Assessment of Cambodia’s progress in implementing the 11 actions on Victim Assistance in the Cartagena Action Plan Leading to the 3rd Review Conference of the APMBC
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FOREWORD

On behalf of the Cambodian Mine Action and Victim Assistance Authority (CMAA), I would like to express my deepest thanks to the coordination bodies (CMAA, Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), and the Disability Action Council (DAC)) and development partners (UN agencies). I would also like to thank all relevant stakeholders such as Victim Assistance/Disability Operators, local authorities, Disabled People’s Organizations and civil society for their involvement in the implementation of the Cartagena Action Plan 2010-2014.

Through this report, which indicates the many achievements in implementing the 11 actions on Victim Assistance in the Cartagena Action Plan, I am very proud of what we have done. These achievements have contributed to the implementation of the National Mine Action Strategy 2010-2019, the Royal Government of Cambodia’s (RGC) commitments to landmine/ERW survivors and other people with disability, the Cambodian Millennium Development Goals (CMDGs), the Anti-Personnel Mine Ban Convention (APMBC), and the 10-Year Extension Request. In addition, the report recommends promoting the effective implementation of the existing national plan and legal framework, in particular, the National Disability Strategic Plan 2014-2018 and the Maputo Action Plan 2015-2019. This can be achieved through the provision of more resources to the mine action sector, including to victim assistance, and to the disability sector.

In short, this report on the assessment of the implementation of the 11 actions on Victim Assistance in the Cartagena Action Plan, in the context of Cambodia, leading to the 3rd Review Conference of the Anti-Personnel Mine Ban Convention, outlines the achievements of each action. It also shows the gaps in implementation and provides recommendations based on the Cambodian context. Of course, this report will also contribute to building collaboration and cooperation amongst key stakeholders in Cambodia, and will help to strengthen the coordination body to implement the next action plan effectively and efficiency.

Phnom Penh, 17 June 2014

CHUM Bun Rong
This report benefits greatly from the generous time and expertise of many individuals and organizations through various interviews, focus group discussions and consultative meetings. Sincere gratitude goes to the UNDP for financial support through CMAA. Many thanks to H.E CHAN Rotha, Mr. NY Nhar, and CMAA for their technical input and preparation. Thanks also to Ms. Sheree Bailey AM for providing comments, suggestions and editions of this report. Very special thanks to Victim Assistance/Disability Operators and people with disabilities, local authorities and Disabled People’s Organization (DPO) and coordination bodies (CMAA, MoSVY and DAC) for spending a lot of time, providing information, comments and suggestions for this study. Last but not least, deepest appreciation is owed to the study team.
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<tr>
<th>ACRONYMS</th>
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<tr>
<td>ARC</td>
<td>Australian Red Cross</td>
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<tr>
<td>CABDICO</td>
<td>Capacity Building of People with Disability in the Community Organisation</td>
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<td>CAP</td>
<td>Cartagena Action Plan</td>
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<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<td>CCBL</td>
<td>Cambodian Campaign to Ban Landmines</td>
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<td>CDPO</td>
<td>Cambodian Disabled People's Organization</td>
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<td>CMAA</td>
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<td>MAC</td>
<td>Cambodian Mine Action Centre</td>
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<td>CMVIS</td>
<td>Cambodian Mine/ERW Victim Information System</td>
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<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<td>CSES</td>
<td>Cambodia Socio-Economic Survey</td>
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<td>DAC</td>
<td>Disability Action Council</td>
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<td>DFAT</td>
<td>Department of Foreign Affairs and Trade (Australia)</td>
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<td>Disabled Persons’ Organisation</td>
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<td>ERW</td>
<td>Explosive Remnants of War</td>
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<td>HI</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>JRS</td>
<td>Jesuit Refugee Service</td>
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<td>LPPRPD</td>
<td>Law on the Protection and the Promotion of the Rights of Persons with Disabilities</td>
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<td>MAPU</td>
<td>Mine Action Planning Unit</td>
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<td>MoSVY</td>
<td>Ministry of Social Affairs, Veterans and Youth Rehabilitation</td>
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<td>NDCC</td>
<td>National Disability Coordination Committee</td>
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<td>NDSP</td>
<td>National Disability Strategic Plan</td>
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<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>NPA-PwsDs</td>
<td>National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors</td>
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<td>NSDP</td>
<td>National Strategic Development Plan</td>
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<td>OEC</td>
<td>Operations Enfants du Cambodge</td>
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<td>Provincial Mine Action Committee</td>
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<td>PWDF</td>
<td>Persons with Disabilities Foundation</td>
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<td>RGC</td>
<td>Royal Government of Cambodia</td>
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<td>VA</td>
<td>Victim Assistance</td>
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EXECUTIVE SUMMARY

Background of study

Cambodia’s landmine problem is the consequence of internal and regional conflicts which affected the country from the mid-1960s until the end of 1998. Landmines and explosive remnants of war (ERW) are highly prominent in the provinces of Battambang, Banteay Meanchey, Oddar Meanchey and Preah Vihear, provinces close to the Thai border. The East is also affected, but to a lesser extent and mainly by ERW ("Landmines in Cambodia," 2011).

In 2012, the Cambodia Socio-Economic Survey (CSES) estimated that 5% of people in Cambodia were disabled, in total of 624,091 people; 0.2% of disabilities were caused by mines/ERW or war injuries (Statistics, 2013). From 1979 to December 2013, a total of 64,314 mine/ERW casualties were recorded by Cambodian Mine/ERW Victim Information System (CMVIS) data gatherers. Of the 64,314 casualties, 50,896 (79%) were caused by mines and 13,418 (21%) were caused by other ERW (CMAA, 2013).

The Royal Government of Cambodia ratified the Anti-Personnel Mine Ban Convention 1 on the 28th of July 1999 and become a state party on the 1st of January 2000. The Nairobi Action Plan 2005-2009 was adopted at the 1st Review Conference of the APMBC. To support States Parties to implement the Nairobi Action Plan, in 2005 the APMBC’s Standing Committee on Victim Assistance and Socio-Economic Reintegration developed a framework to help develop a plan of action in relation to mine victim assistance. 2 Using this framework, Cambodia developed the National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors 2009-2011 (NPA-PwDs). Implementation of the NPA-PwDs was later extended to the end of 2013. However, implementation of the NPA-PwDs was limited due to a lack of human, technical and financial resources and limited coordination between stakeholders. Efforts to assist the victims was also guided by the Cartagena Action Plan 2010-2014 which was adopted at the 2nd Review Conference of the APMBC in December 2009. The Maputo Action for 2015-2019 will be adopted at the 3rd Review Conference of APMBC in June 2014.

This study aimed:

a) To review the effectiveness and the efficiency of the implementation of the eleven actions in the victim assistance section of the Cartagena Action Plan 2010–2014 (CAP);

b) To study these actions and work with relevant stakeholders on implementation;

c) To study and combine the recommendations and inputs from relevant stakeholders for the next steps for implementation.

Methodology

Desk based review, Key Informant Interviews, a Focus Group Discussion and consultative meetings were used in this study.

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1 Also known as the Ottawa Treaty, or often simply referred to as the Mine Ban Treaty, but officially known as the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction.

2 Victim assistance: offers a vital promise to victims, including the families of those killed or injured and affected communities (Monitor)
Key Findings

1) Inclusion
Mine survivors and their representative organisations as well as other relevant stakeholders in the disability sector participated in the development of the new national action plan (National Disability Strategic Plan (NDSP) 2014-2018), in implementation mechanisms (National Disability Coordination Committee (NDCC)), and in the monitoring of the National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors (NPA-PwDs) 2008-2011. In addition, they participated in the national workshop on “Dissemination of the Cartagena Action Plan to assist people with disability and mine survivors in Cambodia” in August 02, 2011 (CMAA, 2011). However, the participation of survivors was limited in efforts to address their rights and needs at the sub national level, due to limited understanding, and a lack of human resources and financial support.

Recommendations:

i. Promote participation of mine survivors and their representative organisations as well as other relevant stakeholders in the implementation, monitoring and evaluation mechanisms to ensure their rights and needs are addressed in the new NDSP.

ii. Use awareness raising, rights based and twin track approaches to promote the inclusion of people with disabilities including mine survivors in the Commune Investment Plan/Commune Development Plan (CIP/CDP).

iii. Lobby NGOs working on disability issues to promote the involvement of mine survivors in planning, monitoring and evaluation of their plans, programs and policies.

iv. Lobby donors who support NGOs working on disability issues to ensure inclusion of mine survivors in all activities.

2) Coordination
Coordination of victim assistance is delegated to the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), and the Disability Action Council (DAC) in 2001. In order to improve coordination, the Landmine Victim Assistance Steering Committee (established in 2007 and co-chaired by MoSVY and CMAA, was reformed in 2010 as the National Disability Coordination Committee (NDCC). The DAC is the main coordination mechanism for the disability sector. However, the existing coordination mechanisms are limited in terms of funding, members, roles, responsibilities and meeting schedule. One or two meetings of the NDCC took place; there was a lack of human, technical and financial resources to strengthen the national coordination mechanisms. CMAA continues to play an important role in disability coordination mechanisms to ensure the rights and needs of survivors are addressed within broader disability plans, policies and programs.

Recommendations:

i. CMAA’s role in existing disability coordination mechanisms should be strengthened.

ii. The sub decree (100 ANKR.BK) should be amended to include details of the role and responsibility of the MoSVY/PWDF and DAC to report to CMAA on the inclusion of mine survivors in the implementation of plans and programs.

iii. MoSVY/PWDF should enhance reporting on the situation of mine survivors and other people with disabilities.

iv. The DAC should report on the situation of mine survivors across ministries and at the sub national level (province).
v. The existing mechanism for promoting coordination among the Provincial Mine Action Committee (PMAC) and the Mine Action Planning Unit (MAPU) should be strengthened to improve reporting on services and activities to address the rights and needs of survivors.

vi. Link existing structures such as youth volunteers and volunteers of the CRC and DPO network to improve coordination at the sub national level.

3) Understanding the extent of the challenge faced

In 2010, the CMVIS, which is a systematic collection, analysis, interpretation and dissemination of information system about civilian and military casualties of landmines and other ERW, was completely handed over to CMAA. NGOs also work to collect data on mine survivors in Cambodia. Although existing data collection mechanisms have included the category of mine casualty and/or mine survivor, some records related to rehabilitation and social and economic services monitoring do not report on mine survivors receiving services. Furthermore, some organizations do not disaggregate data to show mine survivors accessing services.

Recommendations:

i. Lobby NGOs working on disability issues to include the category mine/ERW survivors in their database.

ii. Standards for national statistics reporting on services should be developed with the involvement of stakeholders.

iii. MoSVY should ensure that the Patient Management System (PMS) at the Physical Rehabilitation Centres includes the category of mine/ERW survivor.

iv. Promote collaboration between CMAA and the National Institute of Statistics (NIS) to enhance the collection of information on mine survivors, and other people with disability, through the commune database.

4) Legislation and policies

There are existing frameworks addressing the needs and fundamental human rights of persons with disabilities, including mine survivors. Progress has been made in the development of the legal requirements to implement the Law on the Promotion and Protection of the Rights of Persons with Disabilities. However, the dissemination and implementation of these frameworks is limited. For instance, most mine survivors in Anglong Veng commune were not aware of these frameworks. In addition, local authorities did not know of any legislation related to disability. The action of awareness raising and implementing the framework was limited due to a lack of human resource, financial and technical support.

Recommendations:

i. MoSVY/DAC should promote training on the legislation and policies related to disability through follow up or dissemination by those who have been trained as trainers.

ii. NGOs working on disability should enhance awareness raising on legislation, policies and guidelines related to people with disabilities, including mine survivors, through commune meetings, Self-Help Group (SHG) meetings and DPO network meetings.

iii. NGOs working on disability should continue to promote disability awareness through media, posters, brochures and other events such as the International Day of People with Disabilities.

5) Planning

In 2013 a planning process started to develop a new plan to replace the National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors. The objectives of the new National
Disability Strategic Plan 2014-2018 (NDSP) are relevant to improving the quality of daily life of mine survivors.

Recommendations:
  i. The CMAA should work with the DAC to ensure that the rights and needs of mine survivors will be addressed and the budget allocated in the NDSP 2014-2018.
  ii. The CMAA should actively participate in disability planning and coordination mechanisms.

6) Monitoring and Evaluation
The DAC’s Monitoring, Evaluation and Reporting Unit was responsible for coordinating monitoring and evaluation of the implementation of national policies, laws and sub-legislative frameworks on disability including the NPA-PwDs. Although the Monitoring, Evaluation and Reporting Unit was established, it did not have adequate human and technical resources to fulfil its tasks. Consequently, no reporting standards were implemented which means there is a lack of comprehensive information around the progress that was made on the implementation of the NPA-PwDs or the CAP. In addition, there are no national annual progress reports detailing progress made against each objective/action of the NPA-PwD or the CAP.

Recommendations
  i. A reporting format should be developed and disseminated by CMAA to all relevant actors so that they can report on the progress of the implementation of the Maputo Action Plan (MAP).
  ii. CMAA ensures that the DAC’s Monitoring and Evaluation Unit is aware of the MAP and provides information to enable reporting on the progress of implementation of the MAP.
  iii. The CMAA should follow up with the Monitoring, Evaluation and Reporting Unit on the implementation of the Maputo Action Plan.
  iv. The CMAA should work with the DAC to follow the progress of the key objectives of the NDSP in order to ensure that every action and budget takes mine survivors into account.

7) Involvement of relevant actors
Relevant actors participated in meetings related to victim assistance or disability more generally at the international, national and sub-national level. Relevant actors also participated in the ASEAN Summit on Social Welfare of Persons with Disabilities on 20-21 September 2010, in Beijing. In addition, there is always involvement of relevant actors, including MoSVY, DAC and CMAA, in all international and regional meetings of the APMBC.

At a national level, the DAC and MoSVY plays a key role in coordinating the disability sector. Through this mechanism, relevant ministries, development partners, UN agencies, and DPOs participated in activities to monitor, coordinate, evaluate and promote the implementation of the NPA-PwDs. However, participation of relevant stakeholders was still limited due to the lack of effective coordination.

Recommendations:
  i. The CMAA should collaborate with the DAC to promote the involvement of relevant ministries, development partners, UN agencies, DPOs and Deputy Governors (sub-national) in coordination mechanisms and other forums.
  ii. Participation of CMAA in disability coordination mechanisms should be strengthened.

8) Capacity building
There are many relevant stakeholders working on disability issues such as MoSVY, DAC, local authorities, Disabled People’s Organization (DPO) and other service providers (local and international NGOs). However, no comprehensive human resource development plans are in place, a decision must still be made around where training will be done, by whom and what budget and funding are available. In addition, the number of those who need to be trained to ensure the provision of adequate and appropriate services is not yet defined.

Recommendations:

i. MoSVY should ensure follow-up of training of trainers on LPPRPD to Provincial Department of Social Affairs, Veterans and Youth Rehabilitation (PoSVY) and District Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY) to ensure dissemination of knowledge to others working with and for survivors and other people with disability.

ii. The number of trained human resource people needs to be defined to ensure adequate service provision.

iii. A human resource development plan should be developed and implemented for each group of professionals, this plan should include the training location, the trainers and the budget and funding available.

9) Accessibility

The issue of accessibility of infrastructure and information is addressed by the LPPRPD and the CRPD. In addition, governments and NGOs working on disability provided services to people with disabilities including mine survivors such as rehabilitation, psychosocial support, education, livelihood and income generation services. However, physical accessibility and services are not sufficient to meet the needs of people with disabilities including mine survivors. Furthermore, most mine survivors have limited access to information on the law and policies related to disability due to a lack of awareness raising activities.

Recommendations:

i. Monitor how disability laws and the CRPD articles are implemented to improve physical accessibility to services and infrastructure for people with disability.

ii. Article 9 of the CRPD and article 21 of LPPRPD relates to education policy for children with disabilities and public building accessibility, stakeholders, in particular commune council members should be made aware of this.

iii. Improve understanding among stakeholders especially commune councils, schools and pagodas on how a public building should be made accessible to all.

iv. Include issues of accessibility to public buildings, latrines and wells in the Commune Investment Plan / Commune Development Plan and the plans of other services providers who work on issues relevant to persons with disabilities.

v. Service providers should develop policies which ensure that public buildings are accessible for persons with disabilities including mine survivors.

vi. MoSVY/DAC should promote the dissemination of disability laws and policies in particular “Reasonable Accommodation on Employment of Persons with Disabilities” to service providers.

vii. Government and partner agencies should provide financial support to service providers who take the needs of people with disabilities including mine survivors into account in their programs.

10) Good practice

There are examples of good practice in the provision of services and in addressing the rights and needs of mine survivors and other persons with disabilities collated and disseminated among
NGOs working on disability. However, there are no guidelines or rules in place for the public on how to make facilities accessible for women, girls, boys and men with disabilities.

**Recommendations:**

i. Develop and disseminate guidelines on the implementation of minimum standards and make disability inclusive guidelines for facilities and services accessible to the public, to guarantee equal access for women, girls, boys and men with disabilities including mine survivors.

ii. Promote the sharing of good practices on providing services to people with disabilities including mine survivors through meetings and workshops.

11) **Awareness raising**

Awareness was raised on issues relating to people with disabilities including mine survivors. MoSVY and DAC have included awareness raising on the rights of people with disabilities into their program. However, training packages and awareness raising tools on the role of social and attitudinal barriers have not been shared with the relevant stakeholders. Some NGOs also began to include disability awareness in their mine risk education program.

**Recommendations:**

i. Highlight how social and attitudinal barriers prevent the participation of survivors and other persons with disabilities in society by compiling and sharing training packages and awareness raising tools.

ii. Develop and endorse minimum training standards and awareness raising tools on disability. Trainings and awareness raising tools should be shared with relevant stakeholders such as local authorities, NGOs and communities.

iii. Collaborate with NGOs working on visual and hearing impairments to ensure IEC materials are accessible for people with various types of disability.
INTRODUCTION

1. Background of study

Cambodia’s landmine problem is the consequence of internal and regional conflicts which affected the country from the mid-1960s until the end of 1998. Landmines and explosive remnants of war (ERW) are highly prominent in the provinces of Battambang, Banteay Meanchey, Oddar Meanchey and Preah Vihear, provinces close to the Thai border. The East is also affected, but to a lesser extent and mainly by ERW ("Landmines in Cambodia," 2011).

In 2012, the Cambodia Socio-Economic Survey (CSES) estimated that 5% of people in Cambodia were disabled, in total 624,091 people; 0.2% of disabilities were caused by mines/ERW or war injuries (Statistics, 2013). From 1979 to December 2013, a total of 64,314 mine/ERW casualties were recorded by the Cambodia Mine/ERW Victim Information System (CMVIS) data gatherers. Of the 64,314 casualties, 50,896 (79%) were caused by mines and 13,418 (21%) by other ERW (CMAA, 2013).

The Royal Government of Cambodia ratified the Anti-Personnel Mine Ban Convention on the 28th of July 1999 and become a state party on the 1st of January 2000. The Nairobi Action Plan 2005-2009 was adopted at the 1st Review Conference of the APMBC. To support States Parties to implement the Nairobi Action Plan, in 2005 the APMBC’s Standing Committee on Victim Assistance and Socio-Economic Reintegration developed a framework to help develop a plan of action in relation to mine victim assistance. Using the framework, Cambodia developed the National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors 2009-2011 (NPA-PwDs). Implementation of the NPA-PwDs was later extended to the end of 2013. However, implementation of the NPA-PwDs was limited due a lack of human, technical and financial resources and limited coordination between stakeholders. Efforts to assist the victims have also been guided by the Cartagena Action Plan 2010-2014 which was adopted at the 2nd Review Conference of the APMBC in December 2009. The Maputo Action for 2015-2019 will be adopted at the 3rd Review Conference of APMBC in June 2014.

2. Aims of Study

a) To review the effectiveness and the efficiency of the implementation of the eleven actions in the victim assistance section of the Cartagena Action Plan 2010–2014 (CAP);
b) To study this action and work with relevant stakeholders on its implementation;
c) To study and combine the recommendations and inputs from relevant stakeholders in the next step of the implementation.

METHODOLOGY

Desk based review, Key Informant Interviews, a Focus Group Discussion and consultative meetings have been conducted for this study.

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3 Also known as the Ottawa Treaty, or often simply referred to as the Mine Ban Treaty, but officially known as the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction.
4 Victim assistance: offers a vital promise to victims, including the families of those killed or injured and affected communities (Monitor)
1. Desk based review

Existing documents such as legal frameworks, government documents, reports, and conference papers related to victim assistance have been reviewed.

2. Key Informant Interviews (KII)

Key stakeholders at national and sub-national level were interviewed using the guide questions. The guide questions were selected based on the role of the stakeholders; coordination body/Development Partners, Victim Assistance/Disability Operators, local authorities and Disabled People’s Organizations (DPO). The purposive sampling was used to select key stakeholders to interview.

3. Focus Group Discussion

A Focus Group Discussion (FGD) among mine survivors was conducted in Anglong Veng, a commune in Oddar Meanchey province. The purpose of the FGD was to gain an understanding of the existence, availability and accessibility of services for female and male mine survivors.

4. Consultative meeting on first draft with key stakeholders

The aim of the meeting was to identify any gaps found by the key stakeholders in the first draft. Participants included coordination bodies, development partners, and victim assistance/disability operators. Representatives from CMAA, UNDP, MoSVY, PWDF and DAC also attended.
KEY FINDINGS

1. Inclusion

Achievements in the implementation of the action on inclusion

Mine survivors and their representative organisations as well as other relevant stakeholders in the disability sector participated in the development of the new NDSP, in implementation mechanisms such as the NDCC, and in the monitoring of the NPA-PwDs.

The National Disability Strategic Plan (NDSP) 2014-2018, which is expected to be adopted in July 2014, was developed with involvement from people with disability, including survivors, in all stages of formulation. For instance, participants of the Hearing Workshop to draft the NDSP were representatives of stakeholders who came from different sectors at regional, national, provincial, district and commune levels, including representatives of organisations of persons with disabilities and community leaders (G. o. Cambodia, 2014).

The national workshop on “Dissemination of the Cartagena Action Plan to assist people with disability and mine victims in Cambodia” was conducted in August 02, 2011 with around 210 participants from government institutes, ambassadors and NGOs working with mine survivors and other people with disability attended this event (CMAA, 2011).

Gaps in the implementation of the action on inclusion

The participation of mine survivors and their representative organisations was limited in efforts to address their rights and needs at the sub-national level, due to limited understanding, and a lack of human resources and financial support.

Survivors had limited opportunities to participate in the review of implementation of the NPA-PwDs. Approximately, 206 questionnaires were sent to key actors working on disability issues. However, a total of 23 responses to the questionnaire were received. It is not known how many of these responses included input from survivors.

In addition, the participation of people with disabilities, including mine survivors, in planning processes for Commune Investment Plans/Commune Development Plans (CIP/CDP) is limited. Consequently, most CIPs/CDPs do not address or respond to the rights and needs of people with disabilities, including mine survivors.

Recommendations on the action of inclusion

i. Promote participation of mine survivors and their representative organisations as well as other relevant stakeholders in the implementation, monitoring and evaluation mechanisms to ensure their rights and needs are addressed in the new NDSP.

ii. Use awareness raising, rights based and twin track approaches to promote the inclusion of people with disabilities including mine survivors in the Commune Investment Plan/Commune Development Plan (CIP/CDP).

iii. Lobby NGOs working on disability issues to promote the involvement of mine survivors in planning, monitoring and evaluation of their plan, programs and policies.

iv. Lobby donors who support NGOs working on disability issues to ensure inclusion of mine survivors in all activities.
2. Coordination

Achievements in the implementation of the action on coordination

The responsibility for coordination of victim assistance was delegated by sub-decree in 2001 to the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and the Disability Action Council (DAC). A second sub-decree in 2005 reaffirmed the role of MoSVY and the DAC (MoSVY, CMAA, & DAC, 2011).

In 2010, with the tasks of the LVASC achieved, the Government established the National Disability Coordination Committee (NDCC), chaired by MoSVY. The NDCC is mandated to monitor, coordinate, evaluate, and promote the implementation of the NPA-PwDs and related national policies on disability issues, including assistance to landmine survivors. CMAA remains a member of the NDCC to ensure that the rights and needs of mine survivors are part of the work of the Committee (MoSVY, et al., 2011).

In May 2013, the RGC issued a Circular Instruction Strengthening the Management of the Mine Action Sector. The circular states that:

The MoSVY must closely cooperate with the CMAA to disaggregate data on support and services provided to casualties of landmines and explosive remnants of war from the general data recoded for disability sector (Cambodia, 2013).

In May 2014, the Decision to establish a working group on management, monitoring, evaluation and collection of data on mine/ERW survivors receiving services from various stakeholders in the lead-up to the 3rd Review Conference of the APMBC in Maputo, Mozambique, was endorsed by the Prime Minister. The working group is composed of CMAA, MoSVY and DAC (R. G. o. Cambodia, 2014).

Gaps in the implementation of the action on coordination

The existing coordination mechanisms are limited in terms of funding, members, roles, responsibilities and meeting schedule.

The DAC was restructured after the Law on the Protection and the Promotion of the Rights of Persons with Disabilities was adopted in 2009. In 2010, DAC became the Secretariat of the Disability Action Council which was appointed by Sub-Decree No. 59 ANKR-BK. The DAC then began to focus on developing several Sub-Decrees and Prakas as stated by the disability law. In 2013, the Organizing and Functioning of the Disability Action Council was changed by the amendment Sub-Decree No. 59 and new Sub-Decree No. 216, dated 02 May 2013. DAC now focuses on the implementation of the CRPD and National Disability Strategic Plan (NDSP) 2014-2018 (DAC, 2014).

The sub-decree No. 216 outlines the roles and responsibilities of the DAC:
- Organizing the national strategic plan and action plan related to the disabled,
- Organizing national and international events and other disabled events,
- Leading, organizing, implementing, and reporting on the implementation of the Convention on the Rights of Persons with Disabilities (CRPD),
- Reporting on the situation of Persons with Disabilities to the Royal Government of Cambodia etc.
Other factors that influenced the coordination mechanisms were poor communication between MoSVY and DAC since 2013. In addition, coordination at the sub national level is limited, even with the existing mechanisms in place; including the Provincial Mine Action Committee (PMAC) and the Mine Action Planning Unit (MAPU) which was established by the CMAA.

**Recommendations on the action of coordination**

i. CMAA’s role in existing disability coordination mechanisms should be strengthened.

ii. The sub decree (100 ANKR.BK) should be amended to include details of the role and responsibility of the MoSVY/PWDF and DAC to report to CMAA on the inclusion of mine survivors in the implementation of plans and programs.

iii. MoSVY/PWDF should enhance reporting on the situation of mine survivors and other people with disabilities.

iv. The DAC should report on the situation of mine survivors across ministries and sub national level (province).

v. The existing mechanism for promoting coordination among the Provincial Mine Action Committee (PMAC) and the Mine Action Planning Unit (MAPU) should be strengthened to improve reporting services and activities to address the rights and needs of survivors.

vi. Link existing structures such as youth volunteers and volunteers of the CRC and DPO network to improve coordination at the sub national level.
3. Understanding the extent of the challenges faced

Achievements on the action on understanding the extent of the challenges faced

In 2010, the CMVIS, which is a systematic collection, analysis, interpretation and dissemination of information system about civilian and military casualties of landmines and other ERW, was completely handed over to CMAA. For the period 1979 to December 2013, a total of 64,314 mine/ERW casualties were recorded by CMVIS data gatherers. Of the 64,314 casualties, 50,896 (79%) were caused by mines and 13,418 (21%) were caused by other ERW. Of the total casualties, 19,684 (31%) people were killed, 35,709 (55%) people suffered other injuries and 8,921 (14%) people required an amputation; 52,178 (81%) casualties were men, 5,956 (9%) casualties were boys (age<18), 4,750 (8%) were women, 1,367 (2%) were girls (age<18), and the gender of 63 casualties was unknown (CMAA, 2013).

As well as data collected by CMVIS, NGOs working on disability have been tracking mine survivors. In 2014, 1,530 mine survivors in 23 provinces were recorded by CDPO through the DPO member network.

NGOs working with mine survivors and other people with disability assessed their needs and issues in terms of health, education and livelihood services. In 2010, Capacity Building of People with Disability in the Community Organization (CABDICO), a local NGO, conducted a survey on people with disabilities including those affected by landmines/ERW in the provinces of Kep, Siem Reap and Banteay Meanchey. In Banteay Meanchey province 2,395 landmine/ERW survivors were assessed. In Siem Reap province, 2,137 landmine/ERW survivors were assessed and in Kep province, 130 landmine/ERW survivors were assessed (MoSVY, et al., 2011). In addition, from 2012 to 2013, 3,448 survivors and other people with disabilities in 393 villages were assessed by the Cambodia Campaign to Ban Landmines (CCBL)/JRS with strong collaboration from the CMAA (CCBL, JRS, & CMAA, 2013).

Gaps in the implementation of action on understanding the extent of the challenges faced

Although existing data collection mechanisms have included the category of mine casualty and/or mine survivor, some records relating to rehabilitation and social and economic services monitoring do not identify mine survivors receiving services. For instance, the Patient Management System (PMS) establishing by the ICRC was intended to monitor people with disabilities including mine survivors accessing the 11 Physical Rehabilitation Centres (PRCs). The database was delegated to MoSVY/PWDF to train other PRCs under MoSVY management; however, this database could not disaggregate services for mine survivors due to lack of training on using the database.

Beside rehabilitation services, social and economic services were provided, especially by NGOs working in the disability sector; however, some organizations did not disaggregate data on mine survivors accessing services. Standards for national statistics reporting for different services have not been developed nor disseminated to relevant stakeholders. In addition, the collaboration between CMAA and the NIS to improve data collection on mine survivors through the commune database was limited.

Recommendations on ensuring the extent of the challenges faced are understood

i. Lobby NGOs working on disability issues to include the category mine/ERW survivors in their database.
ii. Standards for national statistics reporting on services should be developed with the involvement of stakeholders.

iii. MoSVY should ensure that the Patient Management System (PMS) at the Physical Rehabilitation Centres includes the category of mine/ERW survivor.

iv. Promote collaboration between CMAA and the National Institute of Statistics (NIS) to enhance the collection of information on mine survivors, and other people with disability, through the commune database.
4. Legislation and policies

Achievements in implementation of the action on legislation and policies

There are existing frameworks addressing the needs and fundamental human rights of persons with disabilities, including mine survivors.

In 2009, the National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors (NPA-PwD) 2008-2011 was endorsed (Cambodia, 2009b). The implementation of this plan was then extended until 2013 (G. o. Cambodia, 2014). In 2009, the Law on the Protection and the Promotion of the Rights of Persons with Disabilities (LPPRPD) was adopted (Cambodia, 2009a). Progress has been made in the development of the legal requirements to implement the LPPRPD. Four Sub-Decrees have been approved: 1) Sub-Decree on the Organization and Functioning of Disability Action Council (DAC) as a National Coordinating Body on Disability, 2) Sub-Decree on the Quota Employment System for Persons with Disabilities, 3) Sub-Decree on the Organization and Functioning of Disability Fund; 4) Sub-Decree on Policy Supporting Persons with Disabilities in Communities. In addition, subsequent legal documents have also been approved including: 1) Joint Prakas of the Ministry of Health and MoSVY on Types, Levels and Categories of Disabilities, and 2) Joint Prakas of the Ministry of Labor and Vocational Training and MoSVY on Reasonable Accommodation for Employment of Persons with Disabilities.

In 2010, the National Mine Action Strategy (NMAS) (2010-2019), which aims to lead and integrate mine action into the RGC’s major national development policies and strategies, and includes victim assistance was endorsed (Cambodia, 2010). In 2012, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) was ratified. In 2013, the Incheon Strategy 2013-2022 was endorsed to “Make the Right Real” for persons with disabilities in Asia and the Pacific. This was endorsed by the Commission Resolution 69/13 on the 1st of May 2013 and integrated into the National Disability Strategic Plan (NDSP) 2014-2018 (G. o. Cambodia, 2014).

Gaps in the implementation of the action on legislation and policies

Although there is an existing framework to address the needs and fundamental human rights of people with disabilities, including mine survivors, the dissemination and implementation of these frameworks was limited. For instance, most mine survivors in Anglong Veng commune were not aware of these frameworks. In addition, local authorities did not know of any legislation related to people with disabilities. Awareness raising on and implementation of the frameworks were limited due to a lack of human resources and financial and technical support.

Recommendations on the action on legislation and policies

- MoSVY/DAC should promote training on the legislation and policies related to disability through follow up or dissemination by those who have been trained as trainers.
- NGOs working on disability should enhance awareness raising on legislation, policies and guidelines related to people with disabilities, including mine survivors, through commune meetings, Self-Help Group (SHG) meetings and DPO network meetings.
- NGOs working on disability should continue to promote disability awareness through media, posters, brochures and other events such as the International Day of People with Disabilities.
5. Planning

Achievements in implementation of the action on planning

The National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors (NPA-PwDs) 2008-2011 was adopted in 2009 following a consultative process which included mine survivors and other persons with disabilities. This plan extended its implementation until 2013. The NPA-PwDs included the six components of victim assistance: Part 1 – Understanding the extent of the challenge; Part 2 – Emergency and ongoing medical care; Part 3 – Physical rehabilitation; Part 4 – Psychological support and social reintegration; Part 5 – Economic reintegration; and Part 6 – Laws and public policies. Each component had an overall and specific objective and contained 27 specific objectives (Cambodia, 2009b).

In 2013, a planning process started to develop a new plan to replace the NPA-PwDs. The National Disability Strategic Plan (NDSP) 2014-2018 is expected to be adopted in July 2014. The draft NDSP has four goals: 1) That persons with disabilities should be able to live in harmony within the community and society; 2) Persons with disabilities should have their own groups, organizations and be represented from national to community level and be involved in social and development activities; 3) Instruments such as legal frameworks, services and management mechanisms are developed and improved to ensure systems support a better quality of life for persons with disabilities; 4) Collaboration and coordination among all key stakeholders, at all levels are strengthened. In addition, the draft plan has 10 key objectives which are also relevant to mine survivors (G. o. Cambodia, 2014).

Gaps in the implementation of the action on planning

The implementation of the NPA-PwDs was limited due to the lack of allocation of funds. The budget allocated to physical rehabilitation by MoSVY has increased year by year to enable greater support for the PRCs (MoSVY, et al., 2011). Lack of human resources, technical resources and limited coordination between stakeholders meant planning was at times inefficient.

Recommendations on planning actions

• The CMAA should work with the DAC to ensure that the rights and needs of mine survivors will be addressed and the budget allocated in the NDSP 2014-2018.
• The CMAA should actively participate in disability planning and coordination mechanisms.
Achievements of the implementation of action on Monitoring and evaluation

The Monitoring, Evaluation and Reporting Unit was established by the DAC in 2011 following MoSVY Prakas No. 561. The unit’s function is to monitor and evaluate the implementation of national policies, laws and sub-legislative frameworks on disability and plans.

MoSVY Prakas No. 561 on the Organization and Functions of the Secretariat of Disability Action Council was adopted on 11 March 2011. The Prakas outlines the duties and composition of the Secretariat of the DAC which includes seven units: Administration and Finance Unit; Communication and Fund Raising Unit; Monitoring, Evaluation, and Reporting Unit; Policies, Legislation, Plan and Dissemination Unit; Health and Rehabilitation Unit; Education, Children with Disabilities, and Women with Disabilities Unit; and, Vocational Training, Livelihood, and Job Placement Unit (MoSVY, et al., 2011).

In 2011, a review on the status of implementation of the National Plan of Action for Persons with Disabilities including Landmine/ERW Survivors 2009-2011 was conducted by MoSVY, CMAA and DAC. The review examined the efforts of the government especially the responsible ministries such as the MoSVY, Ministry of Women Affairs (MoWA), Ministry of Education, Youth and Sport (MoEYS), Ministry of Health (MoH), Ministry of Labour and Vocational Training (MoLVT), Ministry of Planning (MoP), CMAA, DAC and international developments and non-governmental partner organizations working on disability. Furthermore, it also identified the number of persons with disabilities, including landmine/ERW survivors, who had access to the variety of services and opportunities for education, employment, vocational training, small grant business, micro finance, health and psychosocial support etc. The review involved relevant stakeholders including eight government institutions and 35 international development and non-governmental partner organizations who provided information on good practice, challenges and recommendations for improved implementation of the NPA-PwDs.

A mid-term review of the States Parties’ Progress in implementing the Victim Assistance provisions of the Cartagena Action Plan 2010-2014 was conducted by MoSVY in 2012.

In May 2014, the Decision to establish a working group on management, monitoring, evaluation and collection of data on mine/ERW survivors receiving services from various stakeholders in the lead-up to the 3rd Review Conference of the APMBC in Maputo, Mozambique, was endorsed by the Prime Minister. The working group is composed of CMAA, MoSVY and DAC (R. G. o. Cambodia, 2014).

Gaps in the implementation of the action on monitoring and evaluation

Although the Monitoring, Evaluation and Reporting Unit was established, it did not include adequate human and technical resources. Consequently, no reporting standards were implemented which means there is a lack of comprehensive information around the progress that was made on the implementation of the NPA-PwDs and CAP. In addition, there are no national annual progress reports detailing progress made against each objective/action of the NPA-PwD and CAP.

Recommendations on actions to be taken around monitoring and evaluation
i. A reporting format should be developed and disseminated by CMAA to all relevant actors so that they can report on the progress of implementation of the Maputo Action Plan (MAP).

ii. CMAA ensures that the DAC’s Monitoring and Evaluation Unit is aware of the MAP and provides information to enable reporting on the progress of implementation of the MAP.

iii. The CMAA should follow up with the Monitoring, Evaluation and Reporting Unit on the implementation of the Maputo Action Plan.

iv. The CMAA should work with the DAC to follow the progress of the key objectives of the NDSP in order to ensure that every action and budget takes mine survivors into account.
7. Involvement of relevant actors

Achievements in the implementation of the action on involvement of relevant actors

Relevant actors participated in meetings related to victim assistance or disability more generally at the international, national and sub national level.

At the international level, relevant actors participated in the ASEAN Summit on Social Welfare of Persons with Disabilities on 20-21 September 2010, in Beijing. In addition, there is always involvement of relevant actors, including MoSVY, DAC and CMAA, in all international and regional meetings of the APMBC.

At a national level, the DAC and MoSVY plays a key role in coordinating the disability sector through the NDCC and other mechanisms. Through these mechanisms, relevant ministries, development partners, UN agencies, DPOs and service providers participated in activities to monitor, coordinate, evaluate and promote the implementation of the NPA-PwDs.

At the sub national level, the NGOs working with survivors and other people with disabilities, the Provincial Mine Action Committee (PMAC), the Mine Action Planning Unit (MAPU) and DPOs advocate for their causes with decision makers and other services providers.

Gaps in the implementation of the action on involvement of relevant actors

Participation of relevant stakeholders was still limited due to lack of effective coordination and limited human, technical and financial resources to strengthen national coordination mechanisms.

Recommendations to encourage involvement of relevant actors

i. The CMAA should collaborate with the DAC to promote the involvement of relevant ministries, development partners, UN agencies, DPOs and Deputy Governors (sub-national) in coordination mechanisms and other forums.

ii. The participation of CMAA in disability coordination mechanisms should be strengthened.
8. Capacity building

Achievements in the implementation of the action on capacity building

There are many relevant stakeholders working on disability issues such as MoSVY, DAC, local authorities, Disabled People’s Organizations (DPO) and other services providers (local and international NGOs). Several of these have improved their capacity to provide services to people with disabilities including mine survivors.

The ICRC continued implementing its strategy for strengthening the capacity of MoSVY at the national and provincial level to manage all activities at the physical rehabilitation centres and at the orthopaedic component factory. In 2013, with the financial and technical support of the ICRC, MoSVY supervised the implementation of some of the standard working procedures, such as the Stock Management System (SMS) at all centres and continued to implement a common centre management tool, the Patient Management System (PMS). In addition, ICRC support provided a local NGO with wheelchairs for a women’s wheelchair basketball team which was set up in both physical rehabilitation centres supported by the ICRC in order to promote social inclusion.

MoSVY provided the training of trainer on LPPRPD to civil servants and service providers. Moreover, NGOs working on disability such as HI, CCBL, and OEC conducted assessments on the capacities, competencies and training needs of all relevant stakeholders, including local authorities, DPOs, local NGOs and other service providers. In addition, they provide training on disability and advocacy to people with disabilities including mine survivors.

Gaps in the implementation of the action on capacity building

No comprehensive human resources development plans are in place. A decision must still be made around where the training will be done, by whom and what budget and funding are available. In addition, the number of those who need to be trained to ensure the provision of an adequate service is not yet defined.

Recommendations on capacity building actions

i. MoSVY should ensure follow-up of training of trainers on the LPPRPD to Provincial Department of Social Affairs, Veterans and Youth Rehabilitation (PoSVY) and District Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY) to ensure dissemination of knowledge to others working with and for survivors and other people with disability.

ii. The number of trained human resource people needs to be defined to ensure adequate service provision.

iii. A human resource development plan should be developed and implemented for each group of professionals, this plan should include the training location, the trainers and the budget and funding available.
9. Accessibility

Achievements in implementation of the action on accessibility

The issue of accessibility of infrastructure and information has been addressed in the LPPRPD and CRPD. As required by the LPPRPD, MoSVY and the MoLVT issued a circular on “Reasonable Accommodation on Employment of Persons with Disabilities” on the 20th of September 2012, in order to provide people with disabilities with an accessible workplace.

One of the sections of the circular on the Working Environment and Office states that heads of ministries, public institutions and legal entities shall “Adjust and modify facilities and work environment for mobility and ease of accessibility for persons with disabilities, for example: buildings with ramps, wide doors, accessible toilets with handrails, lifts with Braille buttons and signs, and suitable assistive devices”.

In addition, NGOs working on disability facilitate access for people with disabilities including mine survivors to appropriate services. For example, CCBL/JRS created and printed the Disability Services Guide. They then disseminated the directory to all districts in 21 provinces of Cambodia.

The Patient Management System (PMS) which was established by the ICRC for Physical Rehabilitation Centres recorded the number of services (classified by the type of services) provided to people with disabilities, including mine survivors at the Battambang centre and the Kampong Speu centre. In 2013, 81% of the 1,597 prostheses provided by ICRC were for mine survivors.

From January 2010 to May 2014, there were 393 mine/UXO survivors receiving rehabilitation services from Kampong Cham Physical Rehabilitation Centre.

Psychosocial support services have been provided by CMAA through the CMVIS project. There were 821 landmine/ERW survivors and their families receiving psychological support in 23 provinces. Other support is available through TPO’s Mental Health and Psychosocial Intervention project which aims to strengthen collaboration and ensure effective referral mechanisms between hospitals and mental health units in Kampong Thom (MoSVY, et al., 2011).

Regarding education, out of 70,000 teachers, 40% had been trained on special needs education by 2011. By December 2011, an Inclusive Education program, for children with disabilities, on Braille and sign language was provided to pre-service and in-service teachers in at least 18 provinces. It is not known how many child mine survivors are accessing education.

NGOs working on disability such as CRC, OEC, CABDICO, and HI have provided livelihood and income generation activities to people with disabilities including mine survivors. The Community Based Mine Action Program (CBMAP) was implemented by the Cambodian Red Cross and supported by the Norwegian Red Cross and DFAT through the Australian Red Cross from 2009-2012. In 2013, the project changed to the Safer Rural Community Program. From 2005 to 2014, 3,000 vulnerable families, including mine victims, received services from this project. They received support in the form of loans for livelihood activities. The project was implemented in 6 provinces and 13 districts in the North West of the country, in areas most affected by landmines. This project aimed to protect and promote the accessibility to services for people with disabilities, services such as education, road safety education, livelihood opportunities and advocacy.
The Socio-Economic Reintegration of Landmine Survivors program was supported by Adopt-A-Minefield (AAM) and implemented by the OEC; the program began in 2004 and will be in place until 2014, the total budget is $646,052 also addressed mine survivors. This program was implemented in three provinces including Battambang (6 districts), Banteay Meanchey (1 district) and Pailin province. The aim was to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms for all landmine victims/survivors through emergency and pre-hospital care, hospital assistance, physical rehabilitation and socio-economic reintegration (OEC, 2014).

The Reintegration and Capacity Building of People with Disability in the Community project was funded by Australia (through Australian Red Cross (ARC)), Handicap International Luxembourg and UNICEF. This project addressed mine survivors and other people with disability and was implemented by CABDICO. The project operated in three provinces – Siem Reap, Banteay Meanchey and Kep. The purpose of the project is “to improve the capacity and the inclusion of persons with disabilities (including landmine and UXO victims, women with disability, children with disability), their family members and other vulnerable groups (e.g. single mothers struggling to provide for their families), giving targeted people the opportunity to enjoy a good quality of life, free of discrimination.”

A project entitled Capacity Development for Inclusive Development Interventions – Increase access to vocational training and income for persons with disabilities in rural communities in Cambodia” (called TIGA-II) was implemented in Battambang and Kampong Cham provinces. In Battambang, 22.3% of the 972 people with disabilities assisted were mine survivors. This project took place from 2011 to 2013 and was implemented by Handicap International and funded by the EU.

Gaps in the implementation of the action on accessibility

Inaccessibility to public buildings, transport, facilities and referral systems is a major barrier that prevents persons with disabilities including mine survivors from actively participating in social and economic activities. According to a research study conducted by a DPO in Bantheay district, Kampong Cham province, 41.8% of public buildings did not have ramps, and were not easily accessible for people with disability (Rithy, 2012).

There are 64 ramps in 153 public buildings. 4.7% of these ramps have a medium slope of 5%-8% and 4.7% have a smooth slope (< 5%).

Most mine survivors have limited access to information on the law and policies related to disability due to a lack of awareness raising. In addition, the Prakas on “Reasonable Accommodation on Employment of Persons with Disabilities” was not well distributed among service providers.

Vocational Training Centres (VTCs) are not responsive enough to the needs of persons with disabilities including mine survivors and the available markets. In addition, mainstreaming of persons with disabilities including mine survivors into existing projects, programs and services among the NGOs working on disability is still limited.

National budget allocation for disability, human resources, technical and financial capacity to fully respond to the needs of the disability sector is still limited.
Recommendations on actions to take on accessibility

i. Monitor how disability laws and the CRPD articles are implemented to improve physical accessibility to services and infrastructure for people with disability.

ii. Article 9 of the CRPD and article 21 of LPPRPD relates to education policy for children with disabilities and public building accessibility, stakeholders, in particular commune council members should be made aware of this.

iii. Improve understanding among stakeholders especially commune councils, schools and pagodas on how a public building should be made accessible to all.

iv. Include issues of accessibility to public buildings, latrines and wells in the Commune Investment Plan / Commune Development Plan and in the plans of other services providers who work on issues relevant to persons with disabilities.

v. Service providers should develop policies which ensure that public buildings are accessible for persons with disabilities including mine survivors.

vi. MoSVY/DAC should promote the dissemination of disability laws and policies in particular “Reasonable Accommodation on Employment of Persons with Disabilities” to service providers.

vii. Government and partner agencies should provide financial support to service providers who take the needs of people with disabilities including mine survivors into account in their programs.
10. Good practice

Achievements in the implementation of the action on good practice

There are examples of good practice in the provision of services and in addressing the rights and needs of mine survivors and other persons with disabilities collated and disseminated among NGOs working on disability.

CCBL/JRS implemented the Quality of Life project from 2012-2013. The project used the Peer Support approach to access the needs and awareness of rights of people with disabilities including mine survivors.

HI implemented the project Towards Sustainable Income Generating Activities for Mine Victims and Other Persons with Disabilities in Cambodia (TIGA I). Good practices in providing Health and rehabilitation support were: 1) Identifying referral possibilities for specific impairment-related services; 2) Preparing a simple accessible directory of health and social services for service users themselves; 3) Raising awareness among persons with disabilities, community and services providers on the Prakas on free access to health services for persons with disabilities; 4) Advocating or supporting initiatives funding costs related to health (Wanda, 2010).

In addition, a guideline on standard management and operating procedures, including procedures on data collection, was drafted for the PRCs in December 2011 (MoSVY, et al., 2011).

Gaps in the implementation of the action on good practice

There are no guidelines or rules in place for the public on how to make facilities accessible for women, girls, boys and men with disabilities.

Recommendations on good practice actions

i. Develop and disseminate guidelines on the implementation of minimum standards and make disability inclusive guidelines for facilities and services accessible to the public, to guarantee equal access for women, girls, boys and men with disabilities including mine survivors.

ii. Promote the sharing of good practices on providing services to people with disabilities including mine survivors through meetings and workshops.
11. Awareness raising

Achievements in the implementation of the action on awareness raising

Awareness was raised on issues relating to people with disabilities including mine survivors. MoSVY and DAC have included awareness raising on the rights of people with disabilities into their programs. Some NGOs working such as CRC, MAG, CMAC, CCBL, OEC and ICRC began to include disability awareness in their mine risk education programs. A communications campaign regarding people with disabilities was launched. This involved posters, an educational campaign, radio talk shows, TV, and an international disability day. The aim was to educate service providers and to ensure that people with disabilities including mine survivors knew where they themselves could access information. A training package on the role of social and attitudinal barriers has been developed and implemented by HI and CDPO.

Gaps in action taken on awareness raising

Information Education Communication (IEC) materials are still limited due to a lack of financial and technical support. For example, people with visual impairments cannot access IEC as some IEC materials did not include Braille. Training packages and awareness raising tools on the role of social and attitudinal barriers have not been shared with all relevant stakeholders. In addition, various stakeholders such as local authorities, NGOs and communities have no national minimum standards for disability training and awareness raising tools.

Recommendations for action on raising awareness

i. Highlight how social and attitudinal barriers prevent the participation of survivors and other persons with disabilities in society by compiling and sharing training packages and awareness raising tools.

ii. Develop and endorse minimum training standards and awareness raising tools on disability. Trainings and awareness raising tools should be shared with relevant stakeholders such as local authorities, NGOs and communities.

iii. Collaborate with NGOs working on visual and hearing impairments to ensure IEC materials are accessible for people with various types of disability.
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Phnom Penh.


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# Annexes

## List of Key Informant Interviews

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<tr>
<td>1</td>
<td>H.E CHAN Rotha</td>
<td>Deputy Secretary General</td>
<td>CMAA</td>
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<td>2</td>
<td>H.E UNG Sambath</td>
<td>Deputy Secretary General</td>
<td>DAC</td>
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<td>3</td>
<td>Mr. LAO Veng</td>
<td>Director of Welfare Department</td>
<td>MoSVY</td>
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<td>4</td>
<td>Mr. NY Nhar</td>
<td>Deputy Director of Victim Assistance Department</td>
<td>CMAA</td>
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<td>5</td>
<td>Dr. KHIM Sam Ath, MD, MSc</td>
<td>Technical Officer for Non-communicable Diseases</td>
<td>WHO</td>
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<td>6</td>
<td>Mr. CHIN Arth</td>
<td>Technical Officer for Injury and Accident Management</td>
<td>MoH</td>
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<td>7</td>
<td>Mr. NGIN Saorath</td>
<td>Executive Director</td>
<td>CDPO</td>
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<td>8</td>
<td>Mr. Leng Chreang</td>
<td>Director of Victim Assistance and Mine Risk Education Department</td>
<td>CMAC</td>
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<td>9</td>
<td>Ms. BUTH Rothna</td>
<td>Project Officer</td>
<td>MAG</td>
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<td>10</td>
<td>Mr. MOM Phireak</td>
<td>Program Coordinator</td>
<td>CRC</td>
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<td>11</td>
<td>Ms. Celine ABRIC</td>
<td>Operation coordinator</td>
<td>HI</td>
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<td>12</td>
<td>Mr. Didier COOREMAN</td>
<td>Head of Rehabilitation Project</td>
<td>ICRC</td>
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<td>13</td>
<td>Mr. YEANG Bun Eang</td>
<td>Executive Director</td>
<td>CABDICO</td>
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<td>Sister Denise COGHLAN</td>
<td>Country Director</td>
<td>CCBL</td>
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<td>15</td>
<td>Mr. HUN Chandoeun</td>
<td>Project Manager</td>
<td>DDSP</td>
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<td>16</td>
<td>Mr. MEAS Vicheth</td>
<td>Project Manager</td>
<td>OEC</td>
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<td>Socio-Economic Reintegration of Landmine People Survivors</td>
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<th>Actions</th>
<th>Key guide questions</th>
<th>Guide questions for semi-structure interview</th>
<th>Coordination Bodies</th>
<th>Victim Assistance/ Disability Operators</th>
<th>Local Authorities</th>
<th>Mine Victims</th>
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<tr>
<td>Inclusion</td>
<td>To what extent were the existing mechanisms implemented effectively and was there ongoing participation of survivors from different regions and backgrounds in the planning, dissemination, implementation, monitoring and evaluation of plans, policies, legislation and programmes?</td>
<td>Has your organization developed and implemented a programme to strengthen the technical and financial capacity of associations of mine survivors at all levels? If yes, what programs and where? How long? How many mine survivors? Which donors? If no, why? Has Commune Investment Program (CIP) included people with disabilities, including victim assistance? If yes, please describe? If no, why?</td>
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<td>Coordination</td>
<td>To what extent has a functional disability coordination mechanism been strengthened at national and sub national level?</td>
<td>Did it designate a functioning focal entity with a clear mandate and authority for coordination, implementation, monitoring and evaluation of victim assistance-related activities? If yes, explain? If no, why? Was a victim assistance sub-committee established within an existing coordination mechanism to facilitate the inclusion of victim assistance efforts into broader policies, plans and programmes? If yes, did it function? If no, why?</td>
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<td>Did official recognition of the coordination mechanism implement well in terms of selection criteria, funding, members, roles,</td>
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<td>Understanding the extent of the challenges faced</td>
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<td>To what extent have operational organizations understood the extent of the challenges faced?</td>
<td>Has your organization conducted a needs assessment of survivors and other persons with disabilities to enhance planning and programming, with a particular focus on affected communities? If yes, please describe (data collection analysis training to increase human and technical capacities...)? If no, why?</td>
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<td>Has your organization carried out mapping of all relevant service providers in the country (location, type of services, cost of services if any, etc), and of all governmental initiatives that could be available for persons with disabilities (to ensure access to services, to affordable transportation, etc)? If yes, please describe? If no, why?</td>
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<td>Are there any existing data collection mechanisms that have included the category of mine casualty and/or mine survivor, for example, hospital records, injury surveillance, rehabilitation and social services monitoring, country surveys on disability and health, and the</td>
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<tr>
<td>Legislation and policies</td>
<td>To what extent do existing legislation and policies implement and address the needs and fundamental human rights of persons with disabilities, including mine survivors?</td>
<td>Did existing frameworks address the needs and fundamental human rights of persons with disabilities, including mine survivors? If yes, what section or article?</td>
<td>x</td>
<td>x</td>
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| Planning | To what extent did planning occur? | Did existing national plans integrate relevant areas such as health, education, employment, development, poverty reduction and human rights to identify gaps and/or opportunities to address the rights and needs of mine victims? If no, why? | x |

If yes, how did the consultative process occur, involve persons with disabilities including mine survivors and all other relevant actors, to define SMART (Specific, Measurable, 

Did the centralised body coordinate, develop national statistic reporting forms for all types of services, collect, analyse, share and disseminate information among all relevant government agencies, national and international organisations and other actors in an accessible format? | x |

Was a victim assistance monitoring template developed and utilised, using existing standard tools that have been tested for validity and reliability, including cross-cultural applicability? If yes, please describe? If no, why? | x |
<table>
<thead>
<tr>
<th>Monitoring and evaluation</th>
<th>Achievable, Relevant, Time-bound) objectives that will integrate the rights and needs of mine victims into existing frameworks?</th>
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</thead>
<tbody>
<tr>
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<td>Did a plan of action exist, detailing the strategies, activities, and the ministry/agency with responsibility/oversight, that will be undertaken to change/improve the current situation to of mine survivors?</td>
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<td>Has budget plan been developed for the implementation of the plan and/or integrate activities into the budgets and work plans of relevant ministries and agencies?</td>
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<td>How was the programme implemented to ensure sufficient national and international resources including diversifying funding sources and mainstreaming activities into general development frameworks and budgets?</td>
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<td>How was the plan implemented to ensure the long-term sustainability of services for persons with disabilities, including mine survivors?</td>
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<td>How was the mechanism implemented to monitor and evaluate the implementation of the policies, plans and legal frameworks and assign responsibility for monitoring and evaluation?</td>
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<td>What existing reporting formats were implemented to enable all relevant actors to report to the coordination body on progress in the implementation of the plan of action, on a regular basis, including resources allocated to implementation and challenges in achieving the objectives? How was it implemented?</td>
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<td>Did national annual progress reports detailing progress made against each objective/action in the national plan exist?</td>
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<tr>
<td>Involvement of relevant actors</td>
<td>Capacity building</td>
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<td>Was a programme developed and implemented to ensure sufficient financial, human and technical resources, through national and international mechanisms, to ensure adequate monitoring, evaluation and reporting systems and procedures?</td>
<td>Is there national ownership as well as capacity building and training plans strengthened and implemented by allocating national resources, including financial and human resources, to the implementation, monitoring and evaluation of plans of action and services for persons with disabilities, including mine survivors, by relevant ministries and agencies?</td>
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<td>Is a mid-term evaluation of implementation undertaken, and if necessary did it adapt national policies, plans and legal frameworks?</td>
<td>Is a programme facilitated to assess the capacities, competencies and training needs of all relevant stakeholders, including government, DPOs, local NGOs and other service providers working on victim assistance?</td>
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<td>How are existing mechanisms strengthened to ensure the effective and on-going participation of relevant experts, including survivors and their organisations, and officials in Convention-related activities at the regional and international level?</td>
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<td>Accessibility</td>
<td>To what extent does availability of and accessibility to appropriate services for female and male mine victims exist?</td>
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<td>providers?</td>
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<td>Is a programme implemented to build the capacities, knowledge and skills of all relevant ministries, agencies, service providers and other partners to respect the rights of survivors and consider disability as a cross-cutting issue in all plans, policies and programmes?</td>
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<td>Is a program using existing standards to define the number of trained-human resources needed to ensure adequate service provision?</td>
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<td>Is a human resources development plan developed and implemented, for each group of professionals (including where the training will be done, by whom, the budget, funding available, etc)?</td>
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<td>Is development and implementation of a programme facilitated to train mine survivors and other persons with disabilities to become advocates and leaders for change?</td>
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<td>How id the accessibility of the physical environment (public places, hospitals, clinics, schools, airports, train stations, universities, libraries, ministries, roads, sidewalks, religious buildings, etc.)?</td>
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<td>Did your organization’s programme, based on international standards, adapt inaccessible construction to become fully accessible?</td>
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<td>Did your organization’s programme ensure that victims know their rights and available services?</td>
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<td>Did your organization’s programme ensure that mine victims and other persons with disabilities have access to affordable transportation to</td>
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<td>available services and/or accommodation while accessing services if required?</td>
<td>Is a referral network between service users and service providers developed and/or used to ensure that appropriate services are available and accessible to all on an equal basis?</td>
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<td>Awareness raising</td>
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<td>monitored?</td>
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<td>Are the examples of good practice in the provision of services and in addressing the rights and needs of mine victims and other persons with disabilities collated and disseminated?</td>
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<tr>
<td>Did your organization facilitate the development and implementation of a training package on the role of social and attitudinal barriers in preventing the participation of survivors and other persons with disabilities in society?</td>
<td>x</td>
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<tr>
<td>Did your organization facilitate the development and implementation of a programme to raise awareness on the rights and contributions of persons with disabilities, including survivors, to their communities among survivors and their families, communities, professionals and authorities at all levels to promote inclusion?</td>
<td>x</td>
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<td>Did your organization’s program include awareness about the rights and capacities of persons with disabilities in the school curriculum?</td>
<td>x</td>
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<tr>
<td>Did your organization implement the inclusion of disability awareness in mine risk education programmes?</td>
<td>x</td>
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<tr>
<td>Organization</td>
<td>Key roles and planning</td>
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<td><strong>CMAA</strong></td>
<td>The CMAA is mandated to regulate, coordinate and monitor mine action activities in Cambodia. CMAA’s Secretariat manages the day-to-day operations and coordinates the different partners involved in mine action in Cambodia, including development partners, line ministries, demining operators, mine risk education operators, NGOs working with survivors and other people with disabilities, the Provincial Mine Action Committee (PMAC) and the Mine Action Planning Unit (MAPU)</td>
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<tr>
<td><strong>MoSVY</strong></td>
<td>MoSVY has the overall responsibility of ensuring the welfare and well-being of persons with disabilities and other vulnerable groups. It has played an active role in collaborating with other relevant ministries, institutions, CMAA and partners who are contributing effectively to the development of infrastructure and better service provision in all spheres of assistance to persons with disabilities, including victim assistance.</td>
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<td><strong>DAC</strong></td>
<td>As a result of growth in the disability sector and concern for coverage to serve persons with disabilities, the Cambodian government revised Sub-Decree No. 59. RGC implemented the new Sub-Decree number 216, dated 02 May 2013 on the Organizing and Functioning of the Disability Action Council. The sub-decree outlines the roles and responsibilities of the DAC and they include:</td>
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<td>1. Organizing the national strategic plan and action plan related to the persons with disabilities,</td>
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<td>2. Organizing national and international events and other events for disability,</td>
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<td>3. Leading, organizing, implementing, and reporting on the implementation of the Convention on the Rights of Persons with Disabilities (CRPD),</td>
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<td>4. Reporting on the situation of persons with disabilities to the Royal Government of Cambodia etc.</td>
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<td>DAC will establish three committees for monitoring the implementation of CRPD: Data collection and Reporting Committee, Legislation Committee and Women and Children Committee. In addition, DAC will establish a Monitoring and Evaluation Report committee for follow up the implementation of the NDSP</td>
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<td><strong>UN-DFAT</strong></td>
<td>The joint UN – DFAT program is called the Disability Rights Initiative Cambodia (DRIC). The DRIC is a 5 year program with a projected budget of AUD$12.792 million. Program implementation will substantively commence in January 2014 and continue over 5 calendar years to December 2018 (Years 1 – 5).</td>
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<td>For the program as a whole, the end-of-program outcome is set at an ambitious but realistic level:</td>
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<td><strong>People with disability have increased opportunities for participation in social,</strong></td>
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economic, cultural and political life through effective implementation of the National Disability Strategic Plan, aligned to the Convention on the Rights of Persons with Disabilities.

The program has been designed with four components, each of which will contribute to achievement of the end-of-program outcome. More specific end-of-program outcomes have been defined for each component. The components, implementing agencies and their end-of-program outcomes are:

Component 1: Supporting Government implementation of the Convention on the Rights of Persons with Disabilities (UNDP)
MoSVY/DAC effectively coordinates implementation of the National Disability Strategic Plan, aligned to the CRPD.

Component 2: Supporting Disabled People’s Organisations to raise the voice and protect the rights of people with disability (UNDP)
Disabled People’s Organisations effectively represent the needs and priorities and advocate for the rights of people with disability.

Component 3: Supporting rehabilitation systems strengthening (WHO)
Improved rehabilitation services for people with disability.

Component 4: Inclusive governance and inclusive community development (UNICEF)
Increased capacity of and collaboration between subnational decision makers, civil society and communities to achieve the rights of people with disability.

HI

Under a European Union (EU) fund, from March 2011, building on lessons learned and experience, HI, OEC and a new project partner, Cambodian Disabled People’s Organization (CDPO), launched a new project, Capacity Development for Inclusive Development Interventions – Increase access to vocational training and income for persons with disabilities in rural communities in Cambodia” (called TIGA-II). This project is implemented in 8 districts and 24 communes of Battambang and Kampong Cham province. It aims to extend TIGA activities for better access of people with disabilities to livelihood with additional focus on service providers and local development.

TIGA II project operates through a twin track approach which addresses specific actions to support empowerment of people with disabilities on one track and inclusion of people with disabilities needs and rights into mainstream socio economic activities on the other track.

TIGA II received support from the British Government in 2013. This extra funding enabled the expansion of both project activities in the 2 provinces (Battambang and Kampong Cham province) and extended the project duration until December 2015.