

LANDMINE VICTIM ASSISTANCE  
IN INTEGRATED MINE ACTION  
IN  
CAMBODIA

FINAL REPORT

by  
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DECEMBER 2005



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## INTRODUCTION

AUSTRACARE, CARE Australia and World Vision Australia have proven track records in implementing integrated mine action programs in Cambodia. The ultimate aim of mine action programs is to facilitate a lasting improvement in the daily lives of people living in mine-affected communities. To comprehensively realize this aim, it has been recognized that more attention should be given to addressing the particular needs of survivors of landmine and unexploded ordnance (UXO) incidents within target communities.

Victim assistance is a core component of mine action and an obligation of States Parties under the Mine Ban Treaty. Article 6.3 of the Treaty stipulates that “Each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims...” The Mine Ban Treaty’s Standing Committee on Victim Assistance and Socio-Economic Reintegration promotes a comprehensive integrated approach to victim assistance that rests on a three-tiered definition of a landmine victim. This means that a “mine victim” includes directly affected individuals, their families, and mine-affected communities. Victim assistance is viewed as a wide range of activities that benefit individuals, families and communities.<sup>1</sup>

The added attention given to the rights and needs of mine survivors through the Mine Ban Treaty has in effect raised awareness of the rights and needs of all persons with disabilities. This focus has seen the building of infrastructure and capacities to address some of the needs of people with physical disabilities, regardless of the cause, in many mine-affected countries. However, the empowerment of people with disabilities, through greater equality of rights and opportunities, is likely to be greater when services are provided through existing health, education, labour and social structures in the community. Consequently, an improvement in the daily life of people with a disability cannot be separated from the sustainable development of their community as a whole.

Inclusion of people with disabilities is a widely accepted component in rights-based approaches to development. However, to ensure equality of rights and opportunities for people with disabilities in the target communities a twin-track approach to disability and development programming is essential: addressing inequalities between disabled and non-disabled persons in all strategic areas of the work; and supporting specific initiatives to enhance the empowerment of people with disabilities.<sup>2</sup> These two approaches – targeted services where necessary and integration wherever possible – should be an integral component of all integrated mine action programs.

The Final Report of the First Review Conference of the Mine Ban Treaty<sup>3</sup> provides a clear framework on which to develop a victim assistance component for future programs. Two statements are particularly relevant:

- “...the call to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner.”<sup>4</sup>
- “...providing adequate assistance to landmine survivors must be seen in a broader context of development and underdevelopment....ensuring that a real difference

<sup>1</sup> In the context of this report, the terms “survivor” and “survivor assistance” are also used. “Survivor” is used when referring to the individual that survives a landmine explosion. “Survivor assistance” refers to activities aimed at this individual, rather than the family, or community, as a whole. “Casualty” is sometimes used to refer to the individual directly impacted by a landmine explosion, whether killed or injured.

<sup>2</sup> Department for International Development (DfID), “Disability, Poverty and Development,” United Kingdom, February 2000, p. 11.

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

<sup>4</sup> Ibid, p. 27.

can be made may require addressing broader development concerns. It is now widely recognized that victim assistance should be integrated into development plans and strategies....”<sup>5</sup>

The 1999 “Bad Honnef Framework” also provides guidelines for the integration of victim assistance in mine action programs.<sup>6</sup> The framework is based on three principles:

- Participation – all programs require the appropriate involvement of those affected, at all levels and from the beginning;
- Coherence – programs should be embedded between straight emergency relief measures and long-term development programs;
- Solidarity – programs should encourage independence and not promote new dependencies.

The most basic “Bad Honnef” principle is that “the needs and aspirations of people affected by mines are the starting point for mine action programmes.”<sup>7</sup> The framework also includes guidelines for emergency first aid, physical rehabilitation, socio-economic, cultural and psychological rehabilitation, and encourages the allocation of funds to the different categories of mine action, including victim assistance.<sup>8</sup>

The United Nations Standard Rules for Persons with Disabilities,<sup>9</sup> adopted by the UN General Assembly in December 1993, also imply a strong moral and political commitment to take the necessary actions to ensure that people with disabilities enjoy the same rights and opportunities as other members of their communities. The rules cover areas such as preconditions for equal participation (awareness-raising, medical care, rehabilitation and support services), and target areas for equal participation (accessibility, education, employment, income maintenance and social security, family life and personal integrity, culture, recreation and sports, and religion).

Landmine survivors and other people with disabilities are often the poorest and most vulnerable, in their communities.<sup>10</sup> They can face discrimination and misunderstanding from their families and communities; the very people upon which they depend. People with disabilities are often not regarded as, nor have the opportunities or confidence to become, fully contributing members of their community. Women and children are among the most vulnerable. Women with disabilities are likely to be poorer, less healthy and more socially isolated than their male counterparts. The curious nature of a child and a lack of education can often lead to children suffering from a landmine/UXO explosion. Children are also especially susceptible to exploitation, abuse and neglect when they suffer from a disability. Health workers often receive little or no training on disability issues and teachers lack knowledge on how to work with children with disabilities. Furthermore, in many countries with low levels of development, government legislation to protect the rights of people with disabilities is often lacking or non-existent.

Landmine survivors and other people with disabilities will continue to be socially and economically marginalised unless policy and programs recognize their rights and address their specific needs. Without this, people with disabilities will not achieve equitable treatment in the social life of their communities or the development process.

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<sup>5</sup> Ibid, p. 28.

<sup>6</sup> German Initiative to Ban Landmines, “Mine Action Programmes from a development-oriented point of view (The Bad Honnef Framework),” June 1999.

<sup>7</sup> Ibid, p. 5.

<sup>8</sup> Ibid, pp. 6-7, 10. See Annex 1 for more details.

<sup>9</sup> United Nations General Assembly, document A/RES/48/96, 20 December 1993.

<sup>10</sup> In the context of this report, the terms “disabled” and “people with disabilities” are used primarily to refer to people with **physical** disabilities, including landmine survivors. Issues facing people with other forms of disability are beyond the scope of this research.

## PURPOSE AND SCOPE OF THE RESEARCH

The purpose of the research is to inform the IMA thematic group on the situation of landmine/UXO survivors and the families of those killed or injured, and other people with disabilities in mine-affected communities; the strengths and weaknesses of current policies and programs, including targeted and integrated approaches; and recommend approaches for enhancing the quality of life of this group within their communities. The research involved:

- **Review of existing data and policy** including analysing information on the prevalence and locality of landmine survivors and other persons with disabilities in Cambodia; the issues and problems faced in their daily lives; relevant legislation affecting this group; current programs that address their needs, with specific reference to targeted and integrated approaches;
- **Stakeholder consultations** including meetings with key stakeholders working in this field to understand the situation of landmine survivors what is being done to respond to this;
- **Field visits** in Banteay Meanchey, Battambang, Krong Pailin and Siem Reap in order to consult with program staff, community members including landmine survivors, the families of those killed or injured, and other persons with disabilities, other locally based NGOs, and health centres providing support to the target group.

The key questions addressed during the course of the research and the field visits included:

- Is any baseline data available on the number of landmine survivors (or people with disabilities) in the target area (provincial/ district or other level)?
- What are the needs of people with disabilities in the target area?
- What is the community perception of persons with disabilities?
- Who is working with persons with disabilities in the target area? What are they doing?
- What health provision is available to mine victims and persons with disabilities in terms of a system of referral and transport, physiotherapy, prosthetics, counselling? Is there a mobile team that does home visits?

### Limitations of the research:

The field research in Cambodia coincided with the unavailability of some key information providers, and other demands on the time of the IMA partners including a visit by Australia's Special Representative for Mine Action, and the final stages of work by the project design teams. As a result it was not possible to visit all the proposed project areas, or obtain detailed information on current IMA projects and plans. The majority of information used for this report was provided by operators in Banteay Meanchey province. Nevertheless, the needs of mine survivors in rural Cambodia are comparable in different mine-affected provinces so the information obtained from the communities visited is equally relevant, although possibly to varying degrees, to the proposed target areas.

Within the scope of the field research, and from the information available from the IMA partners, it was not possible to assess whether the practice of integrating persons with disabilities into existing development programming was adequately meeting the needs of this group.

The information that follows is not exhaustive due to the short time available for the field visits, and the constraints noted above.<sup>11</sup> However, it should be sufficient to ensure the

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<sup>11</sup> Sources of information include interviews and documentation provided by individuals and organizations listed in Annex 2, the International Campaign to Ban Landmines' *Landmine Monitor Report 2005*, and observations during field visits.

inclusion of actions to benefit mine survivors and other persons with disabilities in the design and implementation of an integrated mine action program.

## SITUATION ANALYSIS

In 2004, World Vision undertook an extensive study on issues and challenges facing persons with disabilities in Cambodia.<sup>12</sup> The study found that there was no widely accepted statistic on the number of people with a disability in the country. While landmines continue to be the cause of a significant number of disabilities with 46,357 mine/UXO survivors (including 9,850 amputees) recorded to June 2005,<sup>13</sup> road accidents and illness are currently responsible for the greatest incidence of new disability in Cambodia. Nevertheless, within the framework of the Mine Treaty, States Parties have an obligation to provide support to mine/UXO survivors. Such support has the potential to benefit all persons with physical disabilities, regardless of the cause.

### Baseline data:<sup>14</sup>

The most comprehensive data available on landmine/UXO survivors is provided by the Cambodia Mine/UXO Victim Information System (CMVIS). An external evaluation of CMVIS, conducted in 2002, reported that the system is “unique in the world in terms of coverage and detail.”<sup>15</sup> However, it is possible that not all casualties are reported due to lack of access to medical facilities, the isolation of some villages, and legal issues relating to tampering. It should also be noted that available statistics provide details of the location of casualties at the time of the mine incident and not the current location of mine survivors, or the families of those killed. Population movements may have impacted on the reliability of the data for program planning purposes. Many mine-affected areas are also areas of good farmland which attract migrant workers from other parts of the province or other provinces. Therefore, it is likely that some of the mine survivors recorded in the three provinces are now resident elsewhere.

For the period from 1979 to December 2003, CMVIS recorded 8,278 mine/UXO casualties (2,158 people killed and 6,120 injured) in Banteay Meanchey province; 1,228 required an amputation. From January 2004 to November 2005, another 267 new casualties were recorded. Mine casualties have directly impacted on 1.2 percent of the total population of 703,356 people in the province; almost one percent of the population are people disabled by landmines/UXO.<sup>16</sup>

In Battambang province, 14,104 mine/UXO casualties were recorded (3,636 people killed and 10,468 injured) between 1979 and the end of 2003; 2,391 people required an amputation. From January 2004 to November 2005, another 491 new casualties were recorded. Mine casualties have directly impacted on 1.5 percent of the total population of 949,614 people in the province; about 1.1 percent of the population are people disabled by landmines/UXO.

In Krong Pailin province, 1,017 mine/UXO casualties were recorded between 1979 and the end of 2003; 148 people were killed and 869 injured, including 484 amputees. From

<sup>12</sup> World Vision, “Disability Research 2004: Abridged Report,” World Vision Cambodia, 2004.

<sup>13</sup> *Landmine Monitor Report 2005*, p. 225.

<sup>14</sup> Unless otherwise stated, data were taken from email to Landmine Monitor (Sheree Bailey) from Chhiv Lim, Project Manager, CMVIS, 25 September 2004, and CMVIS, Monthly Mine/UXO Victim Information Report: November 2005.

<sup>15</sup> Steven Mellor, “External Evaluation of the CMVIS Database, Data-entry and reporting systems,” Evaluation conducted on behalf of HI and the Cambodian Red Cross, September 2002, p. 1. The database is constantly updated as information on new casualties and casualties occurring in prior years are identified.

<sup>16</sup> Population statistics for the three provinces provided by Denise Coghlan, Landmine Monitor Researcher, in the final draft of the Cambodia report for the *Landmine Monitor Report 2004*.

January 2004 to November 2005, another 199 new casualties were recorded. Mine casualties have directly impacted on 4.3 percent of the total population of 28,571 people in the province; at least 3 percent of the population are people disabled by landmines/UXO.

For the period January 2004 to November 2005, Battambang, Banteay Meanchey and Krong Pailin ranked as the top three most mine-affected provinces in Cambodia, accounting for 56 percent of new mine/UXO casualties.

More specific information from a February 2003 survey conducted by the Department of Social Affairs, Labour and Youth in Banteay Meanchey province, provided by the Cambodian War Amputees Rehabilitation Society, indicates a total of 4,344 mine/UXO survivors – 3,226 men and 1,118 women – in eight districts.<sup>17</sup> The following information refers specifically to AUSTCARE's proposed program areas:

Svey Chek District: Svey Chek commune – 61 mine survivors (49 men and 12 women).

Thma Puok District: Kouk Romiet commune – 137 mine survivors (120 men and 17 women); Banteay Chhmar commune – 75 mine survivors (64 men and 11 women).

No information was found on the number of people with disabilities from other causes in the target areas. However, at commune level, the commune second deputy has responsibility for social affairs including disability. To varying degrees, second deputies are collecting data on people with disabilities in their commune, although they have had no training in this. Some schools also compile statistics on children with disabilities attending school. It was not possible to meet with commune second deputies or education officials in the target areas. These would be useful avenues for future research.

### **Needs of people with disabilities in target areas:**

Mine survivors and other people with disabilities have the same rights, and often the same basic needs, as other members of their communities including access to health care, food, water, education, training and income generating activities, and legal representation. For people with disabilities living in rural communities, their daily life is made more difficult due to poor access to health and rehabilitation services, poor food security and isolation.

In the target districts, extreme poverty is widespread and all members of the community stand to benefit from an integrated mine action program that addresses developmental issues such as food security and access to water. However, when a family member has a disability or is involved in a mine explosion the situation can become even more insecure due to the extra demands on the resources of the family for health care, medicines, and rehabilitation.

Furthermore, women and children suffer from a mine explosion, whether they are directly injured or their spouse or parent is a mine casualty. Special attention is needed to ensure that women and girls with a disability have equal access to services. Women are often the primary care-giver, or become the principal income earner or head of the household if their partner is killed or injured in a landmine explosion. For the child of a mine casualty, the impact on the economic situation of the family often results in children losing the opportunity to gain an education, and forcing a child to look for employment to support the family.<sup>18</sup> In some cases, a mine explosion can lead to the break up of families as children are sent to live with relatives when their immediate family is no longer able to provide for them.<sup>19</sup>

<sup>17</sup> Information provided during interview by Landmine Monitor (Sheree Bailey) with Dr. David G. Aston, Executive Director, and Sam Oeurn Pok, Managing Director, CWARS, Phnom Penh, 23 March 2005.

<sup>18</sup> UNICEF, "Impact of Landmines on Children in the East Asia and Pacific Region," East Asia and Pacific Regional Office, UNICEF, September 2003, pp. 10-11; available at [www.unicef.org/emerg/regional\\_assessment\\_final.pdf](http://www.unicef.org/emerg/regional_assessment_final.pdf)

<sup>19</sup> "Action for Victim Assistance: Cambodia 2003," Disability Action Council, Cambodia, September 2003, p. 8.

The cost of hospital services is often beyond the limited means of the mine casualty and their family. In Banteay Meanchey province, for example, the cost of surgery at Mongkol Borei Referral Hospital for a mine injury is 3,600 Baht (approx. US\$88), and transport to the hospital from the site of the mine accident can cost between \$7 and \$25, or more.<sup>20</sup> Transport costs are increased because the casualty is often accompanied by a carer, usually the spouse. Spouses frequently have to shuttle back and forth between the hospital and the home to take care of other domestic duties and to care for children, incurring additional transport costs. In addition, there are charges for staying in hospital – sometimes for several weeks or months. Families often sell land or other family assets such as livestock, or borrow money, often at high interest rates, to cover the costs of emergency medical care. If the injured person was the main provider, the family is not only faced with the loss of the food or income that he/she provided, but the added burden of debt.

The means of ensuring food and an income to support the family during the rehabilitation phase or the fitting of artificial limbs is also an issue. Rehabilitation centres that service the provinces of Banteay Meanchey, Battambang and Krong Pailin reimburse the cost of transport from the commune to the rehabilitation centre. Many survivors reportedly struggle to raise the money to cover their travel costs even though these are reimbursed later. However, the reimbursement is often not sufficient to cover the total costs of getting from the village to the commune to the rehabilitation centre and back. The cost of travel from Thma Puok to the ICRC Rehabilitation Centre in Battambang is 300 Baht (about US\$7); others reported \$35 for the same journey.<sup>21</sup> In addition, the amputee may be away for three weeks or more during the fitting period, placing an extra burden on the family if he/she was the main provider. It would appear that many mine survivors need replacement prostheses but cannot raise the money for travel to a rehabilitation centre, even though they know this will be reimbursed. It could also be that survivors place a low priority on replacing their old prosthesis in relation to other more urgent needs of the family.

A similar situation applies if a mine survivor or other person with a disability participates in a vocational training program. Depending on the length of the training, the family will have to find alternate means of support for food and income if the person participating in the training was the main provider.

No information was available on any specific needs assessments conducted in the target areas. However, Handicap International's Capacity Building of People with Disability in the Community program (CABDIC) is known to carry out 'community assessments' of their target areas in the provinces of Banteay Meanchey and Siem Reap before entering a new community. This involves meetings with local authorities and interviews with individuals with a disability.

The World Vision disability study in 2004 found that people with disabilities in Cambodia have numerous specific needs that are not being met or are only partially being met. These needs include lack of access to clean water, healthcare, housing, education, training, psychosocial support, specialist services, and markets.<sup>22</sup>

Data collected by Jesuit Service Cambodia (JS) as part of its outreach program in 1999 and 2000 in the provinces of Battambang, Oddar Meanchey, Banteay Meanchey, Siem Reap, and areas surrounding Kampong Speu revealed that of 1,663 survivors interviewed: 71 percent did not have adequate housing; seven percent had no house at all; 45 percent had to

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<sup>20</sup> Mongkol Borei Referral Hospital, "Comparison of new fees to current fees: May 2005," and "Tariff: Ambulance Service;" information provided in interview with Meas Yim, Program Manager, Cambodian Family Development Services, Sisophon, 18 October 2005.

<sup>21</sup> AUSTCARE interview with mine survivor in Kdop Thmar Village, Kok Romiet Commune, Thma Puok District, Banteay Meanchey province, 6 August 2005.

<sup>22</sup> World Vision, "Disability Research 2004: Abridged Report," World Vision Cambodia, 2004.

travel more than five minutes to get water for drinking and washing; 89 percent reported food insecurity; 32 percent had no land for housing or cultivation; 28 percent received a government pension; 50 percent had a “job” (including rice farming); and the children of at least 46 percent did not go to school.<sup>23</sup>

Other needs assessments outside the target area, albeit on a smaller scale, have been conducted by Disability Development Services Pursat (DDSP). In 2003, the situation of people with disabilities, including mine survivors, in three villages was surveyed using participatory rural appraisal (PRA) methods, for example, problem ranking, wealth ranking, scoring, Venn diagrams, etc. The survey found that about 75 percent of people with a disability did not have their basic needs met (food security, access to clean drinking water, health and adequate shelter). Wealth ranking exercises suggested a higher level of poverty among households with a disabled person. Villagers ranked 66 percent of all households, and 72 percent of households with a disabled person, as poor or very poor.<sup>24</sup>

As a result of the JS survey, mine survivors developed a 12-point plan to address their needs and priorities which could provide a useful framework for developing an integrated mine action/victim assistance program:

1. The villager has a house that shelters the family from the weather.
2. Villagers have enough food.
3. Villagers have access to water for drinking and cleaning.
4. Children have access to school and adults to learning opportunities.
5. The family has access to primary health services.
6. Survivors have access to income generating possibilities for family expenses.
7. There are no mines left in the housing, farming and recreational areas of the village.
8. Villagers deprived of land due to war and mines receive title to available demined or other land.
9. Disabled survivors have access to prosthetics, wheelchairs, hearing aids, counselling services.
10. Roads to market, with bridges and water control systems, are available to the village.
11. Villagers participate in common projects, social and cultural events, and in decisions that affect their lives.
12. Villagers discuss and solve issues affecting them (mine risk, aids, drugs, trafficking, land).<sup>25</sup>

### **Community perception of persons with disabilities:**

Researching community perceptions towards people with disabilities is extremely difficult because of the complexity and the sensitivity of the issue, especially in small tightly-knit communities. However, there is reportedly widespread discrimination against persons with disabilities in Cambodia due in part to the widely held Buddhist belief in karma, which explains disability as a result of bad actions in a previous life. This belief combined with a lack of understanding regarding disability issues contribute to discrimination against persons with disabilities.<sup>26</sup>

<sup>23</sup> *Landmine Monitor Report 2004*, p. 271.

<sup>24</sup> Information provided by Steve Harknett, Advisor, DDSP.

<sup>25</sup> See [www.jrscambodia.org/proj\\_12pp.html](http://www.jrscambodia.org/proj_12pp.html)

<sup>26</sup> Disability Action Council-Secretariat, Country Profile: Study on Persons with Disabilities (Cambodia), February 2001, pp. 14-15; see also Disability Action Council, “Problems Faced by PWD in Cambodia,” available at [www.dac.org.kh/pwd-cambodia/problems.htm](http://www.dac.org.kh/pwd-cambodia/problems.htm)

In addition, discriminatory legislation preventing persons with disabilities from entering certain types of employment exists in Cambodia. For example, the employment conditions for teachers in public pre- and primary education, as laid out in the Council of Ministers' Decisions number 1356/1995, 223/1997, 872/1997, 835/1998 and 39/1999 and implemented by the Ministry of Education, Youth and Sports, stipulate that "recruitment must be made among candidates ...who have clear biodata, good health and are free of disabilities ..."<sup>27</sup>

Discrimination combined with extreme poverty leads to exclusion at all levels of education, employment, health, and community life.

However, at the village level it would appear that there is not a lot of discrimination against people with a disability. In some villages, the village chief is a person with a disability. Anecdotal evidence suggests that there is a strong sense of support in the village community when a person first suffers a misfortune. Support is sometimes in the form of food, money to meet immediate needs, or assistance with agricultural activities or housing. However, given that many of the villagers are also poor this support is often not on-going.

In a study in Pursat by DDSF, community members did not appear to hold generalised views about people with disabilities. Villagers made statements like "disabled people are liked if they have good character and look after their families," "disabled people are treated equally in the village if they work and feed their family," and disabled people can get married "if they have capacity." The Pursat study also found, in a sample of six villages, that some people with a disability are in positions of leadership and influence at village level, for example as village chief or vice village chief. While no larger scale study has been done, it suggests low levels of discrimination at community level, as people with disabilities participate in the decisions that affect their daily lives.<sup>28</sup>

## **ANALYSIS OF EXISTING PROGRAMS AND POLICIES**

### **Programs and policies at the national level:**

At the First Review Conference, Cambodia was identified as one of 24 States Parties with significant numbers of mine survivors and with "the greatest responsibility to act, but also the greatest needs and expectations for assistance" in providing adequate services for the care, rehabilitation and reintegration of survivors. This means that Cambodia will be a focus of attention by the Mine Ban Treaty's Standing Committee on Victim Assistance and Socio-Economic Reintegration during the period 2005-2009. Cambodia is being encouraged to prepare a plan of action to meet the aims of the Nairobi Action Plan in relation to mine victim assistance.<sup>29</sup>

Several Government ministries and their line departments provide social welfare support either directly or indirectly to the general population, including people with disabilities. These include the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY formerly MoSALVY), the Ministry of Health, the Ministry of Education, and the Ministry of Rural Development.

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<sup>27</sup> P Leang and M Sinoeun, "Strategic Plan and Action Plan for a Pilot Program for Enhancing Employment and Self-Employment Opportunities and Services for Persons with disabilities in Rural Cambodia," DAC/ILO, December 1999, p. 5, in Cambodia Country Profile, "Employment of People with Disabilities: The Impact of Legislation (Asia and the Pacific)," prepared by the ILO InFocus Programme on Skills, Knowledge and Employability in the framework of a project funded by Development Cooperation Ireland (DCI), March 2003; and interview with Ouk Sisovann, Executive Director, DAC, 10 April 2002, in "Employment of People with Disabilities: The Impact of Legislation (Asia and the Pacific)."

<sup>28</sup> Information provided by Steve Harknett, Advisor, DDSF.

<sup>29</sup> See Annex 3.

MoSVY is responsible for assistance to vulnerable people including orphans, street children, street families, widows, elderly, disaster victims, and people with disabilities. MoSVY through the Department of Rehabilitation has responsibility for the physical rehabilitation sector in Cambodia. In its Strategic Paper (2002-2005), the Department's role was to develop a National Rehabilitation Plan, provide guidelines and regulate the development of rehabilitation programs in cooperation with the Disability Action Council (DAC), other relevant ministries, organizations and donors involved in the sector. However, there is reportedly still a need for a clearer national strategy and to address the issue of long term funding of physical rehabilitation services. An evaluation of the physical rehabilitation sector is planned for 2006.<sup>30</sup>

Under a new 5-year National Strategy for the period 2006-2010, MoSVY will create a department called "Accidents, Injuries and Disabilities" which is intended to coordinate activities for all persons with disabilities, regardless of the cause of disability. It is not clear what impact, if any, this will have on the rehabilitation sector.

The Disability Action Council is a semi-autonomous national coordinating body on disability and rehabilitation. The main role of DAC is to facilitate and advise the government on the formulation of policies affecting the rights, needs and well-being of people with disabilities and to coordinate the development of a national plan of action. The Governing Board includes three representatives each from the Ministry of Health and MoSVY, one from the Cambodian Mine Action Authority (CMAA), two local NGO representatives (Association of Blind Cambodians and Cambodian Disabled Independent Living), two international NGO representatives (Handicap International and Cambodia Trust), and a representative from the business sector (TOTAL). The DAC has various technical committees including three sub-committees: Physical Rehabilitation Committee; Community Work with Disabled Committee; and Vocational Training/Job Placement/Income Generation Committee.<sup>31</sup>

The Cambodian Mine Action Authority is responsible for the coordination and monitoring of mine victim assistance; however, the Victim Assistance department of CMAA's Secretariat General lacks human resources and experience in disability issues. CMAA has delegated responsibility for victim assistance to MoSVY and the DAC. The Victim Assistance Department has developed a strategic plan for 2005 to 2009 which includes the coordination of mine victim assistance provided by national institutions, and local and international NGOs; however, it reportedly has no budget to implement the strategy.<sup>32</sup>

Currently there is no specific legislation protecting the rights and needs of persons with disabilities in Cambodia even though a law was drafted in 2000 by the Cambodia Disabled People's Organization. In 2004, MoSVY established a working group to redraft the Law on the Rights of Persons with Disabilities. In January 2005, the DAC sent a new revised "Draft Legislation on Rights of People with Disabilities" to MoSVY for further consideration and action. It was subsequently officially submitted to the Council of Ministers for consideration. The draft law consists of 13 chapters and 68 articles. Chapters include Quality of Life; Physical and Mental Rehabilitation, Health, and Prevention; Education; and Employment and Vocational Training. Article 1 states that "the purpose of this law is to strengthen and protect the rights and interests of people with disabilities, and to abolish all forms of discrimination, and to guarantee their full and equal participation in all activities in society as non disabled people." The draft legislation also includes a provision for the establishment of a People with Disabilities' Fund to implement programs, and increase the welfare of people with disabilities. Under Article 9, the Royal Government of Cambodia

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<sup>30</sup> Information provided by Bruno LeClercq, Country Director, Handicap International Belgium.

<sup>31</sup> For more information see [www.dac.org.kh](http://www.dac.org.kh)

<sup>32</sup> Interview by Landmine Monitor (Sheree Bailey) with Kuon Pheng, Director, Victim Assistance Department, CMAA, Phnom Penh, 22 March 2005. For more details see Annex 4.

would be committed to provide an annual budget to support people with disabilities, including people “who meet serious accident.”<sup>33</sup> As of December 2005, the draft law was still with the Council of Ministers.

**Programs and policies at the provincial/district/commune level:**

Each government ministry has provincial offices, and larger provinces and cities have district offices. As the majority of people with disabilities live in rural areas, accessibility to services is severely hampered by a lack of infrastructure. At the community level, activities are mostly implemented by national and international NGOs, due to the limited resources of the government to implement services for vulnerable groups more generally. However, NGOs are working in cooperation/collaboration with the relevant ministries and officials at the provincial, district and commune level to implement programs.

**NGOs/Organizations working with persons with disabilities in the target areas:**

Only a few non government services providers were identified that specifically work with persons with disabilities, or assist mine casualties, in Battambang, Banteay Meanchey, and Krong Pailin provinces. It is not known if all the programs are available in the specific target areas. At least two NGOs assisting mine survivors in the target areas appear to have ceased activities in the last few years – Children Affected by Mines (CAMI) and Catholic Office for Emergency Relief and Refugees (COERR).<sup>34</sup>

Service providers identified in the target areas include: Cambodian Family Development Service (CFDS), Cambodian National Volleyball League (Disabled), Cambodian Organization for Assistance to Family and Widow (CAAFW), Cambodian War Amputees Rehabilitation Society (CWARS), Capacity Building of People with Disability in the Community Organization (CABDICO), Emergency, Handicap International (HI), Handicap International Belgium (HIB), International Committee of the Red Cross (ICRC), Jesuit Service Cambodia (JS), Khmer Buddhist Association (KBA), Trauma Care Foundation (TCF), and VirakPheap Komar Pailin (VKP).<sup>35</sup> The Cambodian Red Cross and Operation Enfants de Mekong (OEM) also provide assistance to mine survivors, or the families of those killed and injured, within their broader programs.

ORGANIZATION	AREA OF OPERATIONS	TYPE OF ACTIVITY
Cambodian Family Development Service (CFDS)	Banteay Meanchey and Battambang (and other provinces)	Support to health services including an equity fund to assist vulnerable families with health needs.
Cambodian National Volleyball League (Disabled)	Battambang and Pailin (and other provinces)	Sports for people with disabilities including a volleyball league program and wheelchair racing targeted at women with a disability.

<sup>33</sup> “Draft Legislation on Rights of People with Disabilities,” unofficial English translation provided by Ngy San, Program Manager, Disability Action Council.

<sup>34</sup> Interviews with Ruth Bottomley, Norwegian People’s Aid, Sisophon, 17 March 2005, and Heng Chamroeun, Director, Department of Social Affairs, Veterans and Youth Rehabilitation, Sisophon, 18 March 2005. It was not possible to make contact with either of these organizations but it is believed that funding was an issue in the closure of both programs.

<sup>35</sup> For more details on activities of organizations see Annex 5.

Cambodian Organization for Assistance to Family and Widow (CAAFW)	Thma Puok district in Banteay Meanchey province.	Training and support for income generation activities, and equity fund for health needs.
Cambodian War Amputees Rehabilitation Society (CWARS)	Banteay Meanchey and 3 other provinces	Vocational training programs for mine survivors and other persons with disabilities.
Capacity Building of People with Disability in the Community Organization (CABDICO)	Banteay Meanchey and Siem Reap provinces	Main focus on children with disabilities and their families, including through capacity building, self-help groups, socio-economic reintegration, and raising community awareness of the rights of people with disabilities.
Emergency	Battambang	Surgical hospital
Handicap International (HI)	Battambang province	Support to the regional Spinal Cord Injury Centre, and a community development program in the districts of Samlot and Rotanak Mondol.
Handicap International Belgium (HIB)	Siem Reap	Physical rehabilitation centre and orthopaedic workshop, together with community-based rehabilitation program for people after their visit to the centre.
International Committee of the Red Cross (ICRC)	Battambang and surrounding provinces	Physical rehabilitation centre and orthopaedic workshop, and mobile workshops.
Jesuit Service Cambodia (JS)	Banteay Meanchey, Oddar Meanchey and Siem Reap	Outreach program for persons with disabilities, wheelchair production, and vocational training school in Kandal.
Khmer Buddhist Association (KBA)	Four districts in two provinces (Banteay Meanchey and Oddar Meanchey)	Assists access to services, vocational training, and small grants to start businesses.
Trauma Care Foundation (TCF)	Battambang and Banteay Meanchey provinces	Emergency response training and physical rehabilitation program.
VirakPheap Komar Pailin (VKP)	Pailin	Self-help groups and income generation support.

Although not operating in the target areas, the activities of the local NGO, Disability Development Services Pursat (DDSP) present a good example of meeting the needs of mine survivors and other persons with disabilities, while at the same time addressing longer term development goals in the target communities. DDSP provides physical rehabilitation services, including physiotherapy, wheelchairs and other assistive devices, and referral to

other services, in six villages in remote parts of Pursat province. DDSP also provides psychosocial support, facilitates access to education for children and vocational training, and raises awareness on disability issues. DDSP has recently commenced a new project entitled “Promoting access to water and sanitation in mine-affected communities in Pursat Province”. The project is being implemented in collaboration with Development Technology Workshop (DTW) and aims to help mine survivors and other persons with disabilities increase their access to appropriate water and sanitation facilities. The project will develop appropriate technologies for people with disabilities such as water-carrying equipment and accessible latrines and wells. The main implementers of the project will be people with disabilities themselves who will manage Water and Sanitation Committees. The project will promote the participation of people with disabilities in community life and activities will also benefit the whole community through improved access to water and sanitation.<sup>36</sup>

### **Other health services available to mine casualties and other persons with disabilities:**

Provinces in Cambodia are served by a network of health posts, health centres, referral hospitals and provincial hospitals.<sup>37</sup> Health posts and health centres have trained health workers but no doctor.<sup>38</sup>

Banteay Meanchey province has a network of 51 health centres, three referral hospitals, and a provincial hospital. In the target communes in Banteay Meanchey, the average travel time to reach the nearest health centre is more than 30 minutes. In Thma Puok, Healthnet International supports the local health committee.

The Mongkol Borei Referral Hospital is the main government-run facility available to treat mine casualties in Banteay Meanchey province, receiving about 8 new mine/UXO casualties each month. The average stay in hospital for mine/UXO casualties is about 45 days. The 260-bed hospital is often overcrowded due to an increasing number of road traffic accidents. Services provided include surgery and physiotherapy for in-patients. The hospital has 3 physiotherapists but needs more. There are only four ambulances servicing the entire province of Banteay Meanchey.<sup>39</sup>

Trauma Care Foundation has recently re-equipped the surgical facilities at the referral hospital in Thma Puok.

Battambang province has one health post, 74 health centres and four referral hospitals. The best equipped hospital for treating mine casualties is the NGO-run Emergency Hospital in Battambang, which provides services free-of-charge.

Krong Pailin province has one health post, three health centres and one referral hospital.

There appears to be a gap in the provision of physiotherapy services after the survivor has been discharged from hospital or after returning home from the rehabilitation centre; although some assistance is provided through mobile outreach teams. For many mine amputees there is often a long period of time between the assistance received immediately after the mine explosion and the time of their first visit to the rehabilitation centre. For survivors with other types of injuries there may be no opportunities for physical rehabilitation after they return to their homes. Furthermore, if physical therapy is not adequate at the hospital level, then overall rehabilitation can be adversely affected. Physiotherapy during the rehabilitation phase includes strengthening exercises, prosthetic training, gait training, functional rehabilitation, balance training, and care of the amputated limb and prosthesis. Physiotherapy, if done properly, will dramatically shorten the amount of time required for

<sup>36</sup> Information provided by Steve Harknett, Advisor, DDSP.

<sup>37</sup> Statistics taken from “Administrative Health Facility Mapping,” available at [www.nis.gov.kh/others/ahfm.htm](http://www.nis.gov.kh/others/ahfm.htm)

<sup>38</sup> Interview with Provincial Director, Department of Health, Sisophon, 18 March 2005.

<sup>39</sup> Interview with Or Kanal, Chief Administrator, Mongkol Borei Hospital, 17 March 2005.

rehabilitation. If the survivor can maintain their function and strength with no contractures then prosthetic fitting and training will be a lot quicker.<sup>40</sup>

There is also a need for more activities providing psychological support. Psychosocial support includes activities that assist mine survivors, and the families of those killed or injured, to overcome the psychological trauma of a landmine explosion and to promote their social well-being. These activities include community-based self-help groups,<sup>41</sup> associations for persons with disabilities, sporting and related activities, and professional counselling. Appropriate psychosocial support has the potential to make a significant difference in the lives of mine/UXO survivors and other persons with disabilities as it can provide the support and encouragement necessary to adjust to their situation. Psychosocial support is mainly available through the activities of NGOs and mobile outreach teams, often in the form of peer support from other survivors.

## **CURRENT PROGRAM APPROACHES OF IMA PARTNERS:**

### **AUSTCARE:**

AUSTCARE has implemented integrated mine action programs in Oddar Meanchey and Preah Vihear provinces. Activities include access to clean water; adult literacy classes; Farmer Field Schools and follow on activities; maintenance of roads and bridges; mine clearance; provision of basic and emergency medical support during demining operations; mine risk education; capacity building; and support to the Mine Action Planning Unit.

One of the objectives of the program is to improve the socio-economic conditions of communities affected by landmines. Mine survivors and other persons with disabilities benefited from the activities along with other members of the target communities. In all projects, AUSTCARE prioritizes vulnerable groups for participation in and benefit from activities. Targeted participants generally include female-headed households, people with disabilities, returnees, the poorest and the most vulnerable. AUSTCARE takes an integrated approach to the inclusion of people with a disability in the program and ensures that where possible, they are included.

The proposed new program in the districts of Svey Chek and Thma Puok in Banteay Meanchey province will address issues such as food security, access to water, agricultural productivity, land availability, skills for income generation, and support to commune councils.

### **CARE AUSTRALIA:<sup>42</sup>**

The primary goal of CARE's Integrated Demining Development Project (IDDP) is poverty reduction through enabling villagers to attain and maintain sustainable livelihoods. The program focuses on the most vulnerable households in the community, including female-headed households, widows, persons with disabilities, the elderly, and families with many children. Over 2,700 families in 22 villages, in the provinces of Pailin and Battambang, are benefiting from the program, including 96 people with a disability in 2005. CARE's project assists members of the community, in activities such as agriculture, roads, bridges, wells for water, and some income generating assistance after mine clearance activities. In addition, two

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<sup>40</sup> For more information on basic physiotherapy techniques that can be applied at the village level see Liz Hobbs, Sue McDonough and Ann O'Callaghan, "Life after Injury: A rehabilitation manual for the injured and their helpers," which was funded by AusAID.

<sup>41</sup> Self-help groups are generally made up of at 3-5 people (families), including those with a disability, who come together to share their experiences and common problems, and to develop activities to promote their economic independence and empowerment.

<sup>42</sup> Email from So Corita, Manager, IDDP, CARE, 29 December 2005; Report on CARE Integrated Demining and Development Project (IDDP) prepared by John Levinson.

Village Health Volunteers from each village are trained to respond to medical emergencies, such as those associated with landmine accidents. Emphasis is also given to the inclusion of female-headed and vulnerable families in the post-clearance land distribution process. CARE coordinates activities with government agencies, international organizations, and NGOs to effectively implement the project. CARE implements the guidelines of the Bad Honnef Framework in its mine action programming. It was not possible to visit the program during the field research.

CARE will continue to work in Pailin over the next five years.<sup>43</sup>

#### **WORLD VISION AUSTRALIA:<sup>44</sup>**

World Vision operated the Vocational Rehabilitation for Disabled Project in Battambang Province and Pailin. World Vision created a farm centre in each district to provide affected families with livestock loans. The project lent animals to families who then repaid the loans in kind with the offspring of the livestock. Beneficiaries reported an improved standard of living, improved self-esteem and personal well-being, and greater engagement in the social life and governance of their local communities.

The program at the vocational training centre in Battambang ended in June 2005. Expectations that the program would be taken over by MoSVY were not realized and continued donor funding was dependent on a financial contribution from the government. The centre was training 160 men with disabilities each year in engine, radio and TV/CD repairs and welding skills. The program provided counselling, medical services, and literacy training; assistive devices were also provided in cooperation with the ICRC. Food relief was provided to the families of the poorest students.

The Vocational Rehabilitation Extension Unit supported the small businesses set up by graduates of the training program, including with the provision of tool kits for running their own workshops, loans for expansion, and job placements. The Vocational Rehabilitation Agriculture Unit provided training in agricultural skills and animal husbandry to women with a disability and vulnerable families who could not attend the training centre in Battambang. Beneficiaries also received cash or animal loans.

In June 2005, a new 3-year project, Economic Opportunity for the Poor, commenced in Samlot and Pailin. The project will establish livelihood groups, comprising persons with disabilities, widows, and other vulnerable people, in target villages. Households with similar livelihood interests will be brought together to share knowledge and support each other in their work. Activities will be mostly agriculture based including home gardens, fish ponds, and chicken and pig-raising.

World Vision's new integrated mine action program will focus on agriculture, mobile vocational training (trainers visiting beneficiaries in their village), access to clean water, and improved livelihoods in Rotanak Mondol, Pailin and Samlot.<sup>45</sup>

#### **CONCLUSIONS:**

Mine/UXO survivors are often the poorest of the poor in remote communities where people suffer from the obstacles of poverty, including lack of access to housing, water, food, an income, or health and rehabilitation services. The impact of a mine explosion, or other emergency, usually results in families getting poorer and poorer as they are forced to sell assets to cover the costs of treatment.

People with disabilities themselves are the key to identifying needs, developing proposals, and implementing programs to meet the needs of mine/UXO survivors. Victim

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<sup>43</sup> Brian Agland, Country Director, CARE, at meeting with IMA partners, Phnom Penh, 28 October 2005.

<sup>44</sup> Information provided by Chum Rithy, Project Manager, World Vision, Battambang, 25 October 2005.

<sup>45</sup> Vibol Chab, Country Director, World Vision, at meeting with IMA partners, Phnom Penh, 28 October 2005.

assistance programs should be designed to meet the needs of the target community, and in collaboration with the relevant authorities at the local, provincial and national level. To understand the particular needs, priorities, and the actual situation of people with disabilities in the target communities will require their involvement, and visiting individual affected families.

The clear framework provided by the Final Report of the First Review Conference of the Mine Ban Treaty is useful for the development of a victim assistance component for integrated mine action programs. Activities “...to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner;” and, “...victim assistance should be integrated into development plans and strategies...”<sup>46</sup>

Disability should be integrated into general development policies on issues such as health, education and labour. At the same time, there should also be specific disability policies which include empowering persons with disabilities through strengthening organizations of disabled people, and ensuring access to appropriate rehabilitation facilities and aids. It is also essential that the integration of disability issues be supported by appropriate levels of funding, for example through earmarking a certain percentage of the mine action budget to disability issues.

Sustainability is the key to making a real difference in the daily lives of people with disabilities living in mine-affected communities. To ensure sustainability and to avoid unnecessary segregation of survivors or the families of those killed, assistance should be viewed as part of general development planning for their community as a whole. However, at the same time, there should also be specific activities targeted at landmine survivors and other people with disabilities including ensuring access to appropriate rehabilitation facilities and aids, and opportunities for socio-economic integration. These two aspects – targeted services where obviously necessary and integration wherever possible – constitute the *twin track* approach to disability and should be an integral component of any integrated mine action program.

Furthermore, three factors are essential for long-term sustainability of activities assisting mine survivors and other people with disabilities: community ownership; adequate funding; and the assumption of responsibility for services by the government at the national, provincial, district and community-level.

## **RECOMMENDATIONS:<sup>47</sup>**

### **Project design:**

1. Prioritize consultation with persons with disabilities in the design and implementation of programs.
2. Undertake a more in-depth needs assessment including more focus at the community level for mine survivors and other persons with disabilities in the target areas. People with disabilities, as beneficiaries of the project, should be actively involved in planning and conducting the assessment. This needs assessment would:
  - collate existing needs assessments of persons with disabilities carried out in the target areas by other programs, for example, by CABDICO and Jesuit Service

<sup>46</sup> “Final Report of the First Review Conference of the States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction, Nairobi, 29 November – 3 December 2004,” APLC/CONF/2004/5, 9 February 2005, pp. 26-33.

<sup>47</sup> It should be noted that some of the recommendations are already being implemented, to some extent, in the current programs of the IMA partners. For more recommendations see also Annex 6 – NORAD “Checklist for programme planning (from identification and justification to programme document)”.

- conduct Participatory Rural Appraisal (PRA)<sup>48</sup> activities to allow people with disabilities at community level to express their own needs and priorities. At the same time, this would enable people with a disability to build their capacity in problem identification and analysis. The PRAs should also identify and evaluate sources of information on disability in the community, for example, village chiefs, commune councils and schools.
  - study the level of involvement of people with disabilities in community leadership, for example, at village and commune level, and commune councils' knowledge and practice regarding disability issues.
  - study the policy and practice on disability of non-disability specific NGOs (both local and international) in the target area, to assess the current degree of disability integration in programming.
3. Establish links with existing service providers, including government agencies, to develop a comprehensive referral service for mine survivors to facilitate access to healthcare, rehabilitation and socio-economic reintegration programs. Alternative models of service delivery could be examined to improve access.<sup>49</sup>
  4. Ensure that a specific amount of available funding for an integrated mine action program is allocated to meet the needs of mine survivors and other people with disabilities in the target communities, and create a mechanism to provide detailed reporting on the use of these funds.
  5. Allocate funding for emergency support, as part of program activities, to assist mine victims and their families in the immediate aftermath of a mine accident to reduce the financial impact on the family. Funds could cover the costs of transportation to hospital, surgery, hospitalization, and food security for the family during hospitalization. The experience of other NGOs with established equity funds to assist vulnerable groups, including persons with disabilities, could be sought for guidance.

**Project implementation:**

6. Establish a mechanism, for example through the recruitment of a Disability Officer, to ensure that mine survivors, other people with a disability, and the spouse and children of mine survivors, enjoy equal access to education and training offered in the integrated mine action program and if necessary ensure that persons with disabilities are provided with the necessary skills to make them eligible for programs; for example literacy training. Special attention should also be given to the special needs of women and girls.
7. Develop a pilot project, in collaboration with an experienced disability-focused NGO, in the three IMA program areas to undertake outreach activities to support mine survivors and other people with a disability in target communities. The nature of these activities would depend on the outcomes of the needs assessment, but could include assisting access to health and rehabilitation services, psychosocial support, socio-economic reintegration activities and the establishment of self-help groups. The criteria for inclusion in a self-help group could be expanded to allow access by other vulnerable

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<sup>48</sup> PRA is also known PLA (Participatory Learning and Action) which is a more expanded form of PRA and relates to participatory and qualitative research.

<sup>49</sup> For example, the urban location of vocational training centres is often a barrier to access. An alternative is the Success Case Replication (SCR) Programme in Siem Reap and Pursat, supported by the ILO/MoSVY, whereby people with a disability can receive vocational training near to their homes by local skilled people.

people in the community to avoid stigmatization but clear emphasis should be on those sharing common experiences/problems.<sup>50</sup>

8. Establish links with agencies specialising in first aid to facilitate training at the village level to respond to mine incidents and other traumatic injuries.
9. Improve existing mechanisms for facilitating transport to hospitals, rehabilitation centres and other services.

**Advocacy:**

10. Work closely with commune councils to ensure that people with disabilities are properly represented in all decisions that affect them. Encourage the active participation of people with disabilities in the commune councils, for example, in the election process, and by building up the capacity of commune second deputies to understand disability issues and to reach out to people with a disability.
11. Work with non-disability specific socio-economic projects, for example, vocational training centres, agricultural training programs, micro-credit programs, cooperatives, etc to promote the inclusion of people with disabilities in their activities. This could be through disability awareness-training, lobbying for inclusion of people with disabilities and improving physical accessibility.
12. Support awareness-raising and capacity building activities to promote the empowerment of persons with disabilities.
13. Donors should be made aware of the changing nature of disability in Cambodia, for example from road traffic accidents, and while continuing to meet their obligations under the Mine Ban Treaty, allow greater flexibility in the use of funding to address the needs of all persons with disabilities, regardless of the cause.

**Monitoring, Evaluation, Impact:**

14. Ensure that a mechanism is in place to measure and report on the impact of the program, based on specific objectives and strategies, in improving the quality of life of persons with disabilities in the target communities. For example, indicators<sup>51</sup> could include:
  - Number/proportion of people with disabilities in the target community.
  - Number/proportion of people with disabilities included in the program.
  - Number/proportion of women with disabilities included in the program.
  - Number/proportion of children with disabilities included in the program.
  - Average income of people with disabilities in the project compared to average income of others in the project.
  - Number/proportion of people with disabilities accessing various components of the program.
  - Number/proportion of people with disabilities in decision-making village committees.

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<sup>50</sup> Jesuit Service has expressed an interest in expanding their activities to all the target areas for the pilot project. CABDICO is also interested in discussing the possibility of expanding their activities in Banteay Meanchey.

<sup>51</sup> NORAD, "The Inclusion of Disability in Norwegian Development Co-Operation: Planning and monitoring for the inclusion of disability issues in mainstream development activities," Oslo, January 2002, p. 23.

**ANNEX 1 – Extract from “Mine Action Programmes from a development-oriented point of view (The Bad Honnef Framework)”<sup>52</sup>**

**PARTICIPATION AND CO-OPERATION** – Integrated mine action programmes based on community participation.....

**Emergency first aid and physical rehabilitation**

11. Access to prompt medical attention and the availability of surgical care is imperative. Local paramedics and physicians should be trained to competently provide emergency first aid, ambulance care and longer-term treatment to victims of mine explosions.

12. Prostheses and wheelchairs or other aids for the victims must be provided through the development of local production capacities. The highest possible quality standards, adapted to local circumstances, should be reached.

13. Physiotherapeutic and other rehabilitative measures should be carried out with an emphasis on the training of local specialists.

14. In order to guarantee continued success of the medical measures, the affected communities should be supported in their efforts to provide medical support and follow-up care for people with disabilities.

**Socio-economic, cultural and psychological rehabilitation**

15. Personal suffering and rupture of the social fabric must be countered by

a) offering appropriate accompaniment, educational and vocational training and/or other income generating possibilities for economic reintegration;

b) providing psycho-social care for the disabled and their kin (with the care tailored to the cultural traditions), helping to generate community capacities in this regard;

c) supporting healing cultural activities (such as sports, cinema, theatre, dance, newspaper, etc), as the realm of social integration, with a balanced participation of disabled and non-disabled;

d) supporting local organisations and particularly the efforts of the affected people to organise themselves

16. Mine action programmes must address peace-building, reconciliation and needs of mine affected communities. This means for example to guarantee access to education and justice systems as well as creation of citizen security. Access to water, rural credit schemes, village roads, provision of primary health care should also be ensured, in order to sustain livelihoods.

17. Efforts at psychosocial rehabilitation should be accompanied by basic and further training of local monitors (social workers, health workers, teachers, and other community monitors).

18. Mine victims and landless people must be given priority in the allocation of demined land.

**Standards for the allocation of funds**

40. Funding allocation decisions must be based on the needs and aspirations of mine victims and their communities.

42. Donors should be fully transparent about the funds allocated to mine action. The purpose of the grants should be specifically designated in different categories: these should include ....mine victim assistance.

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<sup>52</sup> German Initiative to Ban Landmines, “Mine Action Programmes from a development-oriented point of view (The Bad Honnef Framework),” June 1999, pp. 6-7,10.

**ANNEX 2 – Meetings and Consultations Held**

<b>Date</b>	<b>Meeting/consultation</b>
13 October 2005	Alan Beaver AUSTCARE Phnom Penh
14 October 2005	Denise Coghlan and Ny Nhar Jesuit Service Cambodia Phnom Penh
17 October 2005	Sok Eng Metta Karuna program Jesuit Service – Banteay Meanchey
	Mongkol Borei Hospital (visit with 6 recent mine casualties in the hospital)
18 October 2005	Metta Karuna program – visit with mine survivors in their homes in Samrong commune and Tek Thlar commune, Banteay Meanchey province
	Meas Yim Program Manager Cambodian Family Development Services Sisophon
19 October 2005	Yang Van Heng Director Trauma Care Foundation Battambang
	Dr Cino Bendinelli General Surgeon / Medical Coordinator Emergency Battambang
20 October 2005	Meeting with Oum Sang Onn (Sam) and Alan Beaver AUSTCARE Phnom Penh
21 October 2005	Tun Channareth Metta Karuna program Jesuit Service – Siem Reap (and visit with mine survivors in their homes in Lerver commune, Rel commune, and Yeng commune, Siem Reap province)
24 October 2005	Chum Rithy Project Manager – Economic Opportunities for the Poor World Vision Battambang (and visit to project beneficiaries in Pailin)

25 October 2005	Chum Rithy Project Manager World Vision Battambang
	Department of Social Affairs, Veterans and Youth Rehabilitation (DOSVY) Battambang
26 October 2005	Dr David Aston Managing Director CWARS Phnom Penh
26 October 2005	Ngy San Program Manager Disability Action Council (DAC) Phnom Penh
27 October 2005	Stephen Close and Nguon Sokunthea (Thea) Senior Program Officer and Program Officer AusAID Phnom Penh
	Vince Whitehead Development Technology Works Phnom Penh
28 October 2005	Meeting with IMA partners AUSTCARE – Alan Beaver CARE – Brian Agland, Darryl Bullen World Vision – Vibol Chab
	Bruno Leclercq Country Director Handicap International Belgium Phnom Penh
	Denise Coghlan Jesuit Service Cambodia Phnom Penh
14 September to 31 December 2005	Steve Harknett Advisor – Disability Development Services Pursat (technical advice on planning and implementation of project, and on final report.)

Meetings were also conducted in a separate visit to Cambodia in March 2005, on behalf of AUSTCARE and for the *Landmine Monitor Report 2005*. Although not part of the research visit, information fed into the research findings.

<b>Date</b>	<b>Meeting/consultation</b>
17 March 2005	Ruth Bottomley Norwegian People's Aid Sisophon
	Or Kanal Chief Administrator Mongkol Borei Hospital

18 March 2005	Visit to Thma Puok District with Oum Sang Onn (Sam) and Alan Beaver (AUSTCARE) – met with village leader and mine survivors
	Tuy Sakoeun Program Coordinator Khmer Buddhist Association Thma Puok District
	Heng Chamroeun Director Department of Social Affairs, Veterans and Youth Rehabilitation (DOSVY) Sisophon
	Provincial Director Department of Health Sisophon
22 March 2005	Ngy San Program Manager Disability Action Council Phnom Penh
	Chhiv Lim Project Manager CMVIS Phnom Penh
	Kuon Pheng Director Victim Assistance Department – CMAA Phnom Penh
23 March 2005	Pok Sam Oeurn and Dr. David Aston Program Manager & Managing Director Cambodian War Amputees Rehabilitation Service (CWARS) Phnom Penh
23 March 2005	Keo Soeun Director of Rehabilitation Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) Phnom Penh
30 March 2005	Joel Nininger Chief Prosthetist ICRC Battambang
	Tep Boonny Project Coordinator Socio-Economic Integration Handicap International Battambang

**ANNEX 3 – Extract from “Ending the suffering caused by anti-personnel mines: Nairobi Action Plan 2005-2009”<sup>53</sup>**

**IV. Assisting the Victims**

5. Article 6 (3) of the Convention calls for States Parties to provide assistance for the care rehabilitation and reintegration of mine victims. This constitutes a vital promise for hundreds of thousands of mine victims around the world, as well as for their families and communities. Keeping this promise is a crucial responsibility of all States Parties, though first and foremost of those whose citizens suffer the tragedy of mine incidents. This is especially the case for those 23 States Parties where there are vast numbers of victims. These States Parties have the greatest responsibility to act, but also the greatest needs and expectations for assistance. Recognizing the obligation of all States Parties to assist mine victims and the crucial role played by international and regional organizations, the ICRC, non-governmental and other organizations, the States Parties will enhance the care, rehabilitation and reintegration efforts during the period 2005-2009 by undertaking the following actions:

States Parties, particularly those 23 with the greatest numbers of mine victims, will do their utmost to:

Action #29: Establish and enhance health-care services needed to respond to immediate and ongoing medical needs of mine victims, increasing the number of healthcare workers and other service providers in mine-affected areas trained for emergency response to landmine and other traumatic injuries, ensuring an adequate number of trained trauma surgeons and nurses to meet the need, improving health-care infrastructure and ensuring that facilities have the equipment, supplies and medicines necessary to meet basic standards.

Action #30: Increase national physical rehabilitation capacity to ensure effective provision of physical rehabilitation services that are preconditions to full recovery and reintegration of mine victims by: developing and pursuing the goals of a multi-sector rehabilitation plan; providing access to services in mine-affected communities; increasing the number of trained rehabilitation specialists most needed by mine victims and victims of other traumatic injuries engaging all relevant actors to ensure effective coordination in advancing the quality of care and increasing the numbers of individuals assisted; and, further encouraging specialized organizations to continue to develop guidelines for the implementation of prosthetics and orthopedic programmes.

Action #31: Develop capacities to meet the psychological and social support needs of mine victims, sharing best practices with a view to achieving high standards of treatment and support on a par with those for physical rehabilitation, and engaging and empowering all relevant actors – including mine victims and their families and communities.

Action #32: Actively support the socio-economic reintegration of mine victims, including providing education and vocational training and developing sustainable economic activities and employment opportunities in mine-affected communities, integrating such efforts in the broader context of economic development, and striving to ensure significant increases of economically reintegrated mine victims.

Action #33: Ensure that national legal and policy frameworks effectively address the needs and fundamental human rights of mine victims, establishing as soon as possible, such

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<sup>53</sup> United Nations, Final Report, First Review Conference of the States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction, Nairobi, 29 November – 3 December 2004, APLC/CONF/2004/5, 9 February 2005, pp. 99-101.

legislation and policies and assuring effective rehabilitation and socioeconomic reintegration services for all persons with disabilities.

Action #34: Develop or enhance national mine victim data collection capacities to ensure better understanding of the breadth of the victim assistance challenge they face and progress in overcoming it, seeking as soon as possible to integrate such capacities into existing health information systems and ensuring full access to information to support the needs of programme planners and resource mobilisation.

Action #35: Ensure that, in all victim assistance efforts, emphasis is given to age and gender considerations and to mine victims who are subject to multiple forms of discrimination in all victim assistance efforts.

States Parties in a position to do so will:

Action #36: Act upon their obligation under Article 6 (3) to promptly assist those States Parties with clearly demonstrated needs for external support for care, rehabilitation and reintegration of mine victims, responding to priorities for assistance as articulated by those States Parties in need and ensuring continuity and sustainability of resource commitments.

All States Parties, working together in the framework of the Convention's Intersessional Work Programme, relevant regional meetings and national contexts will:

Action #37: Monitor and promote progress in the achievement of victim assistance goals in the 2005-2009 period, affording concerned States Parties the opportunity to present their problems, plans, progress and priorities for assistance and encouraging States Parties in a position to do so to report through existing data collection systems on how they are responding to such needs.

Action #38: Ensure effective integration of mine victims in the work of the Convention, inter alia, by encouraging States Parties and organizations to include victims on their delegations.

Action #39: Ensure an effective contribution in all relevant deliberations by health, rehabilitation and social services professionals and officials inter alia by encouraging States Parties -- particularly those with the greatest number of mine victims -- and relevant organizations to include such individuals on their delegations.

**ANNEX 4 – Extract from “Cambodian Mine Action Authority (CMAA), Five Year Mine action Plan 2005 – 2009 (April 2005)<sup>54</sup>**

**4.2 Objective 42 / Improvement of Victim Assistance**

The CMAA will enhance existing co-ordination and reporting mechanisms, promote the rehabilitation of mine victims, advocate to enhance the social and economic reintegration of mine victims, and enhance existing information management tools to utilise mine victim information to strengthen prioritisation of mine action operations.

**4.2.1 Reporting and follow up**

A reporting format to be worked out will be sent annually to the CMAA by the service providers and will enable to fill in the NMAD with data on mine victims, their families and their communities by province and district.

The CMAA will liaise with the Ministry of Health and join relevant standing committees to ensure availability of appropriate hospital care and to follow up mine/UXO victims and casualties on a national basis.

**Activity 421**

**To develop a reporting mechanism, including format, and ensure a follow up of the mine victims and casualties.**

**4.2.2 Develop linkage within sector**

In order to strengthen the sector the CMAA will establish linkage with the DAC Physical Rehabilitation Committee and relevant development NGOs. It will join with the DAC Physical Rehabilitation Committee to contribute to a national perspective on mine victim needs.

The CMAA will develop networks with NGOs and other service providers and encourage them to make places available in their programmes for mine victims. It will join the relevant committee that provide potential income generation activities for mine victims.

**Activity 422**

**To develop network with DAC and relevant NGOs.**

**4.2.3 Enhance the development and availability of trauma care services**

In order to have a better knowledge of the sector of first aid, trauma care, transport and hospital care, the CMAA will document the activities of operators.

After analysis by province and districts, the CMAA will make proposal to encourage the national development of rapid response trauma care services and options to transport mine/UXO casualties to hospitals.

<sup>54</sup> CMAA, Five Year Mine Action Plan 2005-2009, pp. 32-33, available at [www.cmaa.gov.kh](http://www.cmaa.gov.kh)

**Activity 423**

**To analyse and make proposal to improve the rapid response trauma care services.**

4.2.4 Development programmes for mine affected communities

The final target being to assist mine victims to lead a normal productive life by developing strategies and pilot programs the CMAA will encourage access to mainstream activities of Poverty Reduction Programs and Income Generation Activities. It will establish development programmes with NGOs for mine affected communities.

**Activity 424**

**To discuss pilot projects with NGOs for an integrated socio-economic program and develop a proposal for funding.**

## **ANNEX 5 – NGOs/Organizations Working with Persons with Disabilities in Target Areas:**

### **Cambodian Family Development Service (CFDS)<sup>55</sup>**

The local NGO, CFDS provides support to health services in six provinces including Banteay Meanchey and Battambang. Until September 2005, CFDS operated an Equity Fund in Banteay Meanchey province to cover the medical costs of the poor, including landmine casualties, requiring hospitalization at Mongkol Borei Hospital, with USAID funding through the US-based University Research Co. However, since October the program has been scaled back to cover only the districts of Mongkol Borei and Serei Sophon. In the past the program was also funded by the World Health Organization. In a new pilot project, CFDS is issuing health cards to those eligible for assistance. Over 11,125 families in 219 villages in 21 communes in Mongkol Borei and Serei Sophon have been identified as eligible for the card – this includes poor families and families with a disabled member. Card holders are entitled to a travel allowance, food at the hospital, and all medical services including the user fee, which are covered by the Equity Fund. CFDS may have to close the program as it is not known if funding will be available after March 2006. CFDS is seeking other donor support to enable the program to continue.

### **Cambodian National Volleyball League (Disabled)<sup>56</sup>**

AusAID supports the Cambodian National Volleyball League (Disabled) program at the Kien Klaing Centre in Phnom Penh, and in the provinces of Siem Reap, Battambang, Pailin, Kratie, Prey Venh, Kompot, Kampong Speu, Kampong Chhnang, and Takeo. Project activities include the Volley League program and two new teams in Pailin, wheelchair racing targeted at women with a disability, Sports Technical Advisors, and a “Training the Trainers” program for coaches.

### **Cambodian Organization for Assistance to Family and Widow (CAAFW)<sup>57</sup>**

Although not specifically targeting persons with disabilities, the local NGO, CAAFW works to improve the living conditions of the poor, including people with disabilities, primarily in Thma Puok district in Banteay Meanchey province. Activities include: increased income generation from agriculture through rice banks, cow and pig banks, and the provision of loans; skills training and social assistance; management of an equity fund for health care for the poor at Thma Puok hospital; and support of youth groups in social development and education.

### **Cambodian War Amputees Rehabilitation Society (CWARS)<sup>58</sup>**

CWARS runs vocational training programs for mine survivors and other persons with disabilities. The primary focus of the training program is centred on proven marketable income generating skills. The duration of training varies according to the technical level of skill being taught. For example: Bicycle Repair Course – 3 months; Barbering – 4 months; Motorcycle and Small Engine Repairs – 6 months; Radio-Cassette Players (including CDs, DVDs) and Colour TV Repair – 12 months. Sewing and Tailoring – 6 months; Ladies

<sup>55</sup> Interview with Meas Yim, Program Manager, CFDS, Sisophon, 18 October 2005.

<sup>56</sup> Information provided by Stephen Close, AusAID, Phnom Penh.

<sup>57</sup> Information sheet, Cambodian Organization for Assistance to Family and Widow, undated.

<sup>58</sup> Interview by Landmine Monitor (Sheree Bailey) with Pok Sam Oeurn, Program Manager, and David Aston, Managing Director, CWARS, Phnom Penh, 23 March 2005; interview with David Aston, 26 October 2005; see also Standing Tall Australia and Mines Action Canada, “101 Great Ideas for the Socio-Economic Reintegration of Mine Survivors,” June 2005, pp. 27-28.

Hairdressing – 6 months; Blacksmithing – 6 months; and Home Gardening and Basic Agriculture (organic vegetable planting) – ten days theory in class and 3 months field work under supervision. The program covers transport and accommodation and trainees receive a small stipend during the training period. Day care for children is also provided if trainees are a single parent. In addition to the variety of trade skills courses, literacy classes are available for those with only basic education. The entire program is aimed at enabling the students to develop their own income generating businesses upon graduation. Credit loans are available to graduates who can demonstrate their ability to repay the loan, based upon their bookkeeping records and income. CWARS has opened a large new Vocational Training Centre three kilometres north of Sisophon in Banteay Meanchey province, funded by a consortium of international donors and approved by the Government of Cambodia. The centre has the capacity to train 200-250 students at any one time. Training is also available for family members if the person with the disability is not able to participate in classes. Other centres are in Pursat, Kratie and Kampong Thom.

**Capacity Building of People with Disability in the Community Organization (CABDICO since January 2006 – previously CABDIC)<sup>59</sup>**

The local NGO, CABDICO works in cooperation with Handicap International Belgium (HIB) in the provinces of Banteay Meanchey<sup>60</sup> and Siem Reap. CABDICO aims at early intervention among children with disabilities and capacity building within the community. The program focuses on three main activities: improving the ability of people with disabilities and their families through child rehabilitation; promoting and facilitating the implementation of self help groups of persons with disabilities; and raising community awareness about the rights of people with disabilities and disability prevention focused on activities related to socio-economic integration.

CABDIC assisted the establishment of self-help groups by chairing village meetings every month to allow people with disabilities from the same village to meet and solve common problems. The main activity of each self-help group is saving money and providing loans to its members. All groups must save a monthly minimum. After the group has saved a certain amount HIB provided a grant to match the amount saved to a maximum of US\$200. A grant could be provided no more than twice. The repayment plan was defined by the group members under the recommendation of HIB. CABDIC encouraged members of the different groups to use the loaned money to set up income generating activities and links were made with vocational training centres. CABDIC's support to a self-help group lasted for two years. During this time a training program was implemented which included leadership, problem solving, saving, accountancy, general information about disability, awareness raising and advocacy and a group constitution.

It should be noted that a lack of food security or economic resources sometimes inhibits the participation of families living with a disabled person in the self help groups.

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<sup>59</sup> Information provided by Bruno LeClercq, Country Director, Handicap International Belgium; see also Standing Tall Australia and Mines Action Canada, "101 Great Ideas for the Socio-Economic Reintegration of Mine Survivors," June 2005, p. 31.

<sup>60</sup> CABDICO operates in 7 districts (including Svey Chek and Thma Puok), 52 communes and 262 villages in Banteay Meanchey province.

### **Emergency<sup>61</sup>**

The Italian NGO Emergency's Ilaria Alpi Surgical Centre in Battambang provides surgical assistance free of charge to victims of war including mine casualties, and other reconstructive and general surgery.

Emergency also supports five first aid posts in the Samlot area and operates an ambulance service from Samlot. On average it takes around 90 minutes to transport a mine casualty from Samlot in the ambulance to Battambang. Trauma casualties are admitted from several provinces including Battambang, Krong Pailin, and Banteay Meanchey.

Emergency has links with several NGOs who refer mine casualties and survivors to the hospital for initial or additional treatment.

Emergency reports that it is concerned about mine survivors once they return to their homes after hospitalization. It would welcome greater collaboration with NGOs with the capacity to provide follow-up at the village level to ensure that survivors have access to health care if needed and to facilitate their socio-economic reintegration after discharge from the hospital.

### **Handicap International (HI)<sup>62</sup>**

HI supports MoSVY in the management of the Battambang regional Spinal Cord Injury Centre. HI also runs a community development program in the districts of Samlot and Rotanak Mondol in Battambang province in collaboration with two local NGOs. The program focuses on support to vulnerable people, including people with disabilities, in the areas of health and rehabilitation, social inclusion, economic reintegration, and poverty alleviation. Activities include agricultural development, referrals to health and rehabilitation services, vocational training, support for income generation activities, and transport to rehabilitation centres.

### **Handicap International Belgium (HIB)<sup>63</sup>**

The HIB Physical Rehabilitation Centre (PRC) in Banteay Meanchey province closed in November 2003 as part of a strategy developed by MoSALVY to restructure the rehabilitation sector. Amputees must now travel to either the HIB PRC in Siem Reap or the ICRC rehabilitation centre in Battambang for services. HIB reimburses some of the costs of travel to the PRC in Siem Reap. HIB's community-based rehabilitation program for people with disabilities after their visit to the PRC includes psychosocial support, alleviating poverty, and socio-economic reintegration through self-help groups, referrals to vocational training programs, and a small grants program. HIB also operates the Handi-Sport program for people with disabilities in Battambang.

### **International Committee of the Red Cross (ICRC)**

The ICRC Regional Physical Rehabilitation Centre, run in agreement with MoSVY, in Battambang services five provinces including Battambang, Pailin, and Banteay Meanchey. The ICRC provides physiotherapy, prosthetic/orthotic devices, walking aids, wheelchairs, accommodation and meals free-of-charge, and reimburses between 80 and 100 percent of

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<sup>61</sup> Interview with Dr. Cino Bendinelli, General Surgeon and Medical Coordinator, Emergency, Battambang, 19 October 2005; see also *Landmine Monitor Report 2005*, p. 227.

<sup>62</sup> Information provided to Landmine Monitor (Sheree Bailey) by Tep Boonny, Project Coordinator, Socio-Economic Integration, Handicap International, Battambang, 30 March 2005; "Handicap International in Cambodia: Program Operational Plan 2004-2007." For more information see also Standing Tall Australia and Mines Action Canada, "101 Great Ideas for the Socio-Economic Reintegration of Mine Survivors," June 2005, p. 33.

<sup>63</sup> *Landmine Monitor Report 2005*, pp. 229-230; see also Standing Tall Australia and Mines Action Canada, "101 Great Ideas for the Socio-Economic Reintegration of Mine Survivors," June 2005, p. 32.

travel costs from the commune to the centre. The ICRC also operates mobile prosthetic workshops twice a year in eight districts in Banteay Meanchey province, and also to other provinces in north-western Cambodia. Local authorities (DoSVY and commune councils) are advised two weeks ahead of the visit.<sup>64</sup> Although the mobile service appears to be working well with a good number of people with disabilities accessing services, assistance with transport is sometimes needed by some from remote villages, or those with severe mobility problems such as wheelchair-users.

### **Jesuit Service Cambodia (JS)<sup>65</sup>**

JS operates outreach programs in three provinces (Banteay Meanchey, Oddar Meanchey and Siem Reap). In Banteay Meanchey, JS provides various forms of assistance in 214 villages in eight districts, including Thma Puok. Metta Karuna teams, which include mine survivors, provide psychosocial support to villagers with a disability and their families, and assists in planning programs for their health and well-being through an outreach service that visits beneficiaries in their homes. The program includes housing, access to water, emergency food aid, schooling assistance for children, wheelchairs (made by JS), and access to health services through referrals. JS visits mine/UXO survivors in Mongkol Borei hospital and provide food and money when necessary.

JS also provides vocational training in areas such as carpentry, mechanics, electronics, sculpture, weaving, metal work, tailoring, and agriculture, for around 100 persons with disabilities annually at Banteay Prie (Centre of the Dove) residential school in Kandal province. Literacy training is also provided. Students are mainly identified in JS target villages and referred to the school.

### **Khmer Buddhist Association (KBA)<sup>66</sup>**

The KBA works in four districts in two provinces (Banteay Meanchey and Oddar Meanchey) providing support to vulnerable groups including mine survivors and other people with disabilities, widows, and children affected by AIDS. KBA assists people with disabilities to access services and educates on the rights of persons with disabilities. KBA also provides vocational training, mainly in agriculture, and small grants to start businesses. Emergency aid in the form of cash or food is provided if necessary.

### **Trauma Care Foundation (TCF)<sup>67</sup>**

TCF provides emergency response training at the village, commune and district level. The TCF program includes a 3-day training course for village health volunteers who are trained to provide emergency first aid to mine casualties and other trauma victims. Each trainee is provided with an emergency kit to assist one person. It costs approximately US\$100 to train and equip a village health volunteer. Medics at the health centres also undergo a 3-day training course to learn more advanced first aid skills. Each health centre is equipped with an emergency kit at a cost of approximately US\$300. TCF has also provided training for a surgeon at Thma Puok hospital and equipped the surgical room. Emergency kits are designed for single use and must be replaced after each accident.

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<sup>64</sup> Interview by Landmine Monitor (Sheree Bailey) with Joel Nininger, Chief Prosthetist, ICRC, Battambang, 30 March 2005.

<sup>65</sup> Interviews with Denise Coghlan, Country Director, Jesuit Service, Phnom Penh, 14 October 2005, and Sok Eng, Program Coordinator, Jesuit Service, Banteay Meanchey Province, 17 October 2005; see also Standing Tall Australia and Mines Action Canada, "101 Great Ideas for the Socio-Economic Reintegration of Mine Survivors," June 2005, p. 34.

<sup>66</sup> Interview with Tuy Sakoeun, Program Coordinator, KBA, Thma Puok District, 18 March 2005.

<sup>67</sup> Interview with Yang Van Heng, Director, TCF, Battambang, 19 October 2005.

At the hospital in Sompov Loun district in Battambang province, TCF runs a program to train surgeons and rehabilitation workers. Nurses are trained in physiotherapy to assist mine casualties after their accident. The program includes the fitting of a temporary prosthesis 3-4 weeks after the injury to improve mobility while waiting for the fitting of a permanent prosthesis at one of the rehabilitation centres.

TCF has one mobile rehabilitation workshop but plans to expand the program in the future. It also supports self-help groups of 3-5 families of survivors.

**VirakPheap Komar Pailin (VKP)<sup>68</sup>**

VKP is a small local NGO, based in Pailin, providing small credit loans and a cow bank to farmers with disabilities. Beneficiaries must be established in a self-help group of least three to five people and demonstrate their needs and motivation. Members have access to Village Development Committees which support the self-help group with the management of a credit passbook scheme and with training in good farming practices. The VKP assists farmers with disabilities to maintain their crops and to buy seeds such as maize, soybean, and sesame. In early 2005, there were 910 people with disabilities on the waiting list to join the program.

VKP also reports the need to provide referrals to non-government hospitals outside the area and for psychological support and counselling.

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<sup>68</sup> Standing Tall Australia and Mines Action Canada, “101 Great Ideas for the Socio-Economic Reintegration of Mine Survivors,” June 2005, p. 37. (Email address has changed to virakpheap\_komar@yahoo.com)

**ANNEX 6 – NORAD “Checklist for programme planning (from identification and justification to programme document)”<sup>69</sup>**

*The checkpoints below could also be used when assessing project application from Norwegian NGOs:*

- ✓ *Disability relevance* – has this been studied, and have appropriate conclusions been made?
- ✓ *Target groups* – has it been noted that there may be people with disabilities within all target groups? Are conclusions reflected?
- ✓ *Stakeholders* – Have all the important groups been involved?
- ✓ *International commitments and instruments in the social and economic sector* – Are these reflected in the development objectives?
- ✓ *Accessibility* – are the programme components, activities and expected results accessible to people with functional limitations?
- ✓ *Vulnerability* – Has the vulnerability of people with disabilities and the disability dimension been taken into account? Have any balancing measures been included?
- ✓ *Resources of people with disabilities and their organisations* – has this been noted, and will people with disabilities be effectively involved in components concerning them?
- ✓ *Sustainability* – will the sustainability of results for people with disabilities be ensured through systematic and continuous policy-backing, involvement of people with disabilities and a sustainable resource flow?
- ✓ *Non-discrimination* – is the programme non-discriminating and does it support the objective “development for all”?
- ✓ *Follow-up measures* – will these be sensitive to disability issues and involve people with disabilities to an appropriate degree?

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<sup>69</sup> NORAD, “The Inclusion of Disability in Norwegian Development Co-Operation: Planning and monitoring for the inclusion of disability issues in mainstream development activities,” Oslo, January 2002, p. 21.

## **ANNEX 7 – Key Documents Used in the Preparation of this Report**

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World Vision, “Disability Research 2004: Abridged Report,” World Vision Cambodia, 2004.