Kingdom of Cambodia

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Cambodia Country Report

The 8th ASEAN & Japan High Level Officials Meeting on Caring Societies "Poverty alleviation with a focus on vulnerable people- through strengthening collaboration between the social welfare and health services 30 August – 2 September 2010, Tokyo, Japan

Ministry of Health

and

Ministry of Social Affairs, Veterans and Youth Rehabilitation

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Introduction

The historical chronic war and internal conflict of more than two decades and international isolation in the past caused Cambodia breakdown of many basic social services, and destruction of all national infrastructures. There are a high number of vulnerable groups including persons with disabilities (PWDs), most of them living in poverty. Most of the poor live in rural areas and do agricultural work to earn their living. They face natural disasters and other sorts of disasters every year and some of them face danger when they migrate to large cities and populated areas. The trend of orphan children and infants being abandoned continues to exist in society. Violence, delinquency, drug use and substance abuse among children and young teenagers have notably and worryingly increased from year to year. According to the 2008 census, Cambodia has a total population of 13.4 million; the average population growth rate is 1.54% per annum; and 32% of the total population are living under the poverty line, number of persons with disability is 1.4% of the total population. Persons with disabilities are the most vulnerable group in societies which include women with disabilities, children with disabilities and people living with HIV/AIDs.

Those vulnerable groups do not have full access to social services, health and healthcare. In concepts, poverty has a negative impact on health, particularly the health of PWDs. Poor health, disability and poverty are closely linked. Poverty is both a cause and a consequence of disability. Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion. Poor health and disability can cause or increase poverty by increasing isolation and economic strain, not just for persons living with disability, but often also for the family. Parents who care for children with disabilities, especially mothers, often have limited opportunities to contribute to their families' incomes. Adults with disabilities have difficulty getting employment, often because they lack education. At the same time, parents of children with disabilities and adults with disabilities may have many expenses.

Over the past decade Cambodia has benefited from the complete peace and unification brought about by the "win-win" policy of the Royal Government through high economic growth and poverty reduction. Based on this, Cambodia has integrated itself into the regional and global arena, and has been playing an active role as an equal member with equal rights in various organizations at sub-regional, regional, inter-regional and global levels. This political stability, which had been absent for decades, has enabled Cambodia to carry out reforms in all sectors in order to build human resources, develop institutional capacity, strengthen socio-economic infrastructure and create a favorable environment to attract both local and foreign investment. Multi-party democracy is the only proper path for Cambodia in its journey towards strengthening the genuine "rule of law," which will provide equal opportunities for all people. These factors have brought about increasing confidence in Cambodia. Furthermore, the increase in trade as well as the influx of investment and tourists into Cambodia – an important factor for creating jobs and generating income for Cambodian laborers, Which contribute to poverty reduction and promoting people's welfare.

In the Rectangular Strategy's Phase II, the Royal Government has been cooperating with various local and international organizations and relevant institutions to promote job opportunities and reduce the vulnerability of the poor. In the meantime, the Royal Government has improved and strengthened the social security nets for retired civil servants as well as veterans through the increase of salary and job creation.

The social affairs, veterans and youth rehabilitation sector is an important part of the Royal Government's social affairs policy, which aims to establish public services to help vulnerable groups in society and to create social security nets for retired civil servants, veterans and people in general. In the third legislature of the National Assembly, the social affairs sector has accomplished a number of remarkable achievements such as: the homeless social concession program, which, through its six strategies, has provided temporary shelter in social centers, psychological education services, health services, vocational training services, and, in a humanitarian spirit, the reintegration of vulnerable people into communities. The emergency assistance program has provided food and materials to the victims of fire, droughts, and floods, and to people who face food shortages, thereby contributing to poverty reduction and the prevention of the influx of homeless people into cities and populated areas. Combating human trafficking, and victim reintegration activities have been continually implemented; victims of human trafficking have been rescued and provided with education, health services and other services without discrimination. Social programs helping HIV/AIDS victims have been implemented through education campaigns, life skills and health education training courses. The policy on families has been implemented through the organization of the May 15 International Family Day.

The four basic rights of children have been mainstreamed into communities through many outreach programs conducted by the government and various non-governmental organizations. The five-year National Action Plan for combating human trafficking and sexual exploitation against children has been implemented fruitfully. The policy on alternative care for children and minimum standards has been adopted. The Cambodian National Council for Children (CNCC) has strengthened its activities as a coordinating institution to promote improved cooperation among relevant institutions for children's interests. A total of 10,913 orphan infants and children have been cared for in 200 centers while 8,759 orphan infants and children have been raised and cared for by local and international NGO-funded centers. The community-based child protection network program has also increased its activities. Education programs for children and teenagers in the communities on drug abuse and its impacts have been implemented. Children and teenagers who are in conflict with laws and who abuse addictive substances have been admitted into centers to access health services, moral education, general knowledge and vocational training, and to be reintegrated into their communities. Attention has also been paid to child protection in prisons.

Policies for the disabled have been widely and fruitfully implemented. Rehabilitation services for the disabled are being continuously strengthened and expanded. Discrimination against the disabled has been gradually reduced. Cambodia has become member of the United Nations Convention on the Rights of the Disabled and has drafted a law on protection and promotion of the rights of persons with disabilities. Many disabled persons have received vocational training in centers and have acquired skills so they can earn their living. The sports, art and cultural movements of disabled persons have also shown remarkable progress.

The organization and national funding for social security have been established. The pension fund for retirees and work disabled are being constantly adjusted in response to the country's economic growth. The policy for the elderly has been given attention through the celebration of the October 1 International Elderly Day. The hardship of the elderly has been eased by the creation of 331 elderly person's associations.

The national policy for veterans has been given attention through the slogan: 'The nation and the people are grateful to veterans.' The salary of veterans has been adjusted in proportion with the increase of salary for civil servants and armed forces. Reforms in the veterans sector have eliminated inactivity and improved effectiveness and transparency. A total of 88,658 veterans, including the families of dead soldiers, disabled soldiers, retirees, people who have lost their ability to work, and the deceased have received payments from the government. The Cambodian Veterans' Association has been established to promote the roles of veterans, protect their rights and interests, improve their living conditions and create a sense of solidarity and mutual help.

The institutional capacity building and training for those working in the field of social affairs have been continuously conducted in order to create quality human resources to further carry out future duties. The social affairs sector, which previously received little attention, has now become an important sector in society and has received attention from various circles. Partnership with donors and non-governmental organizations is an indispensable factor for the provision of social services.

Cambodia Millennium Development Goals (CMDGs)

Cambodia has localized the Global MDGs in 2003, and these called Cambodia Millennium Development Goals (CMDGs), which reflected Cambodian realities based on national consensus. CMDGs has 9 Goals and 25 overall targets covering: (1) Eradicate extreme poverty and hunger; (2) Achieve universal primary education; (3) Promote gender equality and women's empowerment; (4) Reduce child mortality; (5) Improve maternal health; (6) Combat HIV/AIDS, malaria and other diseases; (7) Ensure environmental sustainability; (8) Global partnership for development and (9) De-mining, UXO and victim assistance.

(1) Follow up of the 7th High Level Officials Meeting, "Towards an Inclusive Society"

Through the collaboration and cooperation between the ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), the ministry of Health (MoH) and other related lined ministries, the Royal Government of Cambodia have promoted and achieved:

A- Legal Framework and Policies Development

Law on the Protection and the Promotion the Rights of Persons with Disabilities

The Royal Government of Cambodia is working hard to promote the welfare of persons with disabilities by following the Constitution of the Kingdom of Cambodia, the policies and Rectangular Strategy of the Royal Government of Cambodia 4th Mandate and the Cambodian Millennium Development Goals. The MoSVY has given priority to disability related work, as stated in the work platform of MoSVY, through the development of policies and other regulations to promote and extend the basic rights of people with disabilities. Veterans with disabilities and retired civil servants with disabilities get support from state; People with all kinds of disabilities get free of charge physical rehabilitation and vocational training services; Braille and sign languages have been developed for people with visual impaired and blind; Community Based Rehabilitation helps to improve livelihood of people with disabilities and improved the exercise of right in participation into community activities; People with disabilities take more ownership through formation of self-help group of people with

disabilities; Dissemination towards people with disabilities has been reduced; And legal rights of people with disabilities are protected and promoted.

For extension of these efforts the Law on the Protection and the Promotion of the Rights of Persons with Disabilities was declared by Royal Decree NS/RKM/0709/010 dated 3rd July 2009.

The Law on the Protection and the Promotion of Rights of Persons with Disabilities is very important in addressing the issues facing persons with disabilities in society together with the implementation of other Royal Government Policies in promoting the welfare of persons with disabilities. These include the National Strategic Plan and policies of other ministries, institutions and authorities at all levels. This law will protect and promote the basic rights of persons with disabilities, reduce discrimination, provide persons with disabilities the equal opportunities for employment, income generation, accessibilities, education, health, social services and the participation in political and social development activities. This law also encourages and obligates the government and private sectors to use the potential of persons with disabilities through the inclusion of disabilities into their development activities.

National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors (NPA) (2009-2011)

In December 2006 CMAA established the Landmine Victim Assistance Steering Committee (LVASC) which was tasked with assessing and making recommendations on priorities for the future action and developing a National Plan of Action for the sector. With funding provided by AusAID for a secretariat and consultant, a series of focus groups based on the categories of victim assistance as defined by States Parties at the First Review Conference of the Anti-Personnel Mine Ban Convention were held in August and September 2007. These focus groups comprised representatives from MoSVY, DAC and other specialists who developed and prioritized SMART objectives, and actions to be undertaken and overseen by relevant Ministries of the Royal Government (including MoH) in the partnership with service providers. This National Plan of Action was endorsed by the Royal Government of Cambodia on 5th August 2009.

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

MoSVY's Work Plan on Social Welfare Services for the Vulnerable Poor, Child Welfare and Youth Rehabilitation and Welfare and Rehabilitation Services for PWDs (2008-2013)

1) Strengthen and Expand Social Welfare Services for the Vulnerable Poor:

- Continue to expand emergency programs to provide assistance to the victims and the vulnerable.

- Continue to expand activities to address the problems of homeless people by continuing to implement the six strategies and existing mechanisms effectively.
- Continue to combat human trafficking and promote rehabilitation and reintegration of victims into communities and provide follow-up support.
- Continue to strengthen social centers to ensure that quality services are provided to the victims.
- Strengthen the building of good families, and promote the role of families and people in social development. Continue the annual organization of May 15 International Family Day.
- Increase efforts to provide social services to the families of women and children affected by HIV/AIDS.
- Participate in the activities of the National Committee for Disaster Management and continue to support the humanitarian movement of the Cambodian Red Cross under the leadership of **Lok Chumteav Bun Rany Hun Sen** to address the needs of all victims.

2) Strengthen and Expand Child Welfare and Youth Rehabilitation Services

a) Continue to strengthen respect for the four basic child rights. Continue to implement policies on alternative childcare and minimum standards for center-based child-care. Mobilize forces to address the problems of orphan children, disabled children and children from poor families.

- Strengthen orphanages of the government and other NGOs and increase the effectiveness of child-care.
- Strengthen the management of domestic and inter-country adoption-related affairs, and push for the passage of the law on inter-country adoption and law on child rights.
- Strengthen the activities of the Cambodian National Council for Children and community-based child protection networks.
- Promote three-model behavior of children: good child, good student and good friend.
- Organize annual June 1 International Children's Day.

b) Strengthen and expand education programs on morality and decency to prevent violence, crimes and substance abuse among children and youths.

- Strengthen and expand youth rehabilitation centers.
- Promote the protection of minors' rights in accordance with the convention on child rights within the justice and judicial systems.
- Encourage sports and camping activities and study tours for children and young people.
- Promote advocacy for the inclusion of children's needs into national development plans at all levels.
- Create the law on minor justice.

3) Strengthen and Expand Welfare and Rehabilitation Services for PWDs

- Continue the implementation of policies for persons with disabilities; promote and protect the rights of persons with disabilities; and promote the implementation of the international convention on the rights of persons with disabilities.
- Continue sustainable rehabilitation services for disabled people.

- Continue to expand Braille and sign language training services for persons with disabilities and promote these services through IT systems.
- Promote vocational training, provide jobs and community services as well as encourage a movement of self-help for persons with disabilities.
- Continue to strengthen and expand the disabled person sports movement, and organize sports and international events for persons with disabilities.
- Continue promoting advocacy for the inclusion of the needs of persons with disabilities into development plans at all levels.
- Strengthen the Disability Action Council.
- Push for the passage of the law on the protection and promotion of the rights of persons with disabilities.
- Push for the ratification of the United Nations Convention on the Rights of Persons with Disabilities and Convention No. 159 of the International Labor Organization (ILO).

Ministry of Health's Policy Direction

1. Make services more responsive and closer to the public through implementation of a decentralized service delivery function and a management function guided by the national "*Policy on Service Delivery*" and the policy on "*Decentralization and Deconcentration"*.
2. Strengthen sector-wide governance through implementation of sector wide approach, focusing on increased national ownership and accountability to improved health outcomes, harmonization and alignment, greater coordination and effective partnerships among all stakeholders.
3. Scale up access to and coverage of health services, especially comprehensive reproductive, maternal, newborn and child health services both demand and supply side through mechanisms such as institutionalization and expansion of contracting through *Special Operating Agencies*, exemptions for the poor, health equity funds, and health insurance.
4. Implement pro-poor health financing systems, including exemptions for the poor and expansion of health equity funds, in combination with other forms of social assistance mechanisms.
5. Reinforce health legislation, professional ethics and code of conduct, and strengthen regulatory mechanisms, including for the production and distribution of pharmaceuticals, drug quality control, cosmetics, food safety and hygiene, to protect providers and consumers' rights and their health.
6. Improve quality in service delivery and management through establishment of and compliance with the national protocols, clinical practice guidelines and quality standards, in particular establishment of accreditation systems.
7. Increase competency and skills of health workforce to deal with increased demand for accountability and high quality care, including through strengthening allied technical skills and advanced technology through increased quality practice of training, career development, right incentives, and good working environment.
8. Strengthen and invest in health information system and health research for evidence-based policy-making, planning, monitoring performance and evaluation.
9. Increase investment in physical infrastructures and medical care equipment and advanced technology, as well as in improvement of non-medical support services

including management, maintenance, blood safety, and supply systems for drugs and commodities.

10. Promote quality of life and healthy lifestyles of the population by raising health awareness and creating supportive environments, including through strengthening institutional structures, financial and human resources, and IEC materials for health promotion, behavior change communication and appropriate health-seeking practices.
11. Prevent and control communicable and selected chronic and non-communicable diseases, and strengthen disease surveillance systems for effective response to emerging and remerging diseases.
12. Strengthen public health interventions to deal with cross-cutting challenges, especially gender, health of minorities, hygiene and sanitation, school health, environmental health risks, substance abuse/mental health, injury, occupational health, disaster, through timely response, effective collaboration and coordination with other sectors.
13. Promote effective public and private partnerships in service provision based on policy, regulation legislations and technical standards.
14. Encourage community engagement in health service delivery activities, management of health facilities and continuous quality improvement.
15. Systematically strengthen institutions at all levels of the health system to implement policy agenda listed under the previous 14 elements.

Health Strategic Plan 2008-2015

Priorities* intervention *on Population health problems and essential services

(1) Reduce maternal, new born and child morbidity and mortality with increase reproductive health

Objectives

1. To improve the nutritional status of women and children
2. To improve access to quality reproductive health information and services
3. To improve access to essential maternal and newborn health services and better family care practices
4. To ensure universal access to essential child health services and better family care practices

(2) Reduce morbidity and mortality of HIV/AIDS, Malaria, TB, and other communicable diseases

Objectives

5. To reduce the HIV prevalence rate
6. To increase survival of People Living with HIV/AIDS
7. To achieve a high Case Detection Rate and to maintain a high Cure Rate for pulmonary TB smear positive cases.
8. To reduce malaria related mortality and morbidity rate among the general population
9. To reduce burden of other communicable diseases

(3) Reduce the burden of non-communicable diseases and other health problems

Objectives

10. To reduce risk behaviors leading to non-communicable diseases (KAP): diabetes, cardiovascular diseases, cancer, mental illness, substance abuse, accidents and injuries, eye care, oral health , etc
11. To improve access to treatment and rehabilitation for NCD: diabetes, cardiovascular diseases, cancer, mental illness, substance abuse, accidents and injuries, eye care, oral health, etc
12. To ensure essential public health functions: environmental health:, food safety, disaster management and preparedness

National Policy on Early Childhood Care and Development

This national policy was created with the vision "All Cambodian Children, from conception to aged under six, especially disadvantaged, vulnerable and poor children, shall be provided with care and development services, in line with the Constitution of the Kingdom of Cambodia".

This national policy has nine major strategies as follow:

1- Prepare legal framework, standards and mechanisms to effectively support and implement the policy, by identifying cooperation and duties of main stakeholders;
2- Improve existing or newly-established monitoring and evaluation mechanism with participation from ministries/institutions, communities and developments partners, and improve national and sub-national technical coordination committee with clear divisions of roles and responsibilities.;
3- Capacity building (pre-service and in-service training) for program practitioners, parents, parental power holders and guardians of children on the contents and how to take care of children in line with curriculum and decentralization and deconcentration policy;
4- Develop national and sub-national mechanisms in provision of certificate or recognition letter to program practitioners based on actual care services;
5- Expand services and education on health care and nutrition to all pregnant women;
6- Expand health care and curing services for all infants from birth to three years with regular health checkup, timely and adequate provision of immunization and monitoring on nutrition provision services for children with malnutrition, chronic illness, delayed development and disabilities;
7- Extend early childhood care and development services provision, including state, community, private and home based services; especially, early learning for young children;
8- Ensure that all households have access to such information and services as safe water and sanitation, health, nutrition, breast-feeding, food supplementation, immunization, vitamin A, iron and iodized salt, early learning, birth registry, prevention of all types of diseases such as HIV/AIDS, malaria, protection from domestic violence and other forms of vulnerabilities; and
9- Develop communication mechanism on early childhood care and development to attract supports for these services.

In this national policy also defined the roles and responsibilities of respective government ministries in which MoSVY and MoH have the roles and responsibilities as follow:

a) Ministry of Social Affairs, Veterans and Youth Rehabilitation

- Support the implementation of alternative care policies and other standards on alternative care for children in the centers and in communities;
- Encourage that orphans, parentless children, disable children, and children with no relatives obtain continual parenting services in the state orphanages or NGO-supported centers where accommodation, health care, vocational training and integration are provided;
- Encourage that child caretakers receive training services on psychology and skill on child care;
- Encourage that all preschool age children living in state orphanages and NGO-supported orphanages or communities are going to preschool to prepare for primery school;
- Integrate ECCD into community-based rehabilitation programs/community-based child protection network and other ministries programs;
- Encourage advocacy on inclusion of children needs into national development plan at all levels.
- Continue to strengthen activities of the Cambodian National Council for Children (CNCC) which is a coordination mechanism among relevant institutions on child protection.

b) Ministry of Health

- Technical coordination with Ministry of Education , Youth and Sport to develop resource materials on health and nutrition, and train facilitators including preschool teachers;
- Educate parents on care for the health of mothers and infants, including importance of breast-feeding and adequate intake of iodine, iron and folic acid, vitamin A and other micronutrients;
- Incorporate ECCD component into the training of nurses and other health workers,
- Ensure vaccination/immunization provision, and other survival and growth rights of all children;
- Ensure health and physical development of children through basic health provision; and
- Provide technical resources and involve in community health education.

<u>National CBR Guidelines for Cambodia</u>

In developing National CBR Guidelines for Cambodia, under the coordination of National CBR coordination working group, there was active participation from, relevant inter-ministries (including MoSVY & MoH), international sponsorship agencies, National and International NGOs, who have been working in disabilities sections, by forming one Core Group (CG) and four Technical Working Group (TWG) which all of these groups, had to be seriously respect to their Term of Reference. Through promptly working of CG and TWGs, a new outcome was proudly achieved for the CBR implementation model in Cambodia.

The National CBR Guidelines for Cambodia has five components include: Health, Education, Livelihood, Social participation and Empowerment. This guideline is an important vital core for operators in improving their own capacities relating to the provision of CBR services to PWDs including children with Disabilities (ChWDs) as well as strengthening the qualities of

services to be most effective and sustainable, and address specifically to the need of PWDs and ChWDs in communities. It also a concept model for all operators to approach the CBR implementation, and to better avoidance of the same service provision by different operators to the same target area and the same beneficiaries. Moreover, it is the important document for general publicity conceptualizing the disabilities, the needs of PWDs, advantage of CBR service provision to PWDs and to activate the participation from the communities toward supporting, promoting the welfare of PWDs and to ensure the full participation of PWDs into social activities. This guideline was approved by Minister of MoSVY in June 7, 2010.

Health Equity Funds schemes

HEF and subsidieds schemes have provided the opportunity for the poor to use the health services at public health facilities. HEF and subsidieds schemes are Government and health partners funding to compensate health care providers for the poor patients to access health care without charging any fees. Furthermore, they provide direct benefits like transportation and referral fees and extra food.

Up 2009, there are 6 National Hospital and 9 Operational Districts subsidized by government budgets and 53 Referral Hospitals and 141 Health Centers run by health partners. 73% of poor people who live under the poverty line are covered by HEF. In 2009 alone, HEF provided fund to compensate of consultation, inpatient care, surgery, delivery which were used by 407,317 cases of poor people compared to 227,457 cases in 2008.

Total funds for HEF and subsidies schemes in 2009 were 4,820,214 USD including 413,061 USD of national budget and 4,407,153 USD from health partners.

Voluntary Health Insurance

A number of community-based health insurance (CBHI) schemes have been introduced in various parts of the country by a range of international and local NGOs. CBHI is based on the principle of risk pooling and pre-payment for health care. CBHI is non-profit, voluntary insurance mechanism based on the sale of low-cost insurance premiums that provide the purchaser and their family with coverage for health charges for a stated list of medical benefits delivered at contracted public health facilities. Currently, 13 CBHI schemes have been introduced in 7 Provinces and 2 municipalities cover 81 HCs, 12 RHs, and 2 national hospitals cover 122, 829 populations.

B- Services Provision

There are different government facilities for health and welfare for vulnerable people including ChWDs:

Health Facilities

- 8 National Hospitals (8 NHs)
- 24 Provincial Health Departments (24 PHDs)
- 77 Operational Districts (77 ODs)
- 79 Referral Hospitals (79 RHs)
- 1010 Health Centers (1010 HCs) and
- 122 Health Posts (122 HPs)

Welfare Facilities

- 11 Physical Rehabilitation Centers (PRCs) throughout the country have provided physical rehabilitation services to all types of persons with disabilities including ChWDs.

- 7 Vocational Training Centers (VTCs) throughout the country have provided vocational skill training programs for PWDs.
- 4 Youth Rehabilitation centers in which one locate in Phnom Penh (Chom chao), one in Kandal Province (Kampong kantout), one in Koh Kong Province (Phnom Bak) and one in Banteay Meancheay (Smach meanchey).
- One Spinal Cord Rehabilitation Center (SCI) locate in Battambang Province
- 257 Orphanage Centers throughout the country have a total number of orphans 11,939 children (data 2009).

C- National Mechanism

Disability Action Council (DAC)

The Disability Action Council (DAC) was established in 1997 as a semi-autonomous national coordinating body for the disability sector with representatives from the relevant government ministries, under the leadership of MoSVY and representatives from NGOs and individuals committed to working for promoting the well being of persons with disabilities. The role of DAC was officially confirmed through recognition of Prakas 308/MoSALVY, dated 26 October 1999. The DAC serves as a national focal point on disability matters to facilitate the continuous evolution of a comprehensive national approach to rehabilitation, equalization of opportunities and prevention of disabilities.

DAC was reformed by Sub-Decree No. 59 ANK-BK dated 20 June 2010 on Organization and Functioning of the Disability Action Council. DAC was chaired by Minister of MoSVY with composition as a total 28 members, from relevant government ministries (including one from MoH as Vice-chair), representatives with disability of the Disabled People Organization, Representative of the Cambodian Red Cross, Representative of Non Governmental Organization working in the disability sector and Representative of Employer. DAC is the national coordination and advisory mechanism on disability issues and carries out the following duties:

- To provide technical advice on disability issues and rehabilitation
- To assist the relevant ministries, institutions and organizations in developing policies, national plans and strategies related to disability and rehabilitation
- To promote implementation of policies, laws and regulations related to disability issues and rehabilitation
- To propose revisions, additional completion or amendment of policies, laws and regulations related to disability issues
- To monitor and evaluation of policies, laws and regulations related to disability issues
- To communicate with national and international communities in order to exchange experiences and mobilize resources from both internal and external sources.

Cambodia National Council for Children (CNCC)

CNCC was established by Royal Government of Cambodia by Sub-Decree No 83 ANK.BK dated on November 20, 1995 in order to coordinate, monitor and write reports on the implementation of the Child rights to submit to UN. In 1999, CNCC reformed Sub-Decree No 56 ANK.BK dated on 28 June 1999. This sub-decree didn't make the good structure at municipalities/provinces level, causing more difficulties for institution to collect the information related to children, so in the last 2009, CNCC was reformed the Royal Decree No NS/RKT/1209/1201 dated on 21 December 2009. This new Royal Decree offers the better structure, staring from the municipal and provincial level that can link the CNCC to ministries/institutions. CNCC was honor chaired by the Prime Minister of Kingdom of Cambodia and under the chairman of Minister of MoSVY with the composition from relevant ministries (including MoH as a Vice-chair) and institutions. CNCC has the role and responsibilities as follow:

- Consulting and coordinating all activities that related to child issues.
- Monitoring, evaluating the implementation of Convention on the Child Rights in Cambodia and National Program for child in Cambodia and raising proposal of all issues and needs that ensure to the best interest of the children.
- Disseminating the law, the Convention on the Child Rights, policies and legislations of the Royal Government and mobilizing all supporting action to more effictiveness on the implementation of the child rights.
- Preparation of policy, plan, program and various actions for the best interest of the child.

National Disability Committee Coordination (NDCC)

NDCC was established by the Decision of Royal Government of Cambodia No 50 SSR dated on August 5, 2009 with mission to monitor, coordinate, evaluate and promote the implementation of the National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors (NPA). NDCC was chaired by Minister of MoSVY with composition as a total 15 members from relevant government ministries (including one from MoH), DAC, NCDP, CDPO, representative from UN agencies and development partners.

(2) Basic Information of Cambodia

1) General Information

A) GDP per capital (NSDP update 2009-2013):

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
	288	312	331	356	402	468	534	623	738

B) Poverty Rate

Year	2004	2005	2006	2007	2008	2009	2010
	35.1	34.2	32.9	30.7	29.3	27.4	25.8

C) Adult Literacy Rate (in any language) by sex and residence, 1998 and 2008 (General Population Census of Cambodia 2008)

Total/Urban/Rural	1998			2008			Change During 1998-2008		
	BS	M	F	BS	M	F	BS	M	F
Total	67.34	79.48	56.99	77.59	85.08	70.86	10.25	5.60	13.87
Urban	81.73	90.29	74.06	90.42	94.49	86.82	8.69	4.20	12.75
Rural	63.68	76.64	52.79	73.98	82.46	66.33	10.30	5.82	13.55

D) Population by Urban-Rural residence and sex (General Population Census of Cambodia 2008)

Total / Urban / Rural	Both Sex	Male	Female
Total	13,395,682	6,516,054	6,879,628
Urban	2,614,027 (19.51%)	1,255,570	1,358,457
Rural	10,781,655	5,260,484	5,521,171

E) The Budget for Social Welfare and its percentage of total national budget
F) The Budget for health and its percentage of total national budget

The government budget for health for 2008 was 112,657,409.95 USD accountable for 12.54% of the total government budget, representing a 25% increase over 2007 adjusted budget.

2) Vital Statistics

Indicators	CDHS 2000	CDHS 2005	2008	2009	2010
Life expectancy	M: 54.5 F: 58.3	M: 58 F: 64	M: 60.5 F: 64.3	M: 60.65 F: 66.97	M: 61.35 F: 67.68
Total fertility rate	4.0	3.4	3.11	3.04	2.97
Under-5 mortality rate (death per 1,000 live births)	125	83	82		75
IMR (death per 1,000 live births)	95	66	60	60	60
% of children who are underweight	45%	36%			

3) Population

Percentage distribution of Population of Cambodia by Broad Age Group according to different sources (General Population Census of Cambodia 2008)

Age Group	Percentage distribution according to				
	1998 Census	2000 CDHS	2004 CIPS	2005 CDSH	2008 Census
Total	100	100	100	100	100
0-14	42.8	42.7	38.6	38.9	33.7
15-49	46.9	46.3	49.5	47.9	53.4
50-64	6.8	7.4	8.0	8.6	8.6
65+	3.5	3.6	3.9	4.6	4.3

(3) Current situation concerned with poverty

1) Poverty headcount: Total for the country 30.1 (2007) and 25 (2010)
2) Percentage of households having access to improved water sources (Including piped water, tube/pipe well, protected dug well and rain water) (General Population Census of Cambodia 2008)

Total	47.0
Urban	76.0
Rural	41.0

(4) Case Study: Good Practices of poverty alleviation programs

Case study one

1) Title:

National Plan of Action for persons with disabilities including landmine/ERW survivors.

2) Overview:

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

The national plan of action aims to promote the human rights and fundamental freedoms of persons with disabilities and aligns with the United Nations Convention on the rights of persons with disabilities and its optional protocol signed by Royal Government of Cambodia in October 2007 and the national law on the protection and promotion of the rights of persons with disabilities which was signed by the King of Cambodia on July 2009.

3) Problem Analysis:

The health care system in Cambodia is structure on health center (coverage 8 000 to 12 000 population) referral hospital (coverage 60 000 to 200 000 population) and national level hospitals. The referral hospital is the point where a person with disabilities can receive appropriate medical care services.

Transportation to reach medical facilities is offence inadequate and in some areas of the country might take a day or more for an emergency case to access an appropriate care service due to emergency transportation or ambulation services are not widely available and lack of serviceable road especially in remote area or during the rainy season can further compromise the chances of survival.

Training of health care workers in Cambodia is basis and minimal. Some programs include the training of community based village health volunteers to respond to the emergency medical needs. Volunteers also disseminate relevant information about available health facilities and agencies that can assist.

The policy of the Ministry of Health of Cambodia is to provide exemption fees for the people with disabilities (PWDs), monk, and poor people to access healthcare services. Up to date, MoH trained 297 Kinesis Therapists and provide physical therapy for disable people in 16 provinces and 7 national hospitals. There are a few organizations that offer emergency medical assistance but services are generally limited to the network of government facilities.

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

The Action Plan reflects the deeper involvement needed from the MoSVY as soon as possible in setting rules, objectives and monitoring activities at the Physical Rehabilitation Centers in line with the recommendations from the evaluation of the sector in 2006.

Improved access to the centers or hospital services demands greater liaison with the Ministry of Health by MoSVY and especially to highlight the needs of disabled people by provisions under Health Equity Funds.

This intention of the Action Plan has been to deliver practical examples following the SMART principles that can be readily undertaken by Ministry of Social Affairs, Veterans and Youth or it's delegated government partners. The actions look to strengthen existing services rather than creating alternative approaches to target Victim Assistance activities as well as integrate these specific activities within the disability, health, education, labor and regulatory sectors.

Finally this Action Plan should be considered as a resource that can be modified, adapted and refined to keep pace with the evolving and changing needs of the mine / UXO affected individuals and communities it is ultimately designed to serve.

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

Although MoSVY has championed issues affecting disabled people, and particularly landmine victims though national livelihood and governance programs, unfortunately

Cambodia lacks a national integrated system for psychological or psychiatric care, and most of these services are now provided by a limited number of NGOs.

In Cambodia psychological support has been interpreted to mean mainly the activities undertaken through informal networks of self-help groups either initiated by MOSVY through the Community Based Rehabilitation (CBR) program, or services provided independently via various international or local NGOs.

Social reintegration is seen as the collaborative efforts between the DAC and the Special Education Unit in the Ministry of Education Youth and Sport, in the development and promotion of the Mainstreaming Inclusive Education (MIE) program.

MoH has intergrated mental health program into public health facilities to help disable people with phycological trauma. Up to date, there are 39 psychiatrists, 45 psychiatric nurses, 170 basic mental physicians, and 233 basic mental nurses dispatch within national and provincial hospitals. In addition, there are few NGOs providing psychosocial services. These include the Trans-cultural Psychosocial Organization (TPO), Social Services of Cambodia (SSC), Handicap International, Jesuit Services and Disability Development Services Pursat (DDSP).

4) Institutions or organizations involved:

There are various institution/organization involved in the implementation of this national plan of action such as:

Government institutions:

- Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)
- Disability Action Council (DAC)
- Ministry of Women Affairs (MoWA)
- Ministry of Health (MoH)
- Cambodia Mine Action Authority (CMAA)
- Technical School for Medical Care (TSMC)
- University of Health Science (UHS)
- Cambodia School for Prosthetics and Orthotics (CSPO)
- Ministry of Education Youth and Sports (MoEYS)
- Ministry of Labor Vocational Training (MoLVT)
- Ministry of Public Transports (MoPT)
- Cambodia Red Cross (CRC)

Development Partners:

- AusAID
- ILO
- ADB
- IMF
- UNICEF
- OHCHR

National and Inter institutions:

- HIB, HIF, CT, VIC, ICRC
- Trauma Care Foundation (TCF)
- JSC
- Catholic Relief Services (CRS)
- CDPO, NCDP, TPO, DDSP, CCAMH
- CSC, CIOMAL, Rose Charity Local
- Social Services of Cambodia (SSC)
- Etc

5) Strategy Pursued:

The lack of a comprehensive strategic management agenda for MoSVY, that give direction and identifies specific deliverables, has made the proper coordination and accountability of government services very difficult, as well as complicating effective monitoring and evaluation of the vast majority of services that are by partner organizations. For this reason some components of the plan of action have been developed with a view to strengthening the internal processes and competencies within MoSVY, as a ministry responsible for disabilities issues, but importantly linking these to direct action and building a solid relationship and understanding with clients as persons with disabilities.

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

The national plan of action was developed under wide consultation with disability service providers and followed by the SMART objective and action that can be readily undertaken by MoSVY and other relevant ministries, NGOs and partners.

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

6) How the strategy was implemented:

This national plan of action was endorsed by Samdech Akak Mohasena Padey Techou HUN SEN, Prime Minister of RGC on August 05, 2009 through governmental decision Nº 49 SSR.

Government has established a national mechanism on the implementation of this NPA through a National Disability Coordination Committee (NDCC) issued by the RGC at the same date letter Nº 50 SSR.

7) Impact on Policy:

The national plan of action has given prominence to the achievements in disability sector activities in Cambodia; it also highlighted the challenges that lie ahead for RGC. Also most importantly, it has provided a unique opportunity to understand how the concept of victim assistance can be integrated into policies and programs for disability as a whole. Support for this plan is widely acknowledged by the NGOs sector and their longstanding interest in improving the lives and livelihoods of persons with disabilities.

The RGC endorsed this plan as an important step in achieving its goal of more effective and coherent service provision for persons with disabilities and other vulnerable group.

8) Potential for up-scaling and replication:

The national action plan was initiated by Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) in collaboration of Cambodia Mine Action Authority (CMAA) under technical support of Disability Action Council (DAC) and other development partners as well as national and international none governmental organization.

This plan is led by MoSVY in the process of an effectiveness implementation. It is highly endorsed by the RGC which is coming to affect for every relevant government ministries as well as other stakeholders.

Case study Two

1) Title:

National Community Based-Rehabilitation Guidelines for Cambodia

2) Overview:

Community-based Rehabilitation (CBR) is a strategy for rehabilitation, equalization of opportunity, poverty reduction and social inclusion as they relate to persons with disabilities. CBR is a process towards inclusive socio-economic development, in which persons with disabilities participate in all activities just like non-disabled persons within their homes and communities. CBR also aims to make the support given to people living with disabilities sustainable, meaning that CBR programs must be lasting and avoid that people will depend on short-term outside support. This requires strong links between governmental organizations, NGOs, community based organizations, self-help groups and local government in implementation of CBR programs, so that even when external support by, for example NGOs, is withdrawn, CBR activities continue.

The guidelines are built on some basic and important principles. These are inclusion, participation, sustainability, empowerment, self-advocacy and a barrier-free environment. These principles are overlapping and complement each other. They are, therefore, inseparable.

Inclusion: Inclusion is designed to ensure people living with disabilities and their issues are included in the community and society. People with disabilities need to be included equally in their communities and without discrimination. In addition, it is important to note that inclusion is not only about disability. No one should be kicked out of their community due to disability or impairment, or because of any other form of vulnerability (e.g. belonging to an ethnic minority, or experiencing extreme poverty). All people are valuable members of society regardless of their culture, ethnicity, language, economic status and ability.

Participation: People with disabilities need to participate in CBR activities because they know what they need. They are the best resources for the improvement of the CBR program. They also contribute to the program through decision-making, project implementation, local resource management, capacity building and evaluation.

Sustainability: The benefits of CBR should be lasting. People with disabilities need to know how to 'catch fish by themselves' rather than only 'receive fish from others'. This also means that activities need to use and make the best of the local resources available in the community, rather than using external resources. In addition, CBR needs to involve many actors in society, such as the Government, NGOs and local groups.

Empowerment: Empowerment means that local people, and specifically people with disabilities, recognize that they have the power to change their own situation and therefore are actively involved in making program decisions and are influencing the way community resources are distributed. To succeed, they may need support from family, community or civil society.

Self-advocacy: Self-advocacy is the process by which people with disabilities and their families express and share their ideas, issues, struggles and goals for poverty alleviation with others. It is a collective notion, not an individualistic one, which will encourage collective action.

Barrier-free environment: Barriers are obstacles in the environment that limit the full participation of people living with disabilities in society. Such barriers include: inaccessible physical environments (e.g. buildings without wheelchair access) and the negative attitude of people (e.g. through myths, stereotypes, social stigma or discrimination). It is important to achieve a barrier-free environment because in such an environment, people living with disabilities can be included and fully participate in activities in the community.

3) Problem Analysis:

More than two decades of civil war have caused great destruction to Cambodia, especially in economic and social terms. While Cambodia is peaceful now, the war' effects continue in the form of landmine accidents, disease and disability. In addition, due to current economic progress, new problems, such as traffic accidents, are on the rise.

Based on 2006 statistics collected by external evaluators on physical rehabilitation, and data from the National Institute of Statistics in 2004, the number of persons with disabilities has been estimated at 4.7 per cent of the total population, or approximately 663,995 people. Of this number, 13,227 are landmine victims.

Compared with more developed nations, the prevalence of disability in Cambodia is low. It is possible that this discrepancy partly reflects the population distribution of Cambodia. However, other estimates suggest that disability incidence is actually much higher than reported by the 2004 Cambodia Socio-economic Survey (CSES). Data collection on disabilities in Cambodia may be complicated by: a generally limited knowledge about disabilities; shame, which may be associated with disability; and the fact that many people with a disability are the poorest of the poor, the invisible part of society. This can result in under reporting of the number of people living with disabilities.

More than 80 per cent of the Cambodian population is Buddhist, with a deep belief in Karma, which means a belief that misfortune in this life results from negative actions committed in a previous life. Sometimes people with disabilities, their families and members of the community see disability in these terms. Furthermore, due to misconceptions and a lack of information, negative attitudes towards disability are not uncommon in many communities.

The majority of people with a disability live in rural areas where there is also a shortage of services directed at them. Often there is a complete lack in accessibility, service provision and information. Many people with disabilities are illiterate and landless, and receive little to no support from others. People with a disability are therefore highly vulnerable and are often the poorest of the poor in their communities. Many people with a disability live and work on the street and, in order to make a living, resort to begging.

Women with disabilities often face additional discrimination and are exposed to negative attitudes from friends, family and the general community. Women with a disability are often seen as unable to contribute to family earnings and are therefore believed to be unable to get married or have children.

Children with disabilities either do not attend school or start late because of the negative attitudes of their family, friends and community, and because of limited access to school. Furthermore, there is little information and awareness about children living with disabilities in the community.

Negative attitudes from society, including village elders, local authorities, families and even from persons with a disability themselves, are the main barrier to successful integration into society.

The key solution to these issues lies in cooperation between all levels of relevant ministries, civil society, NGOs and people with disabilities and their families, in order to achieve the rights of persons with disabilities and provide them with access to society and community development.

4) Institutions or organizations involved:

National level

At national level, ministries take up a management role such as coordinating and planning, capacity building and monitoring and evaluation. At national level there should also be close cooperation and coordination between relevant ministries, NGOs and disabled people's organizations.

Provincial level

At provincial level, actors, such as the Provincial Department of Social Affairs and other sector departments, should take a supervisory role over activities and report to the national level on the progress of CBR.

Local level

Actors such as the District Office of Social Affairs, Commune Councillors, NGO workers, village chiefs, and people living with disabilities, their families and their communities should work together to implement and support effective CBR activities.

There are various institution/organization involved in the implementation of this guidelines from national to community level such as:

Government institutions:

- Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)
- Disability Action Council (DAC)
- Ministry of Women Affairs (MoWA)
- Ministry of Health (MoH)
- Ministry of Education Youth and Sports (MoEYS)
- Ministry of Labour Vocational Training (MoLVT)
- Ministry of Public Transports (MoPT)

Development Partners:

- UNICEF
- AusAID

National and Inter institutions:

- HIB, HIF, CT, VIC, ICRC
- CDPO, NCDP, DDSP
- OEC, CWARS, CABDICO, CDMD
- Etc

5) Strategy Pursued:

The Community Based Rehabilitation(CBR) program has been implemented in Cambodia by National and International Non-Governmental Organizations (NGOs) since 1992 with the support and coordination from the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) ranging from National to under-National level . However, the practices, criteria and the implementation relating to CBR programs have differed amongst NGOs operators. Based on the cause described and following Cambodia's government strategy plan in poverty reduction, in 2006, a National CBR coordination mechanism was established within MoSVY, for the purpose of building up the capacities of MoSVY staff at all levels, so that they could provide coordination services on CBR to PwDs including,

encouraging and advancing collaboration, learning from each other among relevant CBR operators and improving the qualitative service standards for the basic needs of PwDs.

Referring to the foremost finding of National CBR coordination project, we denoted a priority need which is the way to proceed with CBR implementation, to get more unanimous agreement, and advance comprehensive understanding on implementation and the concept of CBR to Government officers and NGOs' staffs. Conceptually, on Feb 4, 2008, National CBR coordination project conducted a meeting with participation from relevant inter-Ministries, international sponsorship agencies, National and International NGOs who are working in the disabilities section, in order to draft the National CBR guideline for Cambodia.

The result of the meeting was an agreement to develop National CBR guidelines for Cambodia. This guideline has to develop basically on the draft guidelines of WHO and be modified to Cambodia's actual context. This National CBR guideline for Cambodia has five components include: Health, Education, Livelihood, Social participation and Empowerment.

In developing this guideline, there was active participation from, relevant inter-Ministries, international sponsorship agencies, National and International NGOs, that have been working in Disabilities sections, by forming one Core Group (CG) and four Technical Working Groups (TWG) which all of these groups, had to be seriously respect to their Term of Reference. Through promptly working of CG and TWGs, a new outcome was proudly achieved for the CBR implementation model in Cambodia.

This guideline development is an important vital core for operators in improving their own capacities relating to the provision of CBR services to PwDs as well as strengthening the qualities of services to be most effective and sustainable, and address specifically to the need of PwDs in communities. It is also a concept model for all operators to approach the CBR implementation, and to better avoidance of the same service provision by different operators to the same target area and the same beneficiaries. Moreover, it is the important document for general publicity conceptualizing the disabilities, the needs of PwDs, advantage of CBR service provision to PwDs and to activate the participation from communities toward supporting, promoting the welfare of PwDs and to ensure the full participation of PwDs into social activities.

6) How the strategy was implemented:

This guidelines is endorsed by minister of ministry of social affairs, veterans and youth rehabilitation (MoSVY) giving to all operators to implement at community through collaboration approach between provincial, commune level and organization working on the field of disability.

7) Impact on Policy:

These guidelines aim to provide support on how to start a good CBR program and how to strengthen existing CBR programs.

If the guidelines are effectively implement persons with disabilities will certainly improve their quality of live.

8) Potential for up-scaling and replication:

Current practices in Cambodia show that NGOs have different understandings of CBR concepts, including the level of participation required of persons with disabilities and the type of activities that should be organized.

It is important that all stakeholders, including communities, Commune Councils, NGOs, line-ministries and the national Government have the same understanding of CBR and the same standards of implementation of activities.

Therefore, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) has assigned its rehabilitation department, which leads the National CBR Coordination Project, to develop, in consultation with sector ministries, such as the Ministry of Health, Ministry of Education, Ministry of Rural Development and Ministry of Labor and Vocational Training, and non-governmental stakeholders, national CBR guidelines for nation-wide circulation and implementation.

Target readers

These guidelines are written for people in the community who are planning, implementing, managing and/or evaluating a CBR project. They are encouraged to review their work within this framework to improve, strengthen and diversify it.

Those include policies maker and implementer such as Government stakeholders, Disabled people's organizations, International and local NGOs and Self-help groups.

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