey 1999; NIS, MOP

Notes:

- The figures in the cell mentally disturbed or retarded (1997-99) is combined with learning difficulty/mental handicap and disturbances in thinking, feeling and acting behavior 1996.
- Amputation of one limb and Amputation of more than one limb are also combined into Amputation of one or more limbs.
- Paralyzed lower limbs only and paralyzed all four limbs are combined into Paralyzed.
- 1997-99 in cell muteness/severe speech problem the figures is indicated only mutes.

1.2 Age-Specific Data

Age group	CAMBODIA				BANTEAY MEANCHEY (Rural)				BATTAMBANG (Rural)				Kg. THOM (Rural)				PURSAT (Rural)			
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
	No	%	No	%	No	%	No.	%	No	%	No	%	No	%	No	%	No	%	No	%
All ages	187,550	100.0	123,241	100.0	7,628	100.0	4,592	100.0	11,538	100.0	7,476	100.0	6,048	100.0	4,568	100.0	5,124	100.0	3,319	100.0
0-4	6,334	3.4	2,456	2.0	125	1.6	125	2.7	394	3.4	268	3.6	-	-	-	-	176	3.4	258	7.8
5-9	14,057	7.5	8,742	7.1	761	10.0	185	4.0	796	6.9	679	9.1	458	7.6	363	7.9	339	6.6	348	10.5
10-14	18,931	10.1	9,593	7.8	984	12.9	241	5.2	1179	10.2	895	12.0	473	7.8	544	11.9	607	11.8	335	10.1
15-19	11,453	6.1	6,832	5.5	750	9.8	345	7.5	1178	10.2	370	4.9	471	7.8	491	10.7	165	3.2	257	7.7
20-24	10,813	5.8	9,277	7.5	605	7.9	372	8.1	516	4.5	1037	13.9	465	7.7	364	8.0	176	3.4	186	5.6
25-29	14,884	7.9	4,047	3.3	837	11.0	-	-	751	6.5	570	7.6	822	13.6	334	7.3	604	11.8	159	4.8
30-34	24,271	12.9	6,642	5.4	835	10.9	135	2.9	1236	10.7	269	3.6	860	14.2	117	2.6	1,006	19.6	271	8.2
35-39	14,764	7.9	9,180	7.4	866	11.4	131	2.8	1128	9.8	343	4.6	127	2.1	695	15.2	629	12.3	540	16.3

40-44	11,874	6.3	11,818	9.6	382	5.0	633	13.8	602	5.2	921	12.3	802	13.3	-	-	90	1.8	239	7.2
45-49	17,917	9.6	7,748	6.3	279	3.7	474	10.3	884	7.7	425	5.7	478	7.9	334	7.3	538	10.5	182	5.5
50-54	7,968	4.2	9,081	7.4	746	9.8	521	11.3	1069	9.3	279	3.7	-	-	384	8.4	429	8.4	85	2.6
55-59	8,320	4.4	4,325	3.5	120	1.6	259	5.6	446	3.9	248	3.3	123	2.0	558	12.2	96	1.9	171	5.2
60-64	7,392	3.9	8,296	6.7	-	-	720	15.7	641	5.6	263	3.5	111	1.8	-	-	-	-	-	-
65-69	6,969	3.7	8,051	6.5	95	1.2	95	2.1	393	3.4	326	4.4	524	8.7	290	6.4	189	3.7	-	-
70-74	7,456	4.0	8,763	7.1	242	3.2	235	5.1	148	1.3	-	-	220	3.6	96	2.1	81	1.6	88	2.6
75-79	2,442	1.3	5,291	4.3	-	-	-	-	-	-	321	4.3	115	1.9	-	-	-	-	88	2.7
80-84	1,528	0.8	1,825	1.5	-	-	120	2.6	-	-	262	3.5	-	-	-	-	-	-	112	3.4
85 & Over	178	0.1	1,271	1.0	-	-	-	-	178	1.5	-	-	-	-	-	-	-	-	-	-

Age group	PHNOM PENH				RATTANAK KIRI (Rural)				SIEM REAP (Rural)				SVAY RIENG (Rural)				OTHER URBAN			
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
All ages	10,994	100.0	8,692	100.0	846	100.0	526	100.0	7,478	100.0	526	100.0	6,091	100.0	5,064	100.0	16,008	100.0	10,563	100.0
0-4	111	1.0	265	3.0	40	4.7	73	13.9	492	6.6	73	13.9	221	3.6	150	3.0	570	3.6	370	3.5
5-9	585	5.3	1,105	12.7	71	8.4	123	23.4	528	7.1	123	23.4	1,116	18.3	715	14.1	1,112	6.9	391	3.7
10-14	1,047	9.5	1,101	12.7	82	9.7	71	13.5	531	7.1	71	13.5	1,024	16.8	460	9.1	756	4.7	1,034	9.8
15-19	1,056	9.6	863	9.9	-	-	22	4.2	493	6.6	22	4.2	736	12.1	-	-	847	5.3	300	2.8
20-24	147	1.3	708	8.1	22	2.6	-	-	614	8.2	-	-	570	9.4	419	8.3	1,087	6.8	1,444	13.7
25-29	635	5.8	239	2.8	19	2.3	41	7.7	1,651	22.1	41	7.7	110	1.8	197	3.9	2,222	13.9	369	3.5
30-34	1,141	10.4	385	4.4	37	4.4	26	5.0	823	11.0	26	5.0	453	7.4	473	9.4	1,533	9.6	163	1.5
35-39	1,571	14.3	369	4.2	18	2.1	-	-	563	7.5	-	-	-	-	90	1.8	1,633	10.2	531	5.0
40-44	991	9.0	517	5.9	72	8.5	-	-	501	6.7	-	-	541	8.9	358	7.1	1,604	10.0	1,089	10.3
45-49	731	6.6	493	5.7	176	20.9	50	9.4	152	2.0	50	9.4	220	3.6	558	11.0	1,286	8.0	558	5.3
50-54	362	3.3	692	8.0	56	6.7	-	-	-	-	-	-	216	3.5	211	4.2	589	3.7	560	5.3
55-59	693	6.3	683	7.9	49	5.8	-	-	-	-	-	-	450	7.4	322	6.4	1,041	6.5	300	2.8
60-64	1,136	10.3	232	2.7	-	-	-	-	393	5.3	-	-	109	1.8	113	2.2	222	1.4	344	3.3
65-69	-	-	115	1.3	43	5.0	18	3.4	565	7.6	18	3.4	216	3.6	547	10.8	494	3.1	613	5.8
70-74	311	2.8	597	6.9	41	4.8	62	11.8	171	2.3	62	11.8	-	-	452	8.9	827	5.2	506	4.8
75-79	111	1.0	221	2.5	120	14.2	21	4.1	-	-	21	4.1	109	1.8	-	-	186	1.2	1,185	11.2
80-84	367	3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	584	5.5
85 & Over	-	-	108	1.2	-	-	19	3.6	-	-	19	3.6	-	-	-	-	-	-	222	2.1

Age group	OTHER RURAL			
	Male		Female	
	Number	%	Number	%
All ages	115,795	100.0	74,031	100.0
0-4	4,206	3.6	610	0.8
5-9	8,291	7.2	4,833	6.5
10-14	12,249	10.6	4,569	6.2
15-19	5,756	5.0	3,528	4.8
20-24	6,610	5.7	4,557	6.2
25-29	7,235	6.2	2,138	2.9
30-34	16,346	14.1	4,650	6.3
35-39	8,228	7.1	6,483	8.8
40-44	6,290	5.4	7,915	10.7
45-49	13,174	11.4	3,824	5.2
50-54	4,501	3.9	6,115	8.3
55-59	5,301	4.6	1,476	2.0
60-64	4,780	4.1	6,318	8.5
65-69	4,450	3.8	5,723	7.7
70-74	5,415	4.7	6,323	8.5
75-79	1,801	1.6	3,454	4.7
80-84	1,161	1.0	593	0.8
85 & Over	-	-	922	1.2

Source:

The report on Socio-Economic Survey of Cambodia 1996, Ministry of Planning/National Institute of Statistics.

Notes:

Age-specific data of disabled population in Cambodia is only available by Gender and by Area, not by Category.

No indication of Age Specific Data by category from the report on Cambodia Socio-Economic Survey 1997 and 1999.

1.3 Area-Specific Data

Area	No. of PWD (100)	Amputation of one or more limbs	Unable to use one or more limbs	Visual Impairment	Deafness/hearing impairment	Muteness/severe speech problem	Deaf-Mute	Alcohol problem	% disfigurement	Mentally disturbed or retarded	Multiple disabilities	Paralyzed	Others
	Total Men / Women												
Banteay.M. Chey/Rural	100%	24.4%	18.4%	15.9%	5.8%	6.0%		1.1%	17.2%	6%	5.2%		
	12220	2984	2252	1937	710	734		133	2100	735	634		
Battambang/Rural	100%	14.1%	31.3%	16.5%	8.2%	6.9%			2.9%	10.9%	9.0%		
	19014	2690	5954	3146	1552	1320			556	2080	1716		
Kampong Thom/Rural	100%	17.0%	19.1%	25.5%	10.4%	11.2%			6.8%	9%	1.1%		
	10616	1808	2024	2704	1105	1191			722	948	115		
Phnom Penh	100%	20.4%	21.7%	18.6%	6.0%	6.2%			6.6%	14.4%	6.2%		
	19686	4008	4275	3654	1173	1226			1294	2837	1218		
Pursat/Rural	100%	27.8%	23.0%	15.9%	6.1%	3.0%		1.1%	10.6%	7.5%	4.9%		
	8443	2349	1940	1343	517	251		96	896	637	1047		
Rattanakiri/Rural	100%	17.7%	9.4%	29.8%	20.3%	6.1%			15.2%	1.6%	-		
	1371	242	128	409	279	83			208	22	-		
Siem Reap/Rural	100%	24.0%	23.6%	23.3%	2.7%	2.7%			5.7%	9.6%	8.4%		
	11888	2852	2811	2764	317	326			678	1144	995		
Svay Rieng/Rural	100%	22.2%	18.6%	21.3%	11.0%	14.2%			2.0%	8.9%	1.9%		
	11155	2476	2078	2377	1222	1588			218	986	209		
Other Urban	100%	25.7%	25.6%	21.9%	5.6%	1.8%			6.4%	10.1%	3.0%		
	26571	6822	6792	5810	1496	465			1705	2674	807		
Other Rural	100%	16.6%	18.0%	25.1%	7.4%	5.4%			8.3%	11.8%	7.4%		
	189826	31485	34259	47565	14135	10230			15749	23312	14091		

Note: * The data representing areas from the report on Cambodia Socio-Economic Survey 1997-1999 is limited to only Phnom Penh, other urban and rural. Therefore the data representing areas from the report of Socio-Economic Survey of Cambodia 1996 is more comprehensive and has been used.

Source: The report on Socio-Economic Survey of Cambodia 1996, NIS, MOP.

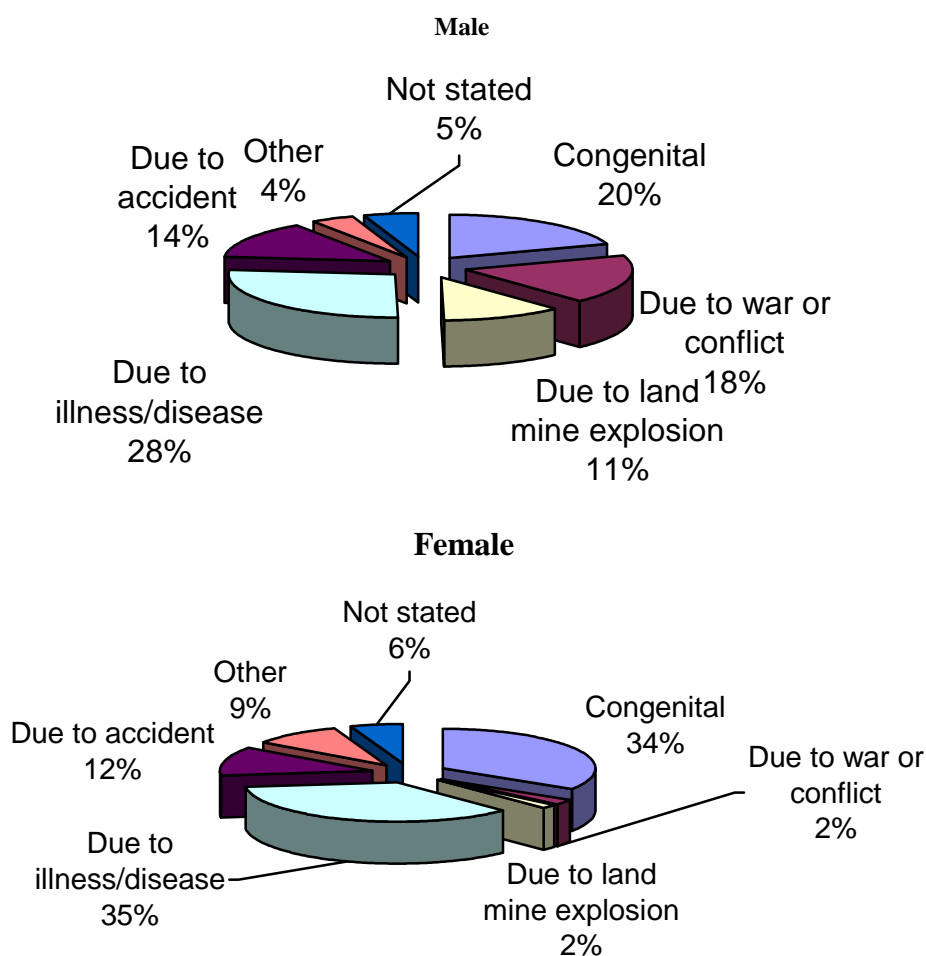
1.4 Grade-Specific Data

Grade	Amputee of one or more limbs	Unable to use one or more limbs	Visual Impairment	Deafness/hearing impairment	Muteness/severe speech problem	Deaf-mute	Alcohol problem	Permanent disfigurement	Mentally disturbed or retarded	Multiple disability	Paralyzed	Others
1												
2												
3												

Source: Sub-Degree No 46 ANK/RGC dated on 18th November 1996 by the Royal Government of Cambodia (Please see more on the introduction of statistical data).

1.5 Cause-Specific Data

In 1997 disabled population classified by cause of disability shows that illness or disease has been the principal cause of disability in both urban and rural areas. In Phnom Penh, the main causative factor was reported as congenital disability. Disabilities caused by landmine explosions were reported as 6.7%, 10.7%, and 7.8% in Phnom Penh, other urban and rural strata. Proportions disabled due to war or conflict were higher and the corresponding rates for Phnom Penh, other urban and rural areas were 11.6%, 16.4% and 12.3% respectively.



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

Disabled Population by Cause of Disability, Cambodia 1997

Cause of Disability	Cambodia		Phnom Penh		Other Urban		Rural	
	Total	%	Total	%	Total	%	Total	%
Both Sexes								
Congenital	50247	24.8	4798	30.7	2933	13.4	42516	25.7
Due to war or conflict	25805	12.7	1518	11.6	3589	16.4	20400	12.3
Due to land mine explosion	16290	8.0	1048	6.7	2348	10.7	12894	7.8
Due to illness/disease	60800	30.0	3340	21.4	6731	30.8	50730	30.7
Due to accident	26430	13.0	2507	16.0	3108	14.2	20815	12.6
Other	12537	6.2	706	4.5	1879	8.6	9953	6.0
Not stated	10820	5.3	1418	1.9	1279	5.8	8123	4.9
All Causes	202930	100.0	15633	100.0	21866	100.0	165431	100.0
Male								
Congenital	26077	19.8	2129	23.8	1542	10.5	22406	20.7
Due to war or conflict	24166	18.3	1451	16.2	3085	21.0	19630	18.2
Due to land mine explosion	15097	11.5	709	7.9	2348	16.0	12040	11.1
Due to illness/disease	35702	27.1	2054	22.9	3870	26.4	29778	27.5
Due to accident	18061	13.7	1302	14.5	2313	15.8	14446	13.4
Other	5805	4.4	503	5.6	558	3.8	4744	4.4
Not stated	6794	5.2	802	9.0	945	6.4	5047	4.7
All Causes	131702	100.0	8951	100.0	14661	100.0	108090	100.0
Female								
Congenital	24170	33.9	2668	39.9	1391	19.3	20110	35.1
Due to war or conflict	1639	2.3	364	5.5	504	7.0	770	1.3
Due to land mine explosion	1193	1.7	339	5.1	0	0	854	1.5
Due to illness/disease	25099	35.2	1286	19.2	2861	39.7	20952	36.5
Due to accident	8369	11.7	1205	18.0	795	11.0	6369	11.1
Other	6733	9.5	203	3.0	1320	18.3	5209	9.1
Not stated	4026	5.7	616	9.2	334	4.6	3076	5.4
All Causes	71228	100.0	6682	100.0	7206	100.0	57340	100.0

* *Note: The causes of disability are not available in categories from existing surveys.*

2 *Current Situation of Persons with Disabilities (PWD)*

2.1 **Definition of Disability**

With reference to article 2 of the Draft Legislation on "THE RIGHTS OF PEOPLE WITH DISABILITIES" which is being developed by a Legislation Working Group, "a disabled person" means a person who loses any physical organ or capacity or suffers from any significant mental impairment, such as loss of limbs, quadriplegic, visual or hearing impairment or mental disability, etc which significantly affects their capacity to participate in social activities and they are required to have a certified document of disability issued by the Ministry of Health. The category and level of disability will be determined by the Government Sub-decree¹.

There was some identification of grade and categories of disabilities specifically for disabled soldiers stated by the Government (refer to 1. Statistical Data). However, there has been no official definition regarding the classification of types of disability for PWD in general in Cambodia until a "Socio-Economic and Behavioral Pilot Survey on the Situation of the Disabled Persons in Cambodia" was conducted during March-June 2000², an unofficial agreement was made in the classification of disabilities into eight types of difficulties as follow:

1. Seeing difficulties or visual impairment
2. Hearing difficulties or hearing impairment
3. Speaking difficulties or deaf/speaking impairment
4. Moving difficulties or physical impairment
5. Feeling difficulties
6. Strange behavior or mental impairment
7. Learning difficulties or intellectual impairment
8. Fits

There is not available and or official definition of the above types of disabilities in Cambodia. However, effort has been made in this regard in conjunction with the World Health Organization-WHO amended definition of the disability.

2.2 **Current Situation and Problems Faced by PWD**

The recent history of Cambodia has left a legacy of high numbers of PWD of all ages and conditions. The devastated health and social services as well as educational facilities have neither the financial means nor the human resources to cope with the overwhelming needs of Cambodians with disabilities. The rehabilitation services are still limited to support PWD, especially services to address the needs of children and women with disabilities. The Government's long-term goals are to develop, implement and manage a national strategy for the prevention of disability and for the rehabilitation of the disabled, based on an integrated participatory and decentralized approach to services delivery. The immediate goal is to ensure the maximum number of PWD receive appropriate services and support so as to enable them to live with dignity and to be integrated within the community to the best extent possible.

Registration

There is no universal PWD registration system set up in Cambodia. (*Please, see more in section 3*).

General Conception Towards PWD

More than 85% of Cambodian people practice Buddhism. People believe in "Kama: Commit good receive good, commit bad receive bad". In Buddhist theory or teaching, disability is the outcome of a bad thing, which a person made in his/ her previous life's course. People have also been taught to have mercy for the weak. On the other hand, there is also a belief in good and bad luck and this relates to an action of a person when he/she does good action against others good luck would be brought to that person. Therefore, most Cambodian people prefer to give donations or charity to the poorer people and disabled beggars. However, such compassion and support of people has decreased due to suffering and the breakdown of community spirit by the prolonged civil war and devastation in the country. Though the above concept might be regarded as a good system to support PWD, however additional approaches would enable PWD to stand for themselves in society equally and considerable attention is being given to the empowerment of PWD to be included at all levels of decision making.

Disability Awareness

A major factor restricting the full participation and equality of opportunities of PWD is the prevalence of perceptions and practices, which prevent them from functioning as full members of the society. Often the abilities of PWD are not recognized. They face social and economic marginalization, discrimination, and have very limited access to resources. Therefore, they find their opportunities for full and equal participation limited. Also, public awareness and mass education campaigns on the inclusion of PWD in the country's mainstream development program, by mobilizing the private sector and the community for eradication of discrimination are almost non-existent.

¹ Draft Legislation on the Rights of PWD, Provision I, Article 2, 2000

² Socio-Economic and Behavioral Pilot Survey on the Situation of the Disabled Persons in Cambodia", December 2000

Public awareness campaigns are needed to overcome inaccurate stereotypes that PWD cannot be productive members of society. Public awareness should promote the respect of the right of PWD. It should also focus on the abilities of PWD possess. The involvement of the Buddhist community could be a valuable support for public awareness and mass education to change the society's mindset and negative attitudes towards PWD.

At the present, a study on Disability Awareness Programs has been coordinated by the DAC. Its main objectives are to assess the current activities on disability awareness, which are being implemented by some organizations, to identify gaps and to develop a comprehensive national strategic plan for disability awareness program in a systematic, coordinated way in Cambodia.

Training and Employment

Skills training, income generation and job placement are among the important factors in the rehabilitation of PWD. In Cambodia PWD typically come from the poor and poorest segments. It is the highest priority enable PWD to gain an income for themselves and their families. Programs in training and employment include the following categories.

- Provision of vocational training (which can include literacy, numeracy and small business management)
- Referral services to training providers and employers
- Production of crafts for the local market and export through production workshops or independent producer groups

Follow up after the graduates have left the centers and gained an increasing importance in most programs. Follow up takes the shape of regular visits to these graduates work place with the provision of start up equipment and – in some cases – the provision of loans or grants. PWD meet some specific constraints in their aim to gain an income.

- Self-employment usually requires access to credit facilities. Poor PWD find it particularly difficult to access credit.
- PWD often face discrimination, when it comes to employment. The belief in their abilities is very low.

In addition, PWD meets the same constraints as the mainstream service providers in skills training.

- Labor market is very limited. Employees are often hired because the owner trusts them and not because they are particularly qualified.
- Employees are paid very low salaries, often not meeting the minimum expectations and needs of job seekers.
- Most PWD live in rural areas, where economic activities are limited.
- Micro-enterprise promotion requires people willing to be entrepreneurs. This cannot be assumed for everybody.

Poverty

In Cambodia, the measurement of poverty is based on a poverty line that takes into account food consumption that provides at least 2,100 calories of energy per person per day and a small allowance for non-food consumption to cover the basic living items like clothing and shelter. The nature of poverty in Cambodia has been identified as following: a) impact of the Khmer Rouge Regime and the legacies of war on the population, b) lack of opportunities, c) vulnerability, d) less access to public services.

PWD form one of the most vulnerable groups in Cambodia, and have very limited access to education, skills/vocational training, job placement, income generation opportunities and other available social services. As a result, many are extremely poor. Income generation for PWD thus not only contributes to establish a sense of dignity and self-confidence among PWD, but it is also directly linked to poverty reduction and development. Many view disability as a condition of occupational disadvantage, which can and should be overcome through a variety of policy, measures, regulations, appropriate programs, and services. Equality of treatment, mainstreaming of training and employment opportunities and community involvement is central pillars of the multi-sectoral approach.

Accessibility

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

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

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

accessibility features on a specific government body.

Education

Education is a human right and a basic need. Education in Cambodia however, has suffered greatly from past political, social and economic turmoil. The Khmer Rouge Regime (1975-79) oversaw the almost complete destruction of the education system. Cambodia has made significant progress in the last decade in recovering from the years of war and turmoil. The eighties and early nineties are best characterized as a lengthy phase of emergency relief focusing on the opening of schools and the emergency training and deployment of teachers. The early nineties featured a growing emphasis on Government led policy reform. It is only from mid to late nineties that it can be said that the transition from emergency relief to reconstruction and development has been made.

Education for all persons in Cambodia is imperative. The limited capacity and resources of the general education system, particularly in rural areas has resulted in the majority of learners being excluded from education opportunities altogether. This naturally results in illiteracy and low skills amongst children and adults with disabilities, ultimately contributing to reduce employment opportunities.

For PWD formal and non-formal education is among the services essential for child survival and development and a vital means of empowerment and self-help. To date education programs for PWD have been implemented solely by NGOs and focus on children with disabilities. A limited number of special schools and classes exist, as do a few community-based initiatives. Collectively these services only provide provision for a fraction of children with disabilities in Cambodia, and are concentrated mainly in urban areas. These programs cater almost exclusively for children with physical disabilities and sensory impairments. A non-quantifiable number of children with disabilities (mainly children with physical disabilities) are intrinsically included into the mainstream education system however the present school environment does not facilitate integration. At present, the national policy and pilot inclusive programs for promoting educational opportunities for children with disabilities have been coordinated by the DAC in close collaboration with Ministry of Education, Youth and Sports (MOEYS).

2.3 National Census

In Cambodia, the last national population census was taken in 1998. This census aimed at providing a picture of the social and economic conditions of population at all levels. Unfortunately, the data on PWD had been minimally collected. There has not been any separate national census on disability, neither registration system of PWD set up in this country. (*Please, see more details in section 1: Statistical Data*).

3 National/International Laws and Regulations Related to PWD

3.1 National Laws and Regulations

Name	Legislated Date	Description	
Constitution of the Kingdom of Cambodia	1993 amended in 1999	The Constitution stipulates contents about rights and responsibility of Cambodian citizens (in Chapter 3) and Education, Culture and Social Welfare (in Chapter 6).	
		Article 31	- Recognize and respect fundamental human rights, liberty; Equality of all and prohibition of unjust and discrimination.
		Article 34 & 35 & 36	- Rights to actively participate in political, economic, social, and cultural activities. - Equal rights to employment and equal benefit from the same job.
		Article 65 - 68	- Obligation of State to promote right of citizens to receive fundamental quality education. - Responsibility of State to provide free of charge education at primary and secondary school for duration not less than 9 years.
		Article 72	- Obligation of State to provide standard public health care service to all people. - Poor people have the right to receive free of charge medical treatment from hospitals, and health care centers of the state.
		Article 74	- Stipulated the duty of State in providing aid and support to PWD and death soldiers' families.
Labor Law	January 10, 1997	* Although no special treatment is offered to PWD but it is important law to manage contractual agreement between employees and employers in which PWD are included.	
Royal Decree NS/RKM/0295/16	February 25, 1995	Establishment of Cambodian Mine Action Center is responsible to administer, control, and co-ordinate all mine and unexploded ordnance activities in Cambodia.	
Royal Decree NS/RKM/0599/03	May 28, 1999	Promulgating the law for implementing the Mine Ban Treaty, which prohibits the Use, Stockpiling and Transfer of Anti personnel Mines and on their Destruction.	
Royal Decree NS/RKM/0699/06	June 17, 1999	Establishment of Ministry of Social Affairs, Labor, Vocational Training, and Youth Rehabilitation- MOSALVY	
Royal Decree NS/RKM/0900/160	September 4, 2000	Establishment of Cambodian Mine Action and Victim Assistance Authority-CMAA as national regularity on mine action and victim assistance in Cambodia.	
Government Decision No 181 SSR/SC	December 20, 1990	Principle Guidelines of Rehabilitation, Vocational Training, and Job Placement for PWD.	
Government Decisions No 15/SSR/RGC No 22/SSR/RGC	February 2, 1995 March 10, 1999	To form an Inter Ministerial Committee for Organizing Cambodian Handi-sports Day on yearly basis.	
Government Sub-decree No 37/ANK/BK	April 4, 1995	Establishment of an Inter-ministerial Committee on Primary Health Care to Support the Development and Implementation of a National Policy on Primary Health care. It is a basis for prevention of disability.	
Government Sub-decree No 059/ANK/BK	October 6, 1997	Retirement Pensions and Disability Regime for Civil Servants.	
Government Sub-decree No 70/ANK/BK	October 24, 1997	Establishment of the National Paralympic Committee of Cambodia with main responsibility to organize sporting activities for PWD at national and international levels.	
Government Sub-decree No 28/ANK/BK	April 9, 1999	Supplementary Salary of Civil Servants, Military, National Police, Retirees, and Disabled Official.	
Government Sub-decree No 87/ANK/BK	October 04, 1999	Organization and Functioning of the MOSALVY with one of the main priorities is being prepared guidelines and policies to protect and support PWD.	
Ministerial Decision No 10 PKNN/MDVSA	January 10, 1992	Implementing Declaration of Organizational Structure of Rehabilitation for PWD.	
Ministerial Decision (Prakas) No 757/MOSALVA	May 10, 1997	Establishment of National Center for Disabled Persons with main responsibility to provide rehabilitation services, job placement, and referral services.	
Ministerial Decision (Prakas), No 308/MOSALVY	October 26, 1999	Establishment of the Disability Action Council -DAC as National Semi Autonomous Coordinating Body on Disability and Rehabilitation.	
Ministerial Decision (Prakas), No 306/MOSALVY	August 28, 2000	Establishment a Working Group on Draft Legislation to Protect the Rights of PWD.	
Ministerial Regulation (Prakas), No 043/MOSALVY	January 28, 2000	Organization, Roles and Function of Municipal/Provincial SALVY to provide rehabilitation services to PWD.	
Ministerial Regulation (Prakas), NO 318 PRK/KC/MOEYS	January 31, 2000	Establishment of Special Education Bureau for PWD and Minority Group.	
Ministerial Regulation (Prakas), No 174/MOSALVY	May 12, 2000	Establishment of Component Factory to provide P&O devices to rehabilitation workshops countrywide.	
Ministerial Regulation (Prakas), No 175/MOSALVY	May 12, 2000	Establishment of Physiotherapy Rehabilitation Center in Phnom Penh	

Note:* Cambodia does not have separate disability laws at the present, but disability issues have been addressed in some existing Cambodian Laws and Regulations. However, draft legislation on "The Rights of PWD" is being developed. The draft law aims to promote integration of PWD into mainstream development programs/activities which includes health, accessibility, education, vocational training, employment, etc. to ensure the protection and promotion of the rights of all PWD and prohibition of abuse and neglect of these PWD and discrimination against them.

Remarks: The legal documents shown in the above table are listed based on hierarchy of legal status and followed by the date of issuance.

3.2 International Legal Binding and Non Binding Documents

3.2.1 International Legal Binding Documents

<i>Name</i>	<i>Date of Ratification</i>	<i>Description</i>
Universal Declaration of Human Rights	December 10, 1948	Promote fundamental human rights to all. Each article applies to every individual regardless of disabilities, gender, race, color, religion or any other status of life. Any form of discrimination violates the principle of Equality.
International Covenant on Civil and Political Rights	April 20, 1992	Use language similar to Universal Declaration of Human Rights to protect the right to privacy and to actual title to "UN Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment" that are major causes of disability.
International Covenant on Cultural and Economical Rights	April 20, 1992	Article grants the Right of self-determination. And Article 6 guarantees the Right of Work, which includes the right of everyone to the opportunity to gain living by work with freely, chooses and accepts. Article 12- the right to attain the highest standard of physical and mental health...
United Nations Convention on the Rights of the Child	1989	Provide comprehensive rights of the child to education and health and prohibition to labor force...
World Program of Action Concerning Disabled Persons UN Resolution 37/52	1982	Aimed at the promotion of effective measures for the prevention of disability, rehabilitation and the realization of equal opportunities for PWD. And declared the UN Decade of Disabled Persons (1983-1992)
UN ESCAP Asian and Pacific Decade of Disabled Persons, 1993-2002	October 20, 1994	The target of the decade is outlined in the document "Implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons".
Mine Ban Treaty Ottawa, December 1997	July 28, 1999	Prohibit the use, stockpiling, production and transfer of anti personnel mines and their destruction. It stipulates concrete action for eradicating landmines and for ensuring assistance to victims.

3.2.2 International Legal Non Binding Documents

<i>Name</i>	<i>Date of issue & Signature</i>	<i>Description</i>
United Nations Declaration on the Rights of PWD	December 9, 19975	Provide instruments to protect fundamental rights of PWD.
UNESCO World Declaration on Education for All	Involved in 1990 but real activities start in 2000	The main aim is to enforce the implementation of the Principle of Inclusive Education.
UN Standard Rules on Equalization of Opportunity for PWD	December 1993	A set of objectives implying a strong political and moral commitment by the State to take action for the equalization of opportunities for PWD.

* Cambodia is one of the leading Asian countries that is a signatory and recognizes most of International and Regional instruments (meaning Declaration, UN Resolution, Treaty, Covenant, and Law) that can be used to protect the rights of PWD.

Note: The list of the documents in the tables: 3.2.1 and 3.2.2 is made based on level of involvement with PWD and followed by the date of issuance.

Source: The Compendium of Cambodian Laws Volume III, CLRDC, 2000
Landmine Monitor, Cambodia 2000
ASEAN and the Banning of Anti-personnel Landmines, Landmine Monitor 2000

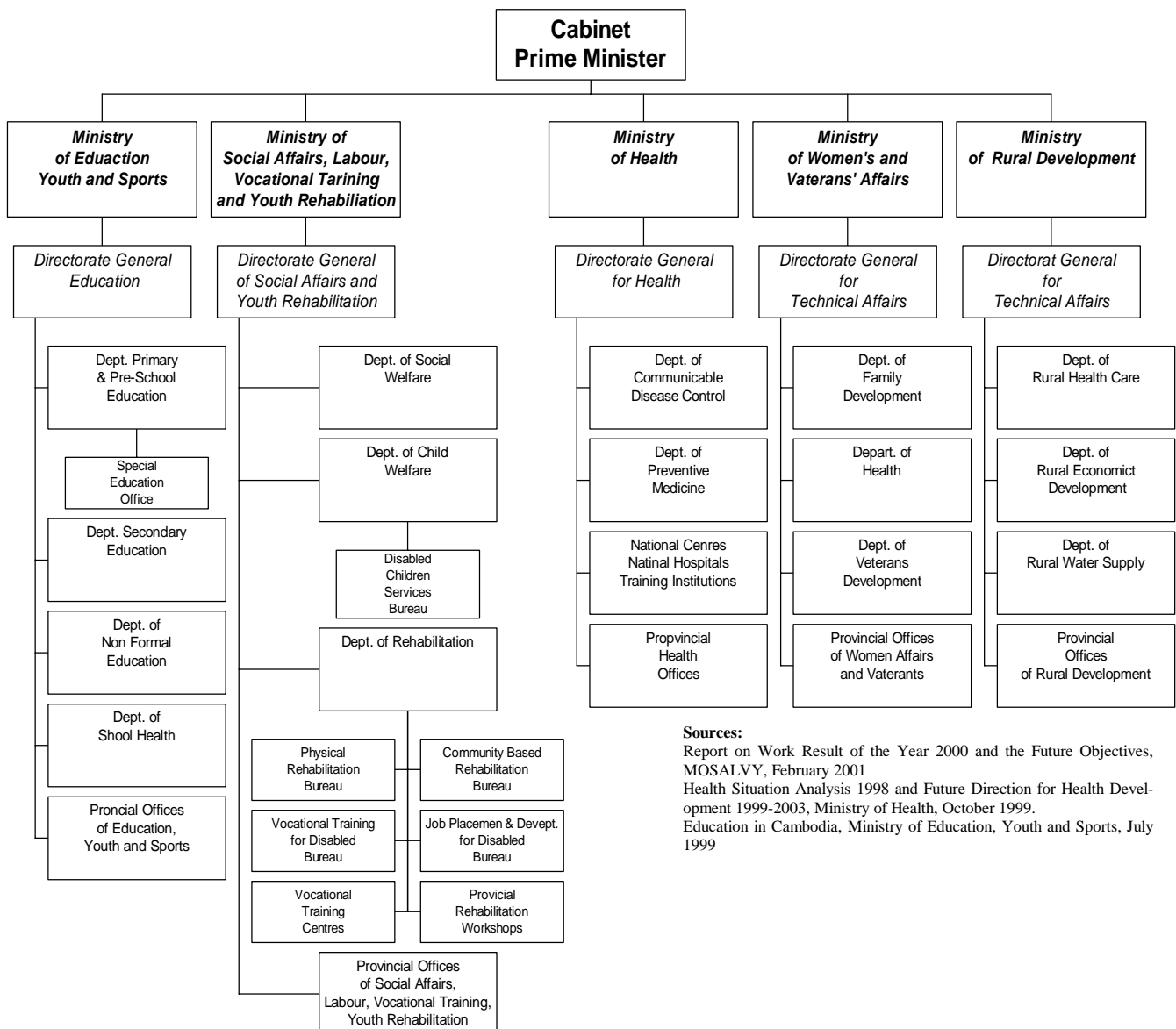
4 National Social Welfare System for PWD

4.1 The Central Government

Chart 1 shows five ministries and their line departments that directly/indirectly offer social welfare support for general people including PWD. These five ministries are mainly responsible for providing services/assistance to PWD for their inclusion into mainstream society. However, as PWD are not their specific target groups, projects and programs are usually designed for the general population. The Ministry of Labor, Vocational Training, and Youth Rehabilitation (MOSALVY) is the core Ministry that has the main responsibility for providing rehabilitation and vocational, skills training services to PWD. The Department of Rehabilitation and the Department of Children Welfare have been established to carry out and support activities related to PWD including Children with Disabilities. Provincial Rehabilitation Centers, under the Department of Rehabilitation provide free of charge rehabilitation services to PWD. For education, a Special Education Office has been established within the MOEYS to introduce the inclusive education of children with disabilities based on the principle of Education for All. The Ministry of Women's and Veterans' Affairs (MWVA) is responsible for pensions of disabled veterans. Actually, there are no universal social security benefits entitlements in Cambodia. The data in 1999 indicated that almost 50% of the total National Budget allocated to military and defense sector- almost twice as much as the health, education, environment, social and women affairs combined³. (Please, see more in section 0.1).

CHART 1

**Organization Chart of Ministries/Departments/Offices
Involving in Social Welfare for PWD**



Sources:

Report on Work Result of the Year 2000 and the Future Objectives, MOSALVY, February 2001
 Health Situation Analysis 1998 and Future Direction for Health Development 1999-2003, Ministry of Health, October 1999.
 Education in Cambodia, Ministry of Education, Youth and Sports, July 1999

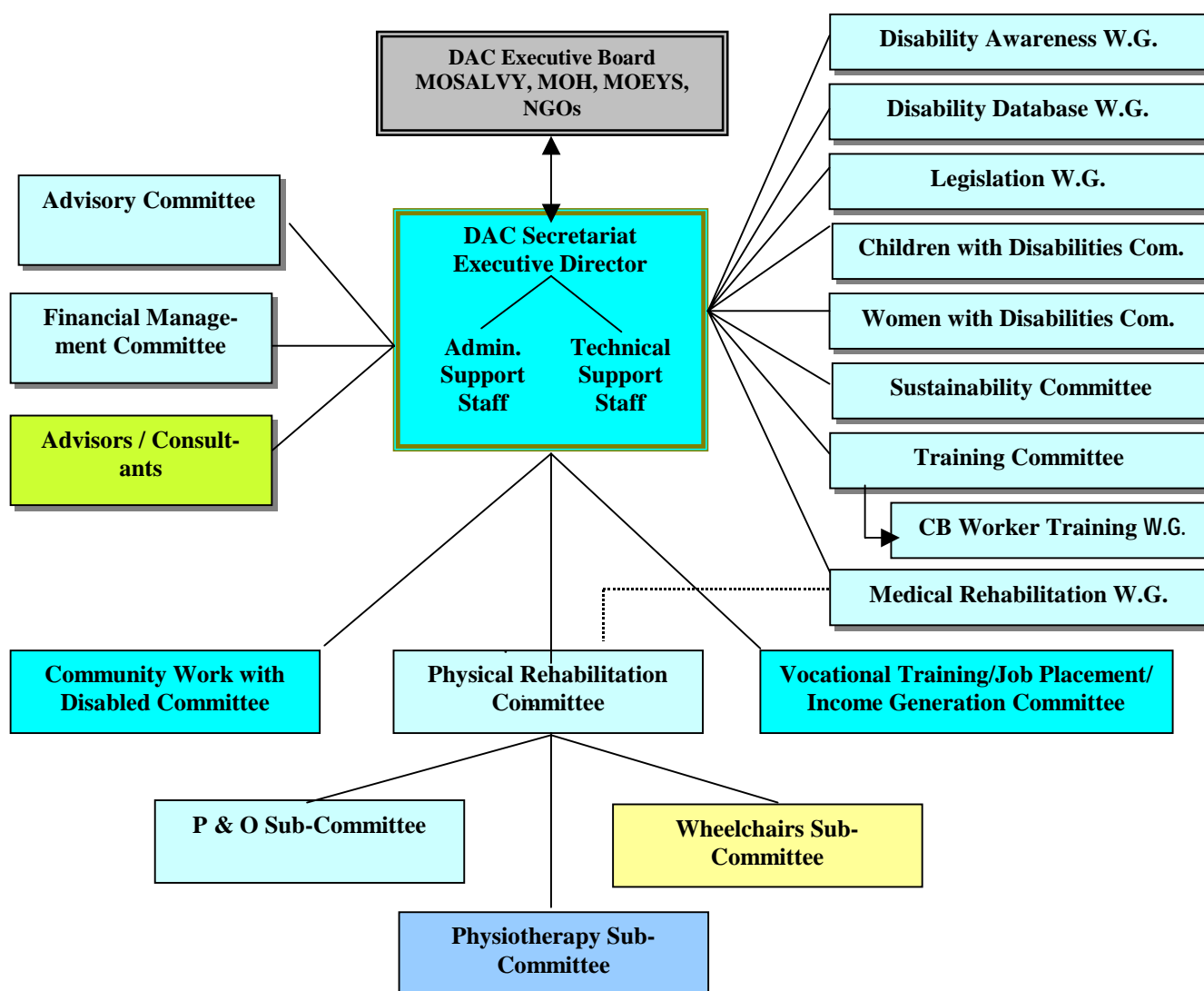
³ The Phnom Penh Post, November 12-25, 1999 quoted from Ministry of Economy and Finance FY 1999

4.2 National Coordinating Body for Disability and Rehabilitation

In Cambodia, due to the lack of resources of government ministries, NGOs and IOs have been the main implementers of services/programs for PWD. Therefore, to avoid overlapping of services and to maximize the use of resources as well as to strengthen collaboration between relevant government institutions and NGOs working in the disability area, the Disability Action Council (DAC) was established in 1997 as a Semi-autonomous National Coordinating Body with representatives from the relevant government ministries, under the leadership of MOSALVY and representatives from NGOs and individuals committed to working for promoting the well being of PWD. It also serves as a national focal point on disability matters to facilitate the continuous evolution of a comprehensive national approach to rehabilitation, equalization of opportunities and prevention of disabilities. The DAC Structure is shown in chart 2. (Please, see more in section 10).

CHART 2

Organization Chart of the DAC as National Coordinating Body for Disability and Rehabilitation



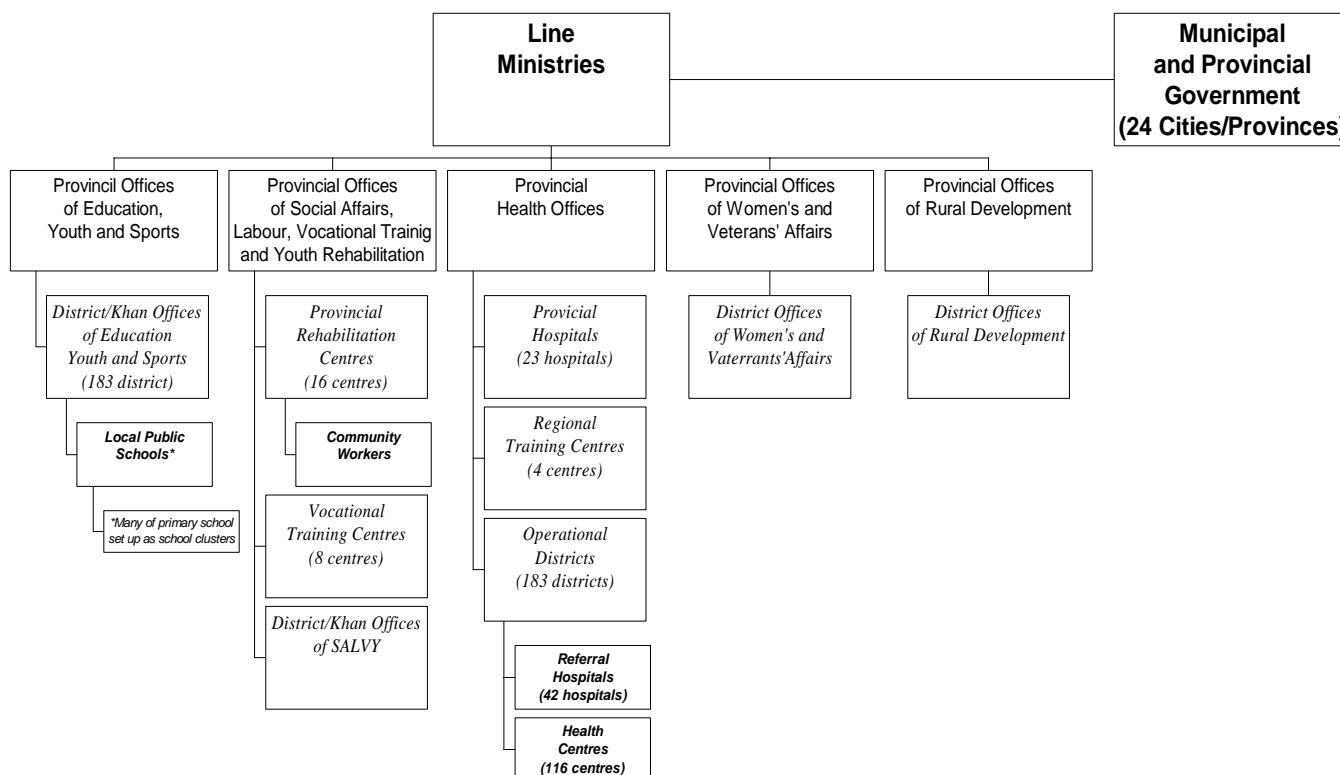
Note: This Organizational Structure of the Disability Action Council (DAC) has been officially recognized through Prakas No. 308 MOSALVY dated October 26, 1999

4.3 The Local Government

Chart 3 shows the system of local government responsible for the welfare of PWD. Technical aspects are channeled through line ministries and general administration through municipal/provincial governments. Cambodia has been divided into 4 municipal cities and 20 provinces. Every city and province has Provincial Office of Social Affairs, Labor, Vocational Training and Youth Rehabilitation; Provincial Health Office; Provincial Office of Education, Youth and Sports; Provincial Office of Women and Veteran Affairs; and Provincial Rural Development Office. Each city and province divided into approximately 5-16 districts (the total number of districts in Cambodia is 183⁴) but only cities and larger provinces have District Offices. Provincial Office administers its district office(s). Accessibility to rural areas, where majority of PWD is concentrated, is severely hampered by the under-developed infrastructure. Therefore, collaboration between relevant ministries needs to be forged to address the needs of PWD. As the government has limited resources to implement activities, NGOs and IOs implement most of activities at the community level.

CHART 3

Organization Chart of Local Government Responsible for the Welfare of PWD



Note:

- In the 1998-1999, the country has a total of 5,156 primary schools, 355 lower-secondary schools and 132 upper-Secondary schools.
- As of October 1998 there are 23,434 health workers at all levels employed by MOH. The various categories of health worker include 4,738 doctors/medical assistants and 14,131 nurses/midwives.
- Based on the new health system, health coverage plan for the whole country needs 67 referral hospitals, 935 health centres, and 8 national hospitals. The catchment areas of the facilities should be accessible to the community.

Source:

- ⇒ All charts are extracted from current ministries' organization charts.
- ⇒ Report on Work Result of the Year 2000 and the Future Objectives, MOSALVY, February 2001
- ⇒ Health Situation Analysis 1998 and Future Direction for Health Development 1999-2003, MOH, October 1999.
- ⇒ Education in Cambodia, Ministry of Education, Youth and Sports, July 1999
- ⇒ The Situation of Disabled Persons in Cambodia, National Task Force, October 1996

⁴ The National Census, National Institute of Statistic, 1998

5 Public and Private Organizations and Facilities for PWD

5.1 Major Public/National Organizations and Facilities

Organizations' name	Projects/Activities	Budget US\$/year	Contact address
Kien Khleang National Rehabilitation Center	<p>Kien Kleang Rehabilitation Center is under the responsibility of MOSALVY in conjunction with International organizations (AAR-J, CIOMAL, VI, and ROSE). The center provides the following services:</p> <p><u>* Physical rehabilitation services</u></p> <ul style="list-style-type: none"> - P&O services: production and distribution of lower limb prostheses, Orthotics, tricycles as well as the distribution of crutches and wheelchairs. - Wheelchair distribution system and follow up. - Community follow up program. <p><u>* Medical rehabilitation services</u></p> <ul style="list-style-type: none"> - Surgical and referrals service. - Support to the national center for the leprosy control program. - Training of national of leprosy staff, in the form of workshop for provincial and district supervisors, medical officers, and nurses. - Raising public health awareness of leprosy for community leaders and general public. - Physiotherapy, ADL / exercises <p><u>* Vocational rehabilitation services</u></p> <ul style="list-style-type: none"> - Vocational and Skill Training programs: motor, radio repair, sewing, etc. and including literacy and numbracy course. 	80,000 30,000 1,985,000	<p>Sangkat Chroychangva, Khan Russey Keo. P.O. Box 141, Phnom Penh Cambodia.</p> <p>Tel: (855-23) 211 953 Fax: (855 23) 430 195 aar.pp@bigpond.com.kh</p>

5.2 Major Private Organizations and Facilities

In Cambodia, at this current stage there is no major private organization provides service/facilities for PWD. However, the Business Advisory Council (BAC) with representatives from business sector and NGOs have recently been established to promote job placement for PWD mainly in Phnom Penh.

6 PWD Related Policy within the National Development Plan

6.1 The Poverty Strategy Reduction Paper-PRSP

As mentioned in the Royal Government Platform for the Second Term 1998-2003, presented by Prime Minister Hun Sen in November 1998 to the National Assembly, spelled out the principle guidelines of the social policy to strengthen the country capacity in terms of human resource development through the improvement of health status of the population and widening access of the poor vulnerable groups, in particular PWD to economic opportunities. As stated in the Poverty Reduction Strategy Paper- PRSP, the Royal Government recognizes that PWD have poor access to education, training, and employment opportunities. In PRSP describes the sectoral strategies of the government to address poverty issues by increasing public spending on social sector, in particular basic education and health services⁵. The document describes the government ultimate policy and will be incorporated into the Second Five-Year Socio-Economic Development Plan (2001-2005)

6.2 The First Five Year Socio-Economic Development Plan-SEDP I (1996-2000)

The Second Five-Year Socio-Economic Development Plan (2001-2005) is being developed and is expected to be finalized by April 2001. Cambodia has just completed the implementation of the first five year SEDP I, which focused on poverty reduction and human resource development. It incorporated the long-term goals of the Royal Government towards development, implementation, and management of the national strategy for general development. The Plan indicated the position of the Government on disability and rehabilitation sector that promote disability prevention and rehabilitation based on an integrated, participatory, and decentralized approach to service delivery. The Royal Government has as its utmost immediate goal to ensure that maximum number of PWD receive appropriate services and supports that enable them to live with dignity and to be integrated into mainstreaming activities to extent possible⁶.

Although the Plan indicted measures to conduct a situation analysis of PWD for contribution to policy and strategy development, enforcement is still limited to cope with the overwhelming need. The plan also indicated that public awareness and education programs would contribute to disability prevention with increasing knowledge about disability, plus enforcement on implementation of vocational training program and development of monitoring and evaluation system.

The development of community-based services is the key point to success. However, lack of infrastructure is a constraint, since the majority of PWD live in rural areas. NGOs and IOs currently carry out most services and activities for PWD.

6.3 The Ongoing Development of the Cambodian Plan of Action for Disability and Rehabilitation

The DAC and its affiliated members in collaboration with relevant government ministries have initiated a document to guide and develop planning, monitoring, and evaluation tools entitled the Cambodian Plan of Action. The main purpose of having the Plan of Action is to provide an orientation strategy, to offer opportunities to gain an overview of the disability and rehabilitation sector, and to guide investment in this area. It encourages organizations to think in wider terms than is usually necessary for implementation of individual programs/projects to cope with the overwhelming need of PWD in Cambodia. The objectives of the Plan of Action include:

- To establish a systematic co-ordination of services and programs
- To prioritize major areas of work
- To provide better geographical distribution of services available for disabled people
- To identify gaps in services
- To improve and/or establish services for types of disabilities, which are not adequately served
- To plan for future assistance from outside as well as inside Cambodia
- To avoid overlapping of services
- To improve the allocation of budgetary resources on a rational basis
- To identify appropriate use of human and financial resources and gaps in human resources
- To establish a comprehensive monitoring and evaluation system
- To assess the impact of programs and service
- To ensure technical and financial sustainability of programs/services.

To address the needs to meet the goal and objectives of the plan the following components are included (most of these are based on key points stated in "Implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons (1993-2002)" with reflection to Cambodian context. The components of the plan include 1. National Coordination; 2. Information; 3. Legislation; 4. Public Awareness; 5. Women with Disabilities; 6. Accessibility and Communication; 7. Education; 8. Training and Employment; 9. Prevention of Causes of Disabilities; 10. Community Work with PWD and Training Community Based Workers; 11. Physical Medicine and Physical Rehabilitation; 12. Self-help Organization; 13. Regional and Global Cooperation; 15. Recreation/sports/culture; and 16. Sustainability.

Each component consists of introduction; goal(s) and objectives; operational plan of action, current projects/activities; gaps in services; and recommendations how to fulfill the gaps.

*Note:** It is an evolving process and expected to be adopted by the government for implementation, monitoring, and evaluation. It is considered as a national development plan for disability and rehabilitation sector.

⁵ Poverty Reduction Strategy Paper, October 2000

⁶ First 5 Year Socio-Economic Development Plan (1996-2000), Ministry of Planning, 1996, p. 34

7 National Policy/Strategy and the Present Situation Regarding PWD

The following has been extracted from the National Policy on the Health Care for Elderly and Disabled People, Ministry of Health, February 1999.

Goal: To foster and strengthen health care of PWD with the integration of national prevention into the existing mainstream health care and to enhance and work cooperative with the other ministries especially the MOSALVY, Bilateral and International Organizations, and other NGOs.

Objective: To prepare the Cambodian people for a healthy PWD and to improve the health status of PWD.

Name / Title	Legislated year	Description / Purpose
1. Improvement of the welfare of PWD	Since Feb. 1999	i) Provision of special care to PWD with the establishment of preventive service into the national hospital, referral hospital, and health center. ii) Provision of health care free to PWDs who are not able to find their income for living.
2. Human Resource Training	Since Feb. 1999	i) Introduce the health care of PWD into curriculum of basic training for nurses and undergraduate medical training for the University of Health Science. ii) Continue professional training of health staff on health care for PWD at all levels. iii) Long term training on rehabilitation in order to improve the quality of care
3. To improve healthy PWD through health education	Since Feb. 1999	i) Integrate health education for PWD into the health education system of the other national programs within the national and referral hospitals and health centers.
4. To provide special care for PWD in the community	Since Feb. 1999	i) To promote nursing care for PWD in order to encourage and support them on positive attitudes toward intergenerational living environment. ii) To promote community participation in the areas of social welfare, report and refer the health situation of PWD to a nearest health center.

Key Strategies to successfully implement the above policies are as follows:

1. Prevent and control of diseases which cause disability in order to decrease the prevalence of hypertension, diabetes mellitus, heart disease, stroke, chronic lung disease in the Cambodian population and to promote oral health, eye care and mental health of PWD through primary prevention.
2. To improve the basic knowledge on health care for PWD to the health staff at all levels.
3. To promote this health system through mass media with some help from IOs, NGOs, and from the Village Development Committee.
4. To orientate communities, the families of PWD on the fundamental knowledge in health care and to strengthen warm relationships among family members by providing facilities to support and encourage families and communities in order to improve the quality of life, their longer-life and well-being.
5. Strengthen the basic health care for PWD in the communities by the village health volunteer.

These are the first steps of the national policy for health care of PWD through the health care delivery system. The focus of this policy is to preserve much care and well-being for PWD that will be enhanced by a range of support program from the Ministry of Health (primary and hospital care) and MOSALVY (community based rehabilitation), other institutions such as Ministry of Economy and Finance, Ministry of Interior, Ministry of Rural Development, Ministry of Women's and Veterans' Affairs, and other NGOs/IOs partners.

The provision of care to PWD must be identified on the quality of care through primary prevention. This is the first priority of this policy and then the secondary prevention must focus on the communicable and non-communicable diseases in the young old people, which cause disability. Rehabilitation, using community-based approaches to meet the health care needs of PWD, will be promoted.

7.1 Prevention of Disabilities

Prevention of disabilities in Cambodia incorporates different elements such as promotion of primary health care, improvement of hygiene and sufficient nutrition, vaccination, mine and UXO awareness, and weapons reduction.

Name/Title	Legislated year	Description/Purpose
Sub-Decree No. 37, the establishment of an Inter Ministerial Committee on Primary Health Care (PHC)	Since April 1995	* To support the development and implementation of a national policy on Primary Health Care (PHC). * To support the understanding of Primary Health Care issues and implementation of the National Policy on PHC. These are: 1. Promoting health through the National Policy on PHC 2. Information on PHC in the Cambodian context and factors influencing health and community development in Cambodia 3. A Conceptual Framework for analysis of factors influencing the health and well being of people in Cambodia.

Name/Title	Legislated year	Description/Purpose
		* Cambodia's PHC policy is based on internationally recognized PHC principles. These are regarded as core characteristics essential for all PHC activities in Cambodia. In implementing activities, all agencies and activity participants should adhere to the following six principles of the Government's policy: <ol style="list-style-type: none"> 1. Universal accessibility and coverage in relation to need 2. Community participation in health and development 3. Inter-sectoral action in health 4. Appropriate technology and cost effectiveness 5. Sustainability, Monitoring and evaluation.
National Subcommittee for Prevention of Blindness	December 1994	National Plan: eye care development (1995-2001) to provide eye care services to reduce blindness to less than 0.5% by 2005: <ul style="list-style-type: none"> ✳ Human resource development, facilities, materials, financial resource mobilization and management and specific control of locally endemic diseases such as cataract, trachoma, and vitamin A deficiency. ✳ Second phase of National Plan (1997-2001): ✳ Training of basic eye doctors and nurses, overseas training of ophthalmologists and ophthalmic nurses, provincial training of primary eye care workers and optometrist technicians. ✳ Development of guidelines & protocols to support eye care services, extended outreach activities, and cataract intervention programs.
Polio Eradication Unit of MOH with support of WHO	Since 1994	Vaccination of major vaccines for babies has been implemented across Cambodia to prevent the cause of disability by polio.
Maternal and Child Health (MCH) priorities of MOH with support of UNICEF	Since 1996	<ul style="list-style-type: none"> ✳ Safe Motherhood National Policy ✳ Birth Spacing Policy, ✳ Vaccine preventable diseases ✳ Micro nutrient deficiencies

Name/Title	Legislated year	Description/Purpose
Royal Decree NS/RKM/0295/16	February 1995	Establishment of Cambodian Mine Action Center (CMAC) with responsibility to administer, control, and co-ordinate all mine and unexploded ordnance activities in Cambodia. (Refer to 11.2)
Royal Decree	September 2000	Establishment of Cambodian Mine Action and Victim Assistance Authority (CMAA) with the main roles: administering all demining and UXO's clearance activities and assistance to mine victims in the Kingdom of Cambodia. (Refer to 11.2)
Government Efforts to Regulate Weapons in Cambodia ⁷	<p>January 1992</p> <p>July 1995</p> <p>July 1996</p> <p>Oct 16, 1998</p> <p>April 1999</p>	<ul style="list-style-type: none"> ✳ The law on Penalties for the Possession of Weapons and Wearing of Uniforms In Violation of the Regulations sets jail penalties of one to five years for keeping, selling or making explosives, ammunition or weapons without authorization. ✳ Sub-Decree 62 on illegal Weapons and Explosives Control splits the responsibility of issuing weapons and explosives permits between the Ministry of Defense for military, military police and militia personnel, and the Ministry of Interior for the police and civilians. It also specifies the rank and level of military and government staff entitled to carry a weapon. ✳ The Ministry of Interior releases a decree canceling weapons and explosives permits for officials, police and civilians ✳ The Ministry of Defense issues a directive ordering soldiers to turn in weapons they hold illegally. The directive prohibits them from carrying guns in Phnom Penh unless on a mission and from using them unless ordered. ✳ The Interior Ministry issues Sub-Decree 38 on "management and control of the import, production, purchase, distribution, sale and use of weapons and explosives of all kind".

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

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

⁷ The Cambodia Daily, Monday, February 19, 2001

7.2 Identification and Early Intervention

In Cambodia, disability identification and early intervention are still weak especially in the rural areas due to the lack of resources, disability awareness, low education of people at community level and the absolute poverty. However, effort has been taken through the following activities.

Name/Title	Legislated year	Description/Purpose
Disability Awareness Modules	Since 2000	In collaboration with MOH, the modules have been developed in relation to identification of disability. The main purpose of the modules is to spread and promote awareness raising on disability so that people can seek for intervention and referral for treatment as earlier as possible.
Health Center and Community Health Worker/Volunteer and Social Workers	Has been implemented for long time	This has been promoted extensively in Cambodia to meet with the increasing needs of people for health care. Community Based Work with PWD benefit from this health system. Community health worker/volunteer (refer to civil society) and social workers play a vitally important role in identification of disability and referral to health center or hospital. However, there is still lack of trained community health worker/volunteer and social worker and disability awareness and the poverty of people in general has made the system worked not very effectively. Please, see section 4.3 for more details)

7.3 Education

Name/Title	Legislated year	Description/Purpose
Government of Cambodia is a signatory to UN Convention on the Rights of the Child	1989	☛ Legal obligation to provide educational opportunities for children with disabilities.
UNESCO World Declaration on Education for All	2000	<ul style="list-style-type: none"> ☛ All citizens including PWD are encouraged and promoted to equally access to education. ☛ MOEYS policy commitment to attain Education for All by the year 2010.
Education Programs for PWD	Since 1993	<ul style="list-style-type: none"> ☛ Implementation has been carried out mainly by NGOs with focus on children with disabilities. ☛ A limited number of special schools and classes. ☛ Programs are concentrated mainly in Phnom Penh and other urban areas and currently cater almost exclusively for children with physical disabilities and sensory impairments. ☛ All the special schools have integration into the mainstream as their ultimate goal.
Special Education Office	Jan. 2000	☛ Development of educational opportunities for children with disabilities, girls, minorities, and other vulnerable groups such as street children.
Project to Develop Educational Opportunities to Meet the Specific Needs of Children with Disabilities in Cambodia	Since Sept. 1999	<p>The Project has been coordinated by the DAC in partnership with MOEYS with the focus on three main areas:</p> <ul style="list-style-type: none"> ☛ Policy Development ☛ Development of Teacher Training and Child to Child Materials ☛ Awareness Raising

Even though, a reliable count of the current disabled population is not available, however, it is generally accepted that Cambodia has one of the highest rates of disability in the world and that approximately 21% of the disabled population are children. The most common types of disability among children in Cambodia are Polio, hearing and visual problems and problems relating to the brain such as Cerebral Palsy and emotional and behavioral problems.

The current world concern with Education for All and the Convention on the Rights of the Child (CRC) is leading many countries to consider this issue in terms of integrated/inclusive education (IE)⁸. Within schools, integrated/inclusive education is an approach, which aims to develop a child-focus by acknowledging that all children are individuals with different learning needs. Through an IE program, teaching and learning can become more effective and relevant and meet the needs of all children, not just those with disabilities. Therefore IE will be beneficial for all schools, although all schools may not be beneficial for all children. As a catalyst for change IE provides not only for school improvement but also for increased awareness of human rights and a reduction in discrimination.

Although, efforts have been undertaken to promote Education for All including children with disabilities, however educational opportunity for adults with disabilities is still minimal. PWD experience lack of accessibility, appropriate support and encouragement of their families and community, and face with marginalization and discrimination. In addition, they even face with the barriers made by the state, public and private sectors. For instance, the recruitment criteria of students for higher education and of teachers for public pre-schools and primary schools imposed by the MOEYS, according to Council

⁸ Integrated education is the term used to describe the process of bringing children with disabilities into mainstream schools. Inclusive education is a wider process of integration, incorporating the ideas of access for all (other disadvantaged groups as well as those with disabilities) and the accommodation of the mainstream school to the diverse needs of all children.

of Ministers' decision No. 1356 SRC/NN /1995, 223 SRC/NN/1997, 872 SRC/NN/1997, 835 SRC/NN/1998 and 39 SRC/NN/1999, stated that "... *Recruitment must be made among candidates of either sex, of Cambodian nationality, who have clear bio-data, good health and free of disabilities, ...*".

Therefore, to successfully implement and achieve the goal of UNECSO World Declaration on Education for All, the following points have to be taken into consideration: review, improvement and impose the Government legislation and policy, accessible schools and communities, disability training and awareness raising and external support and resource requirements.

7.4 Governmental and Non-governmental Social Services Regarding Technical Aids, Accessibility, and Other Outstanding Issues

Name/Title	Legislated year	Description/Purpose
Cabinet Decision No. 181 SSR/SC on Principle Guidelines for Vocational Training Rehabilitation and Job Placement for PWD	December 1990	<ul style="list-style-type: none"> ✳ Provision and repairing of Prosthetics and Orthotics, optical glasses, assistive devices, physiotherapy services from the Rehabilitation Workshops/Centers free of charge for certain groups of PWD (identified in article 1 and 2). ✳ Provision of daily meals for all PWD who are staying in the Rehabilitation Centers/Workshops for services.
Ministerial Proclamation No. 02 PRKNN Ministry of Disabled Veterans and Social Action for implementation of Cabinet Decision No. 181 SSR/SC issued on 20 December 1990 by the Council of Ministers.	February 1991	<ul style="list-style-type: none"> ✳ Target groups of PWD as identified in article 1 and 2 can be allowed to receive physical assistance and assistive devices from Municipal and Provincial Rehabilitation Centers and Workshops, unless the following criteria have to be completed: <ul style="list-style-type: none"> ⇒ Wound/injured person was recovered. ⇒ Referral letter from hospital in case PWD stayed in the hospital. ⇒ Required individual application letters with clear certification from local authority or organization that PWD staying and performing.
Directive Declaration No. 10 PRKNN. Ministry of Disabled Veterans and Social Action of Organizational Structure of Rehabilitation	January 1992	<p>Identifying the following key issues:</p> <ul style="list-style-type: none"> ✳ Definition of rehabilitation system ✳ Role, responsibilities and organizational structure of rehabilitation system ✳ Role, responsibilities, organizational structure and framework of National Center of Regional Rehabilitation ✳ Rehabilitation center at 5 regions ✳ Municipal, provincials, physical assisting workshops that are not part of the regional center.
DAC Physical Rehabilitation Committee (a joint effort between the Govt. and NGOs)	Since 1997	<p>To effectively and efficiently provide physical rehabilitation services for PWD including disabled veterans and mine victims.</p> <ul style="list-style-type: none"> ✳ Develop common goals and objectives for this sector ✳ Avoid overlapping of services ✳ Share information, experiences, good practices ✳ Identify issues, gaps and recommendations to address the key issues and provide better and quality services.
Prakas No. 757 MOSALVY on Establishment of Component Factory Supported by ICRC (Boeung Trabek)	12 May 2000	<p>The factory is under direct supervision and management of the Rehabilitation Department, MOSALVY. The main tasks include the following: develop plan, co-ordinate, implement, monitor and evaluate the production of prosthetics and assistive devices materials for supplying to all rehabilitation workshops and centers in order to sufficiently produce prosthetics and orthotics (P&O) for PWD throughout the country.</p>

Most services of physical rehabilitation have been provided by NGOs in collaboration with MOSALVY. These include: training of P&O technicians, the production of components for P&O devices, rehabilitation centers for the fitting of P&O devices, the production and distribution of wheelchairs and tricycles, and training of physiotherapists for placement in hospitals and rehabilitation centers

Initially, most service providers promoted their own technology. However, the production of P&O devices as well as the training of technicians has now become more standardized. Recently, the physical rehabilitation providers organized themselves in the DAC Physical Rehabilitation Committee, which aims at ensuring maximum equitable distribution of quality physical rehabilitation services to all physical disabled persons in Cambodian society. Sub-Committees exist in the areas of P&O, Wheelchairs and Physiotherapy. The Physical Rehabilitation of PWD meets several challenges. The high number of amputees, despite a recent reduction in new mine incidents, will demand the regular replacement of considerable number of artificial limbs for many years to come. In the absence of Government allocation to the sector, the long term financing of the physical rehabilitation services remains unclear.

The future role of the MOSALVY in the physical rehabilitation of PWD will be a crucial factor for the sustainability of services. Presently the Ministry provides a considerable number of its own staff to NGOs. However, the Ministry has no operational budget, which leaves services being completely financed by foreign assistance.

7.5 Medical/Occupational Rehabilitation (Institutional/Non-institutional Care)

Name/Title	Legislated year	Description/Purpose
Nutrition Center (MOSALVY)	1980	<ul style="list-style-type: none"> ✳ Provide care for abandoned and street babies and small children including children with disabilities. ✳ Health care, food, accommodation, clothes, etc.
Prakas on the Establishment of Para-Tetra Rehabilitation Center (Battambang province), Supported by HI	25 January 1994	<ul style="list-style-type: none"> ✳ Provide Rehabilitation Services to patients with Spinal cord injuries including land mine victims. ✳ Provide medical care, physical therapy, occupational therapy ✳ Provide equipment, social integration and sports. ✳ Support MOSALVY in term of staff training on techniques, management, communication, and budgeting
Prakas No. 757 MOSALVY on Establishment of National Center for Disabled Persons (NCDP)	10 May 1997	<ul style="list-style-type: none"> ✳ The main task of NCDP is to provide rehabilitation services, improve economic conditions through job seeking and provision to PWD so that PWD can live with dignity and have full participation in all activities of the society.
MOSALVY-Rehab-dept. Vocational Training Bureau (8 Vocational Training Centers across Cambodia)	1998	<p>The Vocational Training Bureau is a Government unit under the Rehabilitation Department of MOSALVY. The tasks of the unit are:</p> <ul style="list-style-type: none"> ✳ Facilitate, Co-ordinate and liaison with 8 Vocational and Skills Training centers ✳ Collect and collate data/statistics and compile the progress report on graduates from skills training programs to the Government Minister. ✳ Facilitate the import / export of materials and equipment for vocational training centers.
National Rehabilitation Center (Kien Khleang, Phnom Penh)	1998	<ul style="list-style-type: none"> ✳ Surgical rehabilitation for leprosy PWD, supported by CIOMAL ✳ Surgical rehabilitation for people with eye and face problem, supported by ROSE. ✳ Physical rehabilitation services and wheelchairs production and distribution, supported by VI, ✳ Vocational training supported by AAR-J, ✳ Wheelchairs production and distribution, supported by AAR-J,
Prakas No. 175 MOSALVY on Establishment of Phnom Penh National Physiotherapy Center	12 May 2000	<ul style="list-style-type: none"> ✳ The main tasks of the center include the following: management of equipment and financial resources, development of annual plan and action plan, network with relevant institutions for referral and receiving PWD, provision of physiotherapy services to all PWD, issuing order for referring PWD to hospitals and other centers, provision of advice and counseling to PWD for available services, monitoring and follow up, etc.
Establishment of Medical Rehabilitation Committee	Since mid 2000	<p>The main tasks of this committee are:</p> <ul style="list-style-type: none"> ✳ Develop physical medicine and rehabilitation in Cambodia ✳ Review and clarify role and responsibilities of line ministries and other implementers ✳ Strengthen and improve the co-ordination and collaboration among key stakeholders in this sector ✳ Provide better and effective services of medical rehabilitation for PWD.

In Cambodia medical rehabilitation is under the joint responsibility of the two ministries namely MOH and MOSALVY with unclear terms of reference (ToR) and insufficient co-ordination and collaboration. That is why a Specialized Committee on Medical Rehabilitation was established in mid 2000 with the main tasks as described above. When a person gets injured he/she needs to be sent to the hospital for treatment and or surgery, after medical/surgical treatment s/he will be referred to rehabilitation workshop or center for rehabilitation services to maximize his/her ability to live in the society.

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

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

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

There are 8 vocational training schools/centers in Cambodia (3 in Phnom Penh, 1 in Kandal province, 1 in Kampot, 1 in Battambang, 1 in Pursat, and 1 in Kampong Thom). Those centers have operated with support and close collaboration with World Vision, Maryknoll, AIR-J, BUCK, JS-C, JCIA, CWARS and others. So far 3,493 PWD trainees have been trained in

different skills in which 1,751 of the graduated have paid job or set up self-employment businesses in their own villages. However, these services can only meet a small percentage of the PWD needs. Job placement cannot be guaranteed after training, as there is no specific incentive, quota system or legislative instruments promoting the employment for PWD.

Community Based Care (Group Home, Foster Home for abandoned and orphaned children with disabilities) has been initiated by DAC in partnership with YWAM and MOSALVY. A similar project is being initiated by MOSALVY for street PWD in Phnom Penh to re-integrate them into community. Community based activities are being developed and promoted in Cambodia as the most appropriate and sustainable approach for equalization of opportunities and inclusion of PWD in the development of their country.

7.6 Promotion System/Services for Employment of PWD

Name/Title	Legislated Year	Description/Purpose
Cabinet Resolution on Principle Guidelines on Rehabilitation, Vocational Training, and Job Placement for PWD. No 181/SSR	1990	Provide PWD more opportunity for vocational/skill training and job. And give priority for credit and loan as well as give some incentive and tax reduction.
Ministerial Proclamation on Guiding for Implementation of Cabinet Resolution No 181/SSR No 02/PRNN	1991	Establish Provincial Rehabilitation Centers and Vocational Training Centers and to provide job for PWD.
Ministerial decision on Establishment of National Disabled Persons- NCDP No 757/MOSALVA	1997	Develop data on job placement and referral services for PWD and provide catering services by PWD.
Government Sub Decree on Retirement Pensions and Disability Regime for Civil Servants. No 059/ANK/BK	1997	Minimum and maximum of disability pension shall be fix from 50% to 65% of net salary. The maximum is applicable to disability due to accident while at work or on duty. The calculation is based on the seniority.
Government Sub Decree on Supplementary Salary of Civil Servants, Military, National Police, Retirees, and Disabled Officials. No 028/ANK/BK	1999	Authorization of an increment of 30% of the net salary for Civil Servants, Military, National Police, Retirees, and Disabled Officials with effective from May 1999 onward.
Cabinet Resolution on Organizing the Handi-Sports Day No 15/SSR	1995	Establishment an Inter Ministerial Committee to organizing the Handi Sports Day with the purpose to promote disability awareness and sensitize abilities of PWD.
Government Sub Decree on Establishment the National Paralympic Committee of Cambodia No 70/ANK/BK	1997	Organize sporting activities and event at national and international levels.

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

The Labor Law has not stipulated measure relating to the employment of PWD. Therefore, efforts are being made in term of promotion such as the disabled regime and benefits are already set for civil servants. The government has tried its best with its limited resources to promote awareness and ability of PWD through sporting activities. Organizing the Handi Sports Day on yearly basis will contribute to the promotion of employment of PWD showing abilities of PWD.

The following initiative has been taken to promote job opportunities by local NGOs, Government, IOs, and private sectors, with technical support from ILO, are seeking to form Business Advisory Council that is able to:

- ⇒ Advise training centers to include PWD in their program and to update curricula to more effectively match with the current practices.
- ⇒ Advise on current and future job opportunities and requirement, which all companies should be approached for job placement.

A project called Rural Development and Income generation for PWD in Cambodia has been initiated by the Disability Action Council funded by UNDP through World Rehabilitation Fund. The aim of the project is to promote employment opportunities for PWD in rural area by conducting survey on the existing income generation activities to identify gaps and potentials, etc.

ILO's Disability Resource Team, in cooperation with MOSALVY implement activities on work place accessible for PWD, promote job placement for PWD including credit scheme and a modest allowance or grant to disabled trainees after graduation. Other activities such as follow up, monitoring, counseling, and promoting self-confidence of PWD in mainstream society.

7.7 Community Based Work with PWD (Community Based Rehabilitation)

Name/Title	Legislated year	Description/Purpose
Community Based Rehabilitation Bureau within the Department of Rehabilitation, MOSALVY	1998	Overall responsibility of community based rehabilitation activities.
Major Community Based Rehabilitation Programs have been carried out mainly by NGOs in collaboration with relevant ministries.	Since 1993	<ul style="list-style-type: none"> - Self Help Group (SHG) formation and socioeconomic support - Community based Socio-Economic rehabilitation - Link between Rehab Centers, community, & mainstream NGOs (credit, VT, rural development...) - Referral and follow up, emergency grants - Development of Federation of SHGs - Counseling, advocacy, referrals - Awareness & information, advocacy - Community education - Leadership training courses - Rehab work with client & family/follow up of children, technical aids / referrals (Activities Daily Living-ADL / exercises), - Deaf children pilot project - Outreach & follow up program - Surgical referrals - Facilitate PWD access to services - Supporting older people with special needs (including isolation & different disabilities) in health, sanitation income generation, home gardening, loans, counseling. - Home Based Care for Differently Able Children, polio, mine victims, clubfoot and cerebral palsy - Provide access to education, health care, etc.

In Cambodia Community Work with Disabled People (CWD) has been the chosen approach of most of the agencies working with PWD. Some organizations work with specific groups, such as those with a particular disability, or disabled children. Others include all age groups and disabilities. Despite the heterogeneity of the agencies, certain aspects of their work are agreed within the sector to be fundamental to community work with PWD. These core common elements are: raising awareness on disability issues at individual, family, & community level, promoting self esteem and capability of PWD, promoting inclusion of PWD within the community, promoting opportunities for employment, referring on and making links between PWD and agencies (Government & non Government), providing family and community support.

The term CWD was chosen by representatives from the sector to describe this type of approach in a simple and unambiguous way. It embraces the term Community Based Rehabilitation (CBR), and avoids the conceptual difficulties surrounding CBR.

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

- Security – landmines, robberies, kidnapping, insufficient staff to travel in pairs
- Transportation – poor roads, weather conditions, large distances, lack of vehicles
- Lack of co-operation with local authorities – local politics, lack of transparency, expectation of gifts, etc.

8 Facilities for PWD

8.1 Special education

No.	Name	Activities	Contact address
1	Aide aux Handicaps du Cambodge (AHC)	<p>Disabled healthcare program with educational component (\$30,000 a year from 2000 to 2005)</p> <ul style="list-style-type: none"> ⇒ Implement group home for poor children with physical disabilities, enabling them to attend school ⇒ Implement vocational training center for PWD (\$20,000 annually) 	#172B-Eo, St. 132, Sangkat Toeuk Laok I, Phnom Penh, Cambodia Tel: 012 857 580
2	Center for Child Mental Health (CCMH)	<ul style="list-style-type: none"> ⇒ Providing services include assessment, counseling, and multi-modal therapies. ⇒ Providing psychological education of families of children with special needs human resource training in the field of mental handicap dissemination of information, (\$50,000 a year) 	Takmao provincial town of Kandal, Cambodia Tel: 023 300 534
3	Disability Action Council- (DAC) in partnership with Ministry of Education Youth and Sport. (MOEYS)	<p>The Development of Educational Opportunities to Meet the Specific Needs of Children with Disabilities in Cambodia. Funding from UNICEF, Nippon Foundation and UNESCO (\$110,000 Total) from Sept 99 to August 2002</p> <ul style="list-style-type: none"> ⇒ Sensitize key staff/teachers involved and general public to be active in improving educational opportunities for children with disabilities ⇒ Develop national policy ⇒ Develop teaching and training materials ⇒ Promote disability awareness raising ⇒ Implement pilot project in Phnom Penh and Svay Rieng. 	#28, St. 184, Sangkat Chey Chum Nas, Khan Daun Penh. P.O. Box 115 PnP, Cambodia. Tel: 023 215 341 dac@bigpond.com.kh
4	Deaf Education Action Foundation (DEAF)	<p>Deaf pilot project in Kampong Som:</p> <ul style="list-style-type: none"> ⇒ Support 2 classes for the deaf with expatriate sign language specialist in (2001) ⇒ Support for child and adult deaf education through assistance to formal deaf primary school and initiation of support groups for families of deaf ⇒ Promote integration of children with disabilities into mainstream schools 	Deaf group Tel: 012 938 570 DEAFCAM@yahoo.com
5	Khmer Culture Development Institute	<p>Kampot Traditional Music School for Orphaned and Disabled Children</p> <ul style="list-style-type: none"> ⇒ Provide traditional musical teaching ⇒ Provide emotional, psychological, and physical education ⇒ Conduct schooling class from grade I to XII 	Kampot province
6	Krousar Thmey (Nouvelle Famille)	<p>School for blind children: presently 54 students, 6-14 years old</p> <ul style="list-style-type: none"> ⇒ Provide teacher training, Primary schooling – government syllabus ⇒ Support for post grade 3 students integration into government schools ⇒ Support teaching in mobility / arts and crafts ⇒ Establish school for blind children – presently 47 students ⇒ Conduct statistic research on deaf and blind children ⇒ Run two special classes in community public school are formed ⇒ Support school for deaf children– presently 93 students, 6-14 years ⇒ Support for post grade 3 students integration into government schools ⇒ Provide teaching in Khmer/US sign language, traditional arts and crafts and horticulture ⇒ Standardize school for deaf children ⇒ Extent of activities to Siem Reap. 	#4, St. 257, P.O. Box: Phnom Penh, Cambodia Tel: 023 366 184/880 503 Fax: 023 428 946 krousar_thmey@bigpond.com.kh
7	Lavalla School for the Physically Disabled	<p>School run by Marist Mission, Australia. Funding from a variety of sources \$65-70,000 per year.</p> <ul style="list-style-type: none"> ⇒ Provide education up to grade 6 for children with physical disabilities in a purpose built school following government syllabus for 75 students (35 residential) ⇒ Encourage integration of students into mainstream lower secondary schools. Currently provides small scale support to 25 students attending mainstream schools 	Takmao provincial town of Kandal province, Cambodia Tel: 012 889 660 lavalla@kids.bigpond.com.kh

8	MOEYS– UNESCO	⇒ Promote capacity building within MOEYS’ teacher training department in relation to inclusive education	#80, Norodom Blvd. Phnom Penh, Cambodia Tel: 023 213143/210704
9	Operations Enfants du Battambang (OEB)	⇒ Provide home-based care for differently disabled children - polio, mine victims, clubfoot and cerebral palsy (\$111,529 from 1999-01 SCN and \$29,731 in 2001 by UNICEF) ⇒ Provide access to formal and non formal education and assistance with integration into mainstream schools ⇒ Access to health care and rehabilitation	# 229, St. 11, Sophy I, Khum Rattanak, Svaypor. Battambang Tel: 053 952 752 oeb@worldmail.com.kh
10	Rabbit School, at the Nutrition Center (MOSALVY)	Provide education need for children with multiple and severe disabilities, including children with intellectual disabilities. – presently 9 children, 7-10 years old. Funded by interPART, Australia (\$5,600 per year)	Monivong Boulevard, Phnom Penh, Cambodia Tel: 012 939 441

Other support/assistance, which generated by relevant stakeholders through inter-sectoral co-ordination and collaboration approaches

No.	Name	Activities	Contact address
1	DAC Children with Disability Committee	⇒ Develop, support and promote family and community awareness of the potential of children with disabilities to be educated. ⇒ Provide support to MOEYS, to train new teachers about disability issues, and to provide refreshment training for existing teachers. ⇒ Provide technical assistant to MOEYS on special equipment for schools to facilitate the accessibility of children with disability in mainstream schools	#28, Street 184, Sangkat Chey Chum Nas, Khan Daun Penh. P.O. Box 115 PnP, Cambodia. Tel: 023 215 341 dac@bigpond.com.kh
2	MOEYS– Special Education bureau	Strengthen capacity building within MOEYS’ teacher training department in relation to inclusive education for children with disabilities.	#80, Norodom Boulevard. Phnom Penh, Cambodia Tel: 023 213 143/210 704

8.2 Occupational Rehabilitation (Vocational Training)

One of the major tasks of MOSALVY is the provision of vocational skills training (which includes literacy, numberacy and small business management and micro-enterprise) for PWD. The Ministry has implemented this task in conjunction with IOs. Currently there are 8 major Vocational Training Centers providing services for PWD (3 in Phnom Penh, 1 in Kandal province, 1 in Kampot province, 1 in Battambang province, 1 in Pursat province and 1 in Kampong Thom province). 3,493 trainees have graduated of these 1,751 have secured employment or have their own business.

No.	Name	Year established	PWD graduated (1999)	Training Courses/Activities	Contact address
1	Association to Aid the Refugees (AAR-J)	1992	34	Skills Training Program at Kien Khleang National Rehabilitation Center: ⇒ To provide literacy, tinsmithing, leather, poultry, radio repair, motorcycle repair, sewing, and business. ⇒ To do following up and market research.	Sangkat Chroychangva, Khan Russey Keo. P.O. Box 141, Phnom Penh, Cambodia. Tel: (855-23) 211 953 Fax: 430 195
2	Cambodian War Amputees Rehab. Society (CWARS)	1995	124	Skills Training Program in Pursat encourages self-employment in community. ⇒ Provide literacy, tailoring, radio repair, motorcycle repair, hairdressing, peanut growing, water pump repair, and battery reconditioning. ⇒ Provide training courses on agricultural fields ⇒ Support day care for women with many children. ⇒ Conduct market research and outreach. ⇒ Create new project in new target area.	C/o CCDP, #41, St. 111, Boeung Pralith, 7 Makara. P.O Box 635 Tel/Fax: (855-23) 217 338, or #12, St. 323, Toul Kork II, Phnom Penh, Cambodia. ccdppnh@bigpond.com.kh
3	Japan Cambodia Interactive Association (JCIA)	1997	29	Provide skills training program in Phnom Penh include sewing, construction, electricity, electronic, and motor/machine repair.	St. 1091, Phnom Penh Thmey, Phnom Penh, Cambodia. Tel: (855-23) 367 877

No.	Name	Year established	PWD graduated (1999)	Training Courses/Activities	Contact address
4	Jesuit Services Cambodia (JS-C)	1999	73	Skills Training Program in Kg. Speu: ⇨ Participate in international steering committee and working groups on Vocational Training, Income Generation and Job Placement. ⇨ Provide literacy, electricity, welding, agriculture, wood-carving, motorbike repair, sculpture, and tailoring. ⇨ Produce workshops and following up activities. ⇨ Support non formal education project ⇨ Provide literacy classes for mothers incorporating mines awareness, road safety, health, and nutrition	#96, St. 592, Toul Kork, P.O. Box 880, Phnom Penh, Cambodia. Tel: (855-23) 880 139, Fax: 880 140. jrscam@forum.org.kh
5	Maryknoll-Wat Than	1991	48	Wat Than Skills Training Program in Phnom Penh. ⇨ Provide literacy, carpentry, sewing, weaving, computer training and small business skills. ⇨ Follow up for providing support for loans, and retail outlets. ⇨ Support in apprenticeship and job placement.	#1, St. 360, Boeung Keng Kang 1, Chamcarmon, P.O. Box: 632, Phnom Penh Tel: (855-23) 426 011 Mkmekong@forum.org.kh
6	United Cambodian Community Development Foundation (UCC)	1992	57	Skills Training Program in Kampot: ⇨ Provide poultry raising, small engine/electronic/radio repair, and horticulture. ⇨ Support small business start up, loans/grants ⇨ Follow up activities ⇨ Provide training in human rights, and infrastructure development,	C/o VI #16, St. 21, P.O. 467. Phnom Penh, Cambodia. Tel: (855-23) 217 204 Fax: (855-23) 218 963 vvaf@bigpond.com.kh
7	World Vision International-Cambodia (WVI-C)	1991	43	Skills training program in Battambang, Bantey Meanchey, Pursat, and Pailin: ⇨ Provide radio/ motorbike repair ⇨ Provide small engines/TV repair ⇨ Support selection, employment, loans, follow up, community based agriculture training, and animal husbandry	#20, St. 7, Phnom Penh, Cambodia, P.O. Box 479 Tel: 023 216052/427054 Email: cambodia@wvi.org
8	Veterans International (VI) (AHA – Amputees Help Amputees)	1991	37	Income Generation and Skills Training program in Prey Veng. ⇨ Provide training in silk weaving, silk worm raising ⇨ Promote marketing of products	#16, St. 21, P.O. 467. Phnom Penh, Cambodia. Tel: (855-23) 217 204 Fax: (855-23) 218 963 vvaf@bigpond.com.kh

Other support/assistance, which is generated by relevant stakeholders through inter-sectoral coordination and collaboration approaches.

No.	Name	Year established	Purpose/Activities	Contact address
1	MOSALVY-Rehab-Dept. Vocational Training Bureau	1998	The major tasks of the Bureau are: ⇨ Facilitate, coordinate and liaison with 8 Vocational and Skills Training Centers ⇨ Collect and collate data/statistics and compile the progress report on graduates from skills training programs. ⇨ Facilitate the import/export of materials and equipment for vocational training centers.	# 28 St. 184, Cheychem Nas, Daun Penh, P.O. Box 115, Phnom Penh. Cambodia
2	Vocational Training Committee of the Disability Action Council (DAC-VTC)	1997	Rural Economic Development and Income Generation Program ⇨ Provide technical support for capacity building of involved partners. ⇨ Strengthen strategic networking among NGOs and relevant services providers, promoting income generation for PWD and their families by contributing technical support and fund raising, through implementation partnership and by organizing stakeholder meeting. ⇨ Assist stakeholders in documenting successful case/model and widely disseminate lesson learned in promoting income generation for PWD. Partners are encouraged to integrate income with other community development.	#28 St. 184, Cheychem Nas, Daun Penh, P.O. Box 115, Phnom Penh. Cambodia Tel: (023) 215341, E-mail: dac@bigpond.com.kh

8.3 Physical Rehabilitation

In Cambodia there are 16 Physical Rehabilitation Centers where the overall responsibility taken by International Organizations/NGOs in conjunction with MOSALVY. Those centers are:

1. Kien Khleang Rehabilitation Center, supported by VI
2. Prey Veng Rehabilitation Center, supported by VI
3. Kratie Rehabilitation Center, supported by VI
4. Kien Svay Rehabilitation Center supported by CT.
5. Calmette Rehabilitation Center, supported by CT
6. Sihanouk Ville Rehabilitation Center, supported by CT
7. Kampong Chhnang Rehabilitation Center, CT support
8. Takeo Rehabilitation Center, supported by HI
9. Kampot Rehabilitation Center, supported by HI
10. Pursat Rehabilitation Center, supported by HI
11. Banteay Meanchey Rehabilitation Center, HI support
12. Siem Reap Rehabilitation Center, supported by HI
13. Kampong Thom Rehabilitation Center, supported by HI
14. Kampong Cham Rehabilitation Center, supported by HI
15. Kampong Speu Rehabilitation Center, ARC support
16. Battambang Rehabilitation Center, supported by ICRC

No.	Name	Year established	Purpose/Activities	Contact Address
1.	American Red Cross (Am-Cross)	1992	Provincial Rehabilitation Center in Kg Speu: ⇒ Provide physical rehabilitation services including P&O production, wheelchairs and walking aids distribution and physiotherapy. ⇒ Provide community services including new patients identification and former patients follow-up in collaboration with Community-Based Workers (with NCDP-CBR Program, SSC, ADD)	Corner of St. 51/360. P.O. Box 535. Tel: 023 211 996/362 970 Fax: 023 214 105, email: amcross@bigpond.com.kh
2.	Association to Aid the Refugees (AAR-J)	1994	Kien Khleang National Rehabilitation Center. ⇒ Provide rehabilitation services ⇒ Produce wheelchairs ⇒ Distribute wheelchairs ⇒ Follow up and maintenance	Sangkat Chroychangva, Khan Russey Keo. P.O. Box 141, Phnom Penh. Cambodia. Tel: (855-23) 211 953 Fax: (855 23) 430 195 aar.pp@bigpond.com.kh
3.	Cambodia School for Prosthetics and Orthotics (CSPO)	1993	⇒ Conduct 3 year Training Course for P&O Technicians ⇒ Provide training of Category 2 (ISPO Standards) P&O from Cambodia and Region (changed to Regional Training School in Oct. 1999, students accepted from Laos, Vietnam, Myanmar) ⇒ Support school clinic at Calmette hospital ⇒ Outreach, follow up	Calmette Hospital, Monivong Blvd, P.O. Box 122 Phnom Penh, Cambodia Tel: 023 368 241 Fax: 023 427 067 csपो@bigpond.com.kh
4.	Cambodia Trust (CT)	1993	* Physical Rehabilitation Centers in Phnom Penh, Kampong Som and Kampong Chhnang: ⇒ Support school clinic at Calmette Hospital Cambodia Trust Physical Rehabilitation Center ⇒ Research effectiveness of P&O services on Socio-Economic situation of PWD. ⇒ Produce and distribute P&O device, wheelchairs and walking aids ⇒ Provide physiotherapy service. ⇒ Provide community services including new patients identification and former patient follow-up	Calmette Hospital, Monivong Blvd. P.O. Box 122, Phnom Penh, Cambodia. Tel: 023 368 241/ 427 067 Fax: 023 427 067 Camtrust@bigpond.com.kh
5.	Comite International de l'Ordre de Malte pour l'Assistance aux Lépreux (CIOMAL)	1997	Implement and Support of a National Rehabilitation Program for Persons Affected by Leprosy: ⇒ Provide physiotherapy, preventive and palliative, plus preparation and follow up of surgical patients ⇒ Treat perforating plantar ulcers and minor surgery ⇒ Provide orthopedic aids, surgery, reparative and amputation	#10, St. 370, Sangkat Boeung Keng Kang I, Chamcarmon. P.O. Box 1258, Phnom Penh Cambodia. Tel: 023 211 996/ 362 970 ordermaltacamb@bigpond.com.kh
6.	Veterans International (VI)	1994	Physical Rehabilitation Center (Kien Kleang, Prey Veng Svay Rieng, Kampong Cham, Kratie) ⇒ Provide physical rehabilitation services including P&O production, wheelchairs and walking aids distribution & physiotherapy. ⇒ Provide community services including new patients identification and former patients follow-up	Kien Khleang National Rehabilitation Center. Sangkat Chroychangva, Russey Keo. P.O. Box 141, Phnom Penh Cambodia. vvaf@bigpond.com.kh

7.	Handicap International (HI)	1984	<p>Support 7 P&O Workshops: Banteay Meanchey, Siem Reap, Kampong Thom, Pursat, Kampot, Kampong Cham, and Battambang.</p> <ul style="list-style-type: none"> ⇒ Provide physical rehabilitation services including P&O production, wheelchairs and walking aids distribution and physical therapy. ⇒ Produce tricycle (Phnom Penh) ⇒ Support to the MOSALVY in term of staff training on techniques, management, communication, and budgeting ⇒ Support provincial Rehabilitation Pilot Center, Takeo ⇒ Implement pilot project for integrated approach to rehabilitation. ⇒ Conduct meeting points, outreach, referral, economic rehabilitation ⇒ Convert 4 P&O workshops into Provincial Rehabilitation Centers. 	<p>#18, St. 4000, Boeung Keng Kang. P.O. Box 838 Phnom Penh Cambodia. Tel: 023 217 300/217 298 Fax: 023 216 270 hianscambodge@bigpond.com.kh</p>
8.	International Committee of the Red Cross (ICRC)	1991	<p>* Component Factory–Beng Trabek (Phnom Penh) Produce & distribute of P&O components Walking aids production and distribution (axially and elbow crutches and canes).</p> <p>* Regional Rehabilitation Center in Battambang.</p> <ul style="list-style-type: none"> ⇒ Produce P&O, wheelchairs and walking aids distribution and physical therapy. ⇒ Provide community services including new patients identification and former patients follow-up ⇒ Develop wheelchair distribution system 	<p>#81, Sothearos Boulevard P.O. Box 408, Phnom Penh, Cambodia Tel: 023 302 096/308 023 icrcphn@camnet.com.kh</p>
9.	Jesuit Services Cambodia (JS-C)	1994	<p>Rehabilitation program:</p> <ul style="list-style-type: none"> ⇒ Produce wheelchair, cushions, tricycle ⇒ Develop distribution system, Follow up ⇒ Produce assistive devices ⇒ Produce and distribute sewing chairs for amputees ⇒ Provide hearing aids for children 	<p>#9, St. 592, Phnom Penh Cambodia. Tel: 023 880 139 jrscam@forum.org.kh</p>

Other support/assistance, which generated by relevant stakeholders through inter-sectoral collaboration and coordination approaches.

No.	Name	Year established	Purpose/Activities	Contact Address
1	DAC Physical Rehabilitation Committee	1998	<p>The DAC Physical Rehabilitation committee is made up of 3 sub committees (P&O sub committee, Physiotherapy sub committee and Wheelchair sub committee).</p> <ul style="list-style-type: none"> ⇒ Ensure maximum equitable distribution of quality physical rehabilitation services to all physical PWD in Cambodian society. ⇒ Improve standard and quality of service ⇒ Improve accessibility of services ⇒ Develop policies relating to staff job description, professional status and salary ⇒ Identify the needs of PWD nation wide and match service provision to the needs ⇒ Develop Plan for long term sustainability of physical rehabilitation services. ⇒ Provide support for the conversion of P&O workshop into Rehabilitation Center ⇒ Increase patient/public information through leaflet, posters & other campaigns. 	<p>#28, St. 184, Sangkat Chey Chum Nas, Khan Daun Penh. P.O. Box 115 Phnom Penh, Cambodia. Tel: 023 215 341 dac@bigpond.com.kh</p>
2	MOSALVY-Rehabilitation Department	1983	<p>Responsible in coordination, facilitate and cooperation with national and international bodies or organizations for the implementation of the national policy and guidelines for the development of program and services within Rehabilitation sector.</p> <ul style="list-style-type: none"> ⇒ Collect information/statistics re: ⇒ Monitor and report all fields/activities within rehabilitation programs. 	<p>#28, St. 184, P.O. Box 115 Phnom Penh Tel: 023 724 292/724 292</p>

8.4 Medical Rehabilitation

No.	Name	Year established	Projects/Activities	Contact address
1	Angkor Hospital for Children in Siem Reap	1998	The hospital has been operated by Friends Without Border (FWB) Provide surgical and medical treatment for children with disabilities	Provincial town of Siem Reap. P.O. Box 50 Tel/Fax: 063 963 490 fwab@worldmail.com.kh
2	Comite International de l'Ordre de Malte pour l'Assistance aux Lépreux (CIOMAL)	1997	<ul style="list-style-type: none"> ⇒ National Leprosy program initiated health education campaigns. Implement and support of a National Rehabilitation Program for Persons Affected by Leprosy ⇒ Raise public health awareness of leprosy for community leaders and general public ⇒ Train of national leprosy staff, in the form of workshop for provincial and district supervisors, medical officers, and nurses. ⇒ Outreach and patient education ⇒ Provide physiotherapy, preventive and palliative, and preparation and follow up of surgical candidates ⇒ Treat perforating plantar ulcers and minor surgery ⇒ Provide orthopedic aids, surgery, reparative and amputation 	#10, St. 370, Sangkat Boeung Keng Kang I, Chamcarmon. P.O. Box 1258, Phnom Penh, Cambodia. ordermalta-camb@bigpond.com.kh
3	Help Age International (HAI)	1995	Ophthalmic program (in support of the National Subcommittee for the Prevention of Blindness) <ul style="list-style-type: none"> ⇒ Strengthen provincial hospital facilities ⇒ Train and consolidate 	#9, St. 288, P.O. Box 525 Phnom Penh, Cambodia. Tel/Fax: 023 216 076 hai.cam@bigpond.com.kh
4	Handicap International (HI)	1994	Para-Tetra Rehabilitation Center in Battambang. Provides Rehabilitation Services to patients with spinal cord injuries including land mine victims. <ul style="list-style-type: none"> ⇒ Provide medical care, physical therapy, occupational therapy ⇒ Provide of equipment, social integration and sports. ⇒ Support to the MOSALVY in term of staff training on techniques, management, communication, and budgeting 	Chamcar Samrong Village, Chamcar Somrong Commune, District of Battambang. Tel: 053-95 27 10 Mobile: 012-96 29 46
5	ROSE	1997	Medical Rehabilitation Program: <ul style="list-style-type: none"> ⇒ Provide surgical services and medical treatment for people with eye/visualize impairment and people with clubfoot cleft lips and palate and also provide physiotherapy service. 	Kien Khleang National Rehabilitation Center. Sangkat Chroychangva, Khan Russey Keo. P.O. Box 141, Phnom Penh Cambodia.

8.5 Mental Health

No.	Name	Projects/Activities	Contact address
1	Social Services Cambodia (SSC)	Implement the following programs: <ul style="list-style-type: none"> ⇒ STAR program ⇒ Self help training ⇒ Recovery program ⇒ Disability awareness program ⇒ Counseling service 	# 11, St. 302, P.O. Box 149 Phnom Penh, Cambodia Phone: (855-23) 217 820 Fax: (855-23) 426 746 Email: ssc@bigpond.com.kh
2	TRANS Cultural Psychosocial Organization (TPO)	Community Mental Health Program provides support for the vulnerable individuals, families and groups of people suffering from mental disorders or distress. The program are implemented at the community and provide clinical service base: <ul style="list-style-type: none"> ⇒ Medical health education ⇒ Psycho-education, training ⇒ Counseling, and clinical work 	#209, St. 63, Khan Chamcar Mon. Phnom Penh, Cambodia P.O. Box: 1124 Tel: 023 366 513/218 478 Fax: 023 366 513 tpo@forum.org.kh

8.6 Prevention of Disabilities

No.	Name	Projects/Activities	Contact address
1.	American Friends Service Committee (AFSC)	Working Group for Weapons Reduction in Cambodia ⇒ Information and monitoring (government actions relating to weapons collection, destruction, and storage, community security and weapons abuses). ⇒ Public education, research, networking ⇒ Draft of weapon law and weapons for development	#30, St. 352, P.O. Box 604, Phnom Penh, Cambodia Tel: 023 216 400/ 363 242 afsc@bigpond.com.kh
2.	Cambodia Health Promotion and Primary Health Care Project Ministry of Health (MOH)	National Coverage Plan on Prevention: ⇒ Conduct national health promotion and primary health care ⇒ Provide provincial health service, training and delivery ⇒ Provide community development: training & support for district, commune & village development committees ⇒ Implement vaccination program and Vitamin A distribution ⇒ Promote maternal and child health care (MCH)	#151-153, St. Kampuchea Krom, Phnom Penh Tel: 023 426 841/ 722 933 Fax: 023 426 841 moh@camnet.com.kh
3.	Cambodian Mine Action Center (CMAC)	Mine clearance and awareness	Building 10-12, Road 528, Quarter Boeung Kak I, P.P. Tel: 023 981 083/4 Fax: 023 367 096
4.	HALO Trust	Program based in Pursat and Banteay Meanchey, Program of mine clearance and mine awareness: ⇒ Secure physical access to remote locations ⇒ Return mined land to local community for rehabilitation and development ⇒ Provide land for settlement and cultivation for refugees and displaced people	# 13, St. 97, Boeung Trabek, Phnom Penh, Cambodia Tel: 023 364 063 Fax: 023 362 149
5.	Helen Keller International	Nutrition Program ⇒ Develop national policy on Vitamin A distribution, information, and education ⇒ Assist home gardening through NGOs ⇒ Provide iodized salt and primary eye care program ⇒ Support school eye health education and screening	#8, St. 288, P.O. Box 168 Tel: 023 210 851/ 213 217 Fax: 023 362 570
6.	Jesuit Services Cambodia (JS-C)	Campaign to Ban Landmines ⇒ Participate in international steering committee and working groups ⇒ Support to Campaign to Ban Landmines ⇒ Joint Kids Against War Campaign ⇒ Facilitate Landmine Monitor Group ⇒ Implement non formal education project ⇒ Provide literacy classes for mothers incorporating mines awareness, road safety, health and nutrition	#9, St. 592, Toul Kork, Phnom Penh, Cambodia. Tel: 023 880 139 jrcam@forum.org.kh
7.	Mines Advisory Group (MAG)	Demining and mine awareness, concentrating on water sources, schools, clinics, resettlement areas	#21, St. 302, P.O. Box 116 Phnom Penh, Cambodia. Tel: 023 981 083/981 084 Fax: 023 367 096
8.	Norwegian Peoples' Aid (NPA)	Resettlement of people on demined land: promotion of health in villages	# 4, St. 278, S/K Olympic P.O.Box 2228, Phnom Penh Tel: 023 210 383 Fax: 023 217 729 npaid@bigpond.com.kh
9.	Sub-Committee for Prevention of Blindness	Basic eye care program for all Cambodians: ⇒ Establish and develop eye care delivery systems covering all part in the country ⇒ Establish a system monitor through quality of eye care delivery and practices ⇒ Upgrade of existing facilities and skills ⇒ Strengthen provincial & district eye care resources ⇒ Integrate primary eye care into primary health care ⇒ Upgrade capacity of health personnel to implement cataract surgical services, trachoma control, outreach eye care services, etc.	Ang Doung Hospital, Norodom Boulevard. P.O Box 2027, Phnom Penh 3, Cambodia. Tel/Fax: 855 23 211 072 or 855 15 920 913/16 819 277 campbl@bigpond.com.kh or yutho@hotmail.com
10.	UNICEF	Maternal and Child Health (MCH) Priorities ⇒ Safe Motherhood National Policy ⇒ Birth Spacing Policy ⇒ Vaccine preventable diseases ⇒ Micro nutrient deficiencies	#11, St. 75, P.O. Box 176 Phnom Penh, Cambodia. Tel: 023 426 214/ 426 215 Fax: 023 426 284 unicefphnompenh@unicef.org http://www.unicef.org/

11.	World Health Organization (WHO)	<ul style="list-style-type: none"> ⇒ National Immunization Days (NIDs) ⇒ Polio vaccination ⇒ Distribution of Vitamin A ⇒ Sub National Immunization Days ⇒ Health coverage plan ⇒ Polio Eradication Unit 	#120, St. 228/51, P.O. Box 1217 Phnom Penh, Cambodia. Tel: 023 216 610/ 216 942 Fax: 023 216 211 postmaster@who.org.kh
12.	World Vision International (WVI)	Mine Awareness Training Teams (MATT) Integrated mine clearance/education (with MAG)	# 20, St. 71, P.O.Box 479, Phnom Penh, Cambodia Tel: 023 216 052 / 427 054 Fax: 023 216 220 cambodia@wvi.org

8.7 Others

No.	Name	Projects/Activities	Contact address
1	Children Affected by Mines International in Cambodia (CAM-I)	Facilitate, support and assist Cambodian Children affected by injury from mines and UXOs to access to: <ul style="list-style-type: none"> ⇒ Physical rehabilitation ⇒ Education, medical care and their social needs. ⇒ Provide home visits services ⇒ Improve nutrition status 	P.O. Box 1030, Phnom Penh, Cambodia. Tel: 023 216 315 or 054 958 843 crosslandandrea@hotmail.com

(Please, see more in session 12)

9 Training and Qualification of Support Personnel for PWD

Classification	Training system School/ year			Qualification
Braille	Blind School/Krousa Thmey	58	On-going	No qualification
Community Based Rehabilitation (CBR) Supervisor	National Center for Disabled People.	06	2 weeks	No qualification
Community Based Rehabilitation Volunteer	National Center for Disabled People.	45	1 week	No qualification
Community Based Worker (CBW)**	- MOSALVY, MWVA, MORD, MOH - VI, HI, CT, ADD, CDPO, NCDP, Am-Cross and others	n/a	On-going	No qualification
Eye Doctor	Takeo Eye Hospital	9	18 months	Basic eye doctor qualified by government
Eye Nurse	Takeo Eye Hospital	34	9 months	Basic eye nurse qualified by government
Physical Therapist	Technical School for Medical Care, within Ministry of Health (Physiotherapist)	139	3 years	Diploma qualified by government.
Prosthetist and Orthotist	Cambodian School of P&O, Regional. (Including students from Laos, Myanmar, Sri Lanka and the Solomon Island).	82	3 years	Qualified by govt. Accredited by the International Society of P&O.
Psychiatrist	Mental Health/Ministry of Health	20	2 years	Master to be qualified by oversea institute.
Psychologist	Phnom Penh University	60	4 years	Bachelor qualified by government
Psychology- Teachers	Faculty of Pedagogy	26	1 year	Qualified by government
Sign Language	Deaf School/ Krousar Thmey	134	On-going	No qualification
	Cambodian Disabled People Organization	126		
Social Worker	Social Service of Cambodia	600	6 weeks	No qualification
Social Worker	Basic Social Service Training School (Coordination & Database Center, MOSALVY)	52	3 weeks	No qualification*

Source:

- ❖ Directory of International Development Assistance in Cambodia, year 2000
- ❖ Mission Statement of the Cambodia Trust in 2000
- ❖ Department Head of Psychology/Royal University of Phnom Pen
- ❖ Interviewed CDPO, Krousar Thmey, SSC, NCDP, ABC, CARITAS-RH
- ❖ Summary Report on Reintegration Project (Repatriation Program, MOSALVY)
- ❖ Report to assist in the Planning of the Development of a National Community Based Worker Training Framework in Cambodia.

10 National Co-ordination Body and Implemented Plans Regarding the Asian and Pacific Decade of Disabled Persons

Based on UN Standard Rules on the Full Participation and Equalization of Opportunities for PWD and ESCAP Decade of Disabled Persons (1993-2003) which the Government of Cambodia is a signatory, in September 1995, the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation (MOSALVY) initiated a joint ministry-NGO process to develop a common strategy for the continuation, development and co-ordination of appropriate national policies and programs/services for and with PWD.

Year	Establishment/Process	Implemented Plans
1995	<ul style="list-style-type: none"> Agreement between MOSALVY and NGOs to form a Task Force 	<ul style="list-style-type: none"> Assess the current situation of the sector Generate Guiding Principles Analyze the information & identification of main issues Prioritize the main issues Develop recommendations & plans to address the priority issues. Present Task Force report to the government and NGOs.
1997	<ul style="list-style-type: none"> Establishment of the DAC as a National Coordinating Body with representatives from relevant ministries along with those representing NGO & individuals committed to working for the well being of PWD. DAC acts in a professional advisory capacity in relation to government and policy-makers on all issues affecting the well being of PWD and also serves as a national focal point on disability matters to facilitate the continuous evolution of a comprehensive national approach to rehabilitation, equality of opportunities & prevention of disability. 	<ul style="list-style-type: none"> Vision: Individuals and society recognize that PWD have equal rights and obligations as all citizens of the Kingdom of Cambodia. PWD are given equitable opportunities to participate in the society, based on their abilities, enabling them to lead a life free of discrimination. Mission is 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 others in the society. Role is to bring government, national and international agencies, as well as business, religious and local communities together with PWD to develop, implement, monitor and evaluate a National Plan of Action for the Disability and Rehabilitation Sector. It also provides an ongoing forum where debate can take place and consensus can be reached on how to achieve the evolution of the sector.
1998	<ul style="list-style-type: none"> With 3-year funding from USAID/Leahy War Victims Fund and with office space, electricity and water supply provided by MOSALVY, the DAC-Secretariat was established and is officially functioning under a Prakas: Ministerial Declaration dated October 26, 1999. 	<ul style="list-style-type: none"> To prepare a Program of Action for the disability and rehabilitation sector. To establish and advise on development priorities and targets and the selection of projects in collaboration with Committees and Working Groups. To liaise with ministries, institutions, NGOs and donor agencies concerned with disability with a review to coordinating activities and providing technical guidance and direction as necessary. To carry out such other functions within the objectives and functions of the DAC as may be necessary.
1999	<ul style="list-style-type: none"> Development of the first draft National Plan of Action: Cambodian Plan of Action for the Disability and Rehabilitation Sector 	<ul style="list-style-type: none"> To establish a systematic co-ordination of services and programs To prioritize major areas of work To provide better geographical distribution of services for PWD To avoid overlaps of services & identifying gaps in services To improve and/or to establish services for categories of disabilities which are not adequately served To plan for future assistance from outside and inside Cambodia To improve the allocation of budgets on a rational basis To guide appropriate use of human and financial resources To identify gaps in human resources To establish a comprehensive monitoring, evaluation and reporting system To assess the impact of programs and services To ensure technical and financial sustainability of programs.

* Comprehensive and sustainable rehabilitation and Socio-Economic reintegration programs and services for PWD including landmine victims in this country can only be guaranteed by a collaborative and coordinated partnerships involving relevant ministries, NGOs, the business sector, religious community and PWD. Government, NGOs, IOs and donor agencies should further consider and develop policy, guidelines to enable PWD and landmine survivors to fulfill their potential and to enjoy equal living opportunities in the society. *(Please, see more in section 4.2).*

11 List of PWD Organizations and Associations

11.1 List of Organizations and Associations of PWD

N	Organization Name	Year established	Budget US\$	Target/Objectives/Activities	Contact address (Tel/fax/email)
1	Association of Blind Cambodia (ABC)	Jan 2001	72,400 (2001-2005)	<p>Target- All people with Visual Impairment.</p> <p>Objectives:</p> <ol style="list-style-type: none"> To establish, maintain and expand representation in Cambodia with the means of receiving and disseminating information from the ABC, and to assist in the conduct of research. To train a number of blind Cambodians in massage and to help them establish a massage business and advance the training of a number of other blind masseurs. To establish a library, training, and meeting facility in Cambodia and produce an ABC Braille magazine. To train English to the ABC board staff and support blind schools with English instruction. To foster the full participation of the blind in the Cambodian education system at all levels, sports, community/family based rehabilitation programs, training/job related skills, and cultural activities. To improve the physical and mental outlook of blind people through motivation and training. To educate, and train blind persons in new technological developments and to find ways to utilize these developments for their support and development. To foster community/family based rehabilitation programs to support the blind. <p>Activities: Library and Training Facility, English Language Training, Sports for the Blind, Community Base Rehabilitation, Musical Training, Businesses for Blind, Center for Training, School for the Blind, Health Education for the Blind and Visual Impaired persons.</p>	<p>P. O. Box #35 E₃, St. 178 Tel: 012 914 983 023 213 883 E-mail: abc@bigpond.com.kh</p>
2	Cambodian Disabled People's Organization (CDPO)	1995	169,658 (2000)	<p>Target: All kinds of PWD</p> <p>Objectives:</p> <ol style="list-style-type: none"> To protect the rights of PWD. To improve the public image of PWD. To ensure that other institutions give attention to the needs of PWD. To build capacity of PWD. To Facilitate and support groups and organizations PWD. To on-going research and development of new signs and provide training to deaf people. <p>Activities: Initiate the development of legislation to protect the rights of PWD in collaboration with MOSALVY and DAC, Media projects and public awareness events, Participation in National and International events and sport activities, Self-confidence training for PWD, Networking and influencing other institutions to include PWD, Direct service for PWD including referral and job creation, Develop and teaching sign language, and facilitate a Women Active Group, Facilitate regional/provincial/ community membership meetings (registration of new members), Facilitating the establishment of self-help groups of PWD including a group of visual impaired, Establishment of charters in Kampot, Banteay Meanchey, Svay Rieng and Kampong Cham. * Cambodian Sopheak Dantrey Music Ban Association was established by CDPO (is now become an independent association, but is still under the umbrella of CDPO).</p>	<p>P.O. Box 2008, Phnom Penh #37B, St. 113, Sangkat Boeung Keng Kang I, Khan Chamcar Mon, Phnom Penh, Cambodia Tel. 023 362 232 023 2155 509 Fax: 023 362 232 E-mail: cdpo@camnet.com.kh</p>
3	National Center for Disabled Persons (NCDP)	1995		<p>Target: All categories of Disability</p> <p>Activities:</p> <ul style="list-style-type: none"> <i>IRS (Information and Referral Service):</i> Facilitates access of PWD to rehabilitation services, training, education and employment opportunities. 	<p>P.O. Box 170, Phnom Penh, Cambodia #3, Norodom Blvd., Phnom Penh, Cambodia</p>

			<ul style="list-style-type: none"> ▪ <i>CBR (Community Based Rehabilitation):</i> Provide training to key community leaders, volunteers, and rehabilitation workers on how to make rehabilitation services available to PWD within their community; ▪ <i>Research program:</i> Aids researchers on disability issues to have access to information materials about disability and related issues; ▪ <i>Income Generation Programs:</i> Help PWD to increase their income and for NCDP to achieve sustainability. ▪ <i>Scholarship Program:</i> Provides opportunity to deserving young people with disabilities to have access to higher education. ▪ <i>Facilities supporting NCDP's programs and services:</i> Handicraft Retail Outlet, Café Restaurant, Exhibition Area, Library/Research Center, and Conference Hall. 	<p>Tel. 023 210 140 023 214 076</p> <p>Fax: 023 368 547</p> <p>E-mail: ncdp@forum.org.kh</p>
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Source:

- ❖ Association of Blind Cambodia (ABC) / Project Proposal, 2000
- ❖ Cambodian Disabled People's Organization Information Package 2000 & Annual Report 2000
- ❖ National Center for Disabled Persons/Brochure, 2000

11.2 List of Organizations/Institutions Operating under Government Support

N	Organization Name	Year Established	Budget (US\$)	Target/Objectives/Activities	Contact address (Tel/fax/email)
1	<p>Cambodian Mine Action and Mine Victim Authority (CMAA)</p> <p>* Newly establish with role and responsibility should clearly define with CMAC and DAC</p>	2001		<p>Mission and Activities</p> <ol style="list-style-type: none"> 1. Develop policy guidelines for demining and UXO's clearance and assistance to mine victims; 2. Prepare strategic medium & long term visions on demining & UFOs clearance and victim assistance; 3. Develop a strategic five years plan for mine and UFOs and assistance to mine victims in Cambodia; 4. Coordinate all de-mining and UFOs clearance and assistance to mine victims; 5. Follow-up and monitor activities of demining and UFOs clearance and victim assistance, so that the national and NGOs operators apply with the strategy and plan of the Royal Government; 6. Lobby for technical and financial support within Cambodia and abroad; 7. Order to destroy anti-personnel land mine in the stockpile and UXO found; 8. Issue the regulation which related to the activities of mine action; 9. Issue an accreditation to national and NGOs, which conduct demining activities and have the rights to revoke the accreditation from national and NGOs, which conduct demining activities in Cambodia; 10. Manage the data base of all activities, which involve in mine and UFOs action and victim assistance; 11. Develop policy guidelines on the management of the land use on post clearance; 12. Manage the implementation of the law on the Prohibition of Use of Anti-Personnel Land Mines and the Treaty of the Ottawa Convention on the prohibition of Use, Stockpiling, Production and Transfer of Anti-personnel Mine and their Destruction; and 13. Follow-up, monitor and advice on use of resources provided to the national and NGOs by the Royal Government of Cambodia and international community. 	<p>Council of Minister</p> <p>E-mail: sam-sotha@camnet.com.kh</p>
2	Cambodian Mine Action Center (CMAC)	1992	7,356,432 (2001)	<p>Transitional Objective: To achieve a measurable impact on the mine /UXO problem in Cambodia through clearing, marking, mine awareness, and Explosive Ordnance Disposal (EOD) operations towards humanitarian and reconstruction goals.</p> <p>Activities: Mine/Unexploded Ordnance Awareness Brand, Mine Area Survey, Mine Marking, Community Mine Marking, and Explosive Ordnance Disposal.</p>	<p>P. O. Box 116 #10-12, St. 528 Boeung Keng Kang 1 Tel: 023 981 083/4 Fax: 023 367 096</p>
3	Cambodian Red	1992	2,232,598	Target: All vulnerable and victims	Headquarters, #17, St.

	Cross (CRC)		(1998) 5,290,284.79 (1999)	<p>Objectives:</p> <ol style="list-style-type: none"> To develop awareness and increase the use of preventive health care practices including mother-child-health care (MCH), immunization, sanitation, use of clean water, improved nutrition, among target communities. To bring about a measurable increase of public awareness of CRC, its role in the community and humanitarian issues; To establish CRC as an active partner in developing and following up on the key regional and international initiatives and issues. <p>Activities: Institutional Development: Health, Water sanitation project, HIV/AIDS/STDs project, Hospital engineering project, Community based disaster preparedness (CBDP), Rehabilitation and capacity building.</p>	180, Phnom Penh Tel: 102 810 854 Fax: 023 212 878
4	Disability Action Council (DAC)	Since March 1997 Officially functioned Sept. 1999	708,792.09 (1998-2001)	<p>Target: All categories of PWD.</p> <p>Objectives:</p> <ol style="list-style-type: none"> Establish and consolidates the Secretariat of the DAC as a permanent body for the coordination and initiation of stakeholders involved. Provide support to the DAC Executive Board, Advisory, Technical and Specialized Committees and Working groups in implementing the Task Force recommendations. Coordinate, initiate and facilitate the development of programs for improvement of services to undeserved PWD. Coordinate and facilitate the development of a comprehensive system to Monitor, Evaluate and Report on the National Plan of Action. Initiate dialogue among concerned individuals and NGOs to ensure policy development is undertaken through awareness raising of the situation and the rights of PWD. Develop and implement communication networks between Secretariat, DAC-committees, Working Groups and Government Ministries involved. <p>Major Activities: National Coordination, Legislation, Information, Education, Women with Disability, Training and employment, Community Work with PWD, Training Community Based Worker, Regional and Global Cooperation, Sustainability. Facilitate the exchange of information and/reports with individual Ministries and Organizations through sending memos, reports etc. (see more in section 4.2 and section 10)</p>	P.O. Box 115, Phnom Penh #28, St. 184, Sangkat Chey Chum Nas, Khan Daun Penh, Phnom Penh, Cambodia Tel. 023 215 341 023 218 797 E-mail: dac@bigpond.com.kh
5	National Paralympic Committee of Cambodia (NPCC)	October 24, 1997		<p>Objectives:</p> <ol style="list-style-type: none"> Promote sport and recreation for PWD in Cambodia and encourage their active participation. Recognize and co-ordinate national and international sporting events within Cambodia involving more than one of the main categories of the disabled. Assist and advise with Cambodian participation in international events involving more than one category of disability and to develop a national Paralympic team for Cambodia Affiliate with the International Paralympic Committee (IPC) or any body which may replace it, and if desired with other international bodies having like aims. Advice and assist in providing facilities for sport and recreation for PWD at all level (National/Regional/International). Provide channel for discussion and cooperation between member organizations and other interested parties in matters of sport and recreation. Submit advice and proposals to Government of Cambodia regarding sport and recreation for disabled. Inform the public about the sporting and recreational needs and activities of PWD in Cambodia. <p>Activities:</p> <ul style="list-style-type: none"> Organize sporting and recreational events involving more than one of the categories of disability and assist member organizations in events for their own disabled group when requested. Organize and participate in conferences, seminars, course and the like related to sporting activities on a National and International level. Publish magazines, films, cassettes and other such material and disseminate information through the press and other 	3 Floor Hong Kong Center Sothearos Blvd. Tel: 023 217 034 Email: npcc.cam@bigpond.com.kh

				<p>media in regard to the sport and recreational activities if people with a disability.</p> <ul style="list-style-type: none"> - Raise funds and accept donations in cash and kind, and invest funds by resolution of the General Meeting. - Own both mobile and immobile properties and manage Sports Complexes, Training centers and other sports facilities or responsibility entrust properties to nominated organizations. 	
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Source:

- ❖ National Paralympic Committee of Cambodia/Plan of Action 1998-2000
- ❖ Royal Decree NS/RKM/0900/160, September 4, 2000 for Establishment of CMAA
- ❖ Disability Action Council (DAC)/Annual Report, September 1999
- ❖ Cambodian Red Cross/Brochure and summary Report 1998-1999
- ❖ Cambodian Mine Action Center (CMAC)/Integrated Work Plan 2001 & CMAC White Paper 2000

12 List of Non-governmental Support Organizations for PWD

No	Organization Name	Year established	Budget (US\$)	Activities	Contact address (Tel/fax/email)
1	Action on Disability and Development (ADD)	1995	170,855 (2000)	<ul style="list-style-type: none"> Capacity building and manage their institutions through the direct work of self-help groups of PWD in their villages and communes. Training local resource persons working to develop their community (including income generation, saving and credit) to ensure the long-term sustainability. Training other NGOs on Disability Awareness and development work and advocacy for inclusion of PWD. 	P.O Box 1123, Phnom Penh, Cambodia #14, St. 412, Sangkat Tonle Basac, Khan Chamcar Mon, Phnom P, Cambodia Tel. 023 213 305 Fax: 023 213 305 add@bigpond.com.kh
2	Aid aux Handicaps du Cambodge (AHC)		50,000 annually (2000-2005)	<ul style="list-style-type: none"> Disabled health care program with educational component. Group home for poor children with physical disabilities, enabling them to attend school Vocational skills training center for PWD 	#172B-Eo, St. 132 Sangkat Toul Kork 1 Phnom Penh, Cambodia Tel: 012 857 580
3	American Friend Service Committee (AFSC)	1979	468,000 (2000)	<ul style="list-style-type: none"> Community work with PWD Integrated sustainable livelihoods Building Local capacities for Non-violence 	#30, St. 352, Sangkat Boeung Keng Kang I, Tel. 023 216 400 Fax: 023 363 242 afsc@bigpond.com.kh
4	American Red Cross (AmCross)	1991		<ul style="list-style-type: none"> Produce and fit P&O devices, distribute wheelchairs and crutches, and provide physiotherapy treatments for landmine victims and other PWD. Provide outreach services less accessible rural populations. Follow-up services to all patients who receive services from the centers Provide training to Cambodian staff in technical, clinical and managerial rehabilitation functions Support NCDP Build capacity of communities to provide rehabilitation 	P.O Box 535 Corner St. 51& 360, Sangkat Boeung Keng Kang, Chamcar Mon Tel. 023 211 996 023 362 970 Fax: 023 214 105 am-cross@bigpond.com.kh
5	Association for Aid and Relief, Japan, Cambodia (AAR-J)	1980		<ul style="list-style-type: none"> Vocational Training Center for PWD Wheelchair workshop project Health care project 	P.O Box 141 #63B, St. 294, Sangkat Boeung Keng Kang I, Tel. 023 211 953 Fax: 023 211 953 aar.jp@bigpond.com.kh
6	Association of Medical Doctors of Asia (AMDA)	1994	69,548 (2000)	<ul style="list-style-type: none"> * Health Clinic Mobile clinic including PWD Emergency relief, Day Care Center Take care the poor children in community/daily nursing, Education, Food Integration of children into the primary school 	P.O Box 541 #40F, St. 426, Sangkat Tuol Tom Pong II, Khan Chamcar Mon Tel. 023 218 820 012 805 034 Fax: 023 218 820 amdac@camnet.com.kh
8	Cambodia Trust (CT)	1989	437,900 (April 2000-March 2001)	<ul style="list-style-type: none"> Provision of rehabilitation services free of charge including P&O and physiotherapy in the centers in Sihanouk vile and Kg Chhnang. Referral for medical & surgical services for PWD Outreach program & follow-up services in Sihanouk vile, Koh Kong, Kg Chnang Community based services for PWD in Koh Kong and Kg. Chhnang provinces. 	P.O. Box 122, # 3, Calmette Hospital Preah Monivong Blvd. Tel/Fax: 023 427 067/ 426 380/ 368 241 cam-trust@bigpond.com.kh
7	Cambodian Association for the Development of Farmers and the Poor (CADFP)	September 1995	5068,89 (1998) 7,822 (1999)	<ul style="list-style-type: none"> To achieve it goals CADFP has initiated; and plan to continue, project such as: Income Generation, Credit Schemes Agriculture and Animal Training and Research, Health, Education, Vocational and Skill Training, Training for PWD 	P. O. Box CCC 206 Sath Pong village, Chhouk District, Kampot Province.

				<ul style="list-style-type: none"> • Human Rights Training 	
9	Cambodian School of Prosthetics & Orthotics (CSPO)			<ul style="list-style-type: none"> • Training program for P&O technicians. • CBR (Community Based Rehabilitation) • Physiotherapy training • Patient outreach service • Clinic (in the best tradition of medical & paramedical teaching). 	P.O. Box 122 # 3, Calmette Hospital Tel/Fax: 023 427 067/ 426 380/368 241 cspo@bigpond.com.kh
10	Cambodian War Amputees Rehabilitation Society (CWARS)		*250,000 *1,285,14 4.39 (2001-2005)	<ul style="list-style-type: none"> • Skill training programs: motor, radio repair, community based training etc. • Encourage self-employment for PWD • Day care for women with children • Market research, outreach • Rice bank, Cow bank 	P.O Box 635, #12, St. 323, Tuol Kork Tel. 012 873 374 Fax: 023 217 338 E-mail: 012803804@mobitel.com.kh
11	CARITAS Cambodia (Caritas)	6 June 1990	384,678 Euro (2001)	<ul style="list-style-type: none"> • Income and Generation • Community organizing for PWD • Provide recreation Skills • Community health promotion • Community Organizing for PWD • Rehabilitation for blind • Provide social skills 	P.O Box 123 #47, St. 198, Sangkat Boeung Pralith, Khan 7 Makara, Tel. 023 210 757 Fax: 023 216 258 caritas@forum.org.kh
12	Catholic Office for Emergency Relief and Refugees (COERR)	16 July 1992	235,000 (1999-2000)	<ul style="list-style-type: none"> • Provincial hospital • HIV/AIDS care and hospice • Vocational skills training • Primary health care • Elderly Center • Khmer literacy for slum children 	P.O Box 2401 #25, St. 242, Sangkat Boeung Pralith, Tel. 023 364 306 Fax: 023 364 306 coerr@bigpond.com.kh
13	Center for Child Mental health (CCMH)	1995		<ul style="list-style-type: none"> • Self-help Skill Promotion, Functional Assessment, Special Education, Family Counseling, Anger Management, Parent Training • Play therapy, Behavior Management, Sensory Motor Stimulation, Physiotherapy, Speech Therapy, Family Therapy • Health check up at primary school. • School based Counseling 	P.O. Box: 123 #47, St. 198 Tel: 023 210 757 Fax: 023 216 258 E-mail: caritas@forum.org.kh
14	Children Affected by Mines-International (CAM-I)	2000		<ul style="list-style-type: none"> • Advocate, support & assist Cambodia children whose lives have been affected by injury from mines and UXO to have access to education, medical care and physical rehabilitation. • Assist the child, family & community to allow the infected injured child to have the opportunity to reach their full potential and overcome their disabilities. • Home visits to children injured by mine families and communities to provide documentation of the Child injuries, progress and needs. • Assist children injured by mines to have a nutritional balanced diet post trauma and injury through small agriculture and fish projects, family micro-credit and vitamin supplementation. • Assist the children injured by mines to identify activities they would like to participate in with an emphasis on sports, music and art. 	Road 4, Group 1 Rong Masin village, Au Ambil Commune, Serei Sophon District, Banteay Mean Chey province. P. O. Box 1030 Phnom Penh/ PO Box: 48 Aranyaprathet 12027, Sakeo, Thailand Tel: 054-958-843 023-216-315
15	Church World Service (CWS)	1979	1202,000 (2000)	<ul style="list-style-type: none"> • Capacity development of Cambodian partners in community development • Food security, Preventive health • Advocacy and emergency response • Local institution Development Unit of CWS supports Cambodian NGOs in all projects 	P.O. Box 82 #39, St. 294, Sangkat Boeung Keng Kang I, Khan Chamcar Mon, Tel. 023 217 786 Fax: 023 217 786 cwsc@bigpond.com.kh
16	CIOMAL	1995	30,000 (1998)	<ul style="list-style-type: none"> • National leprosy program initiated health education campaign • Support to the national center for the leprosy control program. • Outreach and patient education • Training of national of leprosy staff, in the form of workshop for provincial and district supervisors, medical officers, and nurses 	P.O. Box 1258 #10, St. 370 Tel/fax: 023 368 184 E-mail: Ordermalta camb@bigpond.com.kh

				<ul style="list-style-type: none"> Raising public health awareness of leprosy for community leaders and general public 	
17	Development Technology Workshop (DTW)	1995		<ul style="list-style-type: none"> Mechanical assistance to humanitarian land mine clearance, Technical and infrastructure building to small-scale industry Technical and managerial upgrading of Cambodian counterpart staff with particular reference to the disabled. 	DWT Cambodia, P.O.Box 1244, Phnom Penh Tel: 023 430 677 Mobile: 012 812 031 dtw@bigpond.com.kh
18	Emergency	1997		<ul style="list-style-type: none"> Emergency surgical assistance to landmine victims & other war victims, Surgical assistance for patients in need of orthopedic reconstructive surgery. Provide health to the population of Samlot district in cooperation with DOH; staffing, planning and management support; building construction; provision of equipment & drugs. 	Emergency Surgical Center, National road no 5 Battambang Tel: 012 866 202 Fax: 053 370 065/053 952 822 Emergency @big pond. Comm.
22	HALO TRUST	1991		<ul style="list-style-type: none"> Secure physical access to remote areas Return mined land to local community for rehabilitation and development Provide land for settlement and cultivation for refugees and displaced people 	# 13, St. 97 Boeung Trabek Tel: 023 364 063 Fax: 023 362 149
19	Handicap International (HI)	1982		<p>Mines (Mine incident database activities)</p> <ul style="list-style-type: none"> Provide institutional support & technical assistance to the Cambodia Red Cross in the area of mine incident reporting Social & Economical Rehabilitation-PRES Provide assistance to PWD based in the Provincial Rehabilitation Centers Counseling and advocacy, provision of therapeutic and/or economic assistance, referrals to programs which provide other services to PWD and capacity building in the community With CUBIC in reinforcement of self-help groups, supports CDPO Physical Rehabilitation Training Cambodian Physiotherapists in partnership with Technical School for Medical Care, Ministry of Health. Prosthetics and Orthotics (P/O) The production and distribution of lower limb P&O, tricycles, crutches and wheelchairs The production in Cambodia rubber foot used by NGOs working in the P&O area. 	P. O Box 838 #18, St. 400, Sangkat Boeung Keng Kang I, Khan Chamcar Mon Tel. 023 217 300 023 982 811 Fax: 023 216 270 E-mail: hianscam-bodge@bigpond.com.kh
20	Helen Keller International (HKI)	1992	400,000 (2000)	<ul style="list-style-type: none"> Provide technical assistance on nutrition to the government and NGOs. Build local capacity to provide primary eye care services, including screening for eye surgery Prevention and treatment of vitamin A and iodine deficiency disorders (IDD) & improvement of overall nutrition status. Training of eye and health care providers and school based education and screening for eye problems Develop of information and education and communication materials. 	P. O. Box 168 #8, St. 288, Boeung Keng Kang I Khan Cham Car Mon, Tel: 023 210 851 023 213 217 Fax: 023 210 852 E-mail: hki@bigpond.com.kh
21	Help Age International (HAI)	1992		<ul style="list-style-type: none"> Development of older association Self-help group Strengthening local institutions and building capacity at community, provincial and national levels Rehabilitation activities specifically targeting the most vulnerable older people Advocacy & policy development 	P. O Box 525 #16, St. 284, Sangkat Tonle Basac Tel. 023 216 076 023 219 314 Fax 023 216 076 E-mail: hai.cam@bigpond.com.kh
23	International Committee Red Cross (ICRC)	1991		<ul style="list-style-type: none"> * Orthopaedic Center, Battambang province Fit patients with prosthesis or orthotics and provide crutches or walking frames 	P.O. Box #406, Monivong Blvd. Tel: 023 211 412/

				<ul style="list-style-type: none"> • Provide wheelchairs or tricycles for wide range of disabilities • Practical training in order to ensure correct fitting of the patients • Screen psychological problems and after a primary consultation refer the patient to a specialized local organization • Provide accommodation and meals during the treatment period (average stay is 2 weeks) and Follow-up of patients <p>* Phnom Penh</p> <ul style="list-style-type: none"> • Operate P&O Component Factory • Provide assistance to the "Emergency" hospital where simple surgery carried out for victims of polio. Follow up. 	<p>308 023 Fax: 023 213 751 E-mail: icrcphn@camnet.com.kh</p>
24	International Resource for the Improvement of Sight (IRIS)	1995	200,000 (2000)	<ul style="list-style-type: none"> • Eye camps • Ophthalmic treatment outreach • Surgical eye operation • Follow-up visits • Prevention of early low vision • Early detection and treatment of eye disease and impending blindness. 	<p>P.O Box 428, #92, St. 97 Sangkat Tonle Basac, Khan Chamcar Mon Tel/Fax: 023 211 412 E-mail: iriscambodia@bigpond.com.kh</p>
25	Japan-Cambodia Interactive Association (JCIA)	1996	850,000	<p>* Skill Training</p> <ul style="list-style-type: none"> • Motor repairing; Radio repair, sewing <p>* Orphanage</p> <ul style="list-style-type: none"> • Education, food and accommodation 	<p>Street 1091, Phnom Penh Thmey Tel: 023 367 877 016 874 849</p>
26	Jesuit Services Cambodia (JS-C)	1990	Approx. 1 million (2001)	<ul style="list-style-type: none"> • Vocational skill training for PWD • Rural development • Services for disabled mine-affected community (community outreach, non-formal education, advocacy, etc). • Services for PWD, returnees, war affected (wheelchairs, income generation, school, non-formal education, mine ban advocacy, housing, health, outreach) • Support war affected community (health, children center, small vocational training, schools, and non-formal education). • University education (scholarship to Asian universities, text book production) • Children (temporary accommodation for handicap children. Nutrition, family assistance, hearing test & aid) • Service to vulnerable (community development, housing for disabled, AIDS patients, non-formal education) • Advocacy (Landmine ban campaign, kids against war, peace, video production for advocacy) • Asylum Seekers (Phnom Penh) • Research (landmine monitor) 	<p>P. O. Box 880 #96, St. 592 Toul Kork Tel: 023 880 139 Fax: 023 880 140 E-mail: jrscam@forum.org.kh</p>
27	Krousar Thmey (KT)	1991	855,474 (2000)	<ul style="list-style-type: none"> • Protection center for children • Street children center • Permanent house, Development village • School for blind (Braille) and deaf • Shadow theatre school • Vocational training on boat fishing • School build and maintenance • Exhibition on Khmer heritage. 	<p>Office: # 4, Street 257 Tel: 023 366 184/880 503 Fax: 023 428 946 Email: krousar_thmey@bigpond.com.kh</p>
28	Lutheran World Services (LWS)	1994	3,885,400 (2000)	<p>* Integrated Rural Development</p> <ul style="list-style-type: none"> • Community development, safety water, sanitation agriculture, livestock, income generation, family planning, HIV/AIDS awareness, rehabilitation & construction of primary school, health services, literacy training & environment awareness. <p>* Demining and resettlement</p> <ul style="list-style-type: none"> • Demining for sheltering, health service, education & road communication. 	<p>P. O. Box 37 #37, Street 592 Sangkat Boeung Kak II, Toul Kork district Tel/Fax: 023 881 100 Email: lWSCAM@bigpond.com.kh</p>

				<ul style="list-style-type: none"> * Vocational Training Center • Skills training to enhance ownership build capacity on construction technology, engine repair, TV/radio repair, management and production of agricultural tools. • Initiative capacity building and first aid. 	
30	Marist Mission Australia (MMA)	1995	100,000 (1999) 420,000 (Feb-Jun 2000)	<p>Lavalla School promoting education for physical disabled children,</p> <ul style="list-style-type: none"> • Primary school for physical handicapped children and integration of children to mainstream school. 	<p>P.O. Box 428 #92, Street 97 Tel: 023 211 412 Fax: 023 211 412 Email: iriscambodia@bigpnod.com.kh</p>
31	Maryknoll	1988	584,800 (2000)	<ul style="list-style-type: none"> • Assistance to University Phnom Penh • Skill training /income generation • Community health education • HIV/AIDS education 	<p>P. O. Box 632 #13, St. 360 Khan Chamcar Morn Tel/Fax: 023 211731 mkmekong@forum.com.kh</p>
32	MEDICAM (M/CAM)	1989	143,000 (2000)	<ul style="list-style-type: none"> • Facilitate the communication and the diffusion of health related information. • Interface between the NGOs and MOH • Representing the health NGOs • Consult with NGOs on health issue. • Advocacy think-tank and channel for issues related to health in Cambodia. • Health-related electronic network • Health-in-Cambodia related library/ documentation center. • Special health related events • A monthly conference. 	<p>CCC box 281 #12Eo, St. 306 Boeung Keng Kang 1 Tel: 023 211 486 Tel/fax: 023 314 540 medicam@bigpond.com.kh Newsgroup: news.bigpond.kh.medicam Website: http://www.bigpond.com.kh/users/medicam/</p>
29	Mine Advisory Group Cambodia (MAG)	1992	3,959,231 (1999)	Mine and UXO clearance & disposal and mine awareness, minefield marking, data gathering on mine casualty, & Agricultural development on clear plot of land.	<p>P. O. Box 111 #30, St. 294, Boeung Keng Kang. Tel/fax: 023 724 714 mag@camnet.com.kh</p>
33	NGO Forum on Cambodia (NGO Forum)	1994	270,000 (2000)	<ul style="list-style-type: none"> • Ways of strengthening civil society • Development issues (research & advocacy on the impact of aid) • Mekong river basin development • Information • Women (gender) • Landmines (international campaign to ban landmines) • Advocacy skill training 	<p>P. O. Box 2295 #35, St. 178 Tel: 023 360 119 Fax: 023 214 429 admin@ngo.forum.org.kh Website: www.camnet.com.kh/ngo_forum</p>
34	Norwegian People's Aid	1996	20,014,601-NOK	<ul style="list-style-type: none"> • Resettlement, Rehabilitation and Community Integration • Mine related technical advisory program • Rehabilitation Center for mine victims • Mine clearance with CMAC 	<p>P. O. Box 2228 #4, St. 278, Olympic Tel: 023-210383 Fax: 023-217729 npaid@bipond.com.kh</p>
35	Nuns & Lay Women Association of Cambodia	1995		<ul style="list-style-type: none"> • Training of Trainer • Social Work • Community Work) • Workshops • Publication • National & International networking 	<p>Wat Koh, Dhammatrai village, Psardek commune, Ponhea Leu Tel: 015 913 307 Tel/fax: 023 212 070 anlwc@camnet.com.kh</p>
36	Operation Enfant de Battambang (OEB)	1997		<ul style="list-style-type: none"> • Child Support • AIDS patient support • Basic education and development • Public awareness & community participation, reproductive health promotion • Education in Hospital • Remote area non-school education 	<p>#229, Group 11, Sopy Village, Rattanak commune, Svay Por District, Battambang Province. Tel: 012 910 095 oeb@worlmail.com.kh</p>
37	Rehab Craft Cambodia (RCC)			<ul style="list-style-type: none"> * Income generation, training • Craft production- leather, silk, wood carving through production workshop and producer groups • Retail outlet 	<p>P.O. Box 1278 #69, Street 315 Tel/Fax: 023 880 574 Email: rec@camnet.com.kh</p>
38	Save the Children	November	1,925,500	<ul style="list-style-type: none"> • Quality improvement on primary education 	<p>P.O. Box 34, Phnom Penh</p>

	Norway Cambodia Office (SCN-CO)	1988	(2000)	<ul style="list-style-type: none"> • P-6620 primary school text book orientation project, MOEYS • P-7823 quality improvement of basic education project • Basic education project & reconciliation • Awareness raising on CRC • Legal aid of Cambodia • Projects against child sexual exploitation • Providing protection care education and opportunities for street children • Providing education and emergency care for child domestic workers in Phnom Penh • Home based care and rehabilitation for differently able children in Battambang • Children's Magazine Mom and Mab • Providing children aged six years and below proper physical, mental, social, moral care and education 	#8, St. 163, Sangkat Veal Vong, Khan 7 Makara, Phnom Penh, Tel. 023 362 143 023 217 720 023 216 232 Fax: 023 215 078 RB.CAMBODIA@bigpond.com.kh reddba-rna.cam@worldmail.com.kh
39	Servants to Asia Urban's Poor-Cambodia (SERVANTS)	1993	90,000 (2000)	<ul style="list-style-type: none"> • Health and development • Support district health services • Community rehabilitation/nutrition • HIV/AIDS (education/care) • Women's health (education/care) birth spacing & TBA training. • Community saving & credit • Child health & sanitation 	P.O. Box 538 # 39, St. 184 Toul Tumpung II Tel 023 304 461 Fax: 023 314 461 sevents@forum.org.kh
40	Social Service of Cambodia (SSC)		500,000 (1999-2000)	Social and Mental Health Services <ul style="list-style-type: none"> • Information, awareness and advocacy • Counseling, ADL & relaxation exercises • Small loans/grants • STAR program, a self-help training and recovery program. 	P.O. Box 149 #11, Street 302 Tel/Fax: 023 217 820 ssc@bigpond.com.kh
41	Stiftung Kinderdorf Pestalozzi (SKIP)	1985	3,314,193 (2000-2004)	Vocational training and employment for youth and adults <ul style="list-style-type: none"> • Community-owned short term literacy for admittance to vocational training for youth and adults • Trades training at private shops and at the four development service centers, • Technical agriculture training for adults • Small business training • Apprenticeship placements and initial employment facilitation • Community-owned saving groups and income generating activities for raising their food securities above 9 months 	P.O. Box 90, Phnom Penh #9, St. 228, Phnom Penh, Tel. 023 217 807 Fax: 023 217 807 skip@bigpond.com.kh
42	Trans cultural Psychosocial Organization (TPO)	1995		<ul style="list-style-type: none"> • Mental Health Education • Training • Counseling • Group work (self-help group) • Clinical work • Research and publications 	P.O Box 1124 #13, St. 57, Boeung Keng Kang I Tel/Fax 023 366 513 023 218 478 tpo@forum.org.kh
43	United Cambodian Community Development Foundation (UCC)		153,000 (2000)	Skill Training Program <ul style="list-style-type: none"> • Poultry raising, small engine, electronic/radio repair • Horticulture. • Small business start up, loans/grants - Human Rights, Credit/Grant - Community based for PWD promotion - Infrastructure/health extension/Safe water 	P.O. Box 467, C/o Veterans International, # 16, Street 21 Tel: 033 932 997/015 330 026 Fax: 855-12 818 221 012818221@mobil.com.kh
44	Veterans International/ Cambodia (VI)	1991	1,985,000 (2000)	Physical Rehabilitation Center <ul style="list-style-type: none"> • P&O services, community follow up Wheel-chair manufacturing • Skill training/income generation • Community based physical therapy Small rehab/Retail outlet • Prosthetics/physiotherapy & outreach 	P.O. Box 467 # 16, St. 21 Sangkat Tonle Basac. Tel: 855-23 217 204 Fax: 855-23 218 963 vvaf@bigpond.com.kh
45	Working Group for Weapon Reduction	1998		WGWR will cooperate as a coalition to: <ul style="list-style-type: none"> • Transform the desire to own and use weapons 	P. O. Box 604 # 30, St. 352

	in Cambodia (WGWR)			<p>into commitment and skills for nonviolent problem solving.</p> <ul style="list-style-type: none"> • Small arms and light weapons reduction • Promote proper control of weapons. • Work so that all weapons remove from society are destroyed so that they are never used anywhere again. 	<p>Boeung Keng Kang 1 Tel: 023 216 400 fax: 023 336 242 E-mail: wgwr@big-pond.com.kh Website: www.igc.org/nonviolence/wgwr</p>
46	World Vision Cambodia (WV-C)	1979	5,816,707	<p>Skill Training Program (Small engine, electronic/radio/TV repair etc.).</p> <ul style="list-style-type: none"> • Community based training (pig, chicken & duck raising. Pineapple planting. • Small business start up, loans/grants • Child Health, HIV/AIDS • Children in difficult circumstances • Mine related project (awareness training, mine clearance/education). 	<p>P.O. Box 479 #20, St. 71, Sangkate Tonle Basac Tel. 023 216 052 023 217 923 Fax: 023 216 220 Cambodia@wvi.org</p>
47	Youth With A Mission, Cambodia (YWAM)	1990	540,000	<ul style="list-style-type: none"> • Education / training (English) • Health (PMI training, malaria control) • Primary health care, public health education • Shelter for street mothers and children • Community development • Children rehabilitation program • Cottage craft, Soya & food services • Group home 	<p>P.O. Box 447, #9, St. 163, Sangkat Olympic Tel. 023 217 478 023 882 931 Fax: 023 217 477 023 882 931 hagar@camnet.com.kh streng@camintel.com</p>

13 List of Other Organizations of/for PWD

No	Organization Name	Year established	Budget (US\$)	Activities	Contact address (Tel/Fax/E-mail)

* No parties concerned or supporting organizations are fitting into this section in Cambodia.

14 List of Aid Projects of PWD with other Donors ⁹

N	Project Title	Implementing Agencies	Donors	Duration	Budget \$	Purpose / Activities
1.	Kampong Speu Rehabilitation Center	AusAID-Am-Cross in partnership with MOSALVY, SSC.	Australia	2000 to 2002		<ul style="list-style-type: none"> - Produce P&O devices. Distribute wheelchairs and crutches - Provide Physiotherapy treatment - Provide training to Cam. staff - Provide outreach services - Follow up service for all patients - Support National Rehab sector
2.	Volunteer Dispatched Program	Australian Expert Service Overseas Program (AE-SOP)	Australia	Started 1998		<ul style="list-style-type: none"> - Dispatched Australian experts to work in fields of Socio-Economic study, special education, accessibility and communication, training on community based workers and to assist in establishment and strengthen the Disability Action Council and to help MOSALVY regarding to social welfare, disability issues & rehab sector
3.	Local Project Formulation Study "Qualitative Impact of Assistance to Disabled People"	Cambodia Trust (CT)	JICA	Oct. 2000		Identify the impact areas of rehabilitation services provided for PWD through assessing the situation of PWD regarding quality of life and other areas of their living situation after receiving rehabili-

⁹ Source: Disability Action Council (DAC), Cambodian Donor Information and CCC directory 2000-2001.

						tation service. To get know about the PWD's felling in terms of mainstreaming and/or social integration activities.
4.	Centralized Disability Data base Project	Canadian International Development Agency (CIDA)	Canada	2000 to 2001		- Provide support to DAC and MOSAVLY on the development of Disability Database
5.	Country Profile: Study on Persons with Disabilities: Cambodia	DAC	JICA	Feb.- March 2001		Collect and collate the secondary information/data and compile a document of report that can be used as a guiding tool for planning international cooperation in the field of disability and rehabilitation sector
6.	Regional and Global Cooperation	ESCAP	UN	1998 – ongoing		- Provide financial support for the representative of the disability organizations in Cambodia to participate in the workshops, meetings, and seminars abroad.
7.	Integrated Pest Management Program	FAO	UN	1998		Supported activities are: - Provide technical knowledge through practical training for rural people (rice farmers) on Integrated Pest Management, PWD are also included into the program activities Handicap International
8.	Cambodia Disabled Veterans Assistance Program	GTZ- Demobilization team	German Federal Ministry for Economic Cooperation (BMZ)	Three years started form 2000		Provide support to Disabled Veterans & their families. - Support community integration, awareness raising and build up self-confidence among the group - Address the specific needs - Facilitate the access to physical rehab services, educational and skills training and income generation opportunities.
9.	“Rehabilitation of Disabled People with Integrated Approach in Siem Reap Province through Development of Provincial Rehabilitation Center (PRC)”	HI(Belgium)	JICA	Aug 2000 ongoing		Strengthen capacity building of MOSALVY especially in the areas of (1) information and service center role for PWD and (2) extending services for PWD living in remote areas.
10.	Disability Resource Team	ILO	UN	1998		Support PWD to access to Vocational, skills and business Training. - Contact with vocational training providers to include PWD into the training centers - Assist PWD to start their own business - Facilitate graduated PWD to get access to credit, loan - Provide counseling and assist in finding employment. - Follow up to the PWD after job placement - Provide adaptive equipment and architectural modification of facilities.
11.	Japan Overseas Cooperation Volunteers (JOCV)	JICA	JICA	Ongoing		Develop system engineer at Rehabilitation Department, primary school teacher at an orphanage school- currently is working at MOSALVY.
12.	Social Affairs Administration Advisor	JICA	JICA	Ongoing		Dispatch experts to contribute to the respective ministry and or-

						ganization such as MOEYS, MWVA, CMAC etc., JICA experts contributes to strengthening of the overall capacity of those institutions.
13.	Country-focused group training "Social Welfare Administration"	JICA and others	JICA	One course in each year (2000-2005)		- Provide scholarships and other forms of fund to staff of MOSALVY and other related institutions for training courses in Japan, neighboring countries, and Cambodia.
14.	Cambodia Mental Health Development Program (CMHDP)	NORAD	Norway	1998 to 2001		- Support restoration of basic psychiatric services and facilities - Train Cambodian psychiatric residents psychiatric nurses - Improve clinical services for person with mental illness. - Establish psychiatric mobile teams reaching population outside PP.
15.	Home base care and Rehabilitation for differently able Children in Bat	NORAD	Norway	2000	45,812	- Provide assistance to disabled children who enable them to have normal growth and development, to participate and receive education as other children.
16.	"Model Social and Mental Health Services in Kampong Speu province"	SSC	JICA	Started in Dec 1998		Provide counseling and referral services to the socially vulnerable people due to physical and mental disabilities Technical assistance to the implementing NGOs, SSC, by dispatching a technical advisor specialised in group counseling.
17.	Children in Need of Special Protection (CNSP)	UNICEF	UN			- Provide CBR services, which aim at or include children with disabilities. - Provide special education services and research in this area - Conduct data collection and training - Extant awareness raising - Identify measure for prevention of disabilities among children
18.	Community Action for Social Development (CASD)	UNICEF	UN	1996 2001 2005		- Increase the range of educational services in the community - Enhance parental knowledge about child learning - Implement Community Action for Child Rights (Seth Koma) - Introduce early childhood care & Devt. - Provide access to Education (literacy) - Train of village based social workers - Provide referral services from the village to provincial level - Improve village based awareness raising - Implement prevention program. - Encourage inclusion of disabled in credit.
19.	Disability Database Study Project	UNICEF in conjunction with MOSALVY and DAC database working group	UN	2000	12,000	Collect, collate and analysis the general information on situation of PWD in Cambodia and provide recommendation on the future socio-economic development for PWD.

20.	Development of Educational Opportunities to Meet the Specific Needs Of ChWD	UNICEF-DAC	UN	Sept. 99 August 2002	Total \$110,000	<ul style="list-style-type: none"> - Develop national policy - Develop teaching and training materials - Conduct disability awareness raising - Implement pilot project in Svay Rieng
21.	Supporting the Co-ordination and Initiation of Services and Assistance with / for Disabled People in Cambodia	USAID/Leahy War Victims Fund	USA	1998 – 2001	500,000	<ul style="list-style-type: none"> - Strengthen capacity of DAC Sec. - Facilitate the regular coordination meetings for DAC committees and working groups - Facilitate the development, implementation, monitoring and evaluation of programs for PWD. - Implement the communication network among stakeholders. - Facilitate/coordinate the development of awareness strategy.
22.	Information and Referral Services (IRS) Program.	USAID-AmCross in partnership with National Center for Disabled Persons (NCDP)	USA	2000 to 2001		<ul style="list-style-type: none"> - Assist PWD in developing job-seeking skills. - Provide linkages services between PWD & employment, training, educational and rehab opportunities - Develop & revise of rehab services, training & educational program.
23.	Community Based Rehabilitation (CBR) program	USAID-AmCross in partnership with NCDP and DAC	USA	2000 to 2001		<ul style="list-style-type: none"> - Build capacity of communities to provide rehab services to PWD. - Establish national CBR Program. - Increase opportunities of PWD to participate in day-today activities.
24.	Health and Disability program	VSO	Core funding form DFID and British Government	1991		Dispatch volunteers to work in many different fields for strengthening the local organizations and Govt. institutions related to social welfare, disability issues and rehabilitation sector
25.	Prevention of Disability Program	WHO	UN	Started 1991		<ul style="list-style-type: none"> - Provide technical assistance to the program of prevention of Blindness, mental health, Tuberculosis, leprosy & maternal & child health
26.	Workshop on Multi-sectoral Collaboration in Rehabilitation Services	WHO-DAC	UN	2001	18,000	Provide financial and technical assistance to conduct a national workshop for the Strengthening Multi-sectoral Collaboration in Rehab services at community level.
27.	Food Aid Program for Rehabilitation	World Food Program (WFP)	UN	Started in 1994		Provide food for the organizations working for rehabilitation center where there is activities to provide accommodation and food for patients
28.	Prevention of Blindness, Mental Health, Tuberculosis, Leprosy, polio	World Health Organization (WHO)	UN	Started in 1991		These programs are to provide funds to organizations working with/for PWDs for the implementation activities relating disabilities and rehabilitation sector.

Source: CCC directory 2000-2001 and Disability Action Council Information Management System

15 List of Information Sources/Contact Persons

	Name	Contact Person	Position	Contact Address
Government	Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation-MOSALVY	H.E. Prak Chantha	Secretary of State	# 68, Preah Norodom Phnom Penh, Cambodia Phon/Fax: (855-23) 427 322 Mobile: (855-015) 851 787
	Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation-MOSALVY	Mr. Touch Samon	Deputy Director- General	General Direction of Social Affairs and Youth Rehabilitation # 28, St. 184, Sangkat Cheychumnah, Khan Daun Penh, Phnom Penh Tel: (855-23) 722 991 mosalvy@forum.org.kh
	Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation-MOSALVY	Mr. Keo Soeun	Head of Rehabilitation Department	# 28, St. 184, Sangkat CheyChumnah, Khan Daun Penh, Phnom Penh Tel: (855-23) 724 292
	Ministry of Education, Youth and Sport-MOEYS	H.E. Im Sethy	Secretary of State	# 80, Preah Norodom, Phnom Penh Phone/Fax: (855-23) 217 250 Mobile: (855-012) 819 393 imsethy@forum.org.kh thysi@camnet.com.kh
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Acronyms

AAR-J	Association to Aid the Refugees, Japan
ABC	Association of Blind Cambodia
ADB	Asian Development Bank
ADD	Action for Disability and Development
AESOP	Australian Expert Service Overseas Programme
AHC	Aide aux Handicaps du Cambodge
AmCross	American Red Cross
AMDA	Association of Medical Doctors in Asia
ASEAN	Association of South East Asian Nations
AusAID	Australian Agency for International Development
BAC	Business Advisory Council
BMZ	German Federation Ministry Economic Co-operation
CAM-I	Children Affected by Mines International in Cambodia
CBR	Community Based Rehabilitation
CCMH	Center for Child Mental Health
CDHS	Cambodia Demographic and Health Survey
CDPO	Cambodia Disabled People's Organisation
CIDA	Canadian International Development Agency
CIOMAL	Comite International de l'Ordre de Malte pour l'Assistance aux Lépreux
CMAA	Cambodian Mine Action and Victim Assistant Authority
CMAC	Cambodian Mine Action Center
COERR	Catholic Office for Emergency Relief and Refugees
CPA	Cambodian Plan of Action
CRC	Cambodian Red Cross
CRC	Convention on the Rights of the Child
CSES	Cambodia Socio Economic Survey
CSPO	Cambodia School for Prosthetics and Orthotics
CT	Cambodia Trust
CWARS	Cambodian War Amputees Rehabilitation Society
CWD	Community Work with Disabled People
CWS	Church World Service
DAC	Disability Action Council
DEAF	Deaf Education Action Foundation
DRT	Disability Resource Team
DTW	Development Technology Workshop
FAO	Food and Agriculture Organisation
FDHD	Future Direction for Health Development
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GPCC	General Population Census
GTZ	German Agency for International Development
HAI	Help Age International
HI	Handicap International
HIV	Human Immuno-deficiency Syndrome
HKI	Helen Keller International
HSA	Health Situation Analysis
ICMPO	Investing in Children Master Plan of Operations
ICRC	International Committee of the Red Cross
IE	Inclusive Education
ILO	International Labour Organisation
IOs	International Organisations
IPC	International Paralympic Committee
IRIS	International Resource for the Improvement of Sign
JCIA	Japan Cambodia Interactive Association
JICA	Japanese International Cooperation Agency
JOCV	Japan Overseas Co-operation Volunteers
JS-C	Jesus Service, Cambodia
KCDI	Khmer Culture Development Institute
KT	Krousar Thmey
LWS	Lutheran World Service
MAG	Mine Advisory Group

M'CAM	Medicam
MCH	Maternal and Child Health
MMA	Marist Mission Australia
MOAFF	Ministry of Agriculture Forestry and Fisheries
MOEYS	Ministry of Education Youth and Sports
MOH	Ministry of Health
MOP	Ministry of Planning
MORD	Ministry of Rural Development
MOSALVY	Ministry of Social Affairs Labour Vocational Training and Youth Rehabilitation
MWVA	Ministry of Women's and Veterans' Affairs
NCDP	National Center for Disabled Persons
NER	Net Enrolment Rate
NGOs	Non Governmental Organisations
NIDs	National Immunization Days
NIS	National Institute of Statistics
NORAD	Norwegian Agency for International Development
NPA	Norwegian Peoples' Aid
NPCC	National Paralympic Committee of Cambodia
OEB	Operations Enfants du Battambang
P&O	Prosthetics and Orthotics
PAP	Priority Action Programme
PHC	Primary Health Care
PRSP	Poverty Reduction Strategy Paper
PWD	People With Disabilities
RCC	Rehab Craft Cambodia
RGC	Royal Government of Cambodia
SCN	Serve the Children Norway
SERVANTS	Servants to Asia Urban's Poor Cambodia
SEDP I	First Five-Year Socio Economic Development Plan
SEDP II	Second Five-Year Socio Economic Development Plan
SESC	Socio Economic Survey of Cambodia
SESC	Socio Economic Survey of Cambodia
SHG	Self Help Group
SKIP	Stiftung Kiderdorf Pestalozzi
SSC	Social Services Cambodia
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
ToR	Terms of Reference
TPO	Trans Cultural and Psychosocial Organisation
UCC	United Cambodian Community Development Foundation
UN	United Nations
UNDP	United Nation Development Programme
UNESCAP	United Nations Economic Social Commission of Asia and Pacific
UNESCO	United Nations Economic Social and Cultural Organisation
UNICEF	United Nations Children and Education Fund
USAID	United States Agency for International Development
UXOs	Unexploded Ordnance
VI	Veterans International
VSO	Volunteer Services Overseas
WFP	World Food Programme
WGWR	Working Group for Weapon Reduction
WHO	World Health Organisation
WV-C	World Vision, Cambodia
YWAM	Youth With A Mission