Let’s do it!
Mainstreaming disability into development policies, sector plans and practice
Mainstreaming Project Guideline, March 2009

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<td>ABC</td>
<td>Association of the Blind Cambodia</td>
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<td>ADB</td>
<td>Asian Development Bank</td>
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<td>ADD</td>
<td>Action on Disability &amp; Development</td>
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<td>AOP</td>
<td>Annual Operation Plan</td>
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<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>BTC</td>
<td>Belgium Technical Cooperation</td>
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<td>CCC</td>
<td>Cooperation Committee for Cambodia</td>
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<td>CDC</td>
<td>Council for Development of Cambodia (RGC)</td>
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<td>CDCCF</td>
<td>Cambodia Development Cooperation Forum</td>
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<td>CDHS</td>
<td>Cambodia Demographic &amp; Health Survey</td>
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<td>CDPO</td>
<td>Cambodia Disabled People’s Organisation</td>
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<td>CFS</td>
<td>Child Friendly School</td>
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<td>CMAA</td>
<td>Cambodia Mine Action Agency (RGC)</td>
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<td>CMDGs</td>
<td>Cambodia Millennium Development Goals</td>
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<td>Cambodia Socio-Economic Survey</td>
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<td>CT</td>
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<td>CWDs</td>
<td>Children with Disabilities</td>
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<td>Deaf Development Programme, Maryknoll</td>
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<td>DFID</td>
<td>UK Department for International Development</td>
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<td>EC</td>
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<td>Education Fast Track Initiative</td>
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<td>Education Sector Support Plan</td>
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<td>Education Sectoral Working Group</td>
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<td>FAO</td>
<td>Food &amp; Agriculture Agency (UN)</td>
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<td>GCE</td>
<td>Global Campaign for Education</td>
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<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome</td>
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<td>Identification of Poor Households Project</td>
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<td>Income Generating Activity</td>
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<td>JMI</td>
<td>Joint Monitoring Indicator</td>
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<td>JTWG-Edu</td>
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<td>MAFF</td>
<td>Ministry of Agriculture, Fisheries &amp; Forestry (RGC)</td>
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“Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015…” (James Wolfensohn, President of the World Bank, 2002)

“Nothing about us without us!” (David B. Werner, key person of the disability movement in relation to disability and development)

1 INTRODUCTION

How to use the guideline

The overall goal of the Mainstreaming project is that: People with disabilities are acknowledged as full citizens with equal rights and thus are participating and receiving a fair share in the development of Cambodia.

The way that we are working to contribute to this goal is to use a process of disability mainstreaming in poverty reduction and development policies, plans and decision-making processes of Cambodia, both at the national level and commune level.

The specific objectives of the project:

1. At national level, disability is mainstreamed in national development strategy plan (NSDP) and sector plans processes.
2. At local level, disability is mainstreamed in commune development plans and actor plans in two provinces (Kampong Speu & Kampong Cham).

Based on the most important concerns in the lives of people with disabilities in Cambodia, there are four target focus areas for the project – poverty reduction, education, health and employment/livelihoods.

Mainstreaming is an innovative NEW approach and goal at the same time. It has become a key way of working towards full participation of people with disabilities in inclusive development action. As it is a new approach, we decided to develop a guideline for the project. It is internal to project partners for now.

This guideline aims to provide all key stakeholders in the Mainstreaming Disability Project with information for orientation and decision making in the following areas:

1) Mainstreaming methodology: A simple introduction to key approaches to do disability mainstreaming...
   a. Understanding of disability based on the social model
   b. Human Rights and Rights Based approach
   c. Disability mainstreaming
   d. Twin track approach to disability

2) Analysis & recommendations of the focus areas:
   a. Summary of the key policies and plans for each area and their inclusion of disability;
   b. Identification of important policy development forums and the key mainstream stakeholders to work with and influence;
   c. Presentation of the key disability organizations and how they are working
   d. Conclusions and steps for the project.

3) Key references and tools: At the end of section for further learning and to assist implementation. It is supposed to be a living document – a frame through which we try to prioritize, remind ourselves of key values and methods we would like to nurture in our implementation. This guideline is a working document. If it proves successful we may also wish to adjust it for broader stakeholders.
Project Rationale - Why disability mainstreaming in Cambodia?

To achieve sustainable change in the lives of people living in poverty, the structural causes of their poverty must be addressed. People with disabilities (PWDs) are proportionately higher represented among the 34% of Cambodians living below the extreme poverty line. However, disability issues and people with disabilities barely feature in poverty reduction policies and decision making processes.

In the past, progress has been made to target people with disabilities directly and exclusively by committed disability focused and specialized organizations. However, these disability specific activities alone are not enough to foster inclusion for the majority of people with disabilities considering the estimated prevalence of 4.7% and unused potential of people with disabilities in this country.

Cambodia has signed the UN Convention on the Rights of Persons with disabilities (UNCRPD) and a national disability law on the Promotion & Protection of the Rights of Persons with Disabilities is pending for acceptance by the Council of Ministers. With those two facts, and a strengthening disability representation movement, there is a great opportunity to introduce disability as a cross cutting issue into the broader development agenda for the fight against poverty. In addition, several key international actors (UN, World Bank, several donors, such as AusAID, DFID, EC) have changed their approach towards disability and favour mainstreaming disability to address poverty of PWDs more effectively.

To create sustainable change, disabled people’s organizations (DPOs), disability focused organizations and mainstream development actors must work together with the Royal Government of Cambodia (RGC) to include PWDs as equals in all aspects of life. A proven way to succeed is to promote social, cultural and economic rights and raise the profile of disability to become cross-cutting in development policies and action. HIF has chosen to engage with this project in a capacity development process supporting DPOs and other key actors to engage effectively in the development processes.

Cambodia has developed a Poverty Reduction Strategy Paper (PRSP), called the National Strategic Development Plan 2006-2010 (NSDP). It aims to harmonize and make the development process in Cambodia more effective. Reserves of natural oil and gas have also been discovered in Cambodian territory. This context offers an unprecedented opportunity for economic growth and social development. Pro-poor growth will be achieved if attention to excluded groups is paid. The current NSDP mentioned people with disabilities as a target among the most vulnerable groups while indicators to follow up and foster progress are missing.

The project contributes to making real change in the lives for PWDs in Cambodia by supporting them to mainstream, instead of sideline, disability in poverty reduction policies and sector plans.

There are various opportunities for civil society to make their voices heard and provide technical advice on key issues. Such as NSDP monitoring, the forthcoming extension of the NSDP to 2013, the development and monitoring of sector and commune level plans as well as related processes. This offers a framework for strengthening DPOs, service providers and development actors to participate in mainstreaming disability through coordinated action, sharing good practice and capacity development.

Specifically, this project will support DPOs and other key actors to build awareness and create a dynamic in the sectors of health, education and employment to include disability more effectively. Currently, national data and statistics are missing to identify the gap. PWDs are expressing concern about limitations of access and exclusion in these sectors which are a priority for change.

Terminology
Throughout this document the term people with disabilities will be used as this is the preferred language of the disability movement in Cambodia. However, when the term ‘disabled people’ is used in official titles and quotes then it is left unchanged. When these terms are used it refers to all people who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Article 1 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD)). It is clearly recognized that people with disabilities are not a homogenous group; people with different impairment face different levels of exclusion and discrimination and people with disabilities can experience multiple discrimination based on other characteristics such as gender, beliefs, ethnicity and age.
2 WHAT ARE OUR KEY APPROACHES?

2.1 Disability

The project adopts the definition of disability given in the UNCRPD. It is based on the social model. The UNCRPD has been signed by the Royal Government of Cambodia (RGC) in 2008:

"Disability is an evolving concept which results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."

Whereas, the definition of impairment:

"a degree of physical, mental (intellectual or mental illnesses) or sensory restriction (hearing, speech and seeing impairments) of a structure or functioning of the body which is of long term impact" (HIF)

Note: People speak of a model to make clear that it never fully reflects the reality. A good model is like glasses through which we can analyze a particular issue better.

In the last 30 years, the social model of disability has gained widespread acceptance across the globe, both academically and politically, and in different cultures. It was introduced and developed by disabled academics and activists and it is conceptualized in:

- The World Health Organization’s International Classification of Functioning Disability and Health (ICF), 2002.

In difference to older models (individual, medical or charity models) the social model makes a clear difference between ‘impairments’ and ‘disability’. It argues that society creates disabilities. This allows for clear analysis of what services or actions are addressing which aspects of disability or impairment. Disabilities can be differently experienced depending on factors such as gender, age, living in rural or urban areas, poverty and the type of impairment (see Annex 1 for how to understand the difference between impairment and disability!).

Causes of disability: Disabilities are caused by the lack of accessibility for people with impairments. A society which doesn’t accommodate people’s differences (the individual experience of a person with impairment) can be called disabling. All disabilities are in theory preventable. Women and men with disability may face different problems according to their gender. Socially defined unequal gender roles, mean that women with disabilities may face double discrimination, based on gender and disability. For example, women with disabilities in Cambodia are less represented in existing DPOs and in local and national level women’s groups.

Causes of impairments: In difference, impairments are caused by medical factors (such as illnesses and genetic conditions). Health situations are influenced by social and economic settings too. Thus, the medical facts leading to impairment can be in nature social and economic too (such as road accidents, not being able to afford health services preventing illnesses to become impairments). Some impairments are preventable, others are not (such as genetic conditions). Impairments are also in link with gender roles. For example, specific impairments, such as those caused by a landmine accidents, are more often

1 Preamble (e) UNCRPD (2006).
2 To understanding the other major model, the individual (medical, charity) model of disability, see the referenced documents at the end of this section.
seen in men, due to their exposure to collecting wood. As in disability, poverty is a risk factor for becoming impaired. For instance, pregnant women experiencing malnutrition are more likely to give birth to children with impairments, due to lack of sufficient nutrition during growth of the baby in the womb.

**Figure 1: Vicious Cycle of Disability and poverty**

![Diagram showing the cycle of disability and poverty](image)

**Barriers:** The restrictions and difficulties experienced by people with impairments in daily life, are called the attitudinal and environmental barriers. People with different impairments can experience different barriers to full participation. For instance, people with hearing impairments may face greater difficulties to go to school other than people with physical impairments. Without a teacher who knows sign language, they are less likely to communicate or understand lessons. This barrier is not faced by a person with a physical impairment.

There is also a clear linkage between barriers and poverty: people with impairments living amongst the poorest are more likely to face more disabling situations than people who are wealthy. For instance, a family with a physically impaired child living below the poverty line may not be able to pay for the moto to take the child to school; this barrier will not be experienced by children from better off families.

**Facilitators:** Attitudinal and environmental factors which enable people with impairments to participate equally and in dignity in society, fostering the equal opportunities are called facilitators. People with different impairments may need different facilitators. For instance, ramps do not help people with visual impairments to orientate themselves to access buildings or schools but they do assist many people with physical impairments to access buildings.

**NOTE!** According to a deeper analysis by Knowles (2005) of data from CSES, 2004 (which was an impairment related statistic collection) there are 4.7% people with impairment living in Cambodia. The CSES is the most valid data to date in Cambodia. The project works with this number as there has been no national disability survey. Thus we treat the 4.7% as an estimation.

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3 Make Development Inclusive: How to include the perspectives of People with Disabilities into the Project Cycle Management Guidelines of the EC.
According to a specific society’s capacities to promote accessibility (to communications, buildings and transport), provide disability specific services (such as physical rehabilitation and assistive devices) and inclusive services (such as inclusive education and health care) it can be rated as less disabling or enabling for people with impairments.

**Case example: Introducing UNCRPD definition into national data collection on disability**

The RGC signed the UNCRPD and Optional Protocol on the 1st October 2007. There is a difference between the definitions promoted in the Convention and the impending draft law on the ‘Rights of People with Disabilities’. The draft law, developed by Disabled People’s Organizations (DPOs), government and representatives of local and international organizations, defines a disabled person from the individual (impairment focused) point of view as:

“any citizen who lacks any physical organ or capacity or suffers any mental impairment, which causes decent restriction on his/her daily life or activities such as loss of limbs, quadriplegia, visual or hearing impairment or mental handicap etc., and obtains a certified document issued by the Ministry of Health.”

(Promotion & Protection of the Rights of People with Disabilities, Article 3).

The Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSVY) has tried to direct all stakeholders in the disability sector and government to follow and use a disability-related classification. Appreciating the fact that a joint understanding on classification was reached it is also a fact that there is growing criticism about it and its use:

- It does not conform to international best practice.
- Not all Ministries and government agencies, key in disability, are using this classification for data collection (see Annex 2: MoSVY classification; Annex 3: classification by MOEYS for EMIS and Annex 4: classification used by MOP for Census 2008)
- UNESCAP and Cambodian stakeholders have been asking the MoSVY to review the existing classification.

This issue is currently reviewed by a DAC lead working group on Disability Classification, between MoSVY, CDPO and civil society representatives. The MoSVY agreed to start a review process in the first meeting. While general terms of reference for and scope of the review of the classification are still under discussion, the workgroup was asked by the NIS to provide feedback in 2008 on their CSES 2009.

HI and other members thus involved and involve by technically advising on the social model on disability, and its related applications in the WHO ICF, the UNCRPD, since 2008. Despite the limiting draft law definition we provided input based on the definition given in the UNCRPD. Well prepared, we participated in the two meetings and provided sound technical input. Objective being: data and statistics collected by the NIS on impairment should be accompanied by data on the consequences of living with impairment, and causes of disability. This has been successful for the adjustment of questions to be asked in the 2009 CSES. For the first time access to services and participation questions are asked (see annex 5: Data sheet CSES 2009, and Annex 6: Recommendation produced by the DAC classification working group).

**Key learning points:**

- Cambodian official definition is based on the individual model, but RGC is open to adjust.
- No attitudinal or environmental barriers existed for inclusion of social model based data;

- **Facilitators:**
  - Openness of NIS to receive and DAC to provide sound technical input;
  - RGC having signed the UNCRPD;
  - Coordination and joint voice among advisors;
  - Room for flexibility and discussion to address and include social aspects according to the UNCRPD, despite the limits of the existing Cambodian definition and classification;
  - Openness also from RGC to change with technical input impairment related documents/ policies towards social aspects of disability.
Conclusion for our project

It is important to promote the social model of disability, in line with the UNCRPD (see chapter 2.2 on rights based approach) which does not negate the medical and social dimensions of impairment. Our focus is on the social conditions fostering (facilitators) or hindering (barriers) the equal participation of people with disabilities in Cambodian society. It is important to consider and understand the importance of what model of disability is used in Cambodia’s policies, plans and services. Since the social model is new in Cambodia we need to support action sensitizing on its advantages.

This leads to the following steps to be considered when planning, designing and implementing actions:

1) How to base communication on the social model

Especially in research, official and internal communication, advocacy and awareness:
   a. Be aware that each individual & institution may have a different disability understanding
   b. Explain the social model definition through:
      i. In order to make the difference between impairment and disability clear: present causes of impairment versus causes of disability
      ii. Likewise, to outline the difference, set consequences of impairments, experienced by an individual against consequences of disabilities for a society and individual?
   c. Be ready to point out the different barriers and facilitators, and sort them according to being environmental, attitudinal and institutional.
   d. Keep in mind to point out the abilities of people with impairments, be conscious about avoiding the creation of feelings of pity.
   e. Include in the representation or case studies different people (women, children and men) with different impairments.
   f. Adjust awareness or training to your audience. If possible in rural areas to the rural context; in urban to urban context.

2) When analysing, systematically get information on the barriers and facilitators, especially in relation to women, children and people with different impairments:

Especially when analyzing or monitoring a specific policy, plan, programme or other action (services), and when collecting good practices:
   a. Find the existing facilitators for participation and equal opportunities in place for a given context, to be promoted.
   b. Identify existing barriers which hinder persons with disabilities to full participation for a given context, to be overcome.
   c. Identify good practice of partners for successful methods for reducing such barriers or promoting facilitators.
   d. Pay attention whether facilitators are inclusive of and pay respect to people with all different impairments.
   e. Look for gender as cross-cutting issue and whether some barriers are only affecting women with disabilities.
   f. Pay attention to differences experienced in barriers due to different context or other characteristics such as poverty situations, urban or rural context, ethnicity and age.
Disability & Development Key Resources & Tools:

**Key facts and statistics on persons with disabilities globally:**
- Fact sheet on Persons with Disabilities (UN Enable, 2008);
- Fact sheet on Women with Disabilities (UN WomenWatch, 2008);
- Fact sheet on Poverty & Disability (Inclusion International).

**Different conceptual models of disability further reading:**
- DFID: Disability, poverty and development. 2000

**Disability statistics:**
- Review & Gap Analysis on Persons with Disabilities in Cambodia (MRTC, 2009)
- Cambodia Programme Disability Guideline (HI F, 2009)

**Links to disability & development information:**
- For information on disabled people organizations see Disabled Persons International: [www.dpi.org](http://www.dpi.org) (international consortium of DPOs)
- Source: database on disability and development, articles and information on many topics including gender and disability: [http://www.asksource.info/res_library/disability.htm](http://www.asksource.info/res_library/disability.htm)
- World enable, aiming to share knowledge and link initiatives of, for and with PWDs: [http://www.worldenable.net/](http://www.worldenable.net/)
- For Disability Research based on social model, including developing countries such as Cambodia: [http://www.leeds.ac.uk/disability-studies/archiveuk/](http://www.leeds.ac.uk/disability-studies/archiveuk/)
- EENET: specialized on children with disabilities and reducing barriers to inclusion in education, database on good practices etc: [http://www.eenet.org](http://www.eenet.org)
2.2 Rights-Based Approach

The rights-based approach (RBA) is the basis for all action on our project. It guides the way that we should work as a team and in partnership with others. It is an approach that is applied to human development in general, with the Human Rights Declarations at the heart of all action and thinking. Human Rights, as a global expression of the desire for a more human world, were developed and included in the UN system following World War II in Europe. The Universal Declaration on the Human Rights was adopted soon after the end of the war in 1948. The unifying aim was to avoid future similar atrocities as committed by states previously and to protect citizens. It aims to protect the dignity of each and every human against discrimination and violation of rights. Human rights can be divided into political, social and economic rights.

Human rights describe a vision for a more just and protective society. In the Universal Declaration of Human Rights, disability was only mentioned as cause for discrimination in article 25 in relation to social protection. Since then different conventions were developed to address the higher risk of violation of rights that particular groups experience. (there are 6 different conventions with particular focus on women, ethnic minorities, children etc.)

According to the definition given by the UN High Commissioner on Human Rights, there are 5 key aspects of a RBA to development:

1°) a systematic reference to Human Rights
2°) the notion of accountability
3°) empowerment
4°) participation
5°) non-discrimination and attention to the most vulnerable groups

For more in-depth information on the Rights Based Approach see annex 7 with detailed explanation for all 5 key aspects. Of special importance for our project next to those key notions is the UN Convention on the Rights of Persons with Disabilities (UNCRPD, thereafter).

Brief historical background UNCRPD:
Disability became more widely seen as a human rights issue, than expressed in article 25 of the universal declaration in the 1980s. A first attempt to realise a UNCRPD failed at the end of the 80s. The Standard Rules on Equalization of Opportunities for PWDs, the UN Decade on Disability and the World Programme of Action concerning PWDs were put in place instead. With successful lobbying since then, finally the UNCRPD was adopted by the UN General Assembly in December 2006. It entered into force together with the optional protocol on 12th of May 2008 as the legally binding Human Rights tool for the advancement of rights of PWDs.

The RGC signed the convention and the optional protocol in October 2007. However, it is not ratified yet. By signing, the RGC have already an obligation not to act in contradiction with the UNCRPD. The ratification is the next crucial step for the RGC to take. There are ongoing lobbying and advocacy initiatives that aim to achieve this.

UNCRPD key content:
Let’s have a look in which sense the UNCRPD can play a significant role for our project. The key values or guiding principles are of importance (described in Article 3):
BIWAKO plus five:
Another framework based on a human rights approach is the BIWAKO Plus Five (see references BIWAKO plus 5 and BIWAKO). It is the defining policy guideline for the current Asian Pacific Decade of Disabled People. It is a non-binding Human Rights document, which has signatories across Asia and the Pacific, including the RGC, which confirmed commitment in 2007.

Its agreed goal among the participating countries is: the full participation and equality of persons with disabilities. Its reference points are the Millennium Development Goals, other human rights treaties and the UNCRPD. It puts the focus on poverty reduction among people with disabilities and works in two for our project relevant targets out of a total of 6:

- halving poverty among disabled people in 2015 (in time frame between 1990-2015) it asks:
  - to include disability in all poverty reduction strategies; and mainstream it into pro-poor development policies.
  - to mainstream disability data collection and analysis into the baseline data collection of countries (inclusive of education access, health access, household income).
- by 2015 all disabled children should have completed primary school education
  - through early detection, early identification, and education being a target area of the BIWAKO plus Five framework.
Among the key strategies they specifically point out the importance of mainstreaming to employ for promoting inclusive-development are:

**Strategy 21**
- 46. Governments at all levels, in collaboration with United Nations development organizations and agencies, international, regional and national development organizations, the private sector and other civil society organizations, should mainstream disability perspectives in the development and implementation of all social and economic development plans, in particular those related to the Millennium Development Goals. The development of disability indicators for the Millennium Development Goals should be considered.

**Strategy 22**
- 47. International, regional and national development organizations and agencies, including United Nations development organizations and agencies, are encouraged to mainstream disability perspectives into the development and the implementation of their general policies and programmes. Economic and technical cooperation should also be an integral part of this endeavor.

❖ **Conclusion for our project:**

Without mainstreaming disability, achieving equal rights and fundamental freedoms of people with disabilities that are outlined in the UNCRPD will not be achieved. When promoting mainstreaming we must pay attention to the principles and purpose of the UNCRPD; in particular non-discrimination, participation and decision-making. By using the structure of a rights-based approach the aims of equality of opportunity, full participation and inclusion in society can be reached over time by applying a mainstreaming to the majority of our actions.

Some organisations or people also speak of inclusion of disability; however we use the term and approach of mainstreaming (explained more in the next chapter). The term ‘mainstreaming’ highlights more than ‘inclusion’, that disability should be considered coherently and cross-cutting in all spheres of life as lined out in the UNCRPD. Inclusion at times can have a lesser meaning in that it includes disability – but not systematically addresses barriers on all levels that hinder people with disabilities participating on equal footing with non-disabled people.

The following points highlight actions that should be considered in implementation:

1) **Use the principles of UNCRPD - article 3 - as a measure and framework for action**
   (a) Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons;
   (b) Non-discrimination;
   (c) Full and effective participation and inclusion in society;
   (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
   (e) Equality of opportunity;
   (f) Accessibility;
   (g) Equality between men and women;
   (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

2) **Promote and measure accountability to the role & responsibilities of different development actors:**

   Especially for advocacy & lobbying, awareness & training use the following articles:
   - for the RGC (article 4 on state obligations),
- for DPOs (article 4, 24)
- and for other International Development Actors (article 24 and 32).

3) **Promote the rights outlined in the UNCRPD & use the content of each article as a measure for progress towards achieving that right:**

For developing project plans, policy analysis, lobbying & advocacy and for research the following articles are of special importance:
- Health (article 25, and 26);
- Education (article 24) and on children with disabilities (article 7);
- Employment (article 27);
- Women with disabilities (article 6);
- Awareness raising and accessibility (articles 8 and 9);
- Equality and non-discrimination (article 5).

4) **HOW to use UNCRPD for other actions:**

For capacity building & empowerment:
- Become familiar with the principles and rights outlined.
- Pay attention to, and accept difference. Promote non-discrimination as much as possible with regards to gender, age, origin, religion, rural or urban, impairment.
- Consider how to cooperate closely with DPOs or people with disabilities as decision-makers in all phases of the project (design, implementation, monitoring and evaluation).

For awareness & training:
- Raise awareness on the advantages of UNCRP and the RGC’s commitment to it by signing it. Use articles related to the target person or institution; emphasize principles.
- Develop communications that promote or are in line with the UNCRPD principles and relevant articles.

For collection of good practice:
- Focus collection and assessment and develop criteria for good practice or case study collection based on the relevant articles.

5) **HOW to use BIWAKO Plus Five?**

Become familiar with the BIWAKO Plus 5. Although it is a non-binding framework, the RGC is a signatory and has an obligation to report on progress.

For advocacy & lobbying:
- Use when reporting on the progress in Asian Pacific context.
- Use the content of sections related to mainstreaming and inclusive development to enhance advocacy (targeting donors, UN, RGC especially).
- Use the relevant sections related to your priority area to enhance advocacy, especially actions related to poverty reduction, education, livelihoods, data collection.
- Use for promotion of cross-cutting issues and principles including advancement of DPOs and women with disabilities.

For policy analysis & recommendations:
- Use content and suggested actions as frame for what to promote in the policy context.

For good practice:
- Relate good practice collection to progress against BIWAKO focus areas especially poverty reduction, education and data analysis.
- Share good practices with other Asian countries through the BIWAKO country report.

**NOTE!** RGC signed the proclamation on the Full Participation and Equality of People with Disability in the Asian and Pacific Region. It promotes a rights based approach, inclusive development and mainstreaming disability issues into poverty reduction strategies, pro-poor development strategies, data collection and analysis – to name just a few of the key areas relevant for our project.
Rights-Based Approach Key Resources & Tools:

- UNCRPD on the Rights of Persons with Disabilities and the optional protocol
- Basic Introduction to Human Rights & Rights-Based Approach – Participants Workbook (HIB, 2007, Bangladesh version)
- HI F: Disability, legal obligations and policies in Cambodia. A first Orientation on inclusion of disability and people with disabilities. (2009)
- BIWAKO: Biwako Millennium Framework for Action Towards an Inclusive, Barrier-free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific. (UNESCAP, 2002)
- BIWAKO plus 5: Rights-based development for all: The Biwako Millenium framework for action and its convergence with the convention of the rights of persons with disabilities and the millennium development goals. (UNESCAP, 2007)
- Disability focused policy development and research centre with articles and updates on disability and rights: http://www.independentliving.org/
- Updates on rights and disability mainly from UN side and global legislative developments: http://www2.ohchr.org/english/issues/disability/index.htm
- Wellesley Center for Women: Comparison between UNCRPD, UN Convention on Elimination of Discrimination against Women and Convention on the Rights of the Child
2.3 Disability mainstreaming

**Preamble of UNCRPD:** Recognizing the importance of mainstreming disability issues as an integral part of relevant strategies of sustainable development.

Disability mainstreaming is a strategy of inclusive development (see glossary on definition of inclusive development). The final goal is an inclusive society (or society where people with impairments are included in all spheres of life with equal opportunities and full participation) in which values and beliefs are nurtured, as outlined in UNCRPD and other Human Rights declarations.

The working definition of disability mainstreaming that we will use in this project has been adapted from the UN Economic & Social Council’s definition of gender mainstreaming by HI (French Section):

"Mainstreaming disability into development cooperation is the process of assessing the implications for disabled people of any planned action, including legislation, policies and programmes, in all areas and at all levels. It is a strategy for making disabled people’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that disabled people benefit equally and inequality is not perpetuated.”

Mainstreaming is not a static concept. Because mainstreaming disability and the UNCRPD are new we should base our project on evolving inclusive good practices collection and exchange. Good practice collection and exchange is essential to provide all stakeholders with ways on HOW TO DO!

**NOTE!** Mainstreaming was developed as an approach in the 1970s, after realizing that women were not benefiting significantly from development action. The large potential of women was excluded from making development happen. Since then actions towards gender equality were made, slowly but surely, a daily reality in development. Lessons learned from gender mainstreaming in Cambodia should be collected throughout the project to inform our action and learning.

At the same time we aim to work systematically to identify institutionalized inequalities on the basis of disability, the barriers, which people with disabilities face in their daily participation as equal citizens.

**WHO?**
Lobbying for mainstreaming should be led in decision making and prioritization by people with disabilities, their organizations and their allies. They are the experts and legitimate representatives on identifying disabling barriers and enabling facilitators. However, keep in mind that support for the goal of an inclusive society can be found throughout the sectors with their allies, being experts on various aspects. Ideological separation between Disabled People Organizations and disability services providing organization has to be avoided in our project. We try to avoid that because in the past in other countries such divisions have weakened changes for the better in the lives of people with disabilities.

**HOW?**
*Disability equality in all spheres of life*

"Assessing the implications for disabled people of any planned action, including legislation, policies and programmes, in all areas and at all levels":

This first sentence of the definition relates to the fact that the past and present neglect of people with disabilities’ differences in general development programmes, policies and legislation had negative impacts. For instance, one such negative impact at the policy level is that the Millennium Development Goals (MDGs) which is the basis for the majority of development strategies, do not mention people with

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disabilities. MDGs are also the base for Cambodia’s NSDP, where disability is mentioned only in a marginal way and few donors are including them in their targets. Good examples of practice are EC and AusAID, both having mentioned people with disabilities in their target populations.

Our chosen definition alerts us to the fact that assessing the positive or negative impacts on PWDs, in accessing services and negative attitudes towards them, would need to be done by all development stakeholders. It is the only way to be sure that also people with impairment can equally benefit and participate in the development of their societies. Otherwise we run the risk that people with disabilities cannot enjoy improvements designed for non-disabled people. A school constructed without accessibility is such an example. While it facilitates access by stairs for non-disabled people it creates a barrier for PWDs with mobility restrictions to access education.

**NOTE!**

It often is the case that development practitioners and policy makers simply forget to include people with disabilities different needs due to wrong perceptions or lack of knowledge on how to do it! They do not often do it on purpose. Also developed countries are not fully inclusive and disability aware societies either.

**Case Example: NSDP 2006- 2010, example of insufficient mainstreaming of disability and the implications**

Research for the previous PRSP project (HI, 2007) confirms that people with disabilities are almost entirely absent from Cambodia’s NSDP. They are mentioned inside the group of vulnerable population. However, no specific targets or actions are described to ensure that policies, plans and programmes developed to implement the NSDP are inclusive of disability. Disability features in the Social Safety Nets section (Point 4.83). It mentions disability as target group, however when it comes to evaluating the progress through the Annual Progress Report progress on disability it is not mentioned at all (See Annual Progress Report 2007, point 2.44). A category like “vulnerable groups”, though useful at certain levels of analysis, becomes an obstacle when it hides essential differences in factors that cause poverty in vulnerable sub-groups and in strategies to apply. But experience shows that whenever the specific exclusion mechanisms (barriers) and specific needs of people with disabilities are not explicitly identified, the related strategies and programmes also miss their specific target.

There is also only small indication that DPOs were involved in the planning and design of the policy. There has not been a comprehensive assessment of the impact this limited inclusion of disability is having on people with disabilities. However, it can be assumed that the current structure of organizations and government agencies being involved in the provision of services is influenced by that fact. As a consequence most people with disabilities are receiving impairment related services not from mainstream services providers, but from disability focused organizations only. This is not always the most effective way for reaching all PWDs, responding to the differences of people with disabilities and will not lead necessarily to equal opportunities and inclusion in society.

The current project was designed to support people with disabilities to address the absence of disability from development and poverty reduction policies. Through evaluation, the impact of this project should be assessed: whether and how it has contributed positively to the equal opportunities and inclusion of people with disabilities in Cambodia.

**Voice of people with disabilities and cross-cutting of disability into all public spheres**

“It is a strategy for making disabled people’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies in all political, economic and societal spheres so that disabled people benefit equally and inequality is not perpetuated”:

The second part of the disability mainstreaming definition also highlights that people with disabilities representative voices must be heard. As the disability movement in development repeatedly points out:
“Nothing about us without us!” People with disabilities should participate in all planned action that concerns them. Policy makers and development practitioners shouldn’t assume to know what people with disabilities want.

Secondly, it also addresses the fact that disability mainstreaming affects all areas of life. We can take any of the areas and identify barriers that are currently experienced by people with impairments. The UNCRPD provides the frame to make rights a reality.

**Challenges in practice:**
- Mainstreaming as a cross cutting issue targets all spheres of public life – as a starting point this seems an overwhelming task asking for considerable resources and action!
- Donors and governments have their set key priorities and are often reluctant to include new cross cutting issues, afraid that the quality of their work and resources are insufficient;
- Donors and other key stakeholders may harbor misconceptions on people with disabilities’s capacities or think that disability is a specialist issue (they may think disability is just a medical problem);
- Not sufficient representations of people with disabilities knowledgeable or existent to engage at policy level (they may also lack knowledge due to their young age to provide sufficient input);
- Insufficient time planned or available for meaningful consultation and inclusion into implementation, monitoring and evaluation;
- Disabled people organizations are not yet fully representative of people with all different types of impairments or are not gender sensitive enough;
- DPOs might be biased towards the urban environment (capital) where most are based.

**Case Example: International support for the disability mainstreaming agenda**

- The UNCRPD promotes disability mainstreaming as does the UN Economic and Social Council secretariat;
- The Biwako Plus Five (UNESCAP) identifies the promotion of disability-inclusive development and mainstreaming as key to poverty reduction efforts and the attainment of the MDGs;
- International donors such as DFID, NORAD, USAID, ADB, EU and the World Bank have expressed the importance of including people with disabilities in development and have made some attempts to include people with disabilities in their work through a variety of different measures such as policy or creating disability offices.

→ However the challenges remain to make the changes required by the policies into practice, to mainstream disability (see Albert et al., 2005 for more details).

Despite the fact that disability is still a very marginal issue on the development agenda, these international developments and declarations are very useful to use as tools for advocacy.

For the most part, country offices of international donors and development agencies are often not aware of their own agencies policies or statements supporting disability or disability mainstreaming. It is vital to choose the key actors involved in the NSDP to target them with this information to develop crucial support for disability in tandem with change people’s perceptions of disability as a ‘hard to do’ issue.
Conclusion for our project:

For the practice of mainstreaming it is important to pay attention to the impact specific existing policies, legislation or programmes have on PWDs. In particular, an assessment should be made on whether these frameworks are inclusive or not inclusive of disability. Furthermore, attention of future action needs to be paid regarding what impact those frameworks have on the **actual life of people with disabilities**. If these frameworks are inclusive, which model of disability do they use – and is disability mainstreamed into all the different spheres of their intervention. Below are two possible scenarios which may be identified in Cambodia:

1. is where **disability is included** in a policy, plan or action – and what actions could follow.
2. is a scenario where disability **is not included** - and what can be recommend for actions in such a situation.

Both scenarios are generalizations; in reality it is likely to be more of a mix in even one focus areas.

The following steps are suggested ways of how to assess legislation, policies, plans and programmes for how far they have come in terms of mainstreaming disability:

1. **Scenario (1) Development legislation, policies, programmes & actions are inclusive of disability:**

   Steps to follow to assess the situation further:
   
   a) How much has disability been mainstreamed?
      - What definition and understanding of problems of PWDs were applied?
      - Has it been included as a cross-cutting issue at all levels? Or is it considered in some areas but not all relevant areas?
      - Has a corresponding indicators for progress and adequate resource allocation been considered?
      - Are there signs of a twin-track approach, with affirmative actions and corresponding indicators included?
   
   b) Were disabled persons consulted in the development? What was the level of their participation? Did they make key decisions?

   c) Facilitate an assessment considering the following key points:
      
      1. Is the impact on people with disabilities’ life included in the monitoring of plans, policy or enforcement of policy?
      2. What improvements have been experienced by PWDs?
      3. Are there remaining barriers to full inclusion? What are the reasons for the barriers?
      4. If yes to 3:
         - Summarize the findings and address to responsible structure with recommendations for improvement.
         - Facilitate sensitization, lobbying and/or advocacy on the issues raised in the report in collaboration with people with disabilities & DPOs, if considered necessary.
<table>
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<tr>
<th>Scenario (2) Development legislation, policies, programmes &amp; actions are NOT inclusive of disability:</th>
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<tbody>
<tr>
<td>a) What implication does that have on the life of PWDs and in general to their equal opportunities?</td>
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<tr>
<td>b) Do an assessment with following these steps:</td>
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<tr>
<td>1. Support an impact assessment on the experiences of people with disabilities (with an assessment tool on barriers, negative and positive impact; reasons for neglect). This should be either made by PWDs or by including them in the process.</td>
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<tr>
<td>2. Summarize the findings and address to responsible structure with recommendations for improvement.</td>
</tr>
<tr>
<td>c) Facilitate sensitization, lobbying and/or advocacy on the issues raised in the report in collaboration with people with disabilities &amp; DPOs, if considered necessary.</td>
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**Further actions to make mainstreaming a reality:**

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<th>Capacity Building:</th>
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<td>- Build knowledge and skills in policy analysis, lobbying &amp; advocacy and awareness raising, if required.</td>
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<td>- Start small and build up actions: Focus on a few key sectors, expressed by people with disabilities as concerns, to achieve some key successes to use as examples for how to mainstream in other areas.</td>
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<td>- Encourage understanding of the needs of people with different impairments.</td>
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<td>- Ensure actions deal with gender as a cross-cutting issue (not just related only to women’s issues), with affirmative actions for women with disabilities.</td>
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<td>- Encourage all stakeholders to engage in gender sensitive work, including the needs of women as well as children.</td>
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<td>- Encourage the participation of persons with disability from across the country: Plan sufficient time for actions, support travel costs; ensure physical and communication accessibility for all to take part in seminars and workshops etc.</td>
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<tr>
<td>- Encourage urban and rural considerations and participation in actions, including ensuring that actions and forums are not all based in the capital.</td>
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<th>Lobby, advocacy &amp; awareness raising:</th>
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<tr>
<td>- Support if possible the human rights agenda (ratification of UNCRPD, disability draft law), since it is the commitment of the majority of donors and the RGC to work towards their realization.</td>
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<tr>
<td>- Highlight the advantages for the whole society, including in meeting poverty reduction targets such as the MDGs and PWDs contribution to economic progress.</td>
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<td>- Ensure that DPOs and people with disabilities are at the forefront of these efforts and engage with key policy makers and forums.</td>
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<tr>
<td>- Do not only assert pressure, but include also attractive ways on how mainstreaming can become reality, building on existing opportunities (facilitators) and promoting good practice examples.</td>
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<tr>
<td>- Design the content to fit the participants’ knowledge - make disability attractive and fun!</td>
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<tr>
<td>- When targeting a donor or UN agency, check whether they have a disability policy paper or another key relevant development paper, read it in preparation of the meeting – as entry point to discuss disability mainstreaming.</td>
</tr>
<tr>
<td>- Identify the influential and open persons and opinion makers in the donor community to support lobbying among other donors.</td>
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</tbody>
</table>
Disability Mainstreaming Key Resources & Tools:
- Millennium Development Goals HI F briefing paper, Annex 8
- Mainstreaming Disability in the Development Agenda: Note by Secretariat (UN Commission for Social Development, 2008)
- For lessons from Gender mainstreaming to be used for mainstreaming disability: Mainstreaming disability in development: Lessons from gender mainstreaming. (Carol Miller and Bill Albert, 2005)
- Has Disability Been Mainstreamed into Development Cooperation? (Albert, Dube & Riis-Hansen, 2005)
- Representatives from DPOs across Asia and Africa called for work to change positively the environment into which people with disabilities are being mainstreamed before mainstreaming can be effective.

Representatives from DPOs across Asia and Africa called for work to change positively the environment into which people with disabilities are being mainstreamed before mainstreaming can be effective.

- Disability Mainstreaming in development Cooperation. Project (2008): Make development inclusive. How to include the perspectives of persons with disabilities in the project cycle management of the EC. (2008) A practical guide. Both guidelines are informative on the macro level and have in the practical guide plenty of case examples. Though developed for EC frame of projects it is helpful for any project.

- Disability Mainstreaming in development Cooperation. Project (2008): Make development inclusive. How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC. Concepts and Guiding Principles. Both guidelines are informative on the macro level and have in the practical guide plenty of case examples. Though developed for EC frame of projects it is helpful for any project.

In order to assess the impact, tools might be needed to be developed or adjusted from generalized tools. Some examples of tools:

- **Tool**: Accessibility guidelines and checklists on-line. good overview on existing tools.
- **Tool**: Budgeting the mainstreaming disability, developed by CBM, adjusted to project needs by HI F Cambodia. helps with simple ideas for how to mainstream disability into budgets and why.
- **Tool**: Disability sensitive indicators for the Health and Reha sector, adopted from CBM tool by HI F Cambodia, 2009. gives ideas and example of disability sensitive indicators to measure progress of plans and programs for people with disabilities in general programs.
- **Tool**: Disability sensitive indicators for the Education sector, adopted from CBM tool by HI F Cambodia, 2009. gives ideas and example of disability sensitive indicators to measure progress of plans and programs for people with disabilities in general programs.
- **Tool**: Framework for a disability analysis at the Country level, developed by CBM, adjusted by HI Cambodia. gives ideas and example and a matrix on how to analyse situation of disability on a country level, can be easily adjusted to province or district level.
- **Tool**: Low level of disability inclusion required in M&E, developed by CBM, adjusted HI Cambodia. gives ideas and example for how and when to include disability and PWDs in M&E, and a check list.
- **Tool**: Medium level of disability-mainstreaming required in M&E, developed by CBM, adjusted by HI Cambodia. gives ideas and example for how and when to include disability and PWDs in M&E, and a check list.
- **Tool**: Monitoring the progress of mainstreaming a disability perspective; developed by CBM, adjusted by HI Cambodia 03/2009. gives ideas and example for how and when to include disability and PWDs in M&E, and a check list.
- **Tool**: Screening tool: Rapid Disability Analysis of programs/projects/sectors, developed by CBM, adjusted by HI Cambodia → gives first idea and overview

- **Overview Tool**: Different degrees of disability mainstreaming in development, Developed by CBM, adjusted by HI F Cambodia, 2009 → helps you to orientate what you may want to aim for when mainstreaming and reviewing or mapping existing programs or strategies

→ More tools proposed by CBM for EC projects in relation to *Make development inclusive.* See previous recommended manual above, online under: http://www.inclusive-development.org/cbmtools/


- A Guidance Paper for an Inclusive Local Development Policy (HI/SHIA/HSO)


- Links to other articles and practices on mainstreaming disability in development see http://asksource.ids.ac.uk/cf/keylists/keylist2.cfm?topic=dis&search=QL INCDEV05

- For a good example on presentation of mainstreaming in donor, see presentation of World Bank (Feb. 2009): http://www.un.org/disabilities/images/WorldBank.ppt, also as digital version in folder


- See analysis example of Ministry for Foreign Affairs, Finland on experience, vision and future, 2009: http://www.un.org/disabilities/images/FINLAND.ppt

- UNCRPD, see also UN enable website, with general positioning of UN on disability, progress on UNCRPD signing, ratification and also other links: http://www.un.org/disabilities/

- Internet resources on BIWAKO and BIWAKO plus, in folder in digital version five: http://www.worldenable.net/bmf5 (world enable net also good for other resources and updates) and http://www.unescap.org/esid/psis/disability/index.asp (UN ESCAP).

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2.4 The Twin track approach

Much of the time, people with disabilities experience discrimination such as in the education system. Secondly their organizations are younger on average than other organization involved in development. They may lack capacities in organizational management as well as knowledge on development and conceptualization of disability. Furthermore, disability became understood as a human rights and development issue in the last 10-20 years only. The Universal Declaration on Human Rights was not sufficient. Learning from other marginalized groups of the population it became clear that affirmative action was needed. The UNCRPD addressing disability is the most recent Convention, being adopted in 2007, complementing the Universal Declaration on Human Rights.

NOTE! After initial attempts in the 1980s failed, due to lack of UN member state’s support for a specific disability convention, the UN put in place the Standard Rules, which are a non-binding human rights instrument.

Due to the causes outlined briefly above, we can not assume that mainstreaming action only is currently sufficient for improving the lives of PWDs. Thus, specific affirmative actions/programmes/policies/legislation are often needed in parallel to mainstreaming disability.

The logic of combining specific affirmative actions and mainstreaming applies for the implementation of our project which is termed the ‘twin-track’ approach to disability. It is key is to keep the balance between mainstreaming and disability specific action. In the past an imbalance towards disability specific or mainstreaming was insufficient in terms of reaching the goal. Lessons from gender mainstreaming and as twin-track approach should be considered to avoid repeating mistakes.

Thus for disability mainstreaming to be effective on country level the following twin-track should be applied, when it comes to a sector, such as Health, for example. It can be likewise applied to a country in general. There is no general recipe for mainstreaming disability. But the mainstreaming definition helps to understand that all those plans, legislations and policies should be monitored in their improvement of lives of people with disabilities on equal footing with non-disabled people.

Each sector should have:

a. a specific law for one sector (non-discriminatory),
b. a sector plan with which the sector tries to apply its law on the ground and regular reports,
c. various policies to support the implementation and indicate strategies and objectives.

In all of those disability should be mainstreamed.

Most of the time this mainstreaming is insufficient and therefore the sector should be:

a. Accompanied by a disability specific policy to guide it,
b. Such a policy should again be followed by an action plan with clear actions, allocation of resources and indicators of success.
c. All these approaches of a sector should be monitored in its implications for people with disabilities, and reports issued regularly.

NGOs and Donors should assist DPOs and the state, if needed. A checklist for available policies can help to get a clear picture of a country, province or community (see tools). DPOs and other concerned parties should agree which of the missing policies or programmes should be developed first.
Case example  Education Sector in Cambodia, good example for Twin Track approach

Remarkable is the progress made in the education sector:
- disability mainstreamed into sector plan;
- policy for education of children with disabilities exists;
- disability mainstreamed into other key policies (EFA, CFS);
- teacher training module for inclusive education in development.

With this there are plenty of facilitators in place on the legislation level for improving the reality of disabled children in future. What is missing is a strategic plan for the enforcement of the Education for Children with Disabilities (ECWD) Policy. Since the ECWD policy was developed after the education sector plan, how to implement the inclusive education policy has not been included in the sector plan.

Impact on children with disabilities:
The majority of barriers lie in the real availability or absence of governmental resources, teachers and schools to be accessible for children with impairments or not. The pre-services training does not include disability into the curriculum, although a curriculum is in development. There are an unknown number of disabled children who still can’t access primary education or graduate from school as the education system is not fully inclusive. Or CDWs may physically access the schools but the teachers are not able to teach according to their needs and thus they will not obtain a valuable qualification.

Analysis of case:
Why was the sector so successful in comparison to other sectors?
- RGC committed since 1992 to rebuild the education sector and openness to include disabled Children;
- RGC, through the MoEYS founded a Special Education Office (SEO) under the Department for
Primary Education, responsible within MOEYS for enhancing the education of disabled children;
- Advocacy from DAC, through the Committee for disabled children;
- Plus: available donor support (UNICEF + UNESCO, financial and technical) strong international commitment to inclusive education, part of the millennium development goals);
- NGOs available and MoEYS open for collaboration to implement inclusive education practices;
- Continuous and long-term funding from other institutional donors;
- Strong commitment and pressure and resources available from donors (EC, etc.).

Existing challenges to overcome:
1) While there are policies in place, people with disabilities are prevented from becoming teachers due the civil services law.
2) There are little resources on the hand of the MoEYS for the implementation of the policies, there is no disability specific allocation on in the governmental budget for sustainability of the action, financed by international donors so far.
3) Participation of CDPO in development of policies was low.
4) Improving scope and capacity for inclusion of CDPO or other representative organizations or people with disabilities into monitoring current practices.
(Points 1)-2) taken from NSDP 2008 statement of Disability Sector, and workshop report).

Future action:
Based on the further assessment of the Education sector, decisions need to be made on the following:
- on which topics is action needed?
- which good practices can be promoted and/or advocacy needs to be implemented?

Ψ Conclusion for our project:

In Cambodia, at programme level there has been some good progress in mainstreaming disability via a twin-track approach. In terms of engaging with other NGOs, the first success in raising awareness in poverty reduction and development policies has been made (see case example).
Disability organizations, DPOs and SHGs have also made progress in making commune development plans more inclusive and other inclusive policies in Cambodia.

The following points indicate further steps to promote mainstreaming of disability through a twin-track approach. They also indicate the existing gaps.

1) Track 1-Mainstreaming strategies to achieve inclusive development:

1. Training & capacity building of mainstream actors:
   o General development organizations which are mainstreaming disability should be invited for lobbying, sensitization and present their implemented actions.
   o Support the capacity building and sensitization of general development structures (RGC, Donors, NGOs) to mainstream disability.
   o Promote sensitization, knowledge sharing and coordination forums, such as the Disability Mainstreaming Forum, to increase collaboration between disability-focused organizations and mainstream development actors.
   o Enlarge the circle of actors committed to mainstreaming disability, such as: through engaging mainstream NGOs, international donors, Human Rights organizations, other relevant Ministries to open donors to mainstream disability into their policies and programmes; involve MOEYS for experience sharing on success.
2. Support the development of legislation, policies and programmes with disability as a cross-cutting issue:
- Adjustment of NSDP to mainstream disability should be advocated for and technically supported (especially with the indicators and targets, strategies, TWGs).
- Inclusive sector policies for Health, Education and Employment as good practice, should be advocated and supported, and analyzed in implementation.
- Removal of discrimination against PWDs as civil servants to be supported.
- Advice for setting up mainstreaming programmes to be given.
- Collecting and distributing good practice on mainstreaming policies, legislation, programmes and plans by mainstreaming structures (donors, NGOs, RGC).
- Education for All, FTI and Child Friendly School policies by the MOEYS to be promoted and used as good practice.
- Development of indicators in sector plans of ministries and policies and plans for other development actors.
- Identify and target important policy making forums such as the TWGs and development partner working groups, annual review processes to influence, give technical advice and encourage the consultation of people with disabilities in the policy and planning process.
- Since NSDP is not renewed but continued – develop of disability sensitive monitoring indicators for progress of sectoral plans of target ministries and encourage mainstreaming through consultative workshop 2009/ 2010 successively.

2) Track 2- Empowerment of people with disabilities and affirmative actions to mainstream disability:

1. Empowerment and capacity building of disabled people’s organizations to engage at policy level:
   - Empowering PWDs by supporting the development of the capacities of CDPO and importantly their members to engage in mainstream development agendas (local and national).
   - Favoring DPOs against other organizations to present their opinion or implement action.
   - Supporting the capacity building of women in DPOs.
   - Support the representation of people with different impairment, including engaging with parents groups of children with disabilities.
   - Facilitate the involvement of DPOs as decision-makers and leaders of the mainstreaming process.

2. Affirmative actions at policy level to support the inclusion of people with disabilities in mainstream development:
   A. Advocate for and provide technical advice to develop disability specific legislation, policies and plans. Support and promote the following existing frameworks and good practice examples:
      - Draft National Plan of Action on Disabled Persons and Landmine/ERW Survivors.
      - Draft Law on the Promotion & Protection of the Rights of Persons with Disabilities.
      - Ratification of the UNCRPD.
      - Good practices from disability focused organizations working towards the equality of opportunity, to be collected and disseminated.
      - Policy for the Education of Children with Disabilities (MoEYS) and Master Action Plan, to be promoted as good example.
   B. The following future policies, plans and actions could also be promoted and advocated for:
      - Draft Disability Policy
      - National Statistical Survey on Disability in Cambodia.
      - Prakas on including disability into other Ministries’ work responsibilities.
      - Disability specific taskforces and working groups to do mainstreaming, could be advocated for and/or supported to set up, with a focus to develop disability action plans for specific ministries.
      - Disability policies for specific structures (NGO programmes, Donors, Government Ministries), should be advocated for.
Twin-Track Approach Key Resources & Tools:

- Disability, Poverty and Development (DFID, 2000).
- See also reference from chapter 2.3

**NOTE:**
Please be aware that for better usage of this guideline we made some additional resources which are all to be found in your CD-ROM and printed version:

Annex 9: **Briefing Paper on Disability Key Facts in Cambodia for 2009**

From the conclusions of each methodology section some checklist for project implementation have been developed. This will hopefully help us to use in practice what we have been learning!

Annex 13. **Checklist 1: Policy analysis**
Annex 14. **Checklist 2: Lobbying and advocacy**
Annex 15. **Checklist 3: Awareness Raising and Training**
Annex 16. **Checklist 4: Good Practice**

There are also documents provided that overview of all recommendations and conclusions! They can be used as reminder to keep the overview and especially useful for the advocacy strategy workshop where you will decide in which way to proceed and how to prioritize them for the coming 2 years:

Annex 11. **Overview All Methodology Recommendations**
Annex 12. **Overview All Recommendation for Focus areas**
3 ANALYSIS OF THE FOCUS AREAS: POVERTY REDUCTION, EDUCATION, HEALTH AND EMPLOYMENT

3.1 Focus Area: Poverty Reduction & the Development Agenda

Key Facts on NSDP
The National Strategic Development Plan (NSDP) is the overarching document which guides the development and poverty reduction agenda for Cambodia.

Purpose of NSDP: To combine several plans and targets, especially the “Rectangular strategy”, the population policy and the Millennium Development Goals (MDGs).
- to get more effective and coordinated responses to poverty and development between the different structures and actors.

Duration: 2006-2013, originally only 2006-2010.

Key actors: to be implemented together or jointly without overlap by the local and national government authorities, international donor agencies (multilateral and bilateral), UN agencies (also donors), international and national NGOs and civil society.

Base for planning, monitoring and data used:
The NSDP was developed from an assessment of the poverty situation in Cambodia, mainly using data collected through the Cambodian Socio-Economic Survey (CSES). This survey does collect information on different impairments but it is not analyzed in the report that is produced by the National Institute of Statistics. Indicators are developed for each target.

Content:
The NSDP is intended to be a flexible document, the main strategic direction is given but the relevant line ministries are responsible for creating specific policies, strategies and plans to implement the commitments made in their sector or issue.
There are 15 target areas, 43 main indicators and sub-strategies outlined in the NSDP to monitor the implementation and progress of the overall strategy, however none of which are specific to people with disabilities.

NSDP and Disability:
During the formulation of the current NSDP most of the DPOs or other disability focused organizations were absent from the process. The inclusion of people with disabilities as a topic we assume came through the involvement of the MoSVY and the MoEYS.
Disability features quite prominently in the general part on the commitment of the RGC towards reducing the poverty in their population. In the introductory paragraph of the new strategy people with disabilities are mentioned as specific targeted, among the vulnerable poor population:

NSDP Point 4.05: "Accordingly, RGC is committed to pursue strategies and actions that will... target the most needy and least served people, including those with disabilities and indigenous people, and areas to help rapidly reduce poverty."

In the remaining document it is mentioned however four more times. Three times in the chapter on: Private sector development and employment generation with regards to vocational training and data collection, where disability is seen as a social factor and one more time with regards to social safety nets:
4.81 “Establish Technical Vocational Education and training networks to serve both men and women equitably, especially those who are poor, disabled and vulnerable groups, to respond to labour market needs, both short-term and long-term.” and "Develop a labour database and statistical system with disaggregated data by gender, disabilities and other relevant social factors.”

4.82 "Examine feasible options for creation of pension funds especially for disabled persons and dependents, and insurance for work accidents as stipulated in the Labor Law." and point

4.83 Priority actions to be taken include: the adoption and enforcement of important legislation; and establishment of rehabilitation centres for orphans, street people, disabled, elderly, and women and children victims of trafficking.”

And the second part where NSDP is mentioned is the target chapter on capacity building and human resources development:

4.85 Education “The long-term objective is to ensure that all Cambodian children and youth have equal opportunity to quality education regardless of social status, geography, ethnicity, religion, language, gender or disabilities.”

Implementation
To ensure the implementation of the NSDP, there are 19 technical working groups (TWGs) that have been set up to work on key challenges and priorities each year and develop more specific indicators to monitor this, referred to as Joint Monitoring Indicators (JMIs). Each sector is expected to develop a sector plan in line with the NSDP content and duration in order to make the link between the overall plan and the work of specific ministries. Some ministries do not have a related working group but are also expected to develop a plan for the issues they are responsible for. For example, MoSVY and MoLVT do not have specific TWGs. Therefore, there are no TWGs or JMIs that have a focus on disability.

Coordination and monitoring on the side of RGC
The Ministry of Planning (MoP) is responsible for coordinating the NSDP, including overall monitoring and evaluation and reporting which is done through the Annual Progress Report (APR). In addition a midterm review was facilitated, which took place in 2008 (see reference section for Midterm Review). According to the UN Resident Deputy Coordinator a new Monitoring and Evaluation framework has been developed by the MOP supported by UNFPA and by a GTZ advisor to the MOP. The Government-Development Partner Coordination Committee (GDCC) is also responsible for overseeing aid effectiveness and the progress of the TWGs in relation to the JMIs. The annual Cambodia Development Cooperation Forum (CDCF), is a high level meeting held at the end of the year where the government presents their progress to the main international donor agencies. They also present the new JMIs for the proceeding year.

<table>
<thead>
<tr>
<th>Main NSDP indicators</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1° Poverty levels % of population</td>
<td>34.7 (28.0)</td>
<td>25</td>
<td>19.5</td>
</tr>
<tr>
<td>2° Poverty levels % rural population</td>
<td>39.2</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>3° People below food poverty line %</td>
<td>19.7</td>
<td>13</td>
<td>10</td>
</tr>
</tbody>
</table>

Coordination and monitoring from Civil Society and NGOs
An annual monitoring takes place as a collaborative effort between civil society organizations, coordinated by NGO Forum, CCC and Medicam. The monitoring takes place around the Joint Monitoring Indicators, as well as through the Technical Working Groups. In addition to assessing the progress
according to the indicators, room is given to mention topics related to areas which are not covered by the indicators.

An NGO position papers joint monitoring report is produced each year with a summary of all different sector and issues papers. The organizations working in the disability field produced a joint statement 2007 and 2008. The result of advocacy from disability organizations in 2008 meant that disability was also included in the summary statement of key issues to present at the CDCF, developed by the NGO Forum. This was the first time that input was asked and disability included in the summary statement. The first entry point to mention disability, using the space in the NGO monitoring report, was successful. However, stakeholder analysis showed that government and donors are reluctant to create new Technical Working Groups or related Joint Monitoring Indicators.

Who decides: The NSDP implementation is mainly the responsibility of the RGC. However, since it is dependent also on donor funding – official development assistance provided by donor countries also plays a role in what is implemented. NGOs and civil society have the possibility to influence through concerted lobby/ advocacy, parallel monitoring of the NSDP and sensitization towards these two influential stakeholder groups. Different donors, NGOs and government priorities often vary about how to do development.

### Key players (to be completed throughout)

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Links to NSDP</th>
<th>Open to disability (L, M, H)</th>
<th>Existing links to disability or not</th>
<th>Key contact(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Bank</td>
<td>Joint lead donor TWG-PPR, TWG-PFM</td>
<td>?</td>
<td>No.</td>
<td>Tim Conway</td>
</tr>
<tr>
<td>UN Resident Coords Office</td>
<td>Joint lead donor TWG-PPR</td>
<td>Medium</td>
<td>HIF have contact, they are open to sharing information.</td>
<td>Douglas Broderick &amp; Ann Lund (Coord &amp; Deputy).</td>
</tr>
<tr>
<td>MoP</td>
<td>Chair TWG-PPR – Lead in coordination and M&amp;E for NSDP</td>
<td>?</td>
<td>No.</td>
<td>?</td>
</tr>
<tr>
<td>NIS (MoP)</td>
<td>Census &amp; CSES</td>
<td>Low/ Medium</td>
<td>Limited contact with DAC on disability questions for surveys and census &amp; MRTC research team.</td>
<td>Agneta Sandqvist</td>
</tr>
<tr>
<td>UNFPA</td>
<td>M&amp;E framework for the NSDP, Census &amp; CSES data analysis.</td>
<td>?</td>
<td>No.</td>
<td>Alice Levisay.</td>
</tr>
<tr>
<td>NGO-Forum</td>
<td>Participant TWG-PPR, TWG-PFM, coordination of NGO monitoring statement, participant in CDCF.</td>
<td>High</td>
<td>Contacts through NGO monitoring statement.</td>
<td>Ngo Sotath (Development Programme Coordinator)</td>
</tr>
<tr>
<td>AusAID</td>
<td>Joint lead donor – TWG-LJR, influential in donor community, influential in Donor Aid Effectiveness</td>
<td>High</td>
<td>Very supportive of mainstreaming disability - CDPO, HIF, DAC for National Plan of Action on PWDs with MoSVY.</td>
<td>Belinda Mericourt</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Working at commune level for inclusion of women &amp; children in plans. (Also see education sector).</td>
<td>High</td>
<td>Links to disability through IE but not on community development.</td>
<td>Julia Reece</td>
</tr>
<tr>
<td>UNDP</td>
<td>TWG-Gender, monitoring MDGs</td>
<td>?</td>
<td>No.</td>
<td>?</td>
</tr>
<tr>
<td>Provincial, District &amp; Commune Authorities</td>
<td>Have to develop commune plans to promote development.</td>
<td>Medium</td>
<td>Some DPOs/SHGs are working with commune authorities through micro-grants.</td>
<td>Various.</td>
</tr>
</tbody>
</table>

---

6 Low = No engagement with disabled people or disability organisations; Medium = Some involvement or openness to work on disability issues; High = Have projects or targets to work with disabled people or work closely with any disability organisations.
Figure 4: Overview processes:

Challenges: Allocation of national funds and international support is based largely on the topics and priorities outlined in the NSDP. It is of advantage to have an overarching concerted policy document in order to improve coordination and to make development more effective. However, if a topic has not been properly included throughout (aim, target, strategies, indicators) it runs the risk to not get sufficient attention from government and donors, as well NGOs, for a long period (now from 2006 until 2013).
Other international development agendas in close link with the NSDP:
The Millennium Development Goals (MDGs), set out key targets for international development actors. They were developed by the UN and member states. Launched in the year 2000 (the millennium), they require all countries who are members to work towards these goals to reduce poverty in their countries and to achieve these targets by 2015. The MDGs focus on social development:
- 1 End poverty and hunger, 2 Education, 3 Gender equality, 4 Child health, 5 Maternal health, 6 Combating HIV, 7 Environmental Sustainability, 8 Global partnership.

NOTE! On international level there are various alliances to mainstream disability into the MDG targets or indicators.

Other national development agenda:
While the NSDP is overarching, the RGC has developed the "Rectangular Strategy" for Growth, Employment, Equity and Efficiency Phase II (update September 2008) reflecting key concerns for development. It covers five areas:
- good governance
- private sector development
- construction of physical infrastructure
- agricultural and natural resources
- human resource development.

Decentralization Development dynamic:
The government is in the process of decentralizing power to local authorities at provincial, district and commune level. It aims at more effectiveness and participation with local government actors having more autonomy to make decisions, plans and control resources.

Example – Gender mainstreaming
When international donors decide to promote an agenda to promote equality, although it takes many years, there can be real changes with mainstreaming and empowerment occurring. A good example is gender - In Cambodia the MoWA was set up to promote gender equality, to mainstream gender taskforces have been established in each ministry to develop gender action plans, they are also working on passing specific legislation to protect women and children from violence and trafficking and a corresponding programme. Gender mainstreaming is a focus in the NSDP with a specific budget line. MDG 3 is Gender Equality & Empowerment of women which is promoted globally by the UN and member states are required to work towards achieving the target by 2015. Many donors when they give development assistance require that gender is a key element of the programme and that it is monitored with specific indicators.

✧ Conclusion for our project:
✧ Analysis summary:
Although the NSDP mentions disability a few times there are no indicators to monitor or strategies for progress (see detailed chapter on NSDP).

Which disability model in NSDP?
- People with disabilities are mentioned quite prominently in the commitment of the government among the key targets for the NSDP.
- Disability is mentioned thereafter mainly in regards to the social aspect of disability in relation to social welfare with the exception of the sector of education. However, there is no specific strategy and there are no specific targets or indicators mentioned.
- Disability is not discussed using the perspective of how society may adjust so that people with disabilities can access, contribute and participate in all spheres of development.
- There is no specific chapter outlining key topics of disability or highlighting the challenges. MOSVY is the line ministry for disability; however there is no sector plan or monitoring indicator in the NSDP relating to the action of this particular ministry.
- Different impairments or gender equality issues are not paid respect to.

Conclusion: The individual model of disability is the main understanding applied in the NSDP, not the social model. Most likely it was included through the engagement of MoSVY and MOEYS, since key disability organizations and DPOs were not involved in the production of the NSDP.

Signs for Mainstreaming, twin-track and rights based approach?
- People with disabilities are mentioned as a key target group among the poorest, in principal, this is an entry point for mainstreaming disability. Therefore, there is a chance that in the future it could be considered as a cross-cutting issue through the various key areas (from water and sanitation, education to infrastructure, etc.).
- However, there is no current indicator or inclusion in the strategies.
- Having been developed before the signature of the RGC to the UNCRPD there is also no reference to the UNCRPD.

The twin-track approach has been applied for the production of the NGO monitoring statement in 2008 on disability. We focused on getting priority issues included in the main statement of the NGO-Forum as well as our specific disability statement recognized. At the same time successful lobbying took place for mainstreaming disability into the other NGO monitoring statements, such as education, water and sanitation, gender, youth and employment.

Note! Gender, recognized as a cross cutting issue. It has a TWG and JMI, producing an annual statement. Interestingly, MOWA also set up taskforces at each key ministry to support gender mainstreaming in each ministry.

Barriers:
1. Previous possible entry points for disability mainstreaming through NSDP reformulation, creation of a disability specific TWG and associated JMI are now not feasible due to the extension of the current NSDP until 2013. Key donors and government not interested to form new TWGs.
2. Disability is understood mainly as welfare issue and impairment-related based on the individual model.
3. There are no indicators for disability in the NSDP, therefore the last NGO monitoring statement for disability and development did not work on a base of measuring the progress or success against indicators.
4. Original data used for the development of the NSDP from the CSES referred to disability only with regards to impairment related aspects. The next CSES however will have more data on access of PWDs to social services.
5. MoSVY does not have a sector plan in relation to the NSDP.
6. None of the poverty related indicators or annual JMIs mentions people with disabilities.

Facilitators (for key information on the other sectors, see next chapters on focus areas):
1. People with disabilities among key target population = potential for mainstreaming.
2. People with disabilities mentioned in other chapters (see above) = make sure that mainstreaming in those actions happens.
3. Some TWGs were open to consider disability in their monitoring.
4. RGC signed the UNCRPD (though not yet ratified) and signed the BIWAKO plus 5 (non-binding).
5. National Disability law is pending for ratification (most likely 2009).
6. National Draft Plan of Action on People with Disabilities & Landmine/ERW Survivors is pending for adoption (most likely 2009)
7. MOP through NIS was open to adjust their data collection towards the social model (CSES, Census);
8. Openness of the NGOs monitoring the NSDP and the NGO Forum for raising voice on disability;
9. Key donors and multilateral agencies open to mainstreaming by developing indicators for disability on M&E level or sector plan level (for the moment contacted: UNICEF, UN Resident Deputy Coordinator, AusAID);
10. Openness to disability at commune level for local development through the decentralization process;
11. Potential key ministries are social affairs (MoSVY), education (MoEYS), health (MoH), vocational training (MoLVT), agriculture (MAFF), planning (MOP).
12. CSES data can disaggregate PWDs which can form the basis of parallel monitoring from civil society of the NSDP indicators and JMIs.

Possible Objectives and Steps forward:
1. Disability should be understood and mentioned based on the social model, not only as a social welfare issue for individuals.
2. Raise the issue of disability in M&E Framework, local development plans and sector policy/plan level on RGC, Donors and NGOs.
3. Decide on setting up a task force inside MOSVY (with link to high level ministries) on mainstreaming disability into the different ministries.
4. Disability should be addressed by twin-track, rights based and mainstreaming approach.
5. Increased visibility and mainstreaming in national data and specific in-depth data on disability.
6. Specific targets and indicators should be developed by disability focused organizations, interested NGO and RGC structures for mainstreaming.
7. Increased visibility about resource allocation of disability in plans.
9. To assess progress towards achieving the NSDP indicators, coordinate among mainstream stakeholders and disability focused organisations for data collection on poverty with regards to PWDs.

Suggested key tools for lobbying:
1) **NSDP commitments**: Mentions key targets are people with disabilities among the most vulnerable. Also specific sections where disability is mentioned should be monitored for implementation.
2) **The UNCRPD**: is our key tool to use to promote disability mainstreaming and inclusion of people with disabilities in the development and poverty reduction process.
   - Poverty: highlights that the majority of people with disabilities live in conditions of poverty (preamble); people with disabilities have the right to an adequate standard of living which should be upheld by government’s though access to poverty reduction programmes and social security (article 28).
   - Mainstreaming: supports mainstreaming of disability as a strategy to achieve sustainable development (preamble); emphasizes that all development actors have a responsibility to ensure development is inclusive of people with disabilities (article 32).
   - Data collection: There are many gaps in data on people with disabilities and their situation including the link between poverty and disability is not analyzed in national statistics, people with disabilities often get forgotten when making plans and policies. UNCRPD states that governments have a responsibility to collect adequate data for the development of policies and plans that uphold the rights of persons with disabilities (article 31).
3) **BIWAKO plus 5**: Signed by the RGC has key target areas poverty reduction and inclusive development.
NSDP Key Resources & Tools:
- NSDP (2006-2010)
- Rectangular Strategy phase II (2008-2013)
- Guideline on the role & functioning of the TWGs
- TWG member list (2009)
- JMs for 2009 (Between 2nd -3rd CDCF)
- NSDP Mid-Term Review (November 2008)
- UNCRPD – Especially articles 28, 31, 32
- Situational Analysis: PRSPs & Disability in Cambodia (HIF, 2007) – Thorough analysis of the situation and possible entry points for the inclusion of disability in Cambodia’s PRSP.

Council for the Development of Cambodia:
- Government-Donor Coordination Committee (GDCC) webpage http://www.cdc-crdb.gov.kh/cdc/gdcc/default.htm Updates information on the meetings held including progress of the TWGs and JMs.

National & Local Disability Mainstreaming Key Resources & tools:
- Make Development Inclusive: How to include the perspectives of PWDs into Project Cycle Management – Guidance for the EC (Make Development Inclusive Project)
- Making It Work! Guideline (HI, 2008/9) - Especially useful for how to write position papers linked to the UNCRPD and use them for advocacy. (only in draft version now – will be added once finalized)
- Guidance Paper on Inclusive Local Development (Make Development Inclusive Project) – Very useful process and tools to assist DPOs/SHGs to influence commune development plans.

3.2 Focus Area: Education Sector

Key facts on Education and disability
Background education progress
In Cambodia, every child is entitled to free and good quality basic education (grade 1-9). The MoEYS and development partners are working towards achieving the Millennium Development Goal 2: Universal Primary Education by 2015 have been largely

NOTE! What is Inclusive Education?
Inclusive Education refers to an education system which takes into account the learning and educational support needs of all children and young people; street children, girl children, ethnic minority group children, children from economically poor families, children from nomadic families, children with HIV/AIDS and disabled children.
An inclusive education system aims to ensure that these children are afforded equal rights and opportunities in education. HIF’s work on Inclusive Education has a focus on the education of disabled children. See annex 10 for definition of the different types of education.
successful. The net enrolment ratio in 2006-2007 at the national level is 92.10% (nearly equal girls and boys). However, there are an estimated 181,000 "hard-to-reach" primary school age children remaining out of schools—nearly 60 per cent are girls. These include children with disabilities, from ethnic minorities, living in remote areas, are orphans, and are sick or trafficked. Article 24 of the UNCRPD recognizes the rights of persons with disabilities to education and life-long learning and social development without discrimination and on an equal basis with others:

States parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunities, States Parties shall ensure an inclusive education system at all levels for life long learning directed to:

a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;

b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;

c) Enabling persons with disabilities to participate effectively in a free society. (paragraph continues)

Key strategies outlined in the UNCRPD are:

- Ensure that PWDs are not excluded from general education system on the basis of disability.
- Ensure access to an inclusive, quality and free primary and secondary education on an equal basis with others in the communities in which they live.
- Receive the support required in general education system to effectively learn.
- Reasonable accommodation and support measures of the individuals requirements to achieve full inclusion.
- Facilitate learning in Braille and other alternatives communication formats.
- Facilitate learning in sign language and linguistic identify of the deaf community.
- Ensure education of PWDs, particularly those who are blind, deaf or deafblind through appropriate language and communication modes.
- Employ teachers who are qualified in sign language and/or Braille, including teachers with disabilities. Train education professionals in disability awareness and in techniques and materials to educate PWDs.
- Ensure PWDs can access tertiary education, vocational training, adult education and lifelong learning without discrimination and by ensuring reasonable accommodation.

A) Inclusion of disability in sector plans and policies

Cambodia is in the process of developing educational systems using a combination of inclusive education, integrated classes and 'special schools' to ensure the best quality of education for CWDs that also fosters inclusion. The policies and plans are highly coherent with the article 24 of the UNCRPD.

The following table (below) was drawn up answering:

a) What policies, plans exist for the sector?

b) How is disability mentioned in them?

Of important note is the Policy on Education of Children with Disabilities (ECWD), developed in 2008. The aim is to support basic education (primary and lower secondary level) to achieve the EFA goals also for CWDs. The policy is awaiting the finalization of a master plan for implementation in 2009. The plan is expected to address all relevant departments and 24 PEOs to establish annual plans and support DEOs to prepare an annual plan of ECWD activities with support from PTTCs. Under discussion in that plan is also to have a sub-committee established under the CFS Steering Committee to issue guidelines for implementation and coordinate annual plans on ECWDs from departments and PEOs.
Education Information Management System (EMIS) is the central database of the MoEYS for education statistics. Previously the SEO was coordinating the collection of data of CWDs in schools. With the new EMIS system, teachers are asked to fill in their registry book with information of CWDs in their class, that they identify using a modified MoSVY/MOH classification with 8 categories of “difficulty” excluding the category of “other”. This data is not extremely reliable as teachers are not well trained in how to collect this data. Although, EMIS data is supposed to be key for policy and planning of MoEYS on CWDs, the planning department of MoEYS relies rather on the CSES than the EMIS data.

The Policy on ECWDs was developed by the MoEYS, part of the UNICEF IE project (funded by SIDA). A training module on education for Children with special needs (ie according to MoE, girls, poor, disabled children and ethnic minorities) has already been developed by SEO, DAC, with UNICEF support. Training sessions were provided to POE, DOE, and for some provinces, to the teachers, directly. On the basis of this module, DAC is working with UNICEF and the Teacher Training Department to develop training modules on Inclusive Education specifically for CWDs for in-service teachers (completed the draft) and pre-service teachers (to follow).

<table>
<thead>
<tr>
<th>Key references, policies &amp; plans</th>
<th>Main focus</th>
<th>Inclusive of disability? How?</th>
</tr>
</thead>
</table>
> Not systematic and without indicators to measure progress.  
> Key actions: “Disabled learners - Formulation of national policy and strategies to assure equitable access to education opportunities including specific programme interventions e.g. school buildings designs, specialized teaching/ learning materials”. |
| Education Strategic Plan (ESP)2006-2010 | The priority policies in the ESP 2006-10 are as follows:  
1) Ensuring equitable access to education;  
2) Increasing quality and efficiency of the education services;  
3) Institutional development and capacity building for decentralization.  
> In addition, in this part there is also mentioning about strategies for addressing crosscutting issues. | > Disability mentioned as cross-cutting with same focus as the EFA plan (see above).  
> Includes disabled learners, poor; ethnic minority and disadvantaged groups.  
> In Equitable Access to Education Services section “other disadvantaged groups” are mentioned.  
> No specific strategies or indicators to target CWDs. |
<table>
<thead>
<tr>
<th>Key references, policies &amp; plans</th>
<th>Main focus</th>
<th>Inclusive of disability? How?</th>
</tr>
</thead>
</table>
| **Education Sector Support Program (ESSP) 2006-2010** | To outline programme activities and priorities to implement the policies and strategies laid out in the Education Strategic Plan 2006-2010. | Disability is mentioned in 3 sections but no specific indicators on children with disabilities.  
2.3 Primary Education Access Quality and Efficiency “The program will also focus on providing equitable access to education for especially girls and for children that are disadvantaged for example by disability, by belonging to an ethnic minority or by living in disadvantaged areas such as border or remote areas.”  
2.3 Indicators and Targets:  
• Net admission ratio (NAR) increase from 81%. (2004-05) to 95% by 2010.  
• Primary Net enrolment ratio (NER) increase from 91.9% (2004-05) to 96% by 2010  
• Primary completion rate increase from 46.77% (2004-05) to 100% by 2010  
• At least 70% of primary schools are child friendly schools by 2010 |
|  |  | |
|  |  | 2.5 Upper Secondary Education Access and Equity activity “Gradually expand special programs for academically gifted students, minorities and students with disabilities through special teaching methodologies and instructional materials”.  
2.5 Targets and Indicators  
• Increase enrolment in grades 10-12 from 177,129 in 2004/05 to 300,000 in 2010  
• Reduce gender gap in net enrolment rate (NER) at upper secondary lower than 2% in 2010  
• Increase survival from grade 10-12 from 86% in 2004-05 to 95% in 2010  
• Increase grade 12 completion rate from 8.92% in 2004/05 to 20% in 2010  
• Decrease upper secondary drop-out in grade 10 from 13.2% in 2003-04 to 3% by 2010  
• Develop detail basic criteria for establishment of an HEI by 2006  
• Review of HEIs to ensure compliance with the basic criteria for establishment of an HEI, by 2007. |

<table>
<thead>
<tr>
<th>Key references, policies &amp; plans</th>
<th>Main focus</th>
<th>Inclusive of disability? How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Friendly School (CFS) Policy (2007)</td>
<td>Seen as essential to achieve EFA targets and ESP by strengthen the quality and effectiveness of basic education. <strong>Objectives:</strong> 1. All children have access to schooling (Schools are Inclusive) 2. Effective Teaching and Learning 3. Health, Safety and Protection of Children 4. Gender Responsiveness 5. The participation of children, families and communities in the running of their local school. 6. Program support from the education system</td>
<td>Yes, disability is mentioned: &gt; Objective 1 - To ensure and support all children, especially children in difficult circumstances, (children of poor families, girls, orphan children, child victims of domestic violence, <strong>disabled children</strong>, ethnic minority children, children affected by drugs, children affected by HIV/AIDS and other diseases) have access to schooling with equity.</td>
</tr>
<tr>
<td>Policy on Education for Children with Disabilities (ECWD) (2008)</td>
<td>The ECWD has been implemented following the CFS policy content with clear focus on mainstreaming disabled children into the Cambodian education system: <strong>CFS Dimension 1:</strong> All children have access to schooling (Schools are Inclusive) <strong>ECWD Objective:</strong> To identify and enroll all children with disabilities in all communities in Cambodia. <strong>CFS Dimension 2:</strong> Effective Teaching and Learning <strong>ECWD Objective:</strong> To provide children with disabilities educational services appropriate to their needs, such as health, community rehabilitation and modifications of educational services from pre-school to lower secondary school. <strong>CFS Dimension 3:</strong> Health, Safety and Protection of Children <strong>ECWD Objective:</strong> To ensure all children with disabilities the same guarantees of health and safety in their lives at schools, in families and communities as their non-disabled classmates and respective of their disabilities. <strong>CFS Dimension 4:</strong> Gender Responsiveness <strong>ECWD Objective:</strong> To ensure all children, especially girls with disabilities, access to schools and their participation in all school and social activities similar to non-disabled children. <strong>CFS Dimension 5:</strong> The participation of children, families and communities in the running of their local school. <strong>ECWD Objective:</strong> To increase awareness and acceptance of disability and the needs of children with disabilities within communities and among stakeholders to provide the education of children with disabilities. <strong>CFS Dimension 6:</strong> Program support from the education system <strong>ECWD Objective:</strong> To ensure support for the education of children with disabilities effectively from all levels of the education system.</td>
<td>&gt; <strong>Comment:</strong> In line with UNCRP; inclusive of gender and cross impairment dimension.</td>
</tr>
</tbody>
</table>
**Key references, policies & plans**

|----------------------|------------|-------------------------------|
| Yes, PWDs’ right to provision of special education & the right to study in mainstream schools: **Article 38.** Special education, the state shall push and encourage the creation of special education programs for persons with disabilities and those who are talented and intelligent.  
- Special education shall allow all students to study in compliance with their intellectual capacity and talent and shall offer appropriate learning opportunities to disabled students as well.  
- Special Education programs shall be determined by the Proclamation of the Ministry in charge of Education Sector. **Article 39.** Rights of disabled students, states that with the same rights as ordinary students, disabled students have additional rights as follows:  
If compromises can be reached in studying process, and disabled students are able to meet the requirements of their schools and/or institutions, both female and male disabled students can study with non-disabled students or general students. |

| National Plan of Action on PWDs & Landmine/ERW survivors 2008-2011 (MoSVY/CMAA) | Yes: Part 4 - Education.  
1. Children and persons with disabilities including landmine/ERW survivors have access to basic education (50%), secondary education (20%), and tertiary education (10%) nationwide with 50% access for boys and 50% access for girls by December 2011  
2. The effectiveness of education for children with disabilities is improved by providing training on inclusive and special education needs and issues of discrimination for 15,000 pre-service teachers at Teacher Training Centres and in service teachers by December 2011.  
3. An Inclusive Education program for children with disabilities on braille and sign language is provided to pre-service and in-service teachers to improve the educational services for deaf and blind children in at least 18 provinces by December 2011.  
MoEYS in collaboration with DAC, MoSVY, PoSVY, DoSVY and service providers. |

**B) Inclusion in the NSDP**

As mentioned in the previous chapter, the education sector is one of the few chapters of the NSDP where disability is mentioned from a social model perspective, however it is biased towards children with physical impairments and less severe disabilities. Although there is mention of children with disabilities as a cross-cutting issue this is not currently the case. The reality is, plans and policies in the education sector are more advanced than in the NSDP.

The following NSDP indicators are monitored for **Improvements in Education (*)**:

<table>
<thead>
<tr>
<th>NSDP Indicators for Education</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>16* Net Enrolment: Primary Schools – Total, Boys, Girls (%)</td>
<td>Total: 91.9; Boys: 93.0; Girls: 90.7</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>17* Net Enrolment: Lower Sec. Schools –Total, Boys, Girls (%)</td>
<td>Totals: 26.1; Boys: 27.1; Girls: 24.8</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>18* Survival rate: Grade 1-6 (%)</td>
<td>53.1</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>19* Survival rate: Grade 1-9 (%)</td>
<td>30.18</td>
<td>76</td>
<td>100</td>
</tr>
<tr>
<td>20* 6-14 years out of school (%)</td>
<td>18.7</td>
<td>11</td>
<td>0</td>
</tr>
</tbody>
</table>

There is no inclusion or specific mention of disabled children among those boys and girls accessing the education system.
If we assume the monitoring indicators are inclusive of disabled children and youth – since they are not excluding them – data should be gathered accordingly. For instance it could point out the children outside school and the barriers to education that they experience. However, extra action needs to be jointly taken, since the NSDP Mid-term Review did not mention progress made with regards to education of CWDs.

C) Institutionalization of the focus area at national level:

**Education Sector Working Group**

Meetings: meets bi-monthly

Participants: forum for development partners and NGOs in Education field for policy monitoring and support for policy reform. It comprises the main donors on education in Cambodia and NGOs. Key participants are UNICEF/SIDA, UNESCO, ADB, WB, USAID, JICA, EC, Finnish Government, other related embassies. NEP has 5 seats for elected NGO members, and other NGOs participate as donors such as SCN.

Content: It works to make alignment, collaboration, set priorities for the sector and speak as one voice to JTWG-Edu.

Leadership: by UNICEF/SIDA (previously UNESCO).

Disability org participation: DAC has a seat.

**Joint Technical Working Group on Education (JTWG-Edu).**

Meetings: Meets bi-monthly.

Participants: Senior leadership of MoEYS and the director of every department in MoEYS, Key development partners (donors) and some NGOs.

Content: to approve policies, programme or budgets proposed by ESWG and to monitor the JMI.

Leadership: by the senior leadership of MoEYS (secretary of state), UNICEF is lead donor facilitator.

Disability org participation: DAC involved.

**Education Congress**

Meetings: is held annually, around March.

Participants: Ministry representatives including PoE, representative from Universities, development partners & NGOs.

Content: is conducted by the ESWG as an overall annual sector review and performance analysis, provides inputs to the NSDP Annual Progress Report and then sets priorities for the Annual Operating Plan (AOP) and NSDP annual progress report (APR).

Leadership: Presided over by prime minister, and facilitate by the leadership of MoEYS who is the lead actor in the education congress. NEP was inviting to be a member of organizing committee.

Disability org participation: individual organization can apply for participation through NEP and DAC (in 2009 DAC has 20 representatives from disability organizations attending the congress).

**Global Campaign for Education (GCE)**

Meetings: Global Action week is an Annual event (first week of April)


Content (so far): is an informal coalition which is comprised of about 40 NGOs, and it conducts the Global Action Week with other 120 countries to advocate for any comment issues on education.

Leadership: Rotating leadership, NGO members elect representatives for the Leading Committee.

Disability org participation: DAC (Samphors) was the Secretary of the Leading Committee for 2008 events, DAC will again be actively involved in 2009.
**NEP (NGOs Education Partnership)**

Meetings: not regular meetings

Content: is a mechanism to promote dialogue between civil society, government ministries and development partners to improve the quality of education and advocate, to secure the right to education for all in the spirit of cooperation. NEP was created informally in January 2001 as a result of a proposal from the Education Sector Working Group following an approach by the Ministry of Education, Youth and Sport (MoEYS). The intent of this partnership was to encourage and improve Ministry, donor, and NGO dialogue as a mechanism to jointly address and support the education reform process. They work with MoEYS on policy & planning. Main action:

- advocacy
- provide training to their members (on monitoring in 2008)
- conduct annual research (on teacher in 2008).
- There is sub working group on early childhood in 2009. The thematic of the subgroup is supposed to change every year.

Participants: comprised of 75 member Education NGOS (including HIF & DAC); NEP occupies 5 seats in ESWG and JTWG-Edu. Participation fees.

Disability org participation: HIF & DAC, CDPO, New Humanity, Maryknoll (Samphors - DAC is on the NEP Board since 2007).

Leadership: NEP.

**EDUCAM:**

Meetings: monthly meetings.

Content: Coordination mechanism between NGOs, more international participation than in the NEP meetings, currently seen as more active than the NEP when considering sharing good practices, and lessons learned, sharing information on policies and national plans.

Participants: NGOs. No Participation fees.

Disability org participation: HI F, DAC, CDPO (just joined)

Leadership: Coordinated by Maryknoll.

**Children with Disabilities Committee:**

Regular meetings: bi-monthly

Content: Coordination forum for bringing NGOs working with CWDs and other marginalized children. Main topics are education, however other topics such as prevention of impairment, rehabilitation etc are discussed.

Participants: 37 members including MoSVY, MoEYS, MoH (not regularly), NGOs representing CWDs and other mainstream NGOs such as Friends, Mith Samlagn.

Disability org participation:

Leadership: DAC
Influential stakeholders on policy level:
Further information on which stakeholders are influential at policy level are provided in the table below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Participating which structures (leader, participant)</th>
<th>Open to disability /Influence (Low, medium, High)</th>
<th>Existing links to disability or not</th>
<th>Key contact(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoEYS</td>
<td>Lead Ministry, Chair of JTWG-Edu</td>
<td>Medium</td>
<td>Special Education Office responsible for education of CWDs. DAC collaborating to develop teacher training module on Inclusive Education for CWD.</td>
<td>SEO ?</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Lead donor and resource person for JTWG-Edu, Lead for ESWG, involved in development of sectoral plans.</td>
<td>Medium/High</td>
<td>Lead agency working on IE through Child friendly school programme as part of “Expanded Basic Education Program (EBEP phase II) 2006-2010”. Through. Weak focus on disabled children. Dr Maya wrote ECWDs policy as a Unicef consultant.</td>
<td>Hiro Hattori, Mr Plong Chhaya, Ms. Sorphea</td>
</tr>
<tr>
<td>SIDA</td>
<td>Co-chair of ESWG</td>
<td>Medium/High</td>
<td>Funds the “Expanded Basic Education Program (EBEP phase II) 2006-2010” which promotes CFS and IE.</td>
<td>?</td>
</tr>
<tr>
<td>Donors – EC, ADB, JICA, USAID, AusAID, Finish Embassy</td>
<td>ESWG members, key donors for MoEYS</td>
<td>?</td>
<td>DAC is a member of ESWG and is the focal point for this group on disability. DAC is also technical referent/involved with EU, USAID and AusAID.</td>
<td>?</td>
</tr>
<tr>
<td>World Bank</td>
<td>ESWG, donor, lead agency in Joint Annual Sector Review Mission</td>
<td>?</td>
<td>DAC and World Bank have a joint project on inclusion material. Will to develop a project with OECD (maybe through DAC?) to measure the disability prevalence rate among children</td>
<td>Beng Simeth (Mission Leader for Edu Review)</td>
</tr>
<tr>
<td>UNESCO</td>
<td>ESWG member, key donor</td>
<td>Medium</td>
<td>Consult with DAC on FTI and Flagship etc. Has developed a very good toolkit on IE “Embracing diversity.”</td>
<td>Mr Sam Dy Sidet</td>
</tr>
<tr>
<td>SCN</td>
<td>JTWG-Edu &amp; ESWG involved in development of sectoral plans.</td>
<td>Medium/High</td>
<td>Donor for and works with MoEYS, working with UNICEF on Child friendly school.</td>
<td>Mr Kan Kall</td>
</tr>
<tr>
<td>VSO</td>
<td>H.E Im Sethy (Minister of MoEYS) on their board of directors</td>
<td>High</td>
<td>Influential in IE programming and has volunteer advisors placed at NEP, DAC &amp; MoEYS. Implements “Mainstreaming inclusive education” project (2005-09). Samphors (DAC) is a member of advisory board for this project. Intends to develop new project for the inclusion of disabled children in mainstream primary schools.</td>
<td>Mr Chea</td>
</tr>
<tr>
<td>World Vision</td>
<td></td>
<td>Medium</td>
<td>Child friendly schools project. Implemented a Disability Mainstreaming project with ADD. Research on FTI and disability</td>
<td>Mr Chanto Ket (ECWD manager).</td>
</tr>
</tbody>
</table>
D) Main action by disability organizations

**Disability Action Council** is the key disability platform working on policy level in Education, due to its current and future mandate. As partner of UNICEF it was instrumental in getting commitment from MoEYS to make all news schools physically accessible. They have been working with UNICEF on IE and have recently completed a draft of the teacher training module for in-service teachers. The next step is to develop a module for pre-service teachers on IE for CWD. Involved in the organization of the Education Congress with NEP and have managed to get seats for many disability organizations to promote the disability in each issues group. DAC has lobbied for evaluation tool of teacher professional standards to include knowledge on how to teach CWDs as evaluation criteria for salary/grade increases. Facilitates bi-monthly children with disability committee DAC meetings at DAC office for information exchange.

**Krousar Thmey** is the key NGO working with blind and deaf children. They run special schools but they are also working on supporting integrated classes. They are the key referent on inclusion of children who are blind and deaf in education and provide training to public school teachers in sign language and Braille (they are also developing Cambodian sign language with DDP).

**ADD** is supporting DPOs and SHGs working in the provinces to advocate for inclusion of disabilities in schools and improve community awareness.

**HIF** has just completed a 3 year inclusive education project. A new project, awaiting funding, has been developed to run a pilot project to develop good working practice in IE for CWD to produce a model to replicate at national level to support the implementation of the ECWD policy in Battambang province.

**Komar Pikar together with the Rabbit School**: is a local foundation, supports the Rabbit School, a project on integrated classes and is starting to engage in policy level through close links with DAC in Phnom Penh. Supports a day center and aims for vocational training for children with intellectual and multiple impairments.

**DDSP**: is a local organization working on CBR, community level inclusion of people with disabilities and education of children with intellectual impairments in the province of Pursat.

**Deaf Development Programme (supported by MaryKnoll)**: works on adult education, rights and community integration of deaf people, developed sign language based on cultural signs developed in Cambodia, slightly different from Krousar Thmey but in coordination with them.

**Lavalla School**: Special education school with boarding facilities for severely physically people with disabilities. Works closely together with **Yodiffée**, Home for young people with disabilities (with plan to merge). Focusing on enhancing vocational training and access to improved livelihood in disability focused workshops. **YODIFREE** is lead of the DAC committee on livelihoods.

**World Education** in Kampong Cham “Mainstreaming education project” (ESCUP is their previous project), one of its component focuses on access to education for disabled children.

The **catholic church** in Battambang also implements a project, called Arupe, on inclusive education for disabled children.

**New Humanity** Kampong Chhang special school, particularly children with intellectual impairments and complex disabilities.
Conclusion for our project: Gaps and Steps

Analysis summary:

Which Disability model in Education Sector policies, plans and practice?
- While there is a definition used in the ECWD policy, although it seems to be a compromise between the RGC definition and UNCRPD definition of disability, we can assume that it is the social model understanding used for the development of the ECWD policy – allowing for adjusting the education system to the different needs.
- However, data collection in the EMIS is more related to the impairment or functional aspect of CWDs, not to the UNCRPD or challenges experienced by CWDs. So far it does not pay attention to the barriers they experience when accessing or attempting to access education, whether primary, secondary or higher education, equal to other learners without disability.

Signs for Mainstreaming, twin-track and rights based approach?
- The whole policy and plan development is based on a mainstreaming, twin-track and rights based approach. Key aspects of the UNCRPD are visible in the plans.
- The general policies and plans are mainstreaming disabled children into their objective, strategies and plans. However, of concern is the lack of an indicator in the Education Sector Plan, the policy tool linking to the NSDP.
- In addition, there are no specific NSDP indicators (numbers 16-19) developed in relation CWDs.
- The ECWD policy and mentioning of disability as cross-cutting means a twin-track approach is being used, paying attention to the specific barriers experienced by CWDs. However only, if indicators are developed in line with the other plans and programmes will the twin-track approach work for increasing access of CWDs to education.

Barriers in practice to access education:
- Evidence from the progress made during the first Asian and Pacific Decade of Disabled Persons 1993-2002 suggests that less than 10% of children and youth with disabilities have access to any form of education (UNESCAP, 2002). Research and comprehensive data on disability and access to education in Cambodia are few.
- According to statistics of EMIS the total number of children with one or more type of impairments enrolled at public primary schools nationwide was 70,870 during 2006-2007 (about 3% of the total children enrolled at school). However, this data is not a totally reliable estimate as teachers were not adequately trained to identify CWDs (MRTC, 2009).
- The gap in schooling participation associated with disability is estimated to be twice as high as the gap associated with rural residence, wealth and gender (Filmer, 2005 quoted in World Vision, 2007). In a small scale study in Kandal province, the data shows that 43% of people with disabilities are illiterate compared to only 9% of non-disabled people (ADD, 2007).

While we do not know the exact data of CWDs outside school, we can summarize some indicative barriers to equal access to education as identified through small scale qualitative assessments within HIF’s education project in Battambang province (2008), ADD’s “Access to education” small scale survey (2007) and World Vision’s “Including the excluded” research (2007):
1) Lack of coordinated action among government and NGO stakeholders;
2) Lack of data and prevalence rates of children with disabilities;
3) Negative community perception, harbored by parents as well as teacher/ directors of schools, assuming wrongly that CWDs can not benefit from schooling;
4) Lack of trained teachers, able to teach in Braille or Sign language or with techniques geared to inclusive education;
5) Access to education for CWDs is mainly provided in urban areas with strong focus on the capital;
6) Poverty in families, living with CWDs is increasing the absence of CWDs from schools.
Many of these barriers can be overcome by deliberate policy, planning, implementation strategies and allocation of resources to include children and youth with disabilities in all national education initiatives.

**Barriers in policies and plans of accessing education:**

1) SEO is under the Primary Education Department which means that to mainstream disability across the different levels of education is more difficult.

2) The MoEYS is still heavily focused on providing special education through NGOs and is not fully committed to developing IE for CWDs.

3) The FTI agreement previously had 6 key areas, one of which was disabled children, however after MoEYS negotiated with FTI, disabled children were relegated to a sub-initiative;

4) No indicators in the CFS policy, ESP, ESSP and the EFA monitoring the inclusion of CWDs in school to make the objectives and strategies operational.

5) No follow up in public reports on the indicators, given in the existing policies and plans.

6) Resource limitations of MoEYS for allocating more resources.

7) Too many priorities for improvement and too few resources to implement.

8) Disability module of IE not yet mainstreamed in the teacher training.

9) Key research and policy paper on ‘Reaching the unreached’ administered by UNICEF, redirects focus from disability specific action to poverty related action – assuming that the impact will be higher.

10) The Education Law is not clear yet about the possibility for PWD to become teacher. In practice, it is known PWD are prevented from registering to Provincial or Regional Teacher Training Centre.

**Facilitators for policies, plans and programmes based on practice barriers:**

There are some very good opportunities to include children with disabilities into the policies and plans of the education sector more coherently. We should capitalize on:

- Positive momentum created by the Policy on Education for Children with Disabilities (ECWDs) and the small scale experience in inclusive education to date.

- The goal of mainstreaming in the education sector is to make sure disability is mainstreamed throughout MoEYS, to ensure that there are plans on including children with disabilities in all levels of education (through respective departments) and that it is included in all levels of the planning of the ESP and ESSP (new ones due to be reformulated 2009/2010).

- There are numerous NGOs active in the sector, which are cooperating in various networks with links to the TWGs and SWGs on Education as well as in key review processes such as the Education Congress 2009.

- Indicators exist for 100% reaching the enrolment and 0% drop out rate in the given NSDP. To develop accordingly a first set of disability related indicators, parallel or officially recognized.

- MoEYS is focusing on targets to achieve universal basic education (grades 1-9);

- Openness of UNICEF to support the further indicator development, UNICEF being the lead donor currently.

- MoEYS with SEO open to disability inclusion and MoEYS politically committed to reaching education for all.

- World Vision paper (2007): Including the excluded. Clearly focuses on how to better include CWDs into the EFA FTI policy and practice.

- EFA FTI initiative provides RGC with 56 Million US$ over a duration of 2,5 years for enhancing its available resources (until 2008-2010).

- Contact UNICEF and SIDA for inclusion of positive images of CWDs into the media campaign for enrollment, September every year (contact them in JULY)
Possible objectives and steps forward:

1. Focus on developing feasible indicators (in relation to JMIs, plans and NSDP) in collaborative way with related key stakeholders for inclusive education; facilitate workshop including the prioritization on actions and willing contributing stakeholders (given the high amount of stakeholders be clear who target who, who is willing and able to participate, with key role for CDPO);

2. Advocate either for enhanced data collection with regards to CWDs outside and inside school. Explore the link with the WB-OECD project.

3. Analysis of FTI plan for the inclusion of CWDs, in particular indicators and targets set.

4. Focus upcoming research of current project on collecting barriers survey – advocate for similar survey tool to be used by different organizations active in education of CWDs to enlarge the data available on barriers on the ground to set priorities for influencing the implementation of the ECWD policies;

5. Increase the involvement of CDPO in the formulation of policies and monitoring, for the moment mainly service providing organizations involved;

6. Collect good practice on cross impairment practice to support the implementation of ECWD;

7. Participate in all key events and congresses, researches with regards to education to mainstream disability on the agenda with one clearly and shared message;

8. Setup task force for policy influence as subgroup of Disability Mainstreaming Forum for 2009; key year for ESP formulation;

9. If applicable, support initiative to make SEO a department rather than office (reviewing the name) for enhanced mandate also on secondary education and teacher training;

10. Write positioning towards UNICEF, as addition, on why disability focus needs to be considered critical when tackling exclusion of disabled children from school – only poverty related measures will not address the learning needs and barriers experienced by CWDs;

11. Lobby and advocate for specific resource allocation (human, financial, knowledge) over the years for inclusive education, once allocated monitor usage;

12. EFA FTI initiative of the MoEYS should be monitored and include the voices of CDPO and other DPOs (address towards donors and MoEYS).

13. Analyse what are the possible links between special and inclusive education in Cambodia, analyse what could be the roles of the special schools in a context of promotion of inclusive education, lobby and reassure special school staff.

14. Lobby NEP to set up a sub group in 2010 on inclusive education for disabled children

Suggested key tools for lobbying:

1. 1999, Cambodian Constitution, Chapters VI, articles 65, 66, 67 and 68
2. The Education law, articles 31 and 39
3. Existing education sector plans and policies, upgraded by indicators;
4. UNCRPD; article 24
5. UNCRPD on the Rights of the Child; articles 2, 28 and 29
6. 1948, Universal Declaration of Human Rights, article 26
7. 1990, Declaration on Education For All, article 3
8. 1993 - The UN Standard Rules, rule 6
10. 2000, Declaration on Education For All, articles 7 and 8. VIII. Paragraph 33 in Expanded commentary.
11. 2000, Millenium Development Goals
12. 2000, Biwako Millenium Framework,
13. National texts
14. NSDP with regards to JMIs and commitment of RGC to target people with disabilities among the poorest;
15. World Vision 2007:
**Education Sector Key Resources & Tools:**

- Enabling Education Network: [http://eenet.org.uk](http://eenet.org.uk)
- Guidelines for *inclusion*: ensuring access to education for all (UNESCO, 2006).
- Policy on Education for Children with Disabilities & Master Plan (MoEYS)
- Education Strategic Plan 2006-2010 (MoEYS)
- Education Sector Support Plan 2006-2010
- National Plan of Education For All 2003-2015
- Education Law (2007)
- Disability, Legal Obligations and Policy in Cambodia (HIF, 2009) → *In-depth analysis of policies, plans and legislation on education.*

**KEY DOCUMENT:** *Inclusive Education Where there are few resources* By Sue Stubbs, Edited by Ingrid Lewis, Updated and revised version, published by Atlas Alliance, September 2008

Useful resource but much more for teachers: UNESCO Embracing diversity, toolkit for creating inclusive, learning friendly environment, 2004
3.3 **Focus Area: Health Sector**

**Key facts on Health and disability**

Article 25 of the UNCRPD affirms that:

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular States shall:

a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including the area of sexual and population based health programmes;

b) Provide those health services needed by persons with disabilities specifically because for their disabilities, including early identification and interventions as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

c) Provide these health services as close as possible to people's own communities, including in rural areas;

d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;

e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurances is permitted by national law, which shall be provided in a fair and reasonable manner;

f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

As before in view of the signature of the RGC to the UNCRPD we take the article as guidance for analyzing the health sector on how and where is disability included.

There is little data available on the situation regarding access and quality of health services for people with disabilities in Cambodia. The only research done on barriers to health faced by people with disabilities are two small scale researches (see ADD, 2007 and HIB, 2007). Although people with disabilities share barriers to health services that are common to all poorer people, those living in rural and remote communities. In addition people with disabilities can face attitudinal, physical and communication barriers. ADD’s (2007) found that 77% health centre staff knew about the prakas on free health care for PWDs but only 8% of PWDs interviewed said they have received free health care. However, with the current researches it is difficult to pinpoint specifically the problems faced by people with disabilities in difference from other poor people.

A) Inclusion of disability in sector plans and policies

The MOH, in link with the NSDP has just completed the development of the Health Strategic Plan 2008-2013 (HPS2) to operationalize the macro goals of the health sector and the CMDGs 4 (Reduce child mortality), 5 (Improve maternal health) and 6 (Combat HIV, malaria and other diseases).

HSP 2 mentions disability only three times. It is used to define impairments rather than disability. It is mentioned in link with their goals to improve maternal, child and reproductive health, communicable diseases and non-communicable diseases and reducing impairments.

In previous attempts to work with the MOH for the inclusion of disability this mention related to impairments has been used to explain that they have included disability in their plans. The MoSVY included health aspects into their strategic plan, see table.
The Cambodia Demographic and Health Survey and Health Information system is used as evidence for planning, policy review and monitoring and evaluation of targets by the MoH. It is used also for data sharing, management, inclusion of private sector information, as well as tracking budgets and expenditures and expanded training to build HIS capacity.

<table>
<thead>
<tr>
<th>Key policies &amp; plans</th>
<th>Main focus &amp; priorities</th>
<th>Inclusive of disability? How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Strategic Plan (HSP) 2008-2015 (MoH)</td>
<td>To provide equity &amp; the right to Health for All Figure 7: Operational Framework</td>
<td>&gt; Disability is not included. &gt; &gt; Focus: on preventing and responding to impairments (mental health, blindness, deafness, accidents, morbidity through communicable diseases and poor reproductive maternal and child healthcare). &gt; Not considering access to health for PWDs. &gt; Addressing all Cambodians though. &gt; Access: for poor and vulnerable is important but only mentions people in rural &amp; remote areas, women &amp; children, NOT PWDs. &gt; Focus: to develop and extend social safety nets including health equity funds.</td>
</tr>
<tr>
<td>Prakas 135, 2004 (MoH)</td>
<td>Free Health care for all PWDs.</td>
<td>&gt; Yes. Specifically addressing people with disabilities to free health care. &gt; But no monitoring or reporting on implementation</td>
</tr>
<tr>
<td>MoSVY Strategic Plan 2008-2013</td>
<td>Priority 3: Strengthening &amp; expansion of Disabled People’s Welfare Services &amp; Physical Rehabilitation (excerpt with regards to applicability to health sector). - Continue to implement disability policies; encourage the protection and promotion of rights of disabled people; encourage the implementation of convention, treaty for disabled people. - Continue to ensure the sustainability of the rehabilitation sector. - Continue to encourage advocacy; include disabled people’s needs in all level of the development plan.</td>
<td></td>
</tr>
</tbody>
</table>
**Key policies & plans**

<table>
<thead>
<tr>
<th>Main focus &amp; priorities</th>
<th>Inclusive of disability? How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;MoSVY is looking to develop a more sustained collaboration with the Ministry of Health for advocacy on issues relating to persons with disabilities, particularly in terms of the eligibility of persons with disabilities to be included in expansion of Health Equity Funds, the reimbursement of transport costs, and the improvement of medical referrals between hospitals and health centres. In addition, the development of guidelines and data-sets describing local referral services will be explored by MoSVY / PoSVY to improve efficiencies.&quot; (Pg. 13) <strong>Part 2: Emergency and ongoing medical care</strong></td>
<td></td>
</tr>
<tr>
<td>MoSVY and DAC, in collaboration with service providers and MoH, will:</td>
<td></td>
</tr>
<tr>
<td>6. A mechanism to monitor and maximise equitable distribution of and accessibility to health services in both rural and urban areas is established by December 2009</td>
<td></td>
</tr>
<tr>
<td>7.4 Lobby the MoH to prioritize persons with disabilities at health facilities implementing Quality Standard of Health</td>
<td></td>
</tr>
<tr>
<td>7.5 Develop an identity card for persons with disabilities that would help improve health service delivery / efficiency in the communities</td>
<td></td>
</tr>
<tr>
<td>7.6 Implement CBR guidelines in relation to emergency and ongoing medical care MoSVY to review provincial procedures / work plans as part of the CBR project</td>
<td></td>
</tr>
<tr>
<td><strong>Part 4: Physiological support and social reintegration</strong></td>
<td></td>
</tr>
<tr>
<td>1. Psycho-social support mechanisms/services for persons with disabilities at the community level and referral hospitals are increased by at least 20% by December 2011. MoH and MoSVY, in collaboration with MoWA, PoSVY, DoSVY, UNICEF, and service providers will:</td>
<td></td>
</tr>
<tr>
<td>1.4 Integrate health services for persons with disabilities into current 2006-2015 health strategy (MoH MPA and CPA guidelines).</td>
<td></td>
</tr>
<tr>
<td>1.10 Undertake disability-awareness programs in the community.</td>
<td></td>
</tr>
<tr>
<td>1.11 Provide relevant service providers with disability awareness training as needed.</td>
<td></td>
</tr>
<tr>
<td>1.12 Provide mental health services providers with training on disability awareness</td>
<td></td>
</tr>
<tr>
<td>1.13 Provide families of persons with disabilities with information regarding the rights and the needs of persons with disabilities.</td>
<td></td>
</tr>
<tr>
<td>1.17 Establish a mechanism for monitoring and evaluating psycho-social service provision for persons with disabilities through the health sector</td>
<td></td>
</tr>
</tbody>
</table>

One focus of the health sector is on equality of access for the poor and vulnerable although they do not mention PWDs once in this context; despite issuing a prakas on free health care for poor and people with disabilities in 2004.

In the Health Strategic Plan (HSP2) 2008-2015, that has just been completed, MoH mentions specific impairments a few times and it is part of HSP2 Goal 3 as in:
- reducing blindness (there is an indictor),
- reducing deafness (no indicator),
- reduced morbidity from violence and accidents (some indicators for road accidents)
- and reduce rate of mental health (indicator).

There is no mention of PWDs in terms of access to health care although a community participation policy has been developed by MoH and Medicam. In the HSP 2 it is noted that one “demand side challenge” is that “stigma and discrimination leading to limited access for vulnerable population” (Pg. 28). However, there are no actions to address challenges in the strategy and vulnerable groups are not defined.

**Monitoring:**

The MoH intends to monitor progress of HSP2 through annual progress review and mid term review followed by end-cycle evaluation to determine impact of the HSP2 on improved health status. The monitoring framework presented below is a tool for the MoH to evaluate the overall health sector performance on a regular basis to gain information for making policy decisions. MoH aims for all health
partners to use this framework (including a set of agreed indicators) to review progress of their programmes/projects in the health sector.

One of the main focuses of the HSP2 is access to health care for all which includes the following social protection and financing measures:

- “User fees will continue to be an important supplementary source of revenue, with fee exemptions for the poor provided where appropriate. The role of health equity fund (HEF) schemes is to provide access to health services and protect the poor. The role of community based health insurance (CBHI) is to provide a risk-pooling mechanism for informal-sector worker who live above the poverty line. Social health insurance is to provide universal coverage to wage earner employed in the formal sector. The ultimate objective is to bring all payments under a common health insurance umbrella.” (pg. 41).
- HCF strategy 3: Reduce financial barriers at the point of care and develop social health protection mechanisms – by scaling up HEF and CBHI before the development and implementation of universal social health protection (Pg. 42).

The purpose of the indicators framework is to monitor and evaluate health sector performance on outcomes, improve existing health policies and enable assessment of effectiveness of different interventions. The framework consists of 27 core indicators, which will be assessed through Joint Annual Performance Review. For annual operational plan monitoring there are additional 69 indicators for sub-sectoral monitoring.

B) Inclusion of health monitoring indicators in the NSDP

The following indicators were developed for monitoring the progress in the health sector. While none of them is directly in link with PWDs, they are applicable also to PWDs. For instance1, 8, 9, 11, 12, 13 and 14 could be monitored whether there are any special prevalence rates or progresses also experienced by PWDs. None of the indicators however is paying respect to the fact that the poorest of the population should have access to the health services, while this is one of the key target commitments of the RGC.
NSDP Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>7*: Infant Mortality Rate per 1,000 live births</td>
<td>66</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>8*: &gt; 5 years mortality rate</td>
<td>82 66</td>
<td>75 60</td>
<td>65 50</td>
</tr>
<tr>
<td>9*: Maternal Mortality per 100,000 live births</td>
<td>N/A</td>
<td>243</td>
<td>140</td>
</tr>
<tr>
<td>10*: Births attended by skilled health personnel (%)</td>
<td>N/A</td>
<td>70</td>
<td>80</td>
</tr>
<tr>
<td>11*: HIV/AIDS prevalence, % of adults 15-49</td>
<td>1.9</td>
<td>1.9</td>
<td>1.8</td>
</tr>
<tr>
<td>12*: Malaria Cases - fatality %</td>
<td>0.36</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>13*: TB smear positive cases, per 100,000</td>
<td>N/A</td>
<td>214</td>
<td>135</td>
</tr>
<tr>
<td>14*: Married women using modern birth spacing methods (%)</td>
<td>20.1</td>
<td>44</td>
<td>60</td>
</tr>
<tr>
<td>15*: % of health facilities providing RH services</td>
<td>33</td>
<td>45</td>
<td>70</td>
</tr>
</tbody>
</table>

The mid term monitoring report on the NSDP 2008, did not take note of any mentioning of disability in the section section.

C) Institutionalization

The Department for Preventative Medicine within the MOH has the responsibility for disability in line with their focus of prevention of impairment.

In Cambodia, the health and physical rehabilitation sectors have developed separately from the health sector. The MoH is responsible for most health related issues and medical rehabilitation, whilst MoSVY is responsible for physical rehabilitation in cooperation with the 5 INGOs running the 11 primary rehabilitation centres (PRC). The PRCs are generally using MoH facilities but responsibility lies with MoSVY as the line ministry for PWDs. This has meant that PWDs’ concerns and links to physical rehabilitation are not mentioned in the health section of the NSDP or Health Strategic Plan (HSP2). MoSVY has not been developing a sector plan, meaning that physical rehabilitation to date is not part of any sector policy in link with the NSDP.

The main working groups that exist for the health sector are:

**TWG – Health:**

- **Regularity of meeting:** monthly
- **Purpose:** is the working group that oversees the implementation of the NSDP and strategic plan, they meet to approve policies, programme and budgets and to monitor the JMIs.
- **Participants:** It is a big group and limited to mainly MoH (representatives from all the departments) and bilateral donors. However, Medicam has two seats to represent civil society (one is always from Medicam permanent staff and the other is selected annually from Medicam steering committee).
- **Leadership:** It is chaired by MoH (secretary of state) with WHO as the lead donor facilitator.
Health Development Partner Working Group:
Regularity of meetings: every month.
Purpose: Pre discussion before the TWG-Health to agree common voice of bilateral donors/"development partners" in preparation for the TWG-Health meeting.
Participants: Bilateral and UN agencies, UNFPA, UNICEF, WHO, Medicam represents civil society as a member (Dr Sin Somany is permanent member, Sok Svanaran attends when he is not available);
Leadership: ? to be identified

MoH Programme TWGs:
Within the Ministry of Health there are nine national programmes with related technical working groups (eg. TB, reproductive health & maternal child health, HIV/AIDS). Various donors and NGOs are involved in these groups (see stakeholder analysis).

Medicam:
Regularity of meetings: monthly meetings in Phnom Penh. Also Annual General Meeting (AGM) in March each year.
Purpose: To coordinate and represent the voice of civil society and NGOs working in the health sector at policy level and work on sectoral priorities. Medicam are currently working on the right to health access and community participation through the Community Engagement Committee with the MoH both topics offer good opportunities for mainstreaming disability into these concerns. The monthly meetings also invite guest speakers from government and civil society and Medicam members are very welcome to use this forum to raise issue among members (contact Dr Mai Hing, Health info officer: info@medicam-cambodia.org).
Medicam hold an AGM to discuss with members what is the key health issues that they want to advocate from civil society for that year. Generally related to equity in health care system, they invite guest speakers (WHO, WB and some NGOs) to debate the challenges and what should be the next issues to raise. It is an important way to get involved with policy development of MoH because MoH is an active and leading participant and asks for civil society involvement in various health policy development forums.
Medicam writes position papers to the MoH and development partners/donors on certain issues and for each year as an outcome of agreement of focus for the year at the AGM.
Medicam is participant of TWG- Health & TWG- HIV/AIDS and Health Development Partner Working Group.
Participants: Working with civil society (INGOs& NGOs), UN agencies, bilateral donors. Working with MoH to give technical support and represent CSOs for policy change. Few existing links with the disability sector apart from HIB but HIF, CDPO are members and DAC working with them on the steering community.
Leadership: Dr Sin Somany (ED); Dr. Sok Sovannarith (Programme Manager); Keo Kaneka (Advocacy & Information Mgr), HI F entered the steering committee.
<table>
<thead>
<tr>
<th>Name</th>
<th>Participating which structures (leader, participant)</th>
<th>Open to disability /Influence (Low, medium, High)</th>
<th>Existing links to disability or not</th>
<th>Key contact(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MoH</strong></td>
<td>Chair of TWG-Health; Responsible ministry for Health Sector Plan &amp; Health Sector Support Plan, development of JMI</td>
<td>Low/High</td>
<td>Link to MoSVY and 5 INGOs through the provision of facilities for the PRCs. However, little practical collaboration to date. DAC has been working with them on the National Plan of Action (NPA) for PWDs and the national CBR guideline.</td>
<td>Dr. Kim Savuon (chief of Mental Health Office under Dept of Hospita) &amp; Dr. Sann Sary (chief of Hospital Dept) – involved with development of NPA.</td>
</tr>
<tr>
<td><strong>WHO</strong></td>
<td>Lead donor facilitator in TWG-Health; possibly in Health Development Partner Working Group</td>
<td>?/High</td>
<td>Contact from Medicam, no disability organization involvement.</td>
<td>Dr. Paul Weelen &amp; Dr. Michael O'Leary</td>
</tr>
<tr>
<td><strong>UNFPA</strong></td>
<td>Lead donor facilitator for TWG-HIV/AIDS, involved in HSSP, and regular participant TWG-Health &amp; Health Development Partner Working Group</td>
<td>?/High</td>
<td>Contact from Medicam, no disability organization involvement.</td>
<td>Alice Levisay (Working on CSES analysis &amp; NSDP M&amp;E too) &amp; Dr. Sok Sokun,</td>
</tr>
<tr>
<td><strong>WB</strong></td>
<td>Key participant TWG-Health &amp; Health Development Partner Working Group</td>
<td>?/High</td>
<td>Contact from Medicam, no disability organization involvement.</td>
<td>Mr. Toomas Palu</td>
</tr>
<tr>
<td><strong>UNICEF</strong></td>
<td>regular participant TWG-Health &amp; Health Development Partner Working Group</td>
<td>?/High</td>
<td>Contact from Medicam, no disability organization involvement.</td>
<td>Dr. Rasoka Thor</td>
</tr>
<tr>
<td><strong>BTC</strong></td>
<td>regular participant TWG-Health &amp; Health Development Partner Working Group</td>
<td>?/High</td>
<td>Contact from Medicam, no disability organization involvement.</td>
<td>Dr. Dirk Horemans</td>
</tr>
<tr>
<td><strong>Medicam</strong></td>
<td>Participant of TWG- Health &amp; TWG- HIV/AIDS and Health Development Partner Working Group, Official coordination network for the health sector, working on community participation in health services.</td>
<td>Low/Medium/Medium/High</td>
<td>Working with civil society (INGOs&amp; NGOs), UN agencies, bilateral donors. Working with MoH to give technical support and represent CSOs for policy change. No existing links with the disability sector but DAC starting to engage with them.</td>
<td>Dr Sin Somany (ED); Dr. Sok Sovannarith (Programme Manager)</td>
</tr>
<tr>
<td><strong>GTZ</strong></td>
<td>Health Equity Funds with NIS (IDPoor programme)</td>
<td>Low/medium/Medium/High</td>
<td>None</td>
<td>Bernd Schramm, Julian Hansen (Team Leader)</td>
</tr>
<tr>
<td><strong>AusAID</strong></td>
<td>Working on HSSP?</td>
<td>High/High?</td>
<td>Check involvement in Health sector</td>
<td>Belinda Mericourt</td>
</tr>
<tr>
<td><strong>World Vision</strong></td>
<td>Participant in TWG-Health &amp; TWG-HIV/AIDS. Also invited to sector plan review meeting. Medicam member.</td>
<td>High/Low/Medium</td>
<td>Contact by DAC for stakeholder analysis. Already include PWDs in mainstream and specific programmes. Work with DAC, NCDP &amp; CDPO.</td>
<td>Mr. Nhem Vanthorn (Advocacy Coord)</td>
</tr>
<tr>
<td><strong>Health Unlimited</strong></td>
<td>Participant in TWG-Health; Medicam member. Work with MoH on access to health.</td>
<td>Medium/Low/Medium</td>
<td>Contacted by DAC for stakeholder analysis.</td>
<td>Mr. Ou Bros (Deputy Country Director)</td>
</tr>
<tr>
<td>Name</td>
<td>Participating which structures (leader, participant)</td>
<td>Open to disability /Influence (Low, medium, High)</td>
<td>Existing links to disability or not</td>
<td>Key contact(s)</td>
</tr>
<tr>
<td>----------------------</td>
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<td>-----------------------------------------</td>
</tr>
<tr>
<td>Care International</td>
<td>Participant on MoH programme TWGs for Maternal &amp; child health and TB.</td>
<td>Low/Medium</td>
<td>Contacted by HiF for stakeholder analysis – open to disability but not currently working on.</td>
<td>Sharon Wilkinson (Executive Director)</td>
</tr>
</tbody>
</table>

**Physical Rehabilitation & CBR sector**

<table>
<thead>
<tr>
<th>MoSVY</th>
<th>Under the rehabilitation department. MOU Core committee on PRC sustainability.</th>
<th>Ministerial responsibility for disability &amp; rehabilitation. Have MOSVY strategy which includes PWDs.</th>
<th></th>
<th>Lao Veng (Director of Rehab dept)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 INGOs coalition</td>
<td>MOU Core committee on PRC sustainability. CT lead on DAC rehab committee.</td>
<td>Providing rehab services and involved in policy making.</td>
<td></td>
<td>Lao Veng (MoSVY) Lucile Papon (HiF)</td>
</tr>
<tr>
<td>(HiF, HIB, CT, VI, ICRC)</td>
<td></td>
<td></td>
<td></td>
<td>Bruno L’Clerq (HiB) Mary Scott (CT)</td>
</tr>
<tr>
<td>DAC</td>
<td>DAC rehabilitation committee</td>
<td>Three sub-committees: Prosthetics &amp; orthotics, Wheelchair, Physiotherapy</td>
<td></td>
<td>Sambath (DAC) &amp; Mary Scott (CT)</td>
</tr>
</tbody>
</table>

D) Main action by disability organizations

Currently there are no disability oriented organizations that are engaging at policy level with the MoH; HIF and recently DAC and CDPO are now members of Medicam (as yet to be active participants). None are regularly attending or providing input on TWG-Health, TWG-HIV/AIDS or the Health Development Partner Working Group.

In general, disability organizations have focused on disability specific interventions and work with the MoSVY on issues such as:

1. Prevention of impairments (such as HIB on landmines, road safety, young child health);
2. Physical rehabilitation (HiF, HIB, CT, VI, ICRC);
3. CBR - There are 44 organizations in Cambodia who are providing CBR (see NPA-PWD, 2008). DAC is currently focusing its efforts on coordinating the development of community-based rehabilitation (CBR) throughout the country. It has developed CBR guidelines with MoH and is now in the process of roll out, including training MoSVY staff on how to work with SHGs and CBR in 19 provinces.

**DAC** is working with MoH on development and dissemination of the guidelines for CBR, which is rather a broad strategy to improve community care structures than focusing on health. Also a member of Medicam.

**CDPO:** Has been involved with the MOH on the development of a health card for free access to health care. According to the 1st Rights Monitoring Report Draft (2009) they are aiming for issuing this card on a CDPO membership base. Also a member of Medicam.

**HIF:** In September 2008 HiF started a project on HIV/AIDS to promote and ensure access for PWDs to HIV/AIDS services and prevention material, especially deaf and blind women in collaboration with ADD, CDPO and mainstream service providers. The approach chosen is a twin-track, mainstreaming and rights based approach. Also a member of Medicam.
Conclusion for our project: Gaps and Steps

Analysis summary:

Which Disability model in Health Sector policies, plans and practice?
Disability is understood at the same level as impairment. With this the MOH is grounding their work on an individual medically focused understanding of disability, and focusing largely in the HSP2 on the prevention of impairments.

Signs for Mainstreaming, twin-track and rights based approach?
With the given understanding there is no focus on mainstreaming or addressing people with disabilities’ concerns from the angle of rights or as a twin-track approach.

Barriers:
1. Disability understanding based on impairment prevents perspective of accessibility of services offered by the health system.
2. No clear data or research has been carried out with regards to the barriers experienced by people with disabilities in difference to other vulnerable services users; there are indications that services is not provided free of charge, while the reasons are not known.
3. PWDs as service users, in difference to other users are not included in the HIS system.
4. There is no disaggregate data on persons with impairments in terms of access to and quality of care for PWDs.
5. The main challenges anticipated is that disability organisations do have not have any long established links with MoH or other key actors to work on inclusion and are not actively participants in any working groups or forums. Although DAC has been working on CBR guidelines recently with MoH.
6. Disability and people with disabilities are seen as an issue of impairment and prevention of impairments, and it is considered the responsibility of MoSVY only.
7. The current HSP2 has just been finalized, without key inputs by CDPO or other disability focused organizations.
8. No indicators on access of vulnerable people to health care services in the NSDP.

Facilitators:
1. The most vulnerable groups are mentioned as one of the key population groups to target for access to health care services.
2. Medicam are open to enabling disability organisations to raise concerns through their monthly meetings, by attending the AGM, and giving information and contacts on how to influence health sector policy;
3. There is a data system established collecting disaggregated data, which might be open for the inclusion of people with disabilities;
4. The last CSES 2009 was including questions on accessibility of health services for people with impairments, which may allow for future increased knowledge;
5. HIF started to work on inclusion of disability into the HIV/AIDS prevention, first entry points and good practices can be collected following from there;
6. TPO and other mental health related organizations, such as Health Link are open for cooperation in relation to disability; while a key donor and MOH responsible open to mainstreaming disability has yet to be identified;
7. Access to health care is mentioned in the draft National Action plan on persons with disabilities and land mine survivors as well as in the BIWAKO framework.
Possible objectives and steps:

1. To identify specific barriers to access health care services should be key in the upcoming research on gaps in disability data in Cambodia.
2. Identify first good practices, if existing and document those (possibly through the research);
3. Explore use of the National Plan of Action of PWDs and the two MoH staff involved in the production of strategies that MoH has committed to do to mainstream disability in their plans and guidelines.
4. Make further contact to GTZ (HI F and HI Germany linkages, they requested meeting)
5. Foster links between the HSP2 and the Draft National Action Plan for PWDs through lobbying and advocacy.
6. Find and explore whether the Health Sector Support Programme document is available and analyse for disability inclusion and entry points for mainstreaming.
7. Identify entry point for work with the MOH and Medicam on sensitization of the social model of disability, as base for mainstreaming disabled users into their HSP framework;
   - Access to health care, including implementation of the free health care prakas for people with disabilities and training for staff on disability awareness to avoid stigma and discrimination should be mentioned in the HSP2.
8. Pursue strategy to engage more with Medicam particularly on implementation of the Community Participation Policy and for their plans on Equity Funds through HI F being in the steering committee.
9. Review of health monitoring frame work is still under process and may allow for inclusion of some indicators for disability.
   - Build contact with GTZ, WHO and UNFPA on data collection and monitoring framework.
10. Facilitate sensitization on disability to donors and other development stakeholders open for inclusion of disability into the health system.
11. Development of a key set of criteria for monitoring the access to health care services should be developed jointly by key disability organizations.
12. Identify common way for enforcing or having new Prakas on Free Health Care Services for PWDs
13. Lobby for mainstreaming disability relevant data into the HIS system.
14. In terms of accessibility and health care system improvement, development of long- term plan for the disability sector and mainstreaming these plans into all relevant sectors should be stated in the NSDP.
15. Explore links for CDPO to be involved in Rehabilitation sector policy development with 5 INGOs and MoSVY.
16. Explore links to bridge the divide between Physical Rehabilitation & Health sectors especially in provision of Equity Funds for provision of these services.

Suggested key tools for lobbying:

1. UNCRPD article 25 and 26, as signed by the RGC and vision for changing the perception;
2. BIWAKO framework as regional commitment supported by RGC;
3. Good practice identified from other countries;
4. CBR guideline with regards to health related aspects;
5. Relevant articles from the National draft Plan of Action if coming into action, through close linkage established with the MoSVY.
3.4 Focus Area: Livelihoods & Employment

Key facts and overview

As people with disabilities have on average a lower level of formal education, they also have more difficulties in finding employment. With this valuable resource for contributing to the development of Cambodia are not used. A World Bank study estimates the annual loss of GDP globally, due to having so many people with disabilities out of work, at between US$ 1.37 trillion and US$ 1.94 trillion. Even after participating in further education, PWDs may still face discrimination at the hands of employers, their communes where they wish to start IGA and colleagues. Consequently, the levels of unemployment and underemployment of people with disabilities are much higher compared to the rest of the population.

In Cambodia, although the levels of formal employment are not high there are less people with impairments in paid employment (7% compared to 14% reported among non-disabled people - Knowles, 2005 from CSES 2004 data). Even if PWDs have a job, on average they earn less than people without disabilities. CSES data shows on average that persons with impairment earn 65% less money than their non-disabled peers. Poverty rates among PWDs in comparison to the general population show that household wealth is about half of that of non-disabled people. (CSES, 2004) This hints to the fact that the majority of people with impairment face barriers for engaging successfully in income generation.

Most people in Cambodia live in rural areas (almost 80% of the population) and accordingly there are more people with impairments located in rural areas. The biggest concern of most local DPOs and SHGs in Cambodia, as elsewhere, is helping their members make a living.

Article 27 of the UNCRPD states the:

“right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.”

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A) Inclusion of disability in sector plans and policies
There is no overall sector plans for employment and livelihoods as it is also a cross-cutting issue. The Ministry of Labour & Vocational Training (MoLVT) does not have a strategic plan and its vocational training centers that are open to the general population are not extensive. The government also offers no employment placement schemes.

B) Inclusion of employment of PWDs in the NSDP
The NSDP in the Employment Creation and Better Working Conditions section makes commitment to people with disabilities through vocational training, pension schemes for PWDs active in formal employment and a labour database:

4.81 "Establish Technical Vocational Education and training networks to serve both men and women equitably, especially those who are poor, disabled and vulnerable groups, to respond to labour market needs, both short-term and long-term." and "Develop a labour database and statistical system with disaggregated data by gender, disabilities and other relevant social factors."

4.82 "Examine feasible options for creation of pension funds especially for disabled persons and dependents, and insurance for work accidents as stipulated in the Labor Law."

As pointed out in HIF research in 2007, there is no mention of specific actions and strategies towards PWDs. Employment promotion programmes for PWDs remain insufficient if policies and programmes to assure access to education, vocational training, accessibility of schools, workplaces, offices, public buildings and housing are not systematically put in place.

Furthermore, disability or attention to PWDs is not significantly addressed in the Private Sector Development and Job Creation or the rectangular strategy (point 4.70-4.79) and in the Rehabilitation and Construction of Physical Infrastructure (Point 4.55-4.63). Thus, the employment creation and better working for PWDs may remain insufficient without broad accessibility, reasonable accommodation, and non-discrimination policy are not ensured and treated in other sectors.

The Mid-Term Review on the NSDP 2008, did not take note of any mentioning of disability in the section on employment creation.

C) Institutionalization
The Ministry of Agriculture, Fisheries & Forestry (MAFF) has an Agricultural Sector Strategic Development Plan 2006-2010 which promotes livelihoods for rural areas. The MAFF is also sharing the Technical Working Group on Agriculture and Water, which might be an entry point into the NSDP.

However, the MoLVT appears not to have a sector strategic development plan.

ILO used to be involved in the production of best case for fostering livelihood enhancement in the rural areas.
## Main players:

<table>
<thead>
<tr>
<th>Name</th>
<th>Participating which structures (leader, participant)</th>
<th>Open to disability /Influence (Low, medium, High)</th>
<th>Existing links to disability or not</th>
<th>Key contact(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoLVT</td>
<td>No TWG involvement.</td>
<td>?</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>MAFF</td>
<td>Chair TWG-A&amp;W (Agriculture &amp; Water)</td>
<td>?</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>ILO</td>
<td>?</td>
<td>High/Medium</td>
<td>Have disability projects and lead agency on including PWDs in mainstream employment. Provided support on good practices to DAC members &amp; MoSVY.</td>
<td>Mirka Honko (associate expert of disability), Helen Dolling</td>
</tr>
<tr>
<td>ADB</td>
<td>Lead donor facilitator TWG-RWSSH (Rural Water Supply &amp; Sanitation)</td>
<td>Low/Medium</td>
<td>Have done some research on disability in Cambodia but not sure on interest.</td>
<td></td>
</tr>
<tr>
<td>World Vision</td>
<td></td>
<td>High/Medium</td>
<td>Member of DAC. Have Vision Fund (MFI) and project for employment placement with PWDs (small). Project “Bringing hope” – scholarships to ensure higher education and vocational training for disabled young people</td>
<td>Mr. Nhem Vanthorn (Advocacy Coord)</td>
</tr>
<tr>
<td>Care International</td>
<td>Work with ILO to promote HIV/AIDS and working standards employers committees.</td>
<td>Medium</td>
<td>None prior to stakeholder analysis. Suggested some possible links.</td>
<td>Sharon Wilkinson (Country Director)</td>
</tr>
<tr>
<td>Action Aid</td>
<td>Involved in MAFF sectoral plan development</td>
<td>Medium</td>
<td>None previous to contact for stakeholder analysis.</td>
<td>Mr. Cheng Virak (Projct officer)</td>
</tr>
<tr>
<td>NCDP</td>
<td>None.</td>
<td>High</td>
<td>Member of NSDP IC</td>
<td>Mr Yea Veasna (ED)</td>
</tr>
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## Main Legislation:

<table>
<thead>
<tr>
<th>Key references, policies &amp; plans</th>
<th>Inclusive of disability?</th>
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<tbody>
<tr>
<td>Labour Law, 1997</td>
<td>No specific articles related to people with disabilities.</td>
</tr>
<tr>
<td>Common statute of civil servants (NS-RKM-1094-006)</td>
<td>No: It discriminates against persons with disabilities (Number 5 of Article 11).</td>
</tr>
<tr>
<td>Sub-decree on Investments (No.88/ANK/BK)</td>
<td>Yes. It regulates a tax reduction for foreign enterprises based on several factors, including percentage of disabled workers.</td>
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**D) Main action by disability organizations**

**NCDP** is the key agency (semi-governmental) working on advocacy and service provision in order to enhance the employment of people with disabilities. They operate a database and information system of job seekers with disabilities and place about 50 people each year. They set up a Business Advisory Council (BAC) with employers to show them good examples of successful job placements with other organizations. Currently the BAC is rather involved in advocacy then placing people into jobs. NCDP would like to encourage the RGC to introduce incentives for employing PWDs for formal employers.
Numerous other disability focused NGOs provide vocational, employment and income generation opportunities mainly specifically for people with disabilities. Some key organizations are players Jesuit services, **YODIFEE, DDP, HI B & F**.

In addition, some mainstream development organizations such as trade fare, include in their programmes of enhancing middle sized social firms, cooperatives of people with disabilities to increase their marketing and production schemes.

**DAC** operates a committee on livelihood which works on topics such as especially standards for vocational training and exchange of good practice in livelihood enhancement.

### Conclusion for our project: Gaps and Steps

<table>
<thead>
<tr>
<th>Analysis summary:</th>
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<tr>
<td><strong>Which Disability model in related policies, plans and practice?</strong></td>
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<tr>
<td>There is hardly a coherent sector plan. In the NSDP the language is mixed. On one hand provision of rehabilitation and employment and vocational training programmes are favored. On the other hand adjustments to legislation and inclusion of disability into retirement schemes are sought. Both are more social welfare related provisions, hinting to a perception of disability based on the individual model. In addition, the labour law clearly discriminates against the employment of PWDs as civil servants.</td>
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<tr>
<th>Signs for Mainstreaming, twin-track and rights based approach?</th>
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<tr>
<td>Due to lack of policies and plans there is no coherent answer to this question. Clearly the individual actions of disability focused organisations are hinting also to a one sided twin-track approach. It concentrates on addressing people with disabilities only in provision of vocational training, provision of micro-grants outside the MFIs and so forth.</td>
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<tr>
<th>Barriers:</th>
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<tbody>
<tr>
<td>1) No sector plan or clear mention in the NSDP.</td>
</tr>
<tr>
<td>2) No specific TWG – employment is mentioned as an issue in a few JMIs for 2009 but no coherently.</td>
</tr>
<tr>
<td>3) No specific mention in the Rectangular strategy.</td>
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<tr>
<th>Facilitators:</th>
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<tbody>
<tr>
<td>1) Enhancement of livelihoods in the section of rural development of the NSDP is mentioned.</td>
</tr>
<tr>
<td>2) Existing sector plan for rural development.</td>
</tr>
<tr>
<td>3) DAC committee on livelihoods is an active committee.</td>
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<tr>
<th>Possible Objectives and steps:</th>
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<tr>
<td>As there is no overall sectoral coherence, unlike the Education and Health Sectors, we will need to find possible other solutions.</td>
</tr>
<tr>
<td>1) Consultations &amp; make decision on priority areas of livelihoods that we could get involved with are as follows:</td>
</tr>
<tr>
<td>- Vocational training</td>
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<tr>
<td>- Formal employment</td>
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<tr>
<td>- Income generation and micro-credit</td>
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<tr>
<td>- Agriculture sector livelihoods</td>
</tr>
<tr>
<td>2) Sensitize &amp; build alliances with key mainstream actors</td>
</tr>
<tr>
<td>- …working on promoting vocational training, rural livelihoods and employment eg. NGOs and UN agencies.</td>
</tr>
<tr>
<td>o UN agencies: ILO, FAO</td>
</tr>
<tr>
<td>o I/NGOs: World Vision, Action Aid, Care International etc</td>
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- Use examples of best practice and tools for planning inclusion of PWDs
- Providing advice through NCDP on how workplaces can be adapted

It maybe beneficial to sensitize them perhaps through the Disability Mainstreaming Forum or through other targeted initiatives.

3) Promote the National Plan of Action on PWDs (draft MoSVY/CMAA, 2008) through advocacy:
   - Making MoWA vocational training centres accessible for PWDs and their families,
   - Training key employment stakeholders and enforcing on the disability law (relies on the adoption of the law),
   - Access to mainstream micro-finance opportunities to promote inclusion of PWDs in vocational training micro-finance and business opportunities.

4) Lobbying for adoption of legislation:
   As legislation is the key to this issue, promotion of the adoption of the draft law on disability would be very beneficial. There is also a quota system for employment of PWD mentioned in the draft law. Also all forms of discrimination against people with disabilities in employment should be removed from existing laws such as the Statute of Civil Servants. In the long term, to promote capacity development of DPOs to assist in lobbying and advocacy work, as well as in providing advice on how workplaces should be designed.
   1. Adopt the draft disability law
   2. Research into investment quota system for employment of PWDs
   3. Remove discrimination in laws esp. civil service law
   4. Proposes improvements to the legal framework e.g. by giving subsidies to employers who recruit people with disabilities.

5) Target the MoLVT to include PWDs in mainstream vocational training centres through advocacy:
The MoLVT provides opportunities to the general population through 48 vocational training centres. The possibility to work to sensitize and provide technical advice on how to enable PWDs to access their services should be explored.

6) Analyse and target MAFF strategic plan
   The Ministry of Agriculture, Fisheries & Forestry (MAFF) has an Agricultural Sector Strategic Development Plan 2006-2010 which promotes livelihoods for rural areas.
   - Given the time frame for the next sector plan, there is good opportunity for further analysis as a base to design lobby and advocacy to mainstream disability.
   - Develop and agree on key parallel monitoring frame or inclusion of people with disabilities into the sector plan.

7) Promote the use of best practice in inclusion of PWds in the workplace and in livelihoods initiatives
   There are many resources on this such as developed by the ILO and HI. Please see the references for these resources and best practice examples.

Suggested key tools for lobbying:
   1. UNCRPD article 27, as signed by the RGC and vision for changing the perception;
   2. BIWAKO framework as regional commitment supported by RGC;
   3. CBR guideline with regards to livelihood aspects;
   4. Relevant articles from the National draft Plan of Action if coming into action, through close linkage established with the MoSVY.
   5. NSDP with first indications of increased employment for PWDs.
**Employment Sector Key Resources & Tools:**

- **Disability & Poverty Reduction Strategies (ILO, 2002)** → *Very useful introduction and suggestions for what could be included in the NSDP, particularly for employment of people with disabilities.*

- **Good Practices for the Economic Inclusion of People with Disabilities in Developing Countries: Funding Mechanisms for Self-Employment (HI, 2006)** → *Highlights good practices, strategies and tools specifically on micro-credit.*

- **The Employment of People With Disabilities in Cambodia (NCDP, HI, DTW, 2007)**

- **Cambodia Profile: Employment of People with Disabilities (ILO, 2003).**

- **Achieving Equal Employment Opportunities for People with Disabilities through Legislation: Guidelines (ILO, 2004).**

- **Managing Disability in the Workplace: ILO Code of Practice (ILO, 2002).**

- **Review & Gap Analysis on Persons with Disabilities in Cambodia (MRTC, 2009)** – *Information on current research in access to health for PWD and recommendations to MoH on improving data collection.*
References


Thomas, P. (2005): Poverty reduction and development in Cambodia: Enabling disabled people to play a role. DFID Knowledge & Research (KaR) project.


Glossary

Accessibility: An accessible environment allows for free and safe movement, function and access for all, regardless of age, sex or condition. It is a space or a set of services that can be accessed by all, without obstacles, with dignity and with as much autonomy as possible.

Accessibility can be defined on two levels:
1. Accessibility of the physical environment - which includes housing and private buildings, as well as public spaces or buildings. Particularly important is transport to enable people the right to move around and choose their means of transport.
2. Access to information and communication - accessible media, accessible dissemination of information and accessible message; for example, information on HIV/AIDS prevention.

Advocacy is an ongoing process aiming at change of attitudes, actions, policies and laws by influencing people and organisations with power, systems and structures at different levels for the betterment of people affected by the issue.

Affirmative Actions
The term refers to policies that take gender, ethnicity, disability or other marginalized groups or identities into account in an attempt to promote equal opportunity. The focus of such policies ranges from employment and to educational outreach and health programmes. For example an affirmative action by the Royal Government of Cambodia is ratifying the UNCRPD or an affirmative action by companies in to implement a equal opportunities and non-discrimiantion policy on the employment of persons with disabilities. The impetus of affirmative action is to maximize the benefits of diversity in all levels of society, and to redress disadvantages due to overt, institutional, or involuntary discrimination.

Assistive devices: The devices and equipment that assist people with disability, minimizing the impact of the impairment, to lead a more independent life, and take an active part in the community are called assistive devices. Example: Wheelchair, crutches, artificial limbs, hearing aid device, glasses for extreme visual impairments, stick for visual impaired people to orientate themselves in the environment etc.

Cambodian Development Cooperation Forum (CDCF) is the annual high-level consultative discussions forum with government, donors and civil society (NGO-Forum representing). New JMs are developed each year by the TWGs that are presented at this meeting.

Capacity building: The term capacity is defined as the ability of individuals and organizations to perform functions effectively, efficiently and in a sustainable manner. Capacity building and capacity development are often used as synonyms. Capacity development is the process by which individuals, groups, organizations and institutions strengthen their ability to carry out their functions and achieve desired results over time. It is a process of improving the ability of organizations and systems to perform their assigned tasks in an effective efficient and sustainable manner.

Civil Society Organisations are all civic organisations, associations and networks which occupy the "social space" between the family and the state who come together to advocate their common interests through collective action. It includes volunteer and charity groups, parents and teachers associations, senior citizens groups, sports clubs, arts and culture groups, faith-based groups, workers clubs and trade unions, non-profit think-tanks and "issue-based" activist groups (from DFID glossary).

Community –based rehabilitation (CBR)
CBR is defined in a joint statement by ILO, UNESCO AND WHO (1994 and 2004) as a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. CBR is implemented through the combined efforts of people with
disabilities themselves, their families, organizations and communities and the relevant governmental and non-governmental health, education, vocational, social and other services.

**Disability and persons with disabilities**
A disability is any restriction or lack resulting from the interaction between a society (and the people living in it), the person with the impairment and a given impairment. Disability is a state that may be minimized by adapting the environment.

Persons with disabilities include those who have long-term physical (body, speech impairments), mental (resulting from a chronic mental illness), intellectual (e.g. down syndrome, autism) or sensory (visual, hearing) impairments which in interaction with various barriers (see environment) may hinder their full and effective participation in society on an equal basis with others (UNCRPD).

HIF recognises that disability has various definitions in the social and legislative frameworks of different countries but proposes this UNCRPD definition as a universal reference.

**Disabled People's Organisations (DPO):** is an organisation representing people with disabilities, focused on the promotion of their rights. In the majority of cases these organisations have to be mainly composed of and led by people with disabilities. They can also be family based organisations, advocating for the human rights of people with disabilities.

**Discrimination on the basis of disability:** This means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.

**Education of Children with Disabilities:** There are many different terms used when referring to education of children with disabilities. This is because there are different approaches to achieving this.

Handicap International promotes Inclusive Education with a focus on the education of disabled children. Although Inclusive Education is NOT specific to children with disabilities but is an approach to make education available for all children who maybe excluded (see glossary definition on Inclusive education).

Definitions of other approaches to education:
- **Special education** - means disabled children receiving an education in a segregated environment such a special school or centre. Some schools also provide accommodation for children. The majority of special schools in developing countries are managed and run by non-governmental associations and organizations or religious communities; many set up during colonial times.
- **Integrated education** - means disabled children attending mainstream school. The child is accepted into the ordinary school. It often just refers to a geographical process: moving a child physically into a mainstream school. The integrated child will be left to cope within a rigid mainstream system with no support, or will receive individual attention that separates them out from their peers. The school makes minimal attempts to address any specific academic or social needs a child might have and the child must adapt him/her self to the environment. The child has little or no contact with his/her non disabled peers.
- **Special class** – refers to a special classroom which is attached to a mainstream school. The special class is led by a special teacher.
- **Inclusive education** – means that the whole school considers what measures it must take for the school to be accessible to all children (including disabled children). The school evaluates its existing capacities and from the outcome creates an inclusive improvement plan. This will include the planning of resources (infrastructure, human and material) to ensure that all pupils’ learning
support needs are met. This occurs in collaboration with local education authorities, parents, the
excluded children (with disabilities, ethnic minorities, orphans etc) and in-school children and
communities.

**Empowerment** is about people taking control over their lives. It is about people pursuing their own
goals, living according to their own values, developing self-reliance, and being able to make choices
and influence; both individually and collectively - the decisions that affect their lives. Empowerment is a
process, which can be long and complex but the objective is to bring about social change. According to
the UN High Commission on Human Rights “Empowerment is the process, and a goal to give people the
power, capacities, capabilities and access needed to change their own lives, improve their own
communities and influence their own destinies”.

The empowerment of people with disabilities and their representatives needs to be achieved at two
levels:

- **Individual level**: developing one’s autonomy and capacity to have more control over
  one’s life choices.

This implies developing a person’s capacities via access to rehabilitation, social, economic, educative
services, etc. Autonomy implies being able to mobilise individual or existing resources in the person’s
environment. It also means acquiring know-how, developing one’s level of information and
consciousness, particularly with regard to rights, and improving one’s capacity to take decisions. It often
involves building self-esteem. The promotion of peer education, which means support and education by
other people in the same situation, is recognised as being particularly effective in building self-esteem.

- **Collective level**: structuring, strengthening, expertise, legitimacy, networking of people
  with disabilities organisations; being present and speaking out in public forums.

This increases the visibility of people with disabilities by improving their representation and participation
as a group in society. This requires more solidarity and exchange between people with disabilities and
the other stakeholders, particularly institutional ones. Capacity-building is one tool at collective level,
which is necessary but not enough on its own.

**Disability Equity & Equality**: The term equity is about fairness. When used in the context of disability, it
is the process of being fair to people with disabilities and non-disabled people. To ensure fairness,
strategies and measures must often be available to compensate for people with disabilities historical and
social disadvantages that prevent people with disabilities and non-disabled people from otherwise
operating on a level playing field. Equity leads to equality. Disability equality requires equal enjoyment by
people with disabilities and non-disabled people of socially-valued goods, opportunities, resources and
rewards.

Where disability inequality exists, it is generally people with disabilities who are excluded or
disadvantaged in relation to decision-making and access to economic and social resources. Therefore a
critical aspect of promoting disability equality is the empowerment of people with disabilities, with a focus
on identifying and redressing power imbalances and giving people with disabilities more autonomy to
manage their own lives. Disability equality means access to opportunities and life changes is neither
dependent on, nor constrained by, having an impairment. Achieving disability equality requires people
with disabilities empowerment to ensure that decision-making at private and public levels, and access to
resources are no longer weighted in favour of non-disabled people, so that both people with disabilities
and non-disabled people can fully participate as equal partners in productive and reproductive life.
**Gender** refers to the socially determined differences between women and men, such as roles, attitudes,
behaviour and values. Gender roles are learnt and vary across cultures and over time; they are thus
Gender is a relational term that includes both women and men. Gender inequality focuses on changes for both women and men.

**Gender equality and equity:** Depending on each society’s characteristics, men and women are differing in their access to resources, responsibilities, roles and function. Specific roles are assumed for men only and other for women only. However, for the development of a society the equal and equitable participation of women and men is important for the wellbeing of all. Some societies, for instance, are discriminating against girls going to school or having higher education against the wish of the girl. Women and girls are not happy with this situation. Development programmes are trying to support women and men in their equal access to societies’ resources. Also women with disabilities may face less unequal chances in benefiting from development programmes. Thus HI is promoting the following the “Gender equality and equity” approach in disability to assess the basic needs and strategic interests of women and girls with disability, in comparison to their male counterparts. In the gender equality and equity approach, one acknowledges the social differences attributed to men and women and their social roles and “contributions” to society. For instance in our project we would like our work to be gender sensitive. This skill which can be promoted both among men AND women in our team, with or without disability. Often men are more skilled and are more confident to speak up for their own interests. Gender sensitive work means that, recognising this, we should encourage listening to and respecting the voices and wishes of women with disabilities.

**Government-Development Partner Coordination Committee (CDCC)** meets thrice yearly to discuss common issues and the Joint Monitoring Indicators (JMIs) to review progress of the National Strategic Development Plan (NSDP).

**Human rights:** The founding principle of Human Rights is that the dignity of all human beings must be respected. There are no conditions or exceptions to this rule. Achieving this means observing minimum and priority standards beneath which we consider human life to be intolerable and that the person's dignity has been violated (such as respect for a person’s moral and physical integrity, their freedom, their essential needs for food, housing, protection etc). Non-discrimination is also a central principle, and rights must aim to guarantee equal opportunities (HI, 2006).

Human Rights are asserted as being “universal”, yet many people argue that they result from a western vision of society. This criticism is founded, but Human Rights do not aim to introduce a single model; differences are accepted (hence a certain amount of cultural relativism), provided they remain compatible with the common founding principles. The aim is not uniform application, but rather a sharing of the sense of Human Rights, resulting from shared moral values (HI, 2006).

Therefore, even in contexts where the laws in effect do not follow these standards, they can be cited and used as a goal. Furthermore, the texts on Human Rights give an orientation, a target both for improving people’s situations and for integration into the legislative system that applies to the context. As the Dalai Lama XIVe (1989) pointed out:

“It is essentially authoritarian and totalitarian regimes that are opposed to the universality of Human Rights. (...) It is natural and right for nations, peoples and individuals to demand that their rights and freedoms be respected, and to fight to do away with repression, racism, economic exploitation, military occupation and all other forms of colonialism and foreign domination”

**Inclusive development** can be defined as an approach which respects the full human rights of every person, acknowledging diversity, eradicating poverty and ensuring that all people are fully included and can actively participate in development process and activities, regardless of age, gender, disability, state of health, ethnic origin or any other characteristic.

**Inclusive Education:** Inclusive Education refers to an education system which takes into account the learning and educational support needs of all children and young people; street children, girl children,
ethnic minority group children, children from economically poor families, children from nomadic families,
children with HIV/AIDS and disabled children. An inclusive education system aims to ensure that these
children are afforded equal rights and opportunities in education.

Handicap International's (HI) work on Inclusive Education has a focus on the education of disabled
children. Inclusive education is not a static concept and should be based on evolving inclusive practices.
Mainstream and special schools must work together to support the inclusion of disabled children in
education systems. Inclusive education is a component of inclusive development; the end goal being an
inclusive society in which inclusive values and beliefs are nurtured. Inclusive education is not a separate
strategy but a means to achieving Education for All.

**Impairment & different types of impairment:** Impairment is the degree of physical (for instance
amputee), sensory restriction of a structure (for instance nerve system responsible for seeing leads to
blindness) or functioning (an amputation leads to the absence of the capacity to walk on two legs). If
someone with a sensory impairment (blindness of one eye) one can still see with the other eye (or
become a politician like Hun Sen) it does not mean that person is disabled. If someone is blind on both
eyes and does not have the possibility to learn Braille (the language of the blind people to read and
write) or mobility training (in order to orientate one self in the given environment without eyes) the person
becomes extremely disabled – one develops a disability because the social environment is not
accommodating for the impairment. However the disability can be minimized through assistive devices
and trainings in order to function most successfully in the given social and economic environment, no
matter which age and/or gender.

**Intellectual Impairment:**
Intellectual impairment describes the various possibilities of minimized functions or structures of
our thinking and analytical (brain) operations. Despite loss or minimized functions people with
intellectual impairments have numerous capacities to learn skills, participate in social life, look
after them selves and lead a life as independent as possible from others. However, they are more
often than not requiring also adjustments of language, environment to optimize the remaining
functions.

**Mental impairment:**
Events (death of a close family member or friend, experienced extreme violence on oneself or
someone close) or long-term stressing experiences in life (such continuing poverty with little food,
a violent husband or wife) together with biological predispositions can lead our systems to
develop a psychiatric illness, like depression or schizophrenia. Those illnesses can be treated
through psycho-social support (counseling for instance) and/or medical services (therapy or
psychotropic medication).

People can recover fully from mental illnesses. Others may suffer repeatedly episodes of mental
illnesses, so called acute phases – they become chronically ill. In between acute phases most of
the time, the person can fulfill his/her duties and participate in the social events in the family and
community like any other person. However, in many societies people discriminate against people
with chronic mental illnesses, through verbal abuse, discrimination in employment, to name a
few just like against people with physical, sensory or intellectual impairments.

Some psychiatric illnesses are depression, schizophrenia or psychosis. Psychiatrists or medical
doctors, trained in psychiatry, can diagnose those illnesses. Social services, best community
based, can support the healing process of the individual and the families in coping with the
illness.

**Physical impairments** affect the ability to move or coordinate the movement of the body. They
can be musculoskeletal (involving the joints, limbs and associated muscles) and/or neurological
(involving the central nervous system i.e. brain, spinal cord or peripheral nerves). However, conditions which affect the senses of vision and hearing are not classified as physical impairments.

Physical activity and mobility may be impaired by a number of permanent or intermittent conditions such as amputations, spinal cord injury, cerebral palsy, arthritis and muscular dystrophy. However, for people who have cerebral palsy (CP), those who have suffered a stroke or have MS, speech, vision and intellectual capacity (for people with CP) may also be affected. People with these conditions are often referred to in a general way as people with multiple or complex impairments.

Movement may be impaired by muscle spasms, numbness or pain, and as a result, writing and the manipulation of equipment may be difficult. However, there are many technologies and assistive devices that can aid people with physical impairments. Also, to enhance mobility, some people use wheelchairs whilst others will walk with the aid of callipers, crutches or walking sticks. There are many ways for society to adapt for people with physical impairments, such as by adapting the physical environment to be more accessible through ramps, lifts, handrails and by making transport physically accessible.

**Sensory impairments** are limited or absent body functions regarding our senses. The major ones are:

- **Hearing impairment**: people who are deaf (no capacity on both ears) or they have reduced hearing (either through use of only one ear or hearing is limited in one or both ears). Deaf people can overcome this minimized function by learning sign language and/or lip reading. By learning a new communication skill they can learn as any other person, however to access education the system needs to be changed so that teachers learn sign language and adapt their teaching style to be inclusive of deaf children. Depending on the severity of the hearing impairment, some people can also use hearing aids (assistive devices) to improve their capacity to hear sounds.

- **Visual impairments (also called “seeing impairment”):** This is functional limitation of the eyes (blindness, colour blindness, extremely reduced sight). Visually impaired people can minimize the impairment through access to assistive devices such as glasses, artificial lenses. When both eyes are affected the person can learn Braille, the written language to read and write with the fingers and other senses, and blind people or those with reduced vision can learn to be mobile and independent through peer training, making environments easier for orientation, using technology such as audio devices that use a computerized voice to read electronic documents.

**Joint Monitoring Indicators**: The indicators that are developed annually to work on a specific issue by the Technical Working Groups (see description below) to achieve the targets set out in the National Strategic Development Plan (NSDP) (see description below).

**Millennium Development Goals**: are a set of eight international development goals for 2015, adopted by the international community in the UN Millennium Declaration in September 2000, and endorsed by IMF, World Bank and OECD.

**Monitoring**: Monitoring is a process that measures progress and quality of success in the implementation of a given project as per plan. Monitoring results in adjustment of planning, methods and activities is done to achieve the goals, targets, objectives on the basis of analyzing, collecting, measuring, storing and utilizing available data and information regarding the results of our projects.

**National Strategic Development Plan**: The National Strategic Development Plan (NSDP) is the overarching document which guides the development and poverty reduction agenda for Cambodia. The
purpose of the NSDP is to combine several plans and targets, especially the “Rectangular strategy”, the population policy and the Millennium Development Goals (MDGs) (see description). To get more effective and coordinated responses to poverty and development between the different structures and actors. It is designed with guidance in particular from the World Bank. What is called NSDP in Cambodia is in many other countries called PRSP – Poverty Reduction Strategy Papers (PRSP) (see description).

**Participatory development:** Participatory development is a process involving people in diagnosing their situation and problems, planning and deciding courses of action, implementing agreed upon tasks, monitoring, evaluation and sharing the benefits as well as responsibilities of the joint action.

**Reasonable accommodation:** Reasonable accommodation means necessary and appropriate modification and adjustments of the environment (for instance accessible language and wheelchairs, as well as accessible schools) where needed in a particular case, to ensure persons with disabilities the enjoyment or exercise on an equal basis with others in the social and economic environment (inclusive of the enjoyment of all fundamental freedoms and human rights).

**Self-help groups:** The formation of self-help groups has become in some countries the dominant tool for community development and poverty reduction. ‘Self-help group’ is the generic term for a group of people who come together for a common purpose. In many cases this is to save money through a group savings scheme. Saving. But the most important function of a group is that it brings people together for a common purpose, strengthens social relations, and makes the phrase ‘community development’ a reality.

In Cambodia, there are also Self-help Groups of people with disabilities. Depending on the aim of the group they can serve different purposes, such as for instance: to work towards full social participation, enhance the equal opportunities, and/or exchange positive experiences on how to improve the quality of life in a given village for people with disabilities and their families.

**Small and medium enterprises:** Small and medium enterprises engage more than one person and constitute the principle source of income for those engaged in them. (The word ‘microenterprise’ is sometimes used, but for practical purposes there is no real difference between small and micro-enterprises.) These enterprises may involve an entire family or a group of families, and may have employees. ‘Modern’ (ie. non-traditional) technologies may be used. Their services and products range from simple to complex and are sometimes sold to markets beyond the immediate community. They usually require good technical and management skills. They are often in the informal economy, but may occupy a borderline area between the formal and informal economies; for example, they may make components in informal, home-based systems which are sold to large factories in the formal economy. Here are examples of activities that could be classed as small and medium enterprises in production: metal working, carpentry, tailoring, rug weaving, home-based garment making, making satchels and rucksacks, cement block making, growing mushrooms. Examples of providing a service at the level of a small or medium enterprise: bicyclerepairs, TV and radio repairs, photocopying and faxing, cooked food stall, flour mill, computer and internet services. Examples of trading: small general shop, buying and selling second hand goods.

**Social Exclusion** is the experience of certain groups who suffer discrimination on the basis of their social identity and are excluded from economic, social or political opportunities as a result. This discrimination may operate at the level of state policy, institutional bias, social practices or historic neglect (Chambers, 2005).

**Social Inclusion:** People with different capacities can enjoy the same rights and equal opportunities in all different spheres of social life regardless of their impairments. For instance: disabled children (regardless of which impairment, depending only on their capacity to learn) are going to primary, secondary and higher education such as other children. People with disabilities are invited and consulted in all decisions regarding their life in their villages and families. For instance, they are present in every
day movies, can become politicians, teachers, doctors, monks and are considered as worthy to become any profession they want, depending on their capacity to fulfill the job profile.

**Technical Working Groups (TWGs)** are the operational forums to agree, coordinate and monitor targets for the NSDP at sectoral level. They were developed to establish the participatory process of NSDP. They have clear guidelines for their functioning.

**Vulnerability:** Degree to which people, property, resources, systems, and cultural, economic, environmental, and social activity is susceptible to harm, degradation, or destruction on being exposed to hostile agent or factor.