Country Report on caring societies" Towards an inclusive Society-strengthening the collaboration between social welfare, health and medical systems for children with Disability in Cambodia

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I-Follow up of the 6th High Level Officials Meeting "Healthy Next Generation"

Healthy children can have ability to learn better, grow better, and have better chance of succeeding in life. Healthy mother will help to reduce and even safe more expenditure on health care for family, thus impact on poverty alleviation. Routine childhood immunization will protect children from sickness due to preventable diseases. Thus, addressing the improvement of Maternal and Child Health services in Cambodia is vital, given the serious impact of infectious diseases such as HIV/AIDS among pregnant women, the risk of unsafe deliveries and/or abortions and the high rate of maternal and child mortalities. Reduction of Maternal and Infant mortality is a priority of the Ministry of Health (MoH) among other public health concerns and it constituted as one of a main focused area of the National Health Sector Plan. Protecting the health of mothers and children is very important for the "Healthy Next Generation". Increased investment in Maternal and Child Health (MCH) will contribute to wider development goals because it enables mother to become healthy and productive healthy child.

Reducing maternal and child mortalities in Cambodia is both a human rights and a socio-economic issue. Avoiding maternal and child death will have significant benefits on household income, the quality of household expenditures, the chance of survival of young children and their future educational achievements[1]. However, despite the prioritization of maternal health, the maternal mortality ratio (MMR) has changed little in the last 10 years, with the MMR estimated at 437 per 100,000 live births in the 2000 Cambodia Demographic and Health Survey (CDHS) and 472 per 100,000 live births in the 2005 CDHS. This corresponds to a life time risk of dying from a pregnancy related cause as 1 in 50. Maternal related deaths account for 17.1% of women ages between 15-49 years[2].

Child survival strategy and mechanism was introduce nation wide to protect the health of mothers and children, because it is very important for the "Healthy Next Generation".

The National effort has mobilize to monitor the progress. 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.

Maternal and Child health are the main priorities for Cambodian government, particularly Ministry of Health.

Ministry of Health has established the Cambodia Child Survival Strategy. This Cambodia Child Survival Strategy (CCSS) was completed and officially endorsed in 2006. An important component of the CCSS was the development of the Cambodia Child Survival Scorecard, which identified 12 specific high impact child survival interventions that need to be scaled-up throughout Cambodia. Others activities such as IMCI health facility survey: 140 health facilities in 24 ODs which included case observation of 456 children, exit interviews with care taker, re-examination of the sick children and checking equipment and supplies was conducted. IMCI guidelines was updating in early 2007.

Child survival costing exercise was finalized. Social marketing of diarrhoea treatment kit "Orasel" : 2 sachets of low osmolarity ORS and 10 dispersible Zinc 20mg tablets was introduced and NGO-Child survival working group was introduce

To strengthen the implementation of Cambodian Child Survival Strategy many strategy and regulation was regulate such as Health Sector Strategic Plan 2003-2007, Sub-decree on the marketing of products for infants and young child feeding was approved in 2005, National reproductive and sexual health strategy 2006-2010, Child survival coordination mechanism, the high-level Child Survival Steering Committee (CSSC) was established in 2004., the Child Survival Management Committee (CSMC) was established in July 2005 and served as the main coordinating mechanism for the MoH to improve child survival throughout the country. It memberships represents MoH department, national programs (NNP, NIP, NMCP, NDCP, IMCI, NADC, NRHP) related to CS; representatives of the three main CS donors (WHO, UNICEF, USAID) and representative from NGOs (MEDICAM).Children with disabilities is also one of the concern for the government and has been faced and developed. ***Starting from small beginnings*** much can be accomplished by groups, individuals (both people with disabilities and non-disabled) and government personnel if we are willing to collaborate and work together for the common gaol.

II- Cambodian current situation

1- General Information

1.2- Total Land Area

- Land Area: 181,035 sq. km
- Province: 20
- City: 4
- District/Khan: 182
- Commune: 1,623
- Village: 13,408

A	GNI Per capita (GDP)	513 USD(2006)
B	Poverty rate(households below poverty line)	34.71
C	Adult literacy rate(by sex)	73.6(84.7/54.1)
D	Urban population(%)	19.5
E	The budget for social welfare and its percentage of total national budget	N/A
F	The budget for health and its percentage of total national budget	11.3

2- Vital Statistics

A	Rate of national increase of population(% per year)	1.54
B	Crude death rate	N/A
C	Crude birth rate	25.6
D	Infant mortality	66
E	U5MR	83
F	life Expectancy at birth(total by sex)	58/64
g	Total fertility rate	3.4

3- Population

A	Total	13,388,910
B	By age-groups and sex	6,495.512/6,893,398
a	age0-14(%)(male/female)	38.9(41.5/36.7)
b	age 15-64(%)(male/female)	56.5(54.5/58)
c	age 65 and over(%)(male/female)	4.6(3.9/5.3)

III Current situation concerned with child with disabilities

Disability Data: The consequences of the civil war and internal conflicts of more than two decades have caused great destruction for Cambodia, especially on economic and social affairs. The remnant of war, landmine accident, disease and biological disability and traffic accident cause the increase of people with disabilities up to 2% of the total population, approximately 169.058prs (Collected by National Institution of Statistic of Cambodia in 1999).

According to the statistics raised by the external evaluators on physical rehabilitation in Cambodia 2006 based on data from National Institution of Statistic of Cambodia in 2004, the people with disabilities were increased to 4,7% of the total population, approximately 663.995prs among the total population 13,388,910. In this amount, 13,227prs were LMV.

Cambodian people with disabilities are the poorest among the poor vulnerable people with very limited access to basic social services, education, vocational training, job placement, and income generation opportunities. They have little to gain from the similarity of treatment concept as long as a range of environmental barriers existed to prevent their social integration.

A mandate of Royal Government of Cambodia has tried to find the way to solve the social problems including vulnerable persons which consist of PwDs especially this 3rd mandate of the Royal Government of Cambodia had put the disabilities matter in the rectangular strategic plan of the government for the purpose of poverty reduction.

a) Total number of persons with disabilities: **169,058 persons**

b) Persons with disabilities classified by type of disability

Type of Disabilities	***No. of Person***
Physical	97,585
Blind	19,453
Deaf	12,013
Mental	12,576
Others	27,431
TOTAL	***169,058***

c) Persons with disabilities classified by Cause

Category	***No. of Persons***
Congenital	34,632
Land-mine	19,262
War/Conflict	18,333
Disease	54,979
Road accident	9,313
Other accident	12,174
Others	20,365

d) Persons with disabilities classified by gender

Type of Disabilities	***Male***	***Female***
Physical	59,139	38,446
Blind	8,744	10,709
Deaf and Mute	8,223	3,790
Mental	8,150	4,426
Others	15,250	12,181
TOTAL	***99,506***	***69,552***

The total number is approximately 169,058 equivalent to1.4% .According to the International estimated 15% the number are equivalent to 2 million

In Cambodia has some very good facilities for children with visual impairment. Children with multiple handicaps were sent to get health care services in public health care centres, provincial hospitals, or/and physical rehabilitation centres/NGOs. Children with disabilities was unfortunately often rated a low priority. Cambodia face to limited of government staff in the special needs of children with disabilities- Training was minimal-existent. Attitudes towards disability- "karma" and paternalistic behaviours.. Limitation understanding of parents, local authorities, and community members are crucial. Children with disabilities living in poverty face barriers related to low social status, economic deprivation, lack of transportation, and problem of no physical access to the range of services that they need.

In Cambodia, disability identification and early intervention are still weak especially in the rural areas due to the lack of resources, disability awareness, low education of people at community level and the absolute poverty. However, effort has been taken through the following activities:Changing attitudes and behaviours, awareness raising in getting health care services for children with disabilities to be formalised and included in all government policies and planning, Strategy to develop pilot (demonstration) projects to show what can be achieved and that all children have the right to health care,New enacted legislation on Protecting and Promoting Rights of PWDs.

Sub-Decree No. 37, the establishment of an Inter Ministerial Committee on Primary Health Care (PHC) 1995:

* To support the development and implementation of a national policy on Primary Health Care (PHC)

* To support the understanding of Primary Health Care issues and implementation of the National Policy on PHC. These are:
- Promoting health through the National Policy on PHC
- Information on PHC in the Cambodian context and factors influencing health and community development in Cambodia
- A Conceptual Framework for analysis of factors influencing the health and well being of people in Cambodia.
* Cambodia's PHC policy is based on internationally recognized PHC principles. These are regarded as core characteristics essential for all PHC activities in Cambodia. In implementing activities, all agencies and activity participants should adhere to the following six principles of the Government's policy:
- Universal accessibility and coverage in relation to need
- Community participation in health and development
- Inter-sectoral action in health
- Appropriate technology and cost effectiveness

To ensure sustainability, Monitoring and evaluation, Health Center and Community Health Worker/Volunteer and Social Workers has been promoted extensively in Cambodia to meet with the increasing needs of people for health care. Community Based Work/CBR with PWD benefit from this health system. Community health worker/volunteer (refer to civil society) and social workers play a vitally important role in identification of disability and referral to health center or hospital. However, there is still lack of trained community health worker/volunteer and social worker and disability awareness and the poverty of people in general has made the system worked not very effectively.

In collaboration with MoH, the modules have been developed in relation to identification of disability. The main purpose of the modules is to spread and promote awareness raising on disability so that people can seek for intervention and referral for treatment as earlier as possible.

Many key issues are to be considered. An urgent need is to develop an efficient disability prevention an early childhood intervention strategy. A need for awareness raising among expectant mothers, health workers, and traditional healers alike. A need to train parents how to care for children as well as how to access health service already available. Providing opportunities for parents, health workers and carers to gain more knowledge and skills; Having dedicated and committed volunteers and staff; Taking initiatives and then working towards formalising and institutionalising the programme to become permanent within the Government Ministry to ensure sustainability; The bottom line being to promote care and social services, the training of health workers and parents, a low-cost inclusive/special education system to allow progress to be made, and the opportunity for more children with disabilities to be able to attend school.

The acceptance of most people in recognising the advantages of co-ordination; and the important contribution of volunteers.

In conclusion, the above description does, I hope, illustrate the process by which children with disabilities in Cambodia has been faced and developed. ***Starting from small beginnings*** much can be accomplished by groups, individuals (both people with disabilities and non-disabled) and government personnel if we are willing to collaborate and work together for the common gaol.