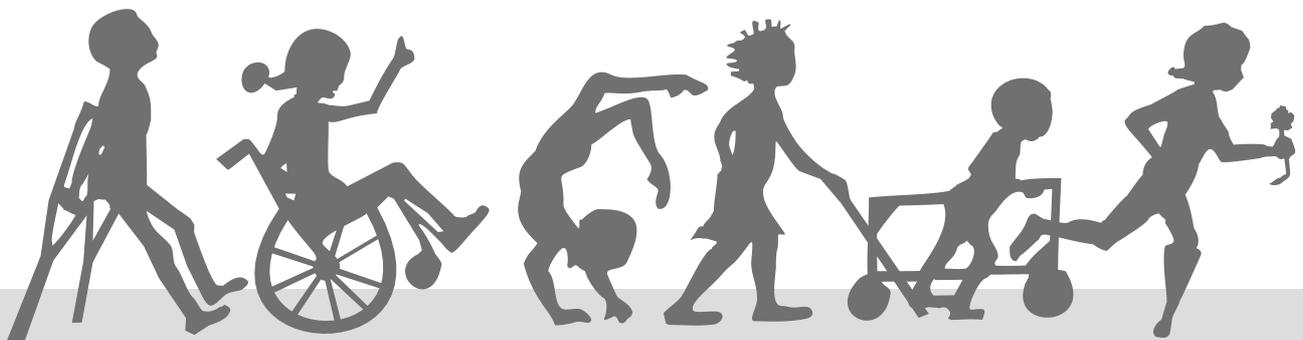


Behinderung und internationale Entwicklung

Disability and International Development



Schwerpunktthema: Kambodscha
Focal Topic: Cambodia





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Behinderung und internationale Entwicklung
Disability and International Development

Anschrift/Address

Wandastr. 9, 45136 Essen

Tel.: +49 (0)201/17 88 963

Fax: +49 (0)201/17 89 026

E-Mail: gabi.weigt@t-online.de

Internet: www.zbdw.de

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Redaktionsgruppe/Editorial Board

Stefan Lorenzkowski, Christiane Noe, Mirella Schwinge,
Gabriele Weigt, Susanne Wilm

Schriftleitung/Editorship

Gabriele Weigt

Redaktionsassistentz/Editorial Assistance

Johannes Zuber

Gestaltung/Layout

Amund Schmidt

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Zeit für Veränderungen

Liebe LeserInnen,

einige von Ihnen verfolgen die Entwicklung unserer Publikation schon über viele Jahre aufmerksam: Was 1990 als *Rundbrief Behinderung und Dritte Welt* begann, hat sich über die Zeit zur einzigen und einschlägigen Fachzeitschrift zu diesem Thema im deutschsprachigen Raum entwickelt, an Profil und Professionalität gewonnen. Auch was die Autorenschaft betrifft, hat die Redaktion immer vielfältigere internationale Kontakte aufgebaut. Dies schlägt sich u.a. in einem im Durchschnitt weiter wachsenden Anteil an Beiträgen in englischer Sprache nieder. Die Veränderungen der letzten Jahre sollen in unseren neuen Ausgaben noch stärker sichtbar gemacht werden:

Am auffälligsten dürfte die Anpassung des Titels sein. Hatten wir noch bis zuletzt am etablierten Namen *Behinderung und Dritte Welt* - seit einigen Jahren ergänzt durch *Journal for Disability and International Development* - festgehalten, weicht er nun dem neuen *Behinderung und internationale Entwicklung*.

Es gibt Ausgaben, wie die vorliegende, deren Schwerpunkt-Beiträge allesamt auf Englisch verfasst wurden. Konsequenter finden Sie ab sofort auch das Editorial zweisprachig auf Deutsch und Englisch vor, ebenso den Titel des Schwerpunktthemas und die allgemeinen Informationen zur Zeitschrift. Das Angebot der viersprachigen Abstracts werden wir beibehalten.

Sehr betrübt sind wir über das Ausscheiden unserer Redakteurin Susanne Arbeiter, die uns mit ihrer beruflichen Expertise und Persönlichkeit über die letzten Jahre eine verlässliche und wertvolle Kollegin war. Für ihre neuen Schwerpunktsetzungen wünschen wir ihr herzlich alles Gute. Außerdem verabschieden wir mit dieser Ausgabe dankend unseren Redaktionsassistenten Johannes Zuber und begrüßen Rosalyn Hoppe als seine Nachfolgerin.

Und nun wünschen wir Ihnen eine spannende Lektüre des vorliegenden Kambodscha-Fokus. Dem Konzept unserer Zeitschrift gemäß vereint er verschiedene Perspektiven auf das Schwerpunktthema: wissenschaftliche, praxisgeleitete, jene einer Nichtregierungsorganisation und solche im Kontext staatlicher Entwicklungszusammenarbeit. Da die Terminologie (Inclusion, Mainstreaming etc.) nicht einheitlich verwendet wird, haben wir die Autorinnen gebeten, ihren jeweiligen Gebrauch kurz darzulegen.

Wie immer freuen wir uns auf Ihre Rückmeldungen zu Inhalt, Struktur und Neuerungen, über Lob und konstruktive Kritik.

Ihre Redaktion

Time for Change

Dear Reader,

some of you observe the development of our journal for many years already: the bulletin *Behinderung und Dritte Welt*, established in 1990, matured into the current version of a professional journal, the only of its kind in German-speaking countries (Germany, Austria, and Switzerland). Along this overall achievement the editorial board managed to network with more diverse international stakeholders who function as contributors. This results in an increasing number of articles written in English. The changes of the recent past shall now become more visible in this and the forthcoming issues:

Most significant and obvious to you could be the adaption of the German part of the title, *Behinderung und Dritte Welt*, to *Behinderung und internationale Entwicklung*. Although the *third world* terminology was outdated prior to this change we adhered to it as the established name of our publication and had complemented it with *Journal for Disability and International Development* a few years ago. More frequently than in the past there are and will be issues that comprise exclusively English written contributions. Accordingly, you are now offered the editorial, the title of the respective focus topic of each issue, and the general information on the journal in both German and English.

Besides the enjoyment of the recent developments of the journal we strongly regret the end of participation of Susanne Arbeiter as member of our editorial board. We highly value her proficiency and personality and are grateful for the years of cooperation and teamwork. We wish her all the best for her future plans. Furthermore we bid farewell to our assistant Johannes Zuber and warmly welcome his successor Rosalyn Hoppe.

Last but not least we wish you an inspiring reading of the contributions in this special issue. In line with our policy you will find several perspectives on the same focus, Cambodia: through the lenses of science, of practice and field work, of NGO activities and of GO background. As the use of terminology (Inclusion, Mainstreaming etc.) is diverse we asked the contributors to individually outline the respective applications.

Again we are looking forward to receiving your feedback on content, structure, and the recent adjustments.

The Editorial Board



Mainstreaming Disability – Approach and Observations from a Development Practitioner in Cambodia¹

Ulrike Last

With the UN Convention of the Rights of PWDs (UNCRPD), and its ratification by numerous countries, this article wishes to contribute to the discussion and practice linked to mainstreaming disability as one way to promote the rights engrained in the UNCRPD in development practice. It describes parts of the conceptual approach of a nearly 2 year project² in Cambodia, implemented by Handicap International and local partners.

Introduction

Mainstreaming disability and Persons with Disabilities (PWDs) in development policies and policy dialogues is a rather new and complex strategy in Cambodia, as well as in many other countries. Academic and/or independent research on its effectiveness, process, methodologies and achievements is rare. First manuals exist and few comprehensive case studies are available. Despite the lack of evidence, it is held as a key strategy to promote and realize equal rights of PWDs.

This article shares part of the project approach, actions leading to first success in promoting mainstreaming, and of the analysis of the Cambodian context made during the project. It focuses mainly on the national level interventions. It is limited to observations, and is not a research. It was undertaken in the spirit of a reflection on strategy, tools, activities and the met obstacles. At best it wishes to encourage applied academic research or discussion to look deeper into the processes in Cambodia and elsewhere.

Since 2007 Handicap International, French Section (HI F) has been involved to support Cambodian disability actors in promoting the inclusion of disability and PWDs in national and commune level development policy dialogues and policies in Cambodia. A first one year project from 2007 to 2008 on including disability better in the poverty reduction strategies and practice, lead among other to the formation of a coordination committee on disability and development policies and dialogues. It was called the National Strategic Development Plan, Inclusive Committee (NSDP IC) with six national disability organization becoming a member³. After this first joint engagement, the members requested HI F to continue the support with a new project. It was to focus on support for advocacy, lobbying and capacity development. HI F raised funds for nearly two years to promote inclusive policies and dialogues for better rec-

ognition of the rights of PWDs. The implementing partners were Disability Action Council (DAC) and Cambodian Disabled People Organization (CDPO).

To mainstream disability into the overarching development policy, the NSDP or the sector policies⁴ (with the exception of education) had not been attempted before. Likewise the majority of mainstream development actors from NGO or government side did not include PWDs explicitly into their target population.

Country Background

Cambodia, with a population of 13 Million is a democratic state and governed with a constitutional monarchy. The main religion is Theravada Buddhism. The move towards democracy started at the beginning of the 1990s after the last Khmer Rouge surrendered and the Vietnamese government withdrew its army. The country follows a socio-economic development trajectory focused on an export led and tourism fed growth strategy affecting mainly the urban centres. In the rural areas the majority of the poor and poorest population live, while the cities see a growing middle class. The majority of specific services from health to education are best available in the cities. It is estimated that 4 % of the population live with disabilities (CSES 2004). The 2008 Census using a highly contested questionnaire⁵ provides the figure of 1.44 % of the population having a disability.

As one of the few developing countries Cambodia does collect regularly disaggregated data on PWDs via the National Institute for Statistics (NIS) (UN General Assembly 2009b). This data can be disaggregated to arrive at information on PWDs' access to health services, education, levels of income and other key data. However, it remained highly invisible and underused. Annual NIS reports do not mention disability in a disaggregated way. This is due to low demand⁶.

Some specific disability researches were



done by World Vision and UNICEF to understand the marginalization of children with disabilities from the education sector or the inaccessibility of health services (ADD 2007). Other research shows the high vulnerability of PWDs, and especially women with disabilities to gender based violence and difficulties to access HIV/AIDS prevention (see article in this issue). Household wealth of families with PWDs is half that of households without PWDs (NIS 2004). The researches indicate marginalization and impact of discrimination - the difficulties experienced by PWDs to access services or to lead a life outside poverty.

Key National Disability Stakeholders

The Ministry of Social Affairs, Veterans and Youth (MOSVY), the line ministry for PWDs is with regards to disability a mainly reporting, coordinating and administrating structure due to lack of resources. A rather widespread *disability sector* of local and international organizations started to emerge since the 1990s. In 2010 about 40 NGOs are working on disability. They provide impairment and disability related and other interventions with and for PWDs. The *disability sector* developed rather parallel structures to the mainstream education, health or employment sectors, policies and dialogues. Coordination was mainly facilitated between and from within this sector through DAC working groups. Working groups focusing, for instance on education, vocational training, physical rehabilitation, or Community Based Rehabilitation (CBR) facilitated networking and first coordination between its members. CDPO is the most legitimate national platform for representing PWDs on national level. Another national DPO is the Association of the Blind of Cambodia (ABC). It is involved in advocacy, as well as in setting up and offering specific services. The National Centre for Disabled Persons (NCDP) a semi-governmental structure, run by and employing mainly PWDs, is focusing on improving formal employment and access to services. A second key semi-governmental body active on national level is the Disability Action Council (DAC), a mainly coordinating and networking body closely linked to MOSVY.

National Policy Framework

The constitution of Cambodia (1993) is a progressive rights-based one which grants each citizen equal rights. There is no discrimination against PWDs (HI F 2009b).

The central development policy of Cambodia aiming to be the overarching framework for all sectors and development stakeholders is called

the National Strategic Development Plan (NSDP 2006-2010)⁷. It was developed to achieve the Cambodian Millennium Development Goals (2003). Its progress is measured against a set of NSDP indicators. Subsequently, sector policies and ministries' strategic frameworks/ plans and strategies (with a set of more specific joint monitoring indicators) were made in line with the NSDP. Technical Working Groups consisting of representatives of ministries, NGO platforms or NGOs, donors and multilateral agencies and Sector Support Groups, consisting of donors and government work on NSDP's priorities. Those groups are lead by ministries and/or multilateral agencies, with restricted membership. Education, health, trade, decentralization, aid effectiveness, and economic growth are topics of high priority to government, multilateral agencies and donors. Annual monitoring by the government and in parallel by the NGO sector is referring to the set out joint monitoring indicators.

Disability and PWDs in the NSDP and Sector Policies

PWDs, disability and their organizations were sidelined in the development of the first NSDP (HI F 2007). PWDs are mentioned among the priority target group for poverty reduction. However, there is no single disaggregated NSDP, Cambodian MDG or joint monitoring indicator measuring the progress for PWDs in the respective sectors. PWDs are mentioned sporadically in the rather traditional fields of provision of individualized services, such as social security (pensions for former veterans) or vocational training for PWDs only.

The education sector policy is mentioning children with disabilities, as among the marginalized children to access primary schooling. However, no disability specific indicator was set up.

The NSDP (2006-2010) was developed in 2005/06, at the same time when the UN was facilitating the process of developing the UNCRPD (RGC 2006). The UN's involvement on disability and rights on global level did not impact on the MDG framework, globally and not on national policy developments in Cambodia.

Specific Policies and Legislation on Disability and PWDs

MOSVY develops five year strategic plans, addressing services for PWDs. At project start in mid 2008, Cambodia had adopted specific disability legislation. 2007 saw a sub-decree on free access to health care for PWDs. Cambodia



signed the UNCRPD and the optional protocol in October 2007. It is part of the Ministry of Social Affairs' strategic plan to work towards ratification from 2010 on. In March 2008 the Ministry of Education adopted a policy on education of children with disabilities.

During the project implementation the first national Law on the Promotion and Protection of the Rights of PWDs was approved by parliament in July 2009. Successively, a National Plan for PWDs, Landmine and Explosives and Remnants of War Survivors was adopted.

Mainstreaming and Disability Understanding as Reference for the Project Intervention

Conceptualizing Disability

With Cambodia planning to ratify the UNCRPD, the project adopted the disability understanding⁸ as promoted in the UNCRPD and the WHO ICF 2001⁹. Gender inequalities were also considered in the approach to disability understanding.

It allowed to highlight and to promote the identification of different types of barriers experienced by person with different impairments. The analytical frame allowed identifying different types of barriers to (and facilitators for equal participation), their causes, and the specific stakeholders responsible for their removal. Hence, research and advocacy supported by the project, addressed issues from a cross disability and gender perspective, and promoted disability disaggregated data collection.

For instance, in the sector of health in Cambodia different types of barriers were identified through a consultative process. PWDs identified barriers to access general health services, such as attitudinal barriers experienced by all PWDs, no matter what impairment. Those were none-consultation in health planning meetings. Recommended actions for change were awareness raising and involvement in commune council meetings. The targeted actors for policy change and participation in policy dialogue were the commune councils.

Specific problems in link to none-accessible health information were identified to be a problem by persons with visual and hearing impairments. Responsible structures for change were the Ministry of Health, Health NGOs and local health staff. At the same consultation workshop, specific gender related problems of women with disabilities were identified and recommendations made.

Conceptualizing Mainstreaming

Mainstreaming disability referred in the project in Cambodia to the following definition: "Mainstreaming disability into development cooperation is the process of assessing the implications for disabled persons of all planned action, including legislation, policies and programmes, in all areas and at all levels. It is a strategy for making disabled person's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that disabled people benefit equally and inequality is not perpetuated"¹⁰ (UN ECOSOC 1997).

Evidence based research on the impact of mainstreaming disability in development are rare. At the same time, it is believed that a mainstreaming approach to disability is viable in order to redress specific segregating practices and to realize equal rights more than disability focused interventions only. Furthermore, due to the familiarity and success made in development with gender mainstreaming¹¹, other key stakeholders are familiar with its conceptual framework. Therefore, it was hoped that mainstream actors, familiar with gender in Cambodia, would open up easier to a similar strategy and apply lessons learned from gender (Miller/Albert 2005).

The project adopted a twin track approach, recommending that specific policies or capacity development interventions would be necessary to redress effects of previous discrimination¹². The twin track was also applied to the analysis of the national policy frameworks. If general provisions, as in the Cambodian constitution were seen as insufficient for equal rights¹³, then specific laws or policies should be promoted to draw the attention to PWDs or disabling structures. At the same time future policies, such as the update NSDP, or sector policies should be targeted for mainstreaming disability and PWDs.

All partners and stakeholders agreed on joined understanding. Subsequently, all communication materials and tools referred to the same definitions and case examples. Indeed gender focused organizations and the Ministry of Women Affairs were one of the most valuable allies during the project. They included disability and women with disabilities issues in their plans, statement on NSDP and recommendation for future NSDP update.



Actions to Promote Mainstreaming Disability into Policies and Policy Dialogues in Cambodia

Analysis of the Prevailing Disability Understanding

A first step of the project was to understand better the current understanding of disability in Cambodia. The national language Khmer does not contain local terms which draw the difference between impairment and disability. In Cambodia having a disability is being broadly understood as outside the norm, something limiting and negative, depending on the depth of Buddhist faith as related to Karma and as worthy of receiving charity. The national definition on disability, as contained in the new disability law, is based on the old WHO ICIDH framework (WHO 1980). It understands disability and handicaps as caused by the impairment related functional difference and limitations of individual persons (RGC 2009). With such a definition mainstreaming could not have been clearly promoted.

The social dimension of barriers and the allocation and acceptance of responsibilities for their removal, were not clearly understood among the project staff, partners and key agencies involved in policy dialogue. Likewise policies referred mainly to PWDs and not to barriers or disabling structures. Hence, development actions and policies had a tendency in the past and current context to promote impairment related interventions: providing specific services to improve the functional capacities of persons, a focus on mine victims, local NGOs targeting PWDs only, fostering a separate disability sector and interventions.

Taking this situation into consideration at project start specific attention was paid to translation and the design of culturally adapted knowledge, attitudes and practice assessment tools for partners and project team.

Another set of actions were linked to capacity development on disability and mainstreaming first of project team and partners. Analysis was done on how far project staff and partners were familiar with the new disability understanding, and the Cambodian and relevant UNCRPD legal frameworks.

Since disability and mainstreaming were not fully understood training series were developed specifically to foster a changed understanding on disability, to increase knowledge on the rights based approach, promote existing disability facts and highlight existing gaps in data, the available legal instruments in Cambodia and mainstreaming successfully. All training¹⁴

and tools were focusing on differentiating between impairment and disability, and to promote the concept of barriers and facilitators, and existing good practice to remove them.

The NSDP inclusive committee members also got involved in participating and promoting a change of the national classification on disability through a working group, headed by MOSVY and supported by DAC. Due to limited resources of MOSVY the change of definition has not yet taken place, but importantly is supported by MOSVY. However, a changed questionnaire for data collection by the National Institute for Statistics was achieved for the 2008 CSES, though not for the Census (2008), due to time constraints.

Specific Guidelines

In addition, it was necessary to develop a specific mainstreaming guideline for the project stakeholders as a reference tool with practical examples and case examples (HI F 2009a). It provided conceptual guidance on disability and mainstreaming, practical case examples, and analysed Cambodian policies and decision making structures. It contains suitable tools (checklists for awareness raising and advocacy, etc.) and recommendations for an implementation strategy, applicable also after the project end. The conceptual frame for the mainstreaming guideline was build around the UNCRPD, Cambodian disability facts (to foster evidence based advocacy and lobbying) and other key legal policies. Existing mainstreaming manuals, researches for rights based approach to disability by OXFAM (OXFAM GB 2003) and mainstreaming, such as VSO's (VSO 2006) were also used. However, they were too broad and partially not in line with the UNCRPD to be sufficiently adapted for actual work in Cambodia.

The evaluation of the project and consultation on usability showed that the guideline was highly appreciated. However, for the future external specific guidelines and checklists were requested to be developed in separate and simplified forms for the different sectors (employment, health, education, decentralization, governance, etc.) and general mainstream development stakeholders. Training tools in line with those were also asked to be developed not only from partners but also from mainstream development stakeholders. Likewise capacity development such training will also be necessary in the future. So far it was implemented by HI F.



Promoting Existing Good Practice on Mainstreaming

Furthermore, a brief survey and collection of existing good practice on different levels (governmental, local and international NGOs, donors and multilateral agencies, private sectors) was undertaken. Good practice and some lessons learned were recorded of mainstream actors including and/or mainstreaming disability and/or persons with disability in existing development interventions and policies in Cambodia. This was done in order to promote those examples during advocating and lobbying for policy and practice change with *homemade* Cambodian examples.

Making Data more Visible and Accessible

In addition, due to lack of visible data or reports including disability providing an overview on existing legislation and data two research activities were facilitated by HI. The aim was to make those existing data easier accessible to a broader group of stakeholders. It was also done to be used for advocacy and mainstreaming disability into programming (MRTC/HI F 2009). With this it was hoped to enlarge the number of stakeholders to be able to advocate and mainstream in policy and legislation development disability and PWDs (HI F 2009b). The two reports were printed in English and Khmer. Additionally key findings were disseminated via a launching workshop. The workshop also promoted other organizations' researches and invited mainstream development stakeholders to break the circle of invisibility of facts. The impact will be seen in the future referencing of the data.

Targeted Advocacy and Building Foundations for Knowledge Transfer

For future training and as input for advocacy a brief survey on level of understanding of disability and mainstreaming was done by partners with representatives of the different key ministries. It showed that their perception of disability consisted of seeing disability as a lack of body parts, caused by accidents, such as mines or traffic and mainstreaming being a new concept to them. All expressed their interest in increasing their knowledge on how they can address disability better in their work. The survey (internal project document, unpublished) was helpful in that it also fostered first relations and created an interest on the ministries' side. The project duration was too short to respond to the requests for training, but is hoped to be followed up and implemented with future funding.

Advocacy action was started to be implemented through production of information and communication materials, targeting the different levels of stakeholder in the process. A claim list with prioritisation of topics by PWDs from rural and urban areas was produced during a workshop. Based on the claim list, information and communication materials (leaflets, videos, TV screenings, etc.) were produced by CDPO and DAC. Each material targeted a specific group of stakeholders for removal of barriers. It contained information on entitlements, priorities of PWDs, disability understanding, national policies and the role of authorities.

Multilateral and bilateral stakeholders present in the technical working groups and sector support groups, influential stakeholders due to their involvement in developing policies were also targeted through more individual advocacy and lobbying action. Key success here was to work and establish relationships with individuals open to disability from donor and multilateral agencies. The strategy for multilateral stakeholders was to base communications on their organizations' and/or country's stance with regards to a rights based development approach, obligations as pertained in the UNCRPD and disability facts from research. Achievements were that some representatives of donors and multilateral agencies offered their support to facilitate policy workshops (see for instance EC Delegation 2009) and started to include disability into their policy dialogues.

The project partners agreed on joint positioning and advocacy with technical support from HI Staff to produce annual NSDP positioning papers, recommending disability indicators and specific action to mainstream disability more broadly. Once the NSDP update process was started by the government in 2009, partners and allies produced a statement with suggested ways to mainstream disability into the NSDP draft update. It was disseminated towards civil society and governmental stakeholders. A success was that disability and PWDs became more mentioned in the latest current NSDP draft, in employment, social protection, education, vocational training. CDPO and DAC were at the forefront also of this advocacy and involvement in policy dialogue.

Appreciated by partners were especially the technical guidance, the trainings, the claim list workshop and support for lobby and advocacy. Another factor contributing to the success was to work in technical partnerships with governmental and non-governmental stakeholders.



Challenges and Constraints in Mainstreaming Disability

While advocacy and lobbying were successful, with increased demand on disability advice and requests for training by mainstream development actors, challenges and constraints remain. One of them is that despite an increase in lobbying, the latest draft of the update NSDP did not include PWDs among the target group of the most vulnerable part of the population. One other related challenge is that it was not possible in the highly contested development agenda of Cambodia to lobby successfully for one or a set of parallel monitoring indicators for the NSDP. The reasons named by key stakeholders evolve around the high amount of existing indicators and obligations to input in various technical working and sector support groups. Cambodia is one of the few countries with a national data collection system, the CSES, with the potential to report on the improvement of the situation of PWDs against the MDGs. Hence, future lobbying and advocacy need to promote the usage of existing data collection and analysis.

Local disability expertise is individualised and spread across different organization due also to a dynamic of high turnover of staff. That means for partnerships and institutionalization of disability that innovative ways have to be thought of to maintain the professionalization dynamic. A long term response would be to include disability modules at local university level.

Albeit more data being easier accessible, a growth of informed mainstream stakeholder group lobbying for inclusion only slowly takes shape. The number of informed stakeholders is too low to meet the growing demand. Some more sensitized governmental, multilateral and bilateral actors have policies for inclusion or mainstreaming disability on headquarter level yet it is not currently institutionalized on country program level, with the exception of AusAID in Cambodia. With this the requests for comments on national policies or similar are directed towards organizations such as HI, CDPO or other stakeholders who are often short on resources themselves.

Conclusions

The project and chosen strategies for lobbying, capacity development and advocacy were successful in developing local capacities for mainstreaming disability in policies and dialogues.

Since the end of 2009 an increasing number of key development stakeholders asked DAC, HI and/or CDPO for technical advice, collabora-

tion and assistance on various topics: from indicators to measure effective and quality of mainstreaming; training for staff, developing checklists or guidelines for mainstreaming or advising on research. Although the change is slow, this can be seen as a key success, since demand for knowledge transfer on disability from the mainstream stakeholders is a new phenomenon. It also presents an acceptance by mainstream stakeholders for their responsibilities to remove disabling barriers. While less lobbying might be needed in future from disability focused organizations and DPOs in Cambodia, their engagement will remain critical. It is their role which might need to change from lobby and advocacy towards transferring their knowledge on disability. With this a different level of expertise might be necessary, requiring additional and new skills, as well as different organizational structures and new ways of collaboration between actors. A change in role applies to organizations like HI as well as DPOs.

Identification of transferable disability knowledge, and of effective methods to mainstream disability (on policy, recruitment, programming levels) should be facilitated by applied research. Physical accessibility, formal employment and education might be key areas to identify necessary levels of expertise from existing lessons learned. Those are fields with successful interventions ranging from practice, to tools to policies, in Cambodia and other countries.

The project did not yet succeed to develop disability sensitive monitoring indicators shared by all key stakeholders. The set of global disability sensitive MDG indicators could be used for adoption to the Cambodian context. It will be seen whether and how those actions can be accelerated and sustained by necessary increased allocation of resources for mainstreaming of disability in the Cambodian context. DPOs, disability focused organizations, and mainstream actors need to support those action in the future. Success levels will be influenced also by the global MDG¹⁵, and whether disability will feature more prominently than now or not after the global MDG review in September 2010.

Notes

- 1 The observations and conclusions expressed in this document are based on individual professional experience and do not necessarily represent the views of Handicap International as an organization.
- 2 The donors were AECID, the Spanish Development



Cooperation and AusAID. The total duration was 20 months for the Spanish support and 12 months for the AusAID financed intervention.

- 3 Members of the NSDP Inclusive Committee were Cambodian Disabled People Organization (CDPO), Disability Action Council (DAC), Association of the Blind in Cambodia (ABC), National Centre of Disabled People (NCDP), Action on Disability and Development (ADD), and HI F.
- 4 CDPO decided to focus specifically on key areas demanded to be improved by PWDs in Cambodia: health, education, employment and gender.
- 5 The questionnaire asks as a first question: Are you physically or mentally disabled? Only if answering yes to this question, later on specifics with regards to the type of other impairments (mentioned here: physical, mental, hearing, visual, speech) are asked. The lower prevalence rate of PWDs in comparison to the CSES data might be explained when considering that for instance persons with hearing impairments are likely to answer 'no' to the first question, and hence are not counted.
- 6 Information received by author from employee of the National Institute for Statistics.
- 7 In other country commonly called the Poverty Reduction Strategy Papers. The current NSDP is ending in 2010, and is currently updated, not newly developed, called the Update NSDP (2010-2013).
- 8 A difference is drawn between impairment and disability. Impairment is understood as the functional and/or organic difference or difficulty a person is experiencing. Disability exists when in the interaction between the person with impairment and his/her environment environmental, institutional, social or physical barriers restrict their full and equal participation. In social interaction persons with impairments can become disabled (UN 2006).
- 9 Promoted and currently conceptualized also by the UN Statistic Division, the Washington Group and UN ESCAP's, statistic department to develop a methodologies for global comparability of disability statistics as well as with the objective to improve the capacities of states and civil society to monitor the UN CRPD. Cambodia's NIS was involved in the cognitive and pilot testing of a prevalence questionnaire. (see for more information: UNESCAP's Statistic Division: http://www.unescap.org/stat/statdev.asp#stat_disability and its global body UN Statistics Division: <http://unstats.un.org/unsd/demographic/sconcerns/disability/>).
- 10 Used by Handicap International, adopted from the UN ECOSOC Gender mainstreaming definition 1997.
- 11 While much was learned from gender, the project tried to not underestimate the difference in prioritization. While gender imbalances can affect half of a population, this is not the case for disability related discriminations. PWDs, as other minorities have to face a majority of persons without disabilities in order

to make their case. Hence, the project strategy aimed to support local DPOs to build alliances with other groups such as human rights or women organizations.

- 12 For instance in the case of Cambodia, PWDs have a lower literacy and education attainments due to discriminatory practices (World Bank 2005).
- 13 As it was one of the main reasons for adopting a specific UN Convention for PWDs, since existing Human Rights frameworks did not warrant sufficient protection and promotion of their rights, the case was made in the expert study of Quinn and Degener, 2002 (Quinn and Degener, 2002).
- 14 Other training needed and received by partners focused on advocacy, lobbying and related strategy development. It was implemented by external providers during the project duration.
- 15 A set of disability sensitive MDG indicators was developed and sufficient analysis was done for making the case for the inclusion of disability into the MDG reporting agenda and review by a global expert group, globally, it remains still doubtful whether the global review will see the full recognition of disability in the remaining period until 2015. (UN Secretariat for the Convention on the Rights of PWDs Division for Social Policy and Development/ Department of Economic and Social Affairs (2009), Annex III).

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Zusammenfassung: Auf Basis der UN Konvention über die Rechte von Menschen mit Behinderung und ihrer Ratifizierung durch zahlreiche Länder möchte dieser Artikel einen Beitrag zu Diskussion und Praxis zum Mainstreaming von Behinderung in der Entwicklungszusammenarbeit leisten. Der Artikel beschreibt Teile des konzeptionellen Ansatzes eines Zweijahresprojektes in Kambodscha, das von Handicap International und lokalen Partnern implementiert wird.

Résumé: Suite à la Convention sur les droits des personnes handicapées (UNCRPD) et sa ratification par de nombreux pays, cet article souhaite contribuer à la discussion et aux pratiques liées à prise en compte du handicap en tant que moyen de promouvoir les droits inscrits dans la Convention dans les pratiques du développement. Il décrit certains aspects de l'approche conceptuelle d'un projet de près de 2 ans au Cambodge, mis en œuvre par Handicap International et ses partenaires locaux.

Resumen: Después de la ratificación de la Convención de los Derechos Humanos de Personas con Discapacidad por un gran número de estados, este artículo quiere mencionar que "mainstreaming disability" (la transversalización de la discapacidad) es un camino para promover los derechos arraigados en esta convención en la práctica de la cooperación al desarrollo. El artículo describe las partes claves del concepto de un proyecto en Camboya, que fue implementado por Handicap International y socios locales.

Author: Ulrike Last has a Master in Disability Studies and another in Development Studies, and more than 15 years in disability and ability in developing and developed countries. She works currently with Handicap International as Rights and Inclusion Coordinator in Cambodia.
Contact: ulrikelast@gmx.de



Inclusion of Children with Disabilities in Cambodia

Maya Kalyanpur

This paper describes educational policies and services for children with disabilities in Cambodia, with specific reference to social attitudes and causes of disabilities, the institutional infrastructure, and the development of the special education system. It identifies situational challenges and offers some possible solutions and recommendations for future directions.

Inclusion of Children with Disabilities in Cambodia

The principle of inclusive education was first endorsed as an international guideline to provide educational services for children with disabilities at the Salamanca World Conference on Special Needs Education in 1994 (Inclusion International 2003; UNESCO 2005)¹. In 2000, the World Education Forum in Dakar, Senegal, set the goal of achieving Education for All (EFA) by 2015 towards including within the educational mainstream all traditionally excluded and marginalized groups, such as girls, poor children, ethnic minorities and children with disabilities. The same year, the World Bank, while presenting the Millennium Development Goals as a means of implementing this goal, argued that disability, being both a cause and consequence of poverty, needed to be targeted specifically in any development efforts (World Bank 2002a). Similarly, the 2002 Biwako Millennium Framework for Action re-emphasized inclusive education as a right and appropriate educational option for children with disabilities. As a result of these international initiatives, many signatory countries, including Cambodia, have begun to focus on the inclusion of children with disabilities (Stubbs 2002). This study describes educational policies and services for children with disabilities in Cambodia, with specific reference to social attitudes and causes of disabilities, the institutional infrastructure, and the development of the special education system. It identifies possible solutions to the challenges and offers some recommendations for future directions.

Social Attitudes and Demographics

The Kingdom of Cambodia has a total population of approximately 14 million, with 38 % living below the poverty line (National Institute of Statistics [NIS] 2008) and has 20 provinces and 4 municipalities. Over 85 % of Cambodians practice Buddhism, while a small percentage of Cham Muslims live in pockets and various

groups of ethnic minorities live mostly in remote areas (Japan International Cooperation Agency [JICA] 2002). This section describes attitudes towards children with disabilities, the causes of disability, and current structures for identification.

Social Attitudes

Few empirical studies on beliefs and attitudes towards disability in Cambodia have been conducted. There is some evidence of acceptance of disability, especially in areas of high prevalence (Disability Action Council [DAC] 2001a; Kang & Fox 2007), but on the whole, children with disabilities remain socially excluded (Action for Disability and Development [ADD] 2007; Harknett 2006; Thomas 2005). Studies show that children with disabilities are often teased and called pejorative names (ADD 2007; Thomas 2005), and that disabled adults did not have access to schooling when they were children (NIS 2004) and were least likely to be meaningfully employed or included in community events (Cooperation Committee for Cambodia 2006; Harknett 2006; International Labor Organisation [ILO] 2003). Through interviews, studies also found that many children with disabilities do not go to school because parents are too poor and cannot afford the supports the child would need, or because they do not believe that they can benefit from an education (Kalyanpur 2007; Thomas 2005; Vanleit 2007; World Vision 2004). There is also evidence that teachers and school directors do not accept most children with disabilities because they feel they are not qualified to teach them or because the schools are not accessible (Kalyanpur 2007; Thomas 2005). As a result, children with disabilities may go to school at first and be enrolled (contributing to high numbers of enrolled children with disabilities in school) and soon drop out.

A significant indicator of local attitudes is the governmental edict (or *Prakas*) on the Criteria for Teacher Candidates' Physical Appearance for recruiting public primary and pre-school



teachers which states that candidates must be "of either gender, of Cambodian nationality, who have clear bio-data, good health and are free of disabilities," (Council of Ministers 1995, cited in JICA 2002) preventing people with disabilities from becoming teachers in government schools. The recently enacted Education Law, which was expected to overturn this prohibition (ILO 2003), somewhat ambiguously stipulates that the Ministry of Education shall "determine the minimal physical and professional criteria for the recruitment of public and private educational personnel" (Kingdom of Cambodia 2007, Article 20, p. 5).

Prevalence of Disability

Decades of political turbulence has left a legacy of high numbers of people with disabilities of all ages and conditions (JICA 2002; Powell 2005). In the absence of any formal census of people with disabilities, estimates of the population of people with disabilities tend to vary, depending upon the source (Alur 2007; Thomas 2005). The most recent round of the Cambodia Socio-Economic Survey (CSES), conducted in 2004, reported the estimated disability rate for the total population in Cambodia at 4.7 %, the highest figure to date (NIS 2004). Persons with seeing difficulties are the largest group at almost 30 %, followed by mobility-related impairments at about 24 %, and hearing difficulties at 15 % (NIS 2004). However, the recent National Census counted disabled people as only 1.4 % of Cambodians, giving rise to concern among disability rights groups that the needs of disabled people will be underestimated and services will suffer as a result (Lindsay 2009).

The original classification system, which listed 14 categories of orthopedic disability, was developed for the purpose of determining monetary compensation and pension benefits for wounded war veterans (Asian Development Bank [ADB] 2002; ILO 2003; JICA 2002). In 2003, the Ministry of Social Affairs developed an 8-category classification system², which the Ministry of Planning has adopted as well (ADB 2002; ILO 2003). Although a high percentage of children are categorized under *other*, indicating the inadequacy of this system, these classifications prevail.

Causes of Disability

Cambodia has one of the largest populations of war-related disabilities, including children (APCD 2008; Powell 2005). However, poverty is the underlying cause of disability in Cambodia, as over half of the conditions are preventable

(Knowles 2005; Thomas 2005). Currently, illness or disease, which includes fever and malnutrition, is the principal cause of disability in both rural and urban areas (NIS 2004), as a result of limited access to health care or proper nutrition, although a sharp increase in the number of road accidents leading to disability has been noted recently (ADD 2006; Ministry of Health [MOH] 2006). More children from birth to four years have disabilities in proportion to the population distribution at those ages than any other age group (NIS 2004). Children become disabled because they have not received primary preventive care, such as immunization, or secondary preventive care such as antibiotics for ear or eye infections, that can lead to blindness or deafness. Illness rates are highest (25 %) among children under age 5 (NIS 2004; 2005). Nutrition-related disabilities, associated with food deficit and common micronutrient deficiencies, such as vitamins, iodine, and calcium, are common. A third of the children suffer from anemia due to iron deficiency, which, if left untreated, can cause irreversible brain damage. Because of malnutrition, nearly one Cambodian child out of four is underweight and has stunted growth, putting them at risk for learning impairments (Vachon 2006).

The gap in school participation between children with and without disabilities is twice as high as the gaps associated with rural residence, wealth and gender (Filmer 2003). While vision, hearing and speaking difficulties are more frequently reported by those with little or no schooling, learning difficulties are not. This suggests that when children have disabilities that require special services that are not available in most Cambodian schools, they are more likely to be denied an education (Knowles 2005). Children with disabilities are less likely than non-disabled children and even children with very poor health to have ever attended school.

Current Structures for Identification of Children with Disabilities

One purpose of identifying children with disabilities is to facilitate targeted fiscal allocation in policy planning based on the numbers, and to be able to monitor percentage changes in numbers of service recipients. Another purpose is to facilitate targeted intervention based on the specific characteristics of a disability. The lack of a systematic process for the identification of children with disabilities in Cambodia has limited these outcomes.

In 2008, the government included an indicator in the School Registry form to collect data



on children with disabilities in school. These data are compiled into the Educational Monitoring Information System (EMIS), from which we learn that, in the academic year 2007-08, there were 0.54 % children with visual impairments, 0.63 % children with hearing impairments, 0.27 % children with motor impairments in schools (EMIS 2008). In other words, children with disabilities constitute less than 2 % of the population of children in primary schools³.

School or community mapping was formally adopted as a national strategy to locate and enroll out-of-school children by the Ministry of Education in 2007 (Primary Education Department [PED] 2007). School mapping is a process that occurs during school enrolment campaigns in July. School Support Committees, which consist of village leaders, school principals and teachers, go from house to house to map all school-age children, especially those that are not in school. Deriving from participatory rural appraisal (PRA) as a process that enlists community members' participation, and simultaneously uses local perceptions of disability while identifying possible interventions, there are several advantages to this approach (Gona/Hartley/Newton 2006). First, as community members begin to see children with disabilities as capable of receiving an education, attitudes towards disability change (Holdsworth 2004), somewhat reducing the need for separate disability awareness raising campaigns. As 48 % of schoolteachers in Cambodia work in the village they were born in and 90 % come from the same province (Geeves & Bredenberg 2005), many are well-connected to the local community and can facilitate this process and effect change in attitudes as well. Secondly, by involving teachers in this process, they become less likely to reject children with disabilities and more likely to develop modifications specific to their needs (Gandhe 2004). Thirdly, it provides opportunities for decentralization.

However, because of prevailing attitudes that children with disabilities cannot benefit from an education commonly held among parents and teachers alike (Kalyanpur 2007; Vanleit 2007), the lack of or limited modifications available in schools, and the overall prioritization on increasing enrolment rates of girls and other disadvantaged groups, children with disabilities have not tended to be targeted in enrolment campaigns. In order for community mapping to be applied successfully with children with disabilities during enrolment campaigns, it would need to be accompanied with disability awareness campaigns, either through the use of media or village meetings, and the implementa-

tion of a simple checklist of questions that would facilitate identification of specific categories of disability, such as the Ten Question Screening Inventory (TQSI) (Evans/Graham 2007). Funding to implement these activities was received through the Fast Track Initiative (or the Education Sector Support Scale-Up Action Program [ESSUAP] in Cambodia), a 30-country donor grant to jumpstart national efforts to achieve the EFA by 2015 goal. A modified version of the TQSI has been developed and efforts to disseminate it are on-going, as are efforts to develop a systematic protocol for identification, screening, assessment of need, and provision of appropriate services (MOEYS 2010).

The Educational System and Institutional Infrastructure

The repressive Khmer Rouge regime, in power from 1975 to 1979, devastated the educational system, destroying much of the infrastructure and eliminating its key personnel (World Bank 2002b). By one account, almost 80 % of teachers and secondary students died (NIS 2005). The successor government began rebuilding the education system by gradually reopening schools and inviting back all surviving teachers to teach, but continued political instability severely limited the effectiveness of these measures (World Bank 2002b).

Since the elections in 1998, Cambodia has enjoyed relative peace and political stability. The educational system has shown rapid progress. In 2008, net enrolment ratios were 93.3 % in primary schools, 34.8 % in lower secondary school and 14.8 % in upper secondary school (MOEYS 2009)⁴. In 2006, government spending was over 18 % of Gross Domestic Product (GDP) (Royal Government of Cambodia 2006). However, certain challenges persist, including high teacher-pupil ratios averaging 1:41 in 2008 (MOEYS 2008), due to a critical teacher shortage, low student instruction time, about 850 hours annually against an international standard of 1000 hours (Education Sector Working Group [ESWG] 2006), and high dropout rates, partially attributed to over 35 % of primary schools not having clean water and 24 % having no latrines (MOEYS 2008).

The lack of well-trained teachers is a major barrier to quality education in Cambodia. A study on Cambodian primary school teachers found that less than 1 % of teachers attended in-service training courses in any given school year, with rural teachers 11 times less likely to access them than urban (Geeves & Bredenberg



2005). Further, because of low salaries, 68 % of primary teachers were likely to have a second job, particularly in rural areas, and although remote areas have the highest need of teachers, they had the fewest number of teachers. Additionally, pre-service teachers were placed according to their rank at the end of the program, which resulted in the best students asking for placements in urban areas, and the weakest students being placed in remote areas. This section describes the institutional framework and the teacher training structure.

Legislative and Policy Framework

There is considerable government support and commitment to inclusive education for children with disabilities. Article 39 of the 2007 Education Law states that "disabled learners have the same rights as able learners and have separate special rights in that disabled learners of either sex have the right to study with able learners if there is sufficient facilitation in the study process, and those learners who are not able to learn with able learners, even with facilitation, have the right to receive special education in separate special classes at community schools in their locality" (Royal Government of Cambodia 2007: 11).

Similarly, Articles 28 and 29 of the 2009 Law on Protection and Promotion of the Rights of Disabled Persons state that the State shall develop national policies and strategies for educating the disabled students such as encouraging disabled students to be in inclusive education classrooms as many as possible and developing the integrated classrooms in response to the needs of the disabled students, and that the Ministry of Education "shall prepare programs for education institutions to provide accessible features for disabled students with regard to buildings, rooms and study spaces, sign language and Braille, educational techniques, pedagogy based on the individual disabilities, learning materials or other instruments to assist disabled students, pedagogical tools for teachers or professors and the likes to meet the real needs of individual disabled students" (Royal Government of Cambodia 2009: 12).

The national Education Strategic Plan for 2006-2015 recommended the need for "formulating a national policy and strategies for disabled learners to assure equitable access to educational opportunities, including specific program interventions, e.g., school building design, specialized teaching/learning materials" (MOEYS 2005a: 17). It included children with disabilities among other disadvantaged groups and set itself the target of improving the quality

and accessibility of schools through inclusive education, among other strategies. In response, the Policy on Education of Children with Disabilities was approved in 2008 and the Master Plan in 2009. The Policy aims to increase awareness and acceptance of disabilities among communities, relevant institutions and stakeholders, provide early identification and intervention through rehabilitation services, such as physiotherapy, and health services to all children with disabilities from birth to five years, provide quality education, life skills or vocational training to children and youth with disabilities equitably and effectively, and increase enrolment, promotion and survival rates in schools.

Also in 2007, out of a 57 million dollar additional bolus of funding through the Fast Track Initiative (FTI), 2.5 million dollar has been earmarked for *reaching the un-reached*, including poor and overage students, girls, and children with disabilities (FTI Secretariat 2006).

Organizational Framework

The Ministry of Social Affairs is the nodal ministry for preparing policies and guidelines related to persons with disabilities. Rehabilitation service provision is entirely in the hands of NGOs that provide prostheses (e.g., artificial limbs), orthotics (e.g., calipers or braces) or mobility aids (e.g., wheelchairs) to children with motor impairments through 11 rehabilitation centers (PED 2005; 2006). The Ministry of Education, Youth and Sports is a line ministry that focuses on providing educational services for children with disabilities. Additional line ministries include the Ministries of Health, Labor, and Planning.

In 1997, a semi-autonomous coordinating and advocacy organization on disability-related issues unique to the region, the Disability Action Council (DAC), was established through a *Prakas* (government edict) from the Ministry of Social Affairs (DAC 2001c). It works closely with both the Ministries of Social Affairs and Education to provide technical assistance on disability-related rehabilitation and educational policies and service provision and coordinates NGO awareness raising campaigns and activities (DAC 2006; 2001c). The DAC has endorsed inclusive education as the most appropriate and effective educational option for children with disabilities and has been a key organization in coordinating efforts to promote it (DAC 2006).

In 2000, MOEYS established the Special Education Office (SEO) to develop inclusive education for children with disabilities, girls,



poor, ethnic minorities and other disadvantaged children. The SEO is housed in the Primary Education Department (PED), which plays a main role in implementing the Education For All (EFA) programs (PED 2005).

Teacher Training

The Teacher Training Department (TTD) in the Ministry of Education is responsible for curriculum development and pre-service and in-service teacher training at the 18 provincial and 6 regional Teacher Training Colleges for primary and for secondary school teacher trainees respectively. It has incorporated the principles of Child Friendly Schools (CFS) as a framework for educational services (Schaeffer 1999, cited in UNICEF 2006). CFS focuses on applying such child-centered teaching techniques as interactive learning, peer supports, small group instruction, frequent and/or informal assessment. One of its components is inclusive education, identifying strategies to include various populations of marginalized or vulnerable children, of which one is children with disabilities. However, only about 40 % of all primary schools have received training in CFS (MOEYS 2010), and the information specific to children with disabilities is very sparse.

Currently, two parallel structures for training teachers to work with children with disabilities exist. One is NGO-funded disability-specific teacher training in sign language and in Braille, the latter in the Khmer script. There is some controversy about which sign language training should be conducted in. In Cambodia, there is no indigenous sign language and efforts to develop a Cambodian Sign Language (CSL) that has linguistic structure and is contextualized to local concepts have been slow for lack of funding (DAC 2006). As a result, most deaf students have received a formal education in American Sign Language (ASL) through the NGOs. Further, training programs that are currently offered by NGOs are not standardized, or monitored for quality assurance or for ensuring that teachers implement quality inclusion programs.

A second parallel structure for training in-service teachers in inclusive education was based on the Lao PDR cascade training model, a major factor contributing to the success of Laos' inclusive education program (Holdsworth 2004). In Cambodia, too, national trainers in the Primary Education and Teacher Training Departments conduct training in inclusive education for provincial and district trainers who, in turn, train Technical Grade Leaders, school directors and teachers. However, neither the content nor the length of the training provided by

these two departments is standardized.

In response to the concern about the lack of teachers trained to work with children with disabilities, the National Policy on Education of Children with Disabilities recommended the need for a two-pronged effort to develop a cadre of teachers trained to work with children with disabilities. One approach would focus on infusing an inclusive education component into the pre-service teacher training curriculum the TTD currently offers. The second approach would involve the development of short-term, government approved certification courses in Khmer Braille and orientation and mobility, specific for working with students with visual impairments, and CSL and Deaf education, specific for working with students with hearing impairments. Through ESSUAP, progress on both approaches is on-going, albeit slowly.

Educational Services for Children with Disabilities

Efforts to provide inclusive services are a direct outcome of the government's endorsement of the EFA goal and target many disadvantaged groups, including children with disabilities. Currently, educational services for children with disabilities include a few special schools, all run by NGOs, a majority of integrated programs where government teachers receive technical and financial support from NGOs to teach category-specific groups, and some inclusive placements in regular classrooms. In most inclusive classrooms, children with physical or other disabilities that either do not require any or just a one-time modification or adaptation are naturally included in regular classrooms (Kalyanpur 2007). In some cases, NGOs provide technical support to facilitate the inclusion of one or two students in a regular classroom. On the whole, however, studies indicate that the majority of children with disabilities are out of school (NIS 2004; Thomas 2005; Kalyanpur 2007). This section describes the special and inclusive services available.

Special Schools

Although the prevalence of disability is higher among rural residents than urban (NIS 2004), educational services for persons with disabilities tend to predominate in urban areas; for instance, about 34 % of services nation-wide are in the capital of Phnom Penh alone (NGO Education Partnership 2006). Special schools were first established in 1992 and are run by NGOs, each focusing on specific categories of disabilities (DAC 2001b; 2001c). Krousar Thmey runs



four schools for children with visual impairments and hearing impairments separately, one each in Phnom Penh and two others in the provinces. There is one school for students with physical disabilities, Lavalla School, located in the outskirts of Phnom Penh, which provides an accelerated primary education for children and youth up to the age of 18 with motor impairments (Vachon 2008). The Rabbit School, also in Phnom Penh, replicates a home-based educational model for orphaned and abandoned children with mental retardation and severe and multiple disabilities, who have not been adopted because of their disability. Other agencies, such as Hagar, also provide special educational services for children with severe intellectual disabilities in special settings.

Inclusive Education for Students with Disabilities

Efforts towards inclusion have been initiated in response to EFA. The Ministry of Education's inclusive education program was spearheaded by DAC in 1999, with funding from UNICEF and UNESCO (DAC 2001c). Initially implemented in one school cluster in Svay Rieng province (Yoder 2005), it has spread to one district each in 11 provinces (PED 2006). Other EFA-driven initiatives, like the Inclusive Education Program by Handicap International in Battambang province (Handicap International 2006), the Mainstreaming Inclusive Education project by Voluntary Service Overseas in six provinces (Chea 2008), and the USAID-funded Educational Services for Children from Under-served Populations (ESCUP) program in three provinces (USAID 2006) include children with disabilities within their target clientele of all disadvantaged, out-of-school children.

Disability-specific NGOs have also moved towards inclusion. In Krousar Thmey, students with hearing impairments in grades 5 and higher and students with visual impairments in grades 3 and higher spend one shift in the regular local school and then return to their special school for remedial instruction (Cheam 2008). It also has 45 integrated classrooms⁵ in government primary schools in 12 provinces. Where necessary, students are accommodated in hostels or with foster families, who are paid one dollar a day to house them. As a result, many students who are hearing or visually impaired, some 13 years and older, are receiving educational services for the first time in their lives. However, the strategy of including students at certain grades in local regular schools tends to result in more exclusion for the hearing impaired students, particularly the deaf stu-

dents, as neither their peers nor their classroom teachers in the inclusive classrooms can sign to them.

In 2004, LaValla School for students with motor impairments opened its transition unit which arranges for students who complete primary education to continue secondary education at an inclusive local high school or receive a vocational training in the community through apprenticeships, for instance, at motorcycle repair shops or pig farms (Vachon, 2008). After the training, LaValla finds funding for students to become self-employed or find jobs. This has met with limited success because social attitudes are often a barrier to open employment.

Currently, three agencies provide integrated services for students with severe or multiple disabilities. The Rabbit School offers a form of inclusion by placing children with severe disabilities with non-disabled, out-of-school students who are HIV-positive in a kindergarten class. The Disability Development Services at Pursat province (DDSP) has established *small units* of classrooms with children with intellectual disabilities, such as Down syndrome, in primary schools in the province. New Humanity offers a community-based rehabilitation approach through centers attached to primary schools.

On the whole, however, most children with visible differences that require accommodations tend to be rejected by schools. Many schools either have no ramps or accessible toilets or the ramps are not built to universal design specifications. As a result, even children who may have received a wheelchair through an NGO are unable to attend school (Kalyanpur 2007). For many students with learning difficulties, or *slow learners* as many refer to them (Thomas 2005), there are no interventions beyond the child-centered approach endorsed by Child Friendly Schools (MOEYS 2005b).

Challenges and Recommendations

Overall, Cambodia has made considerable progress in providing inclusive educational services for children with disabilities, especially remarkable given the legacy of conflict and destruction of infrastructure. However, service provision is still sparse and heavily dependent on NGO funding. While many NGOs have developed inclusive services, some have not, and even those that do offer inclusive services continue to provide and develop new special schools. Trained teachers are a critical shortage area; although NGOs are the only source of training currently, there are no standards for certification, neither NGO- nor government-prescribed. Until the



Teacher Training Department steps into the breach, and produces a cadre of local trained teachers in inclusive education and special education, this dependence on NGO expertise will continue.

Efforts to provide more comprehensive and sustainable services would require both comprehensive responses at the central or national level as well as local responses at the community, organizational or individual levels. Generally, negative attitudes towards disability have resulted in a stigmatized status for children with disabilities and their exclusion from school. This has also affected policy prioritization. Separate analyses of *disability-responsiveness* of development policy in Cambodia found that both international aid agencies and top policy makers tended to lump people with disabilities among other marginalized populations, despite evidence that disability is an additional discrimination (Kalyanpur 2007; Thomas 2005). There appears to be a general sense of "too many priorities, too few resources" (Kalyanpur 2007: 5). Policy makers and aid agencies need to converge to prioritize disability among the un-reached populations, focusing on identification and teacher training as the main components of any implementation efforts.

Creating an acceptance of children with disabilities and the awareness of their educational potential is both a national and local imperative. One in two households in Cambodia has a television set (NIS 2005) and television is the most effective means to convey a social message, followed by village festivals. A national media campaign highlighting productive and accomplished adults with disabilities, perhaps working as teachers, and children with disabilities in schools would contribute considerably to a change in social attitudes. Messages from the prime minister also carry strong moral authority and are likely to reach even remote corners of the country. In India, government policy mandating the extent of coverage relating to disability in media has successfully increased awareness (Kalyanpur 2008), suggesting that the Cambodian government could consider a similar strategy. As the message that disability matters percolates through top societal layers, local theater groups that perform at village festivals and parents whose children, against all odds, are in school can be involved to continue the dissemination at the grassroots level.

The statistics on disability in Cambodia would indicate that, as argued by the World Bank, poverty is indeed both cause and consequence of disability. It is anticipated that the Ministry of Health's (MOH) immunization and

basic health care programs, as primary prevention strategies, will in time reduce the incidence of impairments. It is also anticipated that with overall economic development through government's poverty reduction and food support programs, malnutrition and other poverty-related causes of disability will be reduced (ADB 2002; ILO 2002; Thomas 2005). Training on early identification and intervention targeted at village health workers would be an effective solution towards increasing awareness and reducing prevalence rates. A curriculum for this has been developed by the NGO, Handicap International Belgium. Through ESSSUAP, efforts to develop a systematic protocol for identifying children with disabilities, and providing or referring them for necessary and appropriate supports or assistive devices will be undertaken shortly. Training of School Support Committees who undertake community mapping towards increasing the enrolment of children with disabilities in schools would also be appropriate.

Finally, in response to the need for trained teachers, the Teacher Training Department (TTD) has initiated, through ESSSUAP, the consolidation of the two inclusive education courses offered separately by the Special Education Office and the TTD. It is expected that one standardized manual will be developed and teachers will be trained by both departments and NGOs for a standardized duration to ensure consistency of content. Efforts to develop short-term, government-certified courses in deaf education for children with hearing impairments, Braille education for children with visual impairments, and special education for children with intellectual disabilities are also on-going.

Conclusion

The legacy of war in Cambodia left a destroyed educational infrastructure and high numbers of people with disabilities. In this context, its recent tentative steps at providing inclusive educational services for its children with disabilities are noteworthy. Although service provision continues to be predominantly in the hands of NGOs, the government has made efforts to include children with disabilities within its program for *reaching the un-reached*. The government needs to continue to take a leadership role in helping to change negative social attitudes by raising awareness about disability, and in increasing access for children with disabilities by training teachers and developing systematic processes for identification and referral. At the same time, international aid agencies need to



respect government efforts to target children with disabilities by responding with appropriate funding and technical expertise.

Notes

- 1 In alignment with the prevalent understanding of the principles of inclusive education in developing countries, I define inclusive education as efforts to bring children with disabilities into the education system through placement in regular classrooms, integrated settings and special schools. Similarly, in alignment with the philosophy and WHO definition that disability is the often adverse outcome of the interaction of a person's impairment with their environment, including social attitudes, this paper uses the term *children with disabilities* when referring to children with an impairment. However, when citing prevalence data, I have used the original terms used in the reference.
- 2 These are: Vision, Hearing, Speaking, Mobility, Tactile, Mental, Learning difficulties, Seizures/Epilepsy, and Other
- 3 This increases slightly if we include children with learning difficulties, who constitute 2.32 %; however, this category is problematic, as many teachers and school directors identify children who are failing in school for non-disability-related reasons, such as extended absences during the planting season, as having *learning difficulties*.
- 4 Basic education includes six years of primary education (Grades 1 to 6) and three years of lower secondary education (Grades 7 to 9). Upper secondary involves three additional years of schooling (Grades 10 to 12).
- 5 These are special classes in regular or general education schools.

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Zusammenfassung: Dieser Artikel beschreibt Bildungspolitik und -service für Kinder mit Behinderung in Kambodscha mit speziellem Bezug auf gesellschaftliche Haltung und Ursachen von Behinderung, die institutionelle Infrastruktur und die Entwicklung des Bildungssystems für Menschen mit Behinderung. Er bestimmt situationsbedingte Herausforderungen und bietet einige mögliche Lösungen und Empfehlungen für die zukünftige Entwicklung.

Résumé: Cet article décrit les politiques de l'éducation et les services pour les enfants handicapés au Cambodge, se consacrant spécifiquement aux attitudes sociales et aux causes de handicaps, aux infrastructures institutionnelles et au développement du système d'éducation spéciale. Il identifie les défis actuels et propose des solutions possibles ainsi que des recommandations pour de futures orientations.

Resumen: Este artículo describe las políticas educativas y los servicios para niños con discapacidad en Camboya, con referencias específicas a las actitudes y causas de discapacidad, la infraestructura institucional y el desarrollo del sistema de la educación especial. Se identifican desafíos y ofrece posibles soluciones y recomendaciones para futuros caminos.

Author: Maya Kalyanpur started her career as a teacher of children with intellectual disabilities in India in 1981. She received her PhD in Special Education from Syracuse University, New York, USA, in 1994 and taught at Towson University, Maryland, in the Department of Special Education for 14 years, retiring as Professor. She has authored books and numerous articles on special education policy and families from culturally diverse backgrounds in the US and India. Since 2006, she has been a consultant in Cambodia on several projects relating to inclusive education. Currently, she is Inclusive Education Advisor to the Ministry of Education under the World Bank-supported Fast Track Initiative program to facilitate the implementation of the national policy on the education of children with disabilities.

Contact: Maya Kalyanpur, PhD, 27, St 606 Boeung Kok 2, Toul Kork, Phnom Penh, Cambodia, Email: mkalyanpur@towson.edu, Ph: (855) 92.990.12.



Access to HIV/AIDS and Sexual Violence Protection Services among Women and Men with Hearing, Visual and Physical Impairments in Battambang and Kampong Cham Provinces of Cambodia

Muriel Mac-Seing

This article presents the findings of a study on access to HIV prevention¹ and sexual violence protection services among persons with disabilities in Cambodia, based on a gender and cross-impairment analysis. The results show obvious discrepancies between women and men of different impairments in regards to their level of HIV knowledge and risks to sexual violence, in particular among women with disabilities. Furthermore, local services providers revealed their lack of awareness on disability issues and capacity in providing accessible services to them. Ways forward in addressing the rights of women and men with disabilities, as well as gaps in services delivery will have to be addressed in concerted manners at political, societal and community levels.

Background

Cambodia is among the rare countries in the world where the HIV prevalence in adult population has steadily decreased from 2.0 % in 2000 to 0.8 % in 2008 (UNAIDS/WHO 2008). However, in spite of these marked improvements, more than half of the new infections affect married women and one third of cases involve mother to child transmission. Coupled with this, violence against women is widely prevalent in Cambodia. According to the Cambodian Demographic Health Survey (CDHS) (2005), 22 % women aged 15-49 were emotionally, physically or sexually abused by their spouse. Though the Cambodian League for the Promotion and Defense of Human Rights (LICADHO) has seen an increase in the reports of rape cases from 39 in 2003 to 88 in 2006, most cases of sexual violence against women and girls go underreported due to a culture of impunity and acceptance, threats towards the victim and her family and traditional gender related attitudes (Ministry of Women's Affairs 2008; GAD/C² 2009).

In Cambodia, an estimated 4 % of the population lives with a disability (CSES 2004) totaling approximately 532,000 people. The highest percentage of reported impairments are visual (30%), followed by physical (23.5 %) and hearing (15 %) impairments (Knowles 2005). Though the prevalence rate of HIV in Cambodia has significantly improved over the years, still to date, there is a paucity of data pertaining to the HIV prevention and awareness needs of persons with disabilities (PWDs) and a flagrant lack of HIV/AIDS programmes addressing their needs.

In 2007, Handicap International explored the issue of HIV/AIDS and disability through four Participatory Learning Action (PLA) sessions in the provinces of Battambang and Kampong Cham³. These PLAs aimed at identifying the groups of PWDs who are most at risk of HIV infection and sexual violence. The exercises showed that, though the level of awareness among persons with physical impairments was at par with the overall population, they were taking more risks when engaged in sexual relationships. Respondents with sensory impairments reported little or no access to health, including HIV and AIDS prevention services and messages and 40 % of deaf female respondents were survivors of sexual abuse and/or were victims of sexual abuse attempts.

According to a Global Survey on HIV/AIDS and Disability (Groce 2004), "individuals with disability are up to three times more likely to be victims of physical, sexual abuse and rape", hence increasing their risks to HIV infection and propagation (Drezin 2009). The UN Convention on the Rights of the Persons with Disabilities (UN CRPD), signed by the Royal Government of Cambodia in 2007, stipulates access to health care and prevention for persons with disabilities, along with the State responsibilities to ensure that this right is met (CRPD, Article 25).

Objectives of the Study

Given the above observations, Handicap International commissioned a study to explore the needs of women and men with disabilities with regards to HIV prevention and sexual violence protection (SVP). The objectives of this study



were:

- To get more specific information on HIV/AIDS, sexual violence and access to information and services, from representatives of different groups of women and men with various impairments and key informants
- To identify main actors working on HIV/AIDS and analyze the effects (impact of the scope) of their interventions on persons with disabilities, especially deaf and blind women and men
- To compile, in collaboration with concerned organizations and health bodies, a baseline database from targeted Voluntary Confidential Counselling and Testing (VCCT) centers providing services to persons with disabilities
- To propose tailored approaches and strategies for improved access of persons with physical, hearing and visual impairments to HIV infection prevention and SVP services

ments; 3) persons with visual impairments; 4) persons with disabilities living with HIV; and 5) disabled women who were sexually abused (Table 1). Sign language interpreters and family members were also study collaborators to enable a more effective communication with persons with hearing impairments. In total, 113 PWDs participated in the FGDs, among which 44 % were men and 56 % were women.

Table 1: Study sample size and breakdown

Sex	Men		Women	
	Battambang Province	Kampong Cham Province	Battambang Province	Kampong Cham Province
Persons with physical impairments	8	8	6	6
Persons with hearing impairments	7	6	8	8
Persons with visual impairments	7	8	7	6
Persons with disabilities living with HIV (PLHIV)	3	3	6	6
Women with disabilities who were sexually abused	-	-	5	5
Sub total	25	25	32	31
	50		63	
Grand total	113			

In total 14 key informants (two women) were interviewed in regards to their knowledge about disability issues, as well as whether they were providing services to PWDs. The positions they held ranged from being local authorities, health staff, justice and police officers and social workers to religious representatives.

Limitations

One of the main limitations of this study report resides in its representativeness, i.e. study findings cannot be generalized to the overall population of women and men with disabilities in Cambodia, given its sample size. However it might show the tip of the iceberg of the extent of inequalities experienced by PWDs and especially women, in terms of access to health, HIV and SVP related services. Also since the majority of deaf persons in villages are not familiar with the Cambodian sign language, researchers resorted to interview adolescents with hearing impairments from two Deaf Schools of Krousar Thmey⁴ who knew already how to sign, to know more about the HIV and SVP aware-

Methodology

The study, undertaken in the Cambodian provinces of Battambang and Kampong Cham, combined qualitative and quantitative methods to gather data from national, provincial and community levels on access to health and HIV awareness raising for PWDs, their vulnerability to sexual violence and their HIV/AIDS knowledge. Literature review, meetings with Handicap International management teams and field assessments among different stakeholders (March 10-20, 2009), along with secondary data collection were used by field researchers. Moreover, focus group discussions (FGD), key informants interviews (KII), theme analysis and triangulation were the main tools utilised to collect information from a purposive convenience sample. All data were disaggregated by sex and impairment/disabling situations. Five different groups of persons with disabilities participated in the FGDs: 1) persons with physical impairments; 2) persons with hearing impair-



ness raising needs of persons with hearing impairments. Furthermore, given the limited time spent with respondents, it is believed that the saturation⁵ level of themes has not been reached.

Main Findings

Despite these limitations, the project provides crucial insights in regards to the trend of levels of HIV related knowledge and sexual abuses among women and men with disabilities. Furthermore, the study explored important issues in link to the improvement of the access of PWDs to various services, especially that of women with different impairments to HIV/AIDS and SVP. It is believed that this kind of study is a pioneering one in Cambodia, as no other literature has probed this particular question in the country, i.e. linking HIV and SVP among persons with disabilities, through *gender lens*. The main study data and findings will be presented in detail as follows.

Persons with Physical Impairments (PWPis)
The following table summarises the socioeconomic profile among study sample of PWPis.

Table 2: Socioeconomic data of persons with physical impairments

Category	Total per sex	Average age in years	Average education in years	Monthly income in USD	Married status in percentage	Unmarried status (single, widow, divorced) in percentage
Men	16	36	3.4	77	62.5	37.5
Women	12	34	1.9	17	16.7	83.3

Health wise, men with physical impairments had some knowledge on contraceptive methods in 83 % of cases, versus only 38 % among women with physical impairments, against 98.6 % of general population of women (CDHS, 2005). 25 % of men with physical impairments have stated having more than two sexual partners, 13 % said having casual sex and 19 % revealed buying sex on occasions. None of their female counterparts mentioned being engaged in casual sex nor have bought sex. Though both men and women expressed the 'dangers' related to HIV infection, women were more concerned about their vulnerability to being infected by their spouse.

While 100 % of men and 83 % of women with physical disabilities stated having received information on HIV, only 38 % and 25 % respectively were invited to locally organised HIV awareness raising activities/meetings. The general HIV related knowledge⁶ of men with physi-

cal impairments was lower than that of general population of men, while that of women with physical impairments was almost the same as women from the general population of women, to the exception of the knowledge on the "A healthy looking person can have the HIV virus" whereby only 25 % responded positively. While 88 % of men in this group stated to know how to use condom, only 8 % of women answered the same. 63 % of men said they ever used a condom while none of the women divulged having ever used a condom. In terms of knowledge on where Sexually Transmitted Infections (STIs) clinics were located, women knew in 92 % of cases, compared to only 50 % among men. In regards to VCCT centres' sites, women and men with physical impairments had better knowledge than general population.

In terms of physical accessibility, PWPis mentioned their difficulty in receiving services in health centres alike, as most of them do not have ramps or bars which would facilitate their access. Furthermore, VCCT centres are not equipped with accessible settings, which prevent them from accessing these services.

Persons with Hearing Impairments (PWHIs)
The following table 3 summarises the socioeconomic data among study sample of PWHIs.

77 % of young men and 19 % of young women answered having received HIV/AIDS information. 58 % of males versus none of the females were invited to locally organised HIV awareness raising activities/meetings. When compared to the general population, PWHIs had lower knowledge across the board on non-modes of HIV transmission. However the knowledge of young men with hearing impairments on HIV prevention measures was better than that of general population of men, while that of young women with hearing impairments was strikingly much lower than that of women of the general population (CDHS 2005). 70 % of young men knew where VCCTs centres were, while none of the young women knew. In addition, most of young PWHIs stated their difficulty in receiving information from TV as no sign lan-



Table 3: Socioeconomic data of persons with hearing impairments

Category	Total per sex	Average age in years	Average education in years	Monthly income in USD	Married status in percentage	Unmarried status (single, widow, divorced) in percentage
Men	13	18	5.07	Students	0	100
Women	16	17	5.25	Students	0	100

Table 4: Socioeconomic data of persons with visual impairments

Category	Total per sex	Average age in years	Average education in years	Monthly income in USD	Married status in percentage	Unmarried status (single, widow, divorced) in percentage
Men	14	37.9	2.46	38	60	40
Women	14	32.7	2.61	3	21	79

guage was incorporated into programmes. They also mentioned the absence of HIV related programmes or initiatives which also provide sign language in their community, besides regular posters and leaflets. Respondents mentioned their concerns that health centres and different services providers are not skilled and able to communicate with them.

In terms of their sense of vulnerability to HIV infection, only 31 % of young men with hearing impairments stated having used condom when having casual sex, while most of them denied being engaged in sexual intercourses, denoting contradictory responses. Among young women with hearing impairments, sense of vulnerability was related to sexual violence. During the FGDs, they openly expressed their fear of being alone or left alone home, as their "feeling of vulnerability" to any forms of abuse grew along time spent without anyone else around. Few of them shared experiences of sexual abuse attempts towards their person while alone in the field or sleeping at night. In spite of this, young women respondents were adamant in keeping hope and their right to marry one day, while others preferred to stay single or plan to marry with a man with a hearing impairment that would "not look down upon them".

Persons with visual impairments (PWVIs)
The table 4 summarises the socioeconomic data among the study sample of PWVIs.

In terms of health related knowledge, both men (67 %) and women (85 %) with visual impairments knew less than women of general population (98.6 %) on contraceptive methods. While most of PWVIs mentioned having received information about HIV/AIDS, most of them (77 % men and 85 % women) have not been invited to locally organised HIV/AIDS

awareness raising activities/meetings. Regarding non-modes of HIV transmission, men with visual impairments scored better than men of general population on the account of "A healthy looking person can have the HIV virus" (80 % versus 60 %) and "AIDS cannot be transmitted by supernatural means" (93 % versus 90 %). Similarly women with visual impairments scored better on the followings compared to women of the general population: "A healthy looking person can have the HIV virus" (85 % versus 67 %); "HIV cannot be transmitted by mosquito bites" (77 % versus 63 %). Regarding the HIV prevention measures, PWVIs have similar knowledge as women and men of the general population, except for men with visual impairments who mentioned only at 67 % that abstinence can be a preventive measure too. In relation to knowledge about STIs clinics and VCCT centres, 33 % of men and 62 % of women knew the location of STIs clinics, while only 53 % and 23 % of them respectively knew where the VCCTs centres were located.

In terms of accessibility to information, many stated that having a radio helped a lot. Blind women were the ones who preferred this mode of entertainment medium the most, from which they receive various types of messages, including educational information, while staying at home. Many of them mentioned feeling isolated, staying most of the time at home, as there are very few facilitating factors at community level for them to move freely, without always requiring someone to accompany them.

Regarding PWVIs' risks to HIV infection, two out 15 men stated having more than two sexual partners, one mentioned having casual sex and none divulged having bought sex. Among women, none were involved in casual sex nor bought sex. However, women with visual im-



pairments expressed their concern regarding sexual abuse and exploitation, as it is difficult for them to identify perpetrators. Based on their experiences and according to LICADHO's report of 2007, sexual abuse cases have been left without any legal services and consequences, as abusers often went hiding, far from police or legal investigations.

Persons with Disabilities Living with HIV
The following table 5 summarises the socioeconomic data among study sample of PWDs living with HIV.

In regards to knowledge on contraceptive methods, the percentage was found to be low among disabled men living with HIV (67 %) and extremely low among their female counterparts (18 %), when compared to women of the general population (99 %). Furthermore on non-modes of HIV transmission, the level of knowledge among this group was also remarkably low compared to that of the general population. However on the modes of HIV transmission and preventive measures, men had better knowledge. That of women still remained very low, when compared to women who are not disabled and HIV positive. In regards to condom use, all men stated knowing how to use and having used condoms, while only 36 % of women knew how to use a condom and 27 % of them have ever used them. 100 % of women and men of this group knew where VCCT centres were and have been tested in the past too. Almost all women interviewed were on antiretroviral treatment.

In link with vulnerabilities and risk behaviours, it was observed that men continued to engage in casual sex and claimed to have always used condom. However, deeper discussions with them revealed that some male respondents affirmed that "using condom is like

eating sweet with its cover still on it". Married women stated not using the condom on the ground that "a married life does not require using any condom", "having a dark coloured skin or ugly husband would not be a risk factor for having HIV" or "condoms are not available in their community".

Women with Disabilities who were Sexually Abused

The table 6 summarises the socioeconomic data among study sample of women with disabilities who were sexually abused.

In total ten women with disabilities participated in the study, with seven with hearing impairments, two with visual impairments and one with physical impairment. The youngest respondent was just nine years old and the oldest 37. Among the ten women, seven were raped and others were sexually harassed. In 50 % of cases, perpetrators were neighbours and in 20 % stepfathers were the abusers. The level of knowledge on HIV/AIDS was remarkably low. None of them knew how to use a condom. Six out ten women stated having received HIV/AIDS related information, while only two of them have been invited to locally organised HIV awareness raising activities/meetings.

Two out of ten women earned their own living, while the rest depended on families' incomes. It has been observed that social support to these women was extremely limited. Overall, the number of schooling was 1-2 years. In the aftermath of a rape case, it was mentioned that little assistance was provided by local authorities. Testimonies of these women further revealed that in many instances, rape survivors have been silenced and threatened if she or her family would divulge the identity of the perpetrator. In cases whereby the identity of abusers was known, financial settlement was often

Table 5: Socioeconomic data of persons with disabilities living with HIV

Category	Total per sex	Average age in years	Average education in years	Monthly income in USD	Married status in percentage	Unmarried status (single, widow, divorced) in percentage
Men	6	38.5	4.3	22	100	0
Women	11	41.18	2.27	18	36	64

Table 6: Socioeconomic data of persons with disabilities who were sexually abused

Category	Total per sex	Range age in years	Average education in years	Monthly income in USD	Abuser is from family (stepfather) (%)	Abuser is a neighbor (%)	Abuser is unknown (%)
Women	10	From 9 to 37 years old	1.2	-	20	50	30



the solution to 'buy peace', with no further police or legal actions taken. Disabled women who were raped and being stigmatized by this 'shameful' event often delayed getting tested for HIV, in fear of being further discriminated against or being separated from their children, in the advent of a positive result. Most women expressed the burden of such an event in their life and the negative impacts they have on them, their family and community.

Services Providers and Stakeholders

Based on key informant interviews, one can observe that the knowledge and perceptions of services providers on disability at the community level were quite limited. They expressed having no idea about the prevalence of disability in the country or the number of PWDs living in their community. To their sense, they admitted that this was further limiting their *commitment* in pushing for inclusive services to PWDs, among many other factors, such as attitudes and lack of awareness raising. More specifically, services providers such as health care and social workers have not been trained to provide accessible health (including reproductive health, HIV, etc.) and psychosocial services to all persons with disabilities. For example, persons with hearing impairments cannot access popular TV or radio spots disseminating about HIV awareness raising nor persons with visual impairments have access to well designed posters and flipcharts displaying educational messages. Furthermore, PWPIs using wheelchairs cannot access health facilities which are not equipped with ramps or other features of an enabling environment.

Another dimension that was pointed out by services providers was the enormous gaps between women with disabilities' needs for health and psychosocial and legal services after sexual abuse and the actual services that are currently available. Often, there is a striking disconnect between different key services providers, such as health, police, legal and psychosocial ones in assisting all women (and men) with different impairments who are victims of sexual violence. Providers stated not being aware of how they should work together to provide services, for instance, to women with hearing impairments who were abused, mainly on the front of communication. To this effect, interviewed providers also mentioned that their collaboration with NGOs and/or DPOs working on disability issues has been very limited so far.

Analysis

Based on main findings, one can observe that the number of years at spent at school among PWDs is quite low, ranging from 1.9 years (among women with physical impairments) to 3.4 years (among men with physical impairments), with PWVIs in between with 2.5 years. However the level of education among young persons with hearing impairments who participated in the study was higher than that of other interviewed disabled counterparts. This is essentially due to the fact that they were enrolled in special schools for deaf. Otherwise, from field observations and assessments, it is hypothesized that adult population with hearing impairments at the community level might have similar or even lower number of years of schooling, compared to other PWDs. Main reasons for low education among PWDs can be attributed to attitudinal barriers from parents and communities, stigma, lack of assistive devices and appropriate equipment to facilitate access to education, distance to schools and poverty (Hak 2006).

In terms of monthly income, men with disabilities tend to be working more than their female peers, though in average they earned less than their non-disabled counterparts. Across the board and cross impairments, women with disabilities were more dependent economically upon their family and relatives than men were (42 % among women with physical impairments; 100 % among women with hearing impairments; 77 % among women with visual impairments; and 46 % among women with disabilities living with HIV), compared to 78.5 % of women without disabilities engaged in economic activities (Census⁷ 2008). Civil status wise, women with impairments are less likely to be married compared to 60.8 % of women of the general population who are (Census 2008) and are more often in a single status (58 % among women with physical impairments; 100 % among women with hearing impairments; and 46 % among women visual impairments). This is reinforcing their sense of dependency upon others and decreasing their self-autonomy and mobility within the Cambodian society. To this effect, Handicap International (2009) reported that women and girls with disabilities have limited opportunities to acquire relevant skills and find employment due to discrimination and lack of job placement services.

In terms of access to health and HIV/AIDS information and awareness raising messages, though PWDs mentioned having received some information on HIV, most of them have de-



plored not being invited to locally organised HIV/AIDS activities/meetings. To this regard, only 38 % of men and 25 % of women with physical impairments, and 33 % of men and 15 % of women with visual impairments, have been invited to such educational meetings. PWDs have mentioned that this might be a result of their impairments and the belief from family and community that they do not need such information from services providers and community peers. However when further probed, men with disabilities revealed to also have had different sexual partners, be engaged in casual sex and occasionally buy sex. This is hence increasing their risks to HIV and STIs, and infecting in return their spouse and/or sexual partner(s) (Drezin 2009).

More specifically in regards to the level of HIV awareness, based on the above data, it has been observed that the level of HIV/AIDS knowledge is low among PWDs, and especially lower among women with hearing impairments, disabled women living with HIV and women with disabilities who were already sexually abused. According to the Cambodian Census of 2008, more than 98 % of women and men of the general population have heard of HIV and AIDS. These data further stress the urgent need to educate women with disabilities to HIV/AIDS and to a broader extent, to sexual and reproductive health related prevention and care services. More than often, women with disabilities are left at home, isolated from any social participation and activities. However it has been observed that PWVIs had a better level of HIV knowledge compared to their non-disabled counterparts. This difference is mainly due to the fact that many of them have access to a small radio from which they can listen to both educational and entertainment programmes. According to a study on the accessibility of PWDs to health care services in Cambodia (Hak 2007), 79% of PWDs interviewed reported having access to HIV/AIDS information. This discrepancy with this study results might reside on the sample selected from a pool of physically disabled people who were in majority war veterans and who might have received more attention from the Royal Government of Cambodia in terms of awareness raising.

In regards to the vulnerability to sexual violence among women with disabilities, the study showed that among ten women with disabilities interviewed, women with hearing impairments (70 %) were the most at risk of being raped, followed by women with visual impairments (20 %) and women with physical impairments (10

%). Based on Martinez (2009), it has been argued that extremely limited access to information, learning and ability to express ideas and feelings might contribute to the vulnerability of deaf Filipino to sexual abuses. Though the sample size of this current study was very small, nonetheless this might unravel the depth of the vulnerability women with disabilities face in regard to gender-based violence in the overall, as in many instances, sexual abuses go underreported both among non-disabled and disabled women (Naidu, Haffejee, Vetten and Hargreaves 2005; Ndagijimana 2010). Furthermore, not only possible consequences to being infected by HIV and STIs are real, but psychological and emotional impacts of sexual violence, coupled with physical injuries might leave long term devastating damages among victims and their entourage (Gordon and Crehan 1999). Delays in addressing and responding to all these above issues might exacerbate the violation of the rights of persons with disabilities to basic reproductive health, safety and protection services. Based on this study, gender disparities are thought to be deepened among women with disabilities, in particular deaf women.

On the front of the services providers, many have also mentioned barriers for persons with disabilities in accessing SVP services due to many reasons, such as lack of awareness raising on sexual violence (and in general on gender-based violence too) and capacity building in responding to the needs of women (disabled or non-disabled) who are survivors of sexual violence. Stakeholders such as police or health staff stated not being up to date in regards to women's and disabled people's rights, thus preventing them from giving adequate services when women with disabilities are seeking their help. Furthermore, the lack of awareness raising tools and material on HIV or SVP accessible to persons with hearing and visual impairments has been raised as another obstacle. Similarly judges and local authorities have admitted problems in law enforcement and provision of psycho-legal services for sexual violence survivors. These observations have been reported by the Cambodian Government (Ministry of Women's Affairs 2008) and echo field assessments conducted by Handicap International and other NGOs working in the field of disability. In general, there are still numerous gaps in policies and services provision to be addressed when endeavouring towards achieving equal access of PWDs to basic services and enjoyment of their rights on an equal footing with non-disabled population (MRTC⁸ 2009).



Conclusion

This study provides evidence regarding the complexity of the risks and vulnerabilities to HIV and sexual violence among persons with different impairments/disabling situations, and their access to HIV prevention, social protection and legal services. Findings on specific socio-economic aspects linked with an enabling environment suggest that PWDs face real structural barriers in enjoying their human rights. Moreover, gender disparities have been discovered as strong determinants of the risks and vulnerability of women with disabilities to sexual violence and HIV infection. Yet, most of the PWDs are not aware of their rights. From the service providers' point of views, especially personnel from the health sector, there is still a belief that PWDs do not deserve similar attention compared to non-disabled peers/co-citizens. Based on this study, the Royal Government of Cambodia, Handicap International and stakeholders alike – as duty bearers are called upon to devise coordinated strategies and interventions, which will be able to adequately respond to the needs of women and men with disabilities, to fully participate on an equal basis with others in the Cambodian society.

Ways forward

More specifically, the analysis of study findings suggests that more needs to be done to 1) understand the situation of and the response among PWDs in face of the HIV control in Cambodia, 2) develop specific operational plans with relevant stakeholders (commune levels, local services providers, NGOs, DPOs, etc.) in order to decrease their vulnerability and environmental barriers, 3) coordinate horizontally and vertically programmes related to collateral services to HIV prevention, care and support, and SVP, and 4) monitor and evaluate the progress of responses among women and men with disabilities, with measurable indicators of changes over time. These will implicate that Handicap International and other key actors working in disability and HIV/AIDS will have to create a conducive environment for capacity building, advocacy (BRIDGE⁹ 2002), cross-fertilization and cross-mainstreaming of all sectors, coupled with ensuring gender equity and equality within the processes for the benefits of PWDs.

At the Cambodian national level, these might influence the emergence of strategic alliances and partnerships, as well as impact on the way how HIV/AIDS and SVP services are delivered to all women and men, irrespective of

their background, sex, age and situation. At a more macro level, stakeholders working in the concerned fields are recommended to disseminate findings emanating from innovative approaches, as well as learn more from other regional and international experiences. The eventual ratification of the UNCRPD will definitely play a major role in catalyzing and grounding the efforts made so far to promote the rights of both women and men with disabilities in Cambodia. At the project level, these results have helped the project management explore the establishment of operational links with key State actors, such as the Ministry of Women's Affairs and the National AIDS Authority, as well as consult with key provincial services providers in regards to SVP referral system, in order to jointly examine and address these issues. Furthermore it engaged the field teams to revisit its awareness raising approach and sequences, by putting more emphasis on communication accessibility strategies, as well as forging stronger partnership relations with other impairments focused organizations and DPOs alike, to best respond to the learning needs of persons with different impairments and coping of their family members and caretakers.

Notes

- 1 According to the UNAIDS' Terminology Guidelines (2008) page 5, "HIV prevention" is the preferred terminology when referring to the prevention of the HIV infection.
- 2 GAD/C stands for Gender and Development/Cambodia and is an NGO specialized in gender and development issues.
- 3 Kampong Cham and Battambang are the two most populated provinces in Cambodia, just behind Phnom Penh, the capital.
- 4 Cambodian NGO providing education to deaf and blind students in four provinces of Cambodia and also one of Handicap International's main partnering organizations.
- 5 According to the Grounded Theory, saturation refers to collecting and interpreting data about a particular category, when eventually interviews add nothing to what is already known about a category, and its relationship to a core category of themes.
- 6 All questions or findings linked to the level of knowledge of respondents on HIV/AIDS were compared to the level of HIV/AIDS knowledge among the general population. Questions were taken from the Cambodian Demographic Health Survey (2005) and evolved around non modes of HIV transmission, modes of HIV transmission, knowledge on condom use and knowledge on location of STIs clinics. This allowed for a more (word missing) comparison between people



with different impairments and general non-disabled population.

- 7 From the General Population Census of Cambodia 2008.
- 8 MRTC stands for Market Research Trade Consulting Co, Ltd. and is a Cambodian research institute.
- 9 BRIDGE is one of the family knowledge services of the Institute of Development Studies (IDS).
- 10 As an organization, Handicap International is adopting an inclusive development approach whereby mainstreaming of disability into all policies and local actions is one of the main strategies used towards reaching an inclusive society. This is in reference to Handicap International's policy paper (2009) on Inclusive Local Development.

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Zusammenfassung: Dieser Artikel präsentiert die Ergebnisse einer Studie zum Zugang zu HIV-Prävention und Schutz vor sexueller Gewalt von Menschen mit Behinderung in Kambodscha, die Genderfragen und verschiedene Behinderungsarten berücksichtigt. Die Ergebnisse zeigen offensichtliche Diskrepanzen zwischen Frauen und Männern mit verschiedenen Beeinträchtigungen in Bezug auf ihr Wissen über HIV und das Risiko sexueller Gewalt, insbesondere bei Frauen mit Behinderung. Desweiteren offenbarten lokale Dienstleister ihren Mangel an Bewusstsein für Behinderungsthemen und die Fähigkeit, Menschen mit Behinderungen zugänglichen Service zu bieten. Die Umsetzung der Rechte von Frauen und Männern mit Behinderung sowie Lücken in der Dienstleistung müssen in gemeinsamen Aktionen auf politischer, gesellschaftlicher und kommunaler Ebene angegangen werden.

Résumé: Cet article présente les résultats d'une étude sur l'accès aux services de prévention du VIH et de protection des personnes handicapées contre la violence sexuelle au Cambodge, basée sur une analyse par genre et par type de handicap. Les résultats montrent de gros décalages entre les hommes et les femmes quant au niveau d'information sur le VIH et sur les risques liés à la violence sexuelle, en particulier parmi les femmes handicapées. De plus les prestataires de services locaux ont révélé leur manque de connaissances sur les questions du handicap et leur difficulté à offrir des services accessibles. Les solutions pour la prise en compte des droits des personnes handicapées et ainsi que des lacunes dans les services devront être envisagées de manière concertée entre politique, société civile et communautés.

Resumen: Este artículo presenta los resultados de un estudio sobre el acceso a los servicios de prevención del SIDA y



la protección contra la violencia sexual de personas con discapacidad. Los resultados muestran discrepancias obvias entre mujeres y hombres con diferentes tipos de discapacidad en referencia a su nivel de conocimiento sobre SIDA y el riesgo de violencia sexual, en particular dentro del grupo de las mujeres. Como conclusión se presenta que hacen falta acciones conjuntas en dirección a los niveles de la política, de la sociedad y de la comunidad.

Author: Muriel Mac-Seing has earned her Bachelor degree in Nursing Sciences and Master degree in Applied Sciences from McGill University, Canada. For the past 10 years, she has dedicated her work to com-

munity health and development in an international cooperation context. For the past two years, she worked with Handicap International as the Health and Rehabilitation Coordinator in Cambodia. Currently, she is acting as the HIV and AIDS Technical Advisor to Handicap International's East Africa Programme. She also would like to acknowledge Dr. Tia Phalla, Dr. Seng Sut Wantha and Mrs. Kien Serey Phal who were the study and field researchers on this study commissioned by Handicap International.

Contact: Muriel Mac-Seing, Handicap International, 14 Avenue Berthelot, 69361 LYON, Cedex 07, France, E-Mail: mmacseing@handicap-international.or.ke



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Achieving Disability Inclusion in Development Policy and Practice from a Donor Perspective

Belinda Mericourt

This paper reviews the progress donors have made towards mainstreaming disability¹ inclusion² in policy and practice, both in general terms and in the context of Cambodia. It also describes Australia's efforts towards disability inclusion. The Cambodian political and development context is complex and provides both opportunities and constraints to mainstream disability inclusion. There are also significant constraints within donor development practices that inhibit serious attempts at implementing mainstreaming disability inclusion policies in aid programs.

Background to Donor Progress Towards Mainstreaming Disability Inclusion in Development

Arguably official recognition of the rights of disabled people in international development work began in 1983 with the UN Decade of Disabled People (1983-92), and which culminated with the UN adoption of the Standard Rules on the Equalisation of Opportunities for People with Disabilities in 1993. Whilst not legally enforceable, these Rules did influence many governments and organisations to take disability rights more seriously (Yeo 2005). After many years of lobbying by the disability movement, several governments began to adopt some form of disability-focused legislation from the 1990s onwards and by the late 1990s Western bilateral donors & multilateral organisations had commenced the creation of disability inclusive policies and guidelines in development.

Most of this policy development was occurring parallel to changes in the disability movement which was advocating change towards a social model of disability and often a rights-based approach. Consequently many international development agencies have adopted some form of rights-based approach which asserts that every person, including people with disabilities have equal economic, cultural, political and social rights. By the time the UN Convention on the Rights of People with Disabilities (CRPD) has entered into force in May 2008 most major bilateral and multilateral donor partners had adopted disability inclusive policies (e.g. DFID, EU, JICA, SIDA, UNDP, USAID and WB are all significant donors in Cambodia and all have disability inclusion policies). AusAID released its Development for All disability inclusion policy in 2008.

The question is whether all this policy development on the part of donor partners has led to real changes in practice. A comparative re-

view of USAID, DFID, NORAD & WB undertaken by Albert et al (2005) argued that on the whole, mainstreaming strategies had failed to be delivered despite comprehensive policy for disability inclusion in each of the agencies at the time (This study was not conducted in Cambodia).

The reasons cited were lack of comprehensive institutional support for mainstreaming; failure to communicate policies; failure to break down traditional attitudes to disability; lack of practical guidance for implementation of policy; and, inadequate resourcing.

Disability Inclusion in Development Practice by Donors in Cambodia

In this article I am only making personal observations. These are not the views of AusAID. My conclusions are based on discussions with DPOs, key activists in the disability sector including people with disabilities and a sample survey of 14 bilateral, multilateral and some international NGO donors I conducted in 2008 to draw the conclusion that very little has progressed in practical terms in Cambodia to date in terms of donor practices.

All OECD donors in Cambodia have signed the Paris Declaration for Aid Effectiveness (2005) and endorsed the Accra Agenda for Action (2009). In Cambodia this has meant specifically committing to harmonizing and rationalizing donor practices in order to reduce fragmentation of aid efforts; strengthening and using government systems and capacity where possible; linking aid effectiveness principles with development results, particularly in respect of progress towards achievement of the Millennium Development Goals (MDGs); developing systems for mutual accountability; and promoting sound partnership principles between government, donors, civil society and the private sector. Disability inclusion is not referred to in



these principles.

However, as donor partners usually have policies related to mainstreaming disability inclusion in their development practice there is an assumption that meeting the aid effectiveness principles will incorporate disability inclusion and other significant cross-cutting issues such as gender, environment, good governance etc. A policy is simply a statement of intention. To be translated into practice it needs to have an implementation strategy with targets, indicators and resources. However, whilst some donors have developed implementation strategies for disability inclusion policies (e.g. WB, EU, DFID & STAKES for the UN) more often than not there is little evidence of these being put into practice, monitored and reported.

In addition, the organizational culture within donor agencies needs to be disability sensitive, and agencies need to practice disability equity and ensure that there are staff to advise on mainstreaming disability. All program management and policy development staff need to have a more than superficial understanding of both the concept and practice of disability inclusion and attitudinal change usually needs to be encouraged.

In Cambodia there are very few staff within donor agencies responsible for mainstreaming disability inclusion across all programs. Certainly there are almost no staff who have disabilities themselves. Often there are only one or two staff responsible for specific disability programs and these staff may or may not have any disability training from their agency. Donors frequently rely on NGOs to implement their mainstreaming policy. As implementation of mainstreaming policy is rarely monitored by donors this means that the good intentions of donors are frequently not borne out in practice.

Donors also need to undertake the necessary research to underpin informed practice and provide resources that will enable disability inclusion to be implemented, including practical and relevant guidelines. To date, there has been some small scale research done in Cambodia, usually by INGOs such as Handicap International, but comprehensive information about prevalence, causes of impairment, access issues, and socio-economic factors is lacking. The 2008 Cambodian national census included two questions related to disability, but for a variety of reasons related to the framing of the questions, and lack of training of the census takers, the number of people stating they had a disability fell from 2 % to 1.5 % of the population. It is clear that this figure is erroneous. The 2007 Cambodia Socio-Economic Survey (CSES)

conducted by the National Institute of Statistics, Cambodia and the World Bank indicated that the figure was at least 4 %. Nevertheless, the government of Cambodia only accepts the national census figure. Therefore both donors and civil society disability activists find it difficult to convince the government to direct resources to disability. The cost of conducting a comprehensive national survey is prohibitive, so donors rely on the WHO average of 10 % of the population with no evidence-based data in Cambodia to substantiate this figure and no accepted classification system used across all Ministries that enables any consistency across small scale studies.

Cambodia's classification system for disability is entirely based on impairments and does not include the social and environmental. There are nine impairments used by the Government – difficulties in seeing, hearing, speaking, moving,

When implementation of disability inclusion strategies does happen, donors need to document best practice, lessons learned and offer on-going professional development to staff to ensure disability inclusive practice is maintained throughout the life of a program or policy and is sustainable. Practical and easy to manage tools for monitoring and evaluation have to be developed and used and the information from program implementation on the ground fed up to higher level reporting on aid effectiveness and progress towards achieving the MDGs.

Whilst there are a number of *toolkits* available for implementation and monitoring such as that developed by CBM for IDDC/EU (2008) it is not clear that any donors in Cambodia actually use these. Donors do not systematically include consultations with people with disabilities or expert NGOs and disabled people's organisations (DPOs) in the design, implementation, review, monitoring or evaluation of their programs. For example, in a report commissioned by UK Department for International Development (DFID) and published in 2005, the consultant recommended that DFID draw more upon the expertise of Action on Disability and Development (ADD) (funded by the UK) in Cambodia, and to use ADD to sensitise DFID staff to disability issues (Thomas 2005). DFID staff were unaware of the recommendations of the report when I conducted a survey of donors in August 2008.

Most disability-specific activities in Cambodia are currently funded either out of specialised donor budgets or small grants funds. For example, USAID support for disability comes from its humanitarian aid budget and from the Leahy



War Victims Fund. DFID support for disability is funded from the UK via the Civil Society Challenge Fund and the Program Partnership Agreement (PPA) with ADD. This means there is no overarching strategic direction of disability mainstreaming, no outcomes with indicators and very little or no reporting upwards into country reports by donors.

ADD (2005) also found that DPOs experience difficulties accessing donor funds because "what they identify as programs are not those that the donor community wants to fund". Most donors have country strategies which are aligned with the Cambodian National Strategic Development Plan (NSDP) and which identify two or three key areas of priority for each donor. Whilst disability mainstreaming is part of most donors' policies, providing resources for disability mainstreaming or disability services is not a priority for any donor.

In the Cambodian government disability is primarily the responsibility of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) while the Ministries of Health, Labour, Education etc. have specific responsibilities related to their sectors. MoSVY is a weak and under-funded, under-resourced Ministry although the Department of Rehabilitation has a committed and hard-working Secretary of State. Many of MoSVY's responsibilities have been devolved to the Disability Action Council (DAC) which was established with donor funding initially from USAID and now primarily funded by AusAID, UNICEF and HI. Funding is not secure from year to year.

Nevertheless, there have been a number of recent encouraging developments in Cambodia. The government passed a Law Promoting and Protecting the Rights of People with Disabilities and signed the CRPD in 2009 (although not ratified it). In 2010 during the review process of the NSDP, several meetings were held with government, donor representatives, civil society organizations, NGOs and Disabled Peoples Organisations (DPOs) to determine how disability inclusion could be incorporated into the updated NSDP. Many of the suggestions have been included in the updated NSDP despite the process of consultation was entirely informal. Although the NSDP could not be called systematically disability inclusive, having the Cambodian government incorporate disability when it is not specifically mentioned in the MDGs is a significant step forward.

The aid effectiveness agenda encourages aid modalities such as Program Based Approaches (PBAs) and Sector Wide Approaches (SWAPs) to be developed and used. As these modalities are

gradually adopted disability inclusion needs to be *upstreamed* (Albert et al. 2005) to national government policy level. Again, this is just starting to occur in Cambodia as a result of strong advocacy from DPOs and INGOs such as Handicap International with key donor support from AusAID, EU, UNDP and World Bank.

However, Cambodia is an aid dependent country with weak government systems and a lack of transparency in its national budget. Service provision has largely been left to civil society and NGOs. The medical model of disability (impairment) is still dominant in the conceptualization and classification of disability in Cambodia. The general approach in development has been for donors to fund NGOs which provide disability-specific services in health, rehabilitation, education and vocational training on a largely ad hoc basis.

Two exceptions in Cambodia have been the education sector, where UNICEF has successfully supported the Cambodian government to develop an inclusive education policy and the adoption of a Community-Based Rehabilitation (CBR) approach by MoSVY. Training in CBR is provided to Departmental staff under a UNICEF program. However, both MoSVY and Ministry of Education staff are under-skilled, under-resourced, poorly paid and frequently not monitored.

Australia's Efforts Towards Mainstreaming Disability Inclusion

Australia released its Disability Inclusion strategy – Development for All: Towards a disability-inclusive Australian aid program 2009-2014 - in November 2008. It was developed through extensive consultations with stakeholders in disability from across Australia, the Pacific and Asia, including within Cambodia. "The strategy's primary outcome is to support people with disability to improve the quality of their lives by promoting and improving access to the same opportunities for participation, contribution, decision-making and social and economic well-being as others" (AusAID 2008: 1).

Although Australia has developed a disability inclusion strategy somewhat later than most other OECD donors, there is very strong commitment to the strategy by the current Australian government. Australia recognized that mainstreaming disability inclusion was necessary as people with disabilities are often the poorest of the poor and poverty is both the cause and consequence of disablement. People with disabilities are likely to be beneficiaries in all aid programs if appropriate development strategies are developed but only if they are as-



sured of a voice in developing aid efforts that are disability inclusive, promote their rights and meet their needs. People with disabilities need to be central to the design process, implementation and evaluation of aid programs. In order to effectively achieve the MDGs and meet Australia's responsibilities as a states party to the CRPD, Biwako Millennium Framework and the Cartagena Action Plan, mainstreaming disability inclusion is critical. However, Australia also felt that a twin track approach was necessary to ensure that disability specific services continue to be provided where necessary.

AusAID is working towards mainstreaming disability inclusion in all its aid programming. However, the Australian government recognized that this would need time and would have to be focused and sequenced, particularly to enable indicators to be developed for evaluation of outcomes, guidelines to be developed and training of staff to be undertaken. Consequently the strategy focuses initially on promoting and facilitating better access to education and to infrastructure for people with disability across the aid program; reducing preventable impairments in avoidable blindness and road safety; and capacity development of DPOs and strengthening leadership of people with disabilities.

Cambodia has been selected as one of two focus countries in which to "provide comprehensive support of partner government efforts towards disability-inclusive development" (AusAID 2008: 4). This was because of recent encouraging developments in Cambodia regarding the law and the CRPD, the existence of relatively strong DPOs and NGO sector, and the fact that AusAID already funded a disability program from its bilateral budget for landmine survivors which provided support to government to develop a National Plan of Action for People with Disabilities which was endorsed at the end of 2009. The landmine survivor assistance program also funds NGO services for people with disabilities, prevention of landmine and explosive remnant of war (ERW) accidents, and provides support to the Cambodian Red Cross to provide basic assistance to people with disabilities in remote rural areas. It is now being developed into a broader-based integrated disability program for 2010-2012 and will be reviewed towards the end of 2011 with a view to evaluating progress towards achieving outcomes of the new strategy.

When the strategy was released additional funds were provided to the Cambodian bilateral program for 12 months to provide a national disability advisor to MoSVY and to com-

mence leadership development of Cambodian DPOs and people with disabilities. It is expected that in the Australian budget of May 2010 a specific budget initiative will be provided to resource the global disability inclusion strategy and provide more secure funding.

It is far too early to evaluate the effectiveness of Australia's disability inclusion strategy and its efforts towards mainstreaming disability inclusion into all its programming. There are a number of problems to be faced. Successful mainstreaming requires an enormous shift in priority and attitudes, not just in AusAID but globally, and in Cambodia in both government and the community. In Cambodia we also need to ask what we are mainstreaming disability into (Yeo 2005). As discussed above, the Cambodian government is aid dependent, has very weak systems and accountability, is prone to extensive corruption and is intolerant of criticism of its policies and practices.

Extensive service provision by international NGOs and local civil society organisations has resulted in the Cambodian government failing to own and adequately budget for its responsibilities (Gregson et al 2006). The current process of attempting to move management of the physical rehabilitation centres to government has stalled due to weak capacity, extremely low levels of funding, lack of budget transparency and political issues related to appointment and promotion of government staff and lack of political will.

Cambodia has a history of *patron-client* relations, with donors and INGOs as the patrons and disabled people as the clients. People with disabilities have few *horizontal linkages* with other marginalized people (Hendriks 2009). Human rights organizations in Cambodia have only just recognized that people with disabilities fall within their ambit.

Conclusion

Disabling attitudes and practices are deeply embedded in Cambodian society and, up until recently, in Cambodian policy and legislation. Weak government institutions and local partners' human and financial capacity, inadequate resourcing and political issues which may inhibit strong advocacy of rights or criticism of government policy or services are serious constraints to effective mainstreaming. Attitudes and beliefs and resultant disabling practices can be extremely difficult to overcome. Behaviour and attitude changes usually take more time than the average life of aid program initiatives which are all time-limited. These factors



combined with an apparent lack of will on the part of donors to seriously implement what are otherwise well developed policies on mainstreaming disability into development programs, do not lead to an encouraging picture in Cambodia at the moment.

Nevertheless, there have been some notable changes in the past 12 months both in Government legislation and policy and in donor sensitivity to disability inclusion issues which give some cause for hope that mainstreaming disability inclusion across all sectors in development will start to become a reality in Cambodia. The current strategy that AusAID is using to encourage better donor practice is to support the Government of Cambodia to garner donor partner support from a number of states parties to the UN CRPD to assist Cambodia to prepare for ratification of the CRPD, and to implement the Law Promoting and Protecting the Rights of People with Disabilities and the National Plan of Action for People with Disabilities. The goal is to create a multi-donor funding mechanism to support Cambodian Government efforts towards disability inclusion in all Ministries and sectoral Technical Working Groups.

At the same time AusAID and Handicap International are investing resources in strengthening leadership of people with disabilities and DPOs. Hopefully pressure at higher level Government to Government fora, combined with a strong voice from people with disabilities themselves will lead to improved donor practice in disability inclusion, and more strategic, less fragmented support for disability inclusion across all sectors in development.

Acronyms (donors and donor organisations)

ADB - Asian Development Bank
 AFD - Agence Française de Développement
 AusAID - Australian Agency for International Development
 CIDA - Canadian International Development Agency
 CRPD - Convention on the Rights of Persons with Disabilities
 DFID - Department for International Development (UK)
 DPs - Development partners (donors & civil society organisations)
 DPOs - Disabled Peoples Organisations
 EU / EC - European Union / European Commission
 GTZ - Gesellschaft für Technische Zusammenarbeit (German technical agency)
 IMF - International Monetary Fund
 JICA - Japan International Cooperation Agency
 MDGs - Millennium Development Goals

NGO - Non-Government Organisation
 NSDP - National Strategic Development Plan (2010-2013)
 OECD - Organisation for Economic Cooperation and Development
 ODA - Official Development Assistance
 PBA - Programme-based Approach (sector/thematic programme under RGC leadership)
 RGC - Royal Government of Cambodia
 SIDA - Swedish International Development Agency
 USAID - United States Agency for International Development
 UN - United Nations
 UNDP - United Nations Development Programme
 UNESCO - United Nations Educational, Scientific & Cultural Organisation
 UNFPA - United Nations Population Fund
 UNHCR - Office of the United Nations High Commissioner for Refugees
 UNICEF - United Nations Children's Fund
 WFP - World Food Programme
 WHO - World Health Organisation

Notes

- 1 The definition of disability in the UN Convention on the Rights of Persons with Disabilities is used i.e. "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others". Impairment is defined as any loss or limitation of body structure or physical, sensory, psychological or cognitive function, either temporary or permanent.
- 2 Disability inclusion is defined in the AusAID disability policy Development for All as "including people with disability at all stages of the development process, recognising their potential, valuing and respecting their contributions and perspectives, honouring their dignity and effectively responding to their needs". (AusAID 2008: 7)

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Disclaimer: The views expressed in this paper are those of the author and do not represent those of AusAID (the Australian Agency for International Development)

Zusammenfassung: Dieser Artikel behandelt den Prozess, den Geldgeber in Richtung Mainstreaming und Inklusion von Behinderung in Politik und Praxis bestreiten – sowohl generell als auch im Kontext von Kambodscha. Er beschreibt zudem die Anstrengungen Australiens für die Inklusion von Behinderung. Der kambodschanische Politik- und Entwicklungskontext ist komplex und bietet sowohl Möglichkeiten als auch Beschränkungen des Mainstreamings bzw. Inklusion von Behinderung. Zudem gibt es bedeutende Beschränkungen auf Grund der Entwicklungspraxis der Geber, die ernsthafte Bestrebungen behindern, die inklusive Ansätze in Entwicklungsprogrammen zu implementieren.

Résumé: Cet article passe en revue les progrès réalisés par les bailleurs en vue de renforcer l'inclusion du handicap dans les politiques et la pratique, aussi bien en termes généraux que dans le contexte du Cambodge. Il décrit également les efforts de l'Australie pour l'inclusion du handicap. Le contexte politique et de développement du Cambodge est complexe et favorise et freine à la fois le renforcement de l'inclusion. Il existe aussi d'importantes contraintes liées aux pratiques des bailleurs du développement, qui inhibent les tentatives de renforcer des politiques inclusives dans les programmes d'aide.

Resumen: Este trabajo resume el progreso que hicieron donantes en relación a la transversalización de la discapacidad en la política y la práctica en Camboya. También se describen los esfuerzos que se han hecho en Australia con la inclusión. La situación de la política y el desarrollo en Camboya es complejo y contiene oportunidades y limitaciones para transversar la inclusión. Además existen limitaciones dentro de la práctica de los donantes que inhiben la implementación de políticas a favor de la transversalización de la discapacidad en programas de desarrollo.

Autorin: Belinda Mericourt is Senior Program Manager, Disability Inclusion & Aid Effectiveness, for AusAID in Cambodia. She has worked in Cambodia for 4 years and before that with a range of NGOs in Indonesia and Fiji and as Head of Program, Bachelor of International Social Development at the University of Western Sydney. She started her professional career as a social worker in the disability sector.

Kontakt: AusAID, Australian Embassy, 16B National Assembly St., Phnom Penh Cambodia, Email: Belinda.mericourt@ausaid.gov.au, Tel: (855) 23 213 470.



EU Cooperation: Workshop on challenges and opportunities for Mainstreaming Disability in Cambodia

People with disabilities are repeatedly stigmatized and excluded, this often being the main cause of their vulnerability. As a signatory to the UN Convention on the Rights of Persons with Disabilities and in its fight against poverty and exclusion, the EU development cooperation considers disability as a major cross-cutting issue and is committed to ensuring full and equal inclusion of persons with disabilities and their families in EU initiatives for developing countries.

Over the last ten years, the EU has funded around 280 projects in 69 different countries that specifically target people with disabilities. This support has helped develop specific policies for disabled people, build their capacities, promote human rights and encourage the inclusion of disabled persons.

Keeping within this framework and with a view to promote a dialogue around disability, the Delegation of the European Union to Cambodia organized in collaboration with Handicap International France, on the 16th November 2009, a half-day workshop on *Challenges and Opportunities for Mainstreaming Disability in Cambodian Development*. The main objectives of the event were to provide relevant knowledge on disability in a development context, present strategic instruments and strategies to ensure the inclusion of persons with disabilities into development practices and policies. Participants were key development stakeholders including representatives of EU member states, civil society, disabled peoples' organizations, the Cambodian Ministry of Women Affairs as well as the Ministry of Social Affairs.

The EU Delegation has been working in Cambodia for a long time and is committed to supporting the Royal Government of Cambodia to achieve its Millennium Development Goals. Even though Cambodia has made some major progress in terms of disability mainstreaming over the last decade by signing the UN Convention on the Rights of Persons with Disabilities in 2007 (planned to be ratified in 2010) and adopting the Law on the Promotion and Protection of the Rights and Persons with Disabilities in 2009, there is still some remaining work to be done. The forum offered by the workshop enabled donors, civil society and government representatives to make presentations that were followed by questions and an-

swers and closed by a plenary session. DPOs namely *Deaf Development Programme* and *Association of the Blind in Cambodia* were as well active participants of this event.

The workshop was divided in three sessions: exploring disability in development, the strategic policy frameworks for disability mainstreaming in development and opportunities and challenges for disability mainstreaming within EU delegation and EU member states. These presentations highlighted some major challenges especially with regards to mainstreaming. It is commonly acknowledged that disability should be included in action plans and strategic and policy documents, but the coordination of a multi-sector response seems to be very demanding and somewhat illusive. As mentioned by the Ministry of Women Affairs' representative, Cambodia requires better data on disability, increased awareness on the role of people with disabilities in Cambodian development and improved mainstreaming of gender for disability. This will be achieved when it is included as part of a specific ministry plan and a specific budget is allocated to it. In the future, under the on-going decentralization reform agenda, Commune Councils (elected bodies at the commune level) will be allocated a budget to be specifically used to tackle issues around disability, as noted by the Ministry of Social Affairs, and their capacity will therefore need to be strengthened. Further efforts in identification of needs will have to be done ensuring that this newly allocated money will be effectively used towards inclusive development.

A special place was given to EU (delegation and member states) initiatives and policies with regards to disability. France and Germany were active participants of this portion of the event. GTZ shared a presentation on specific projects implemented throughout the world. Their commitment to people with disabilities is very strong and in Cambodia specifically through their Social Health Protection Programme (SHPP) that started in 2009. The SHPP's objective is to improve access to affordable and quality health care services for all Cambodians, especially the poor and vulnerable, and to increase the use of health services by the population. In this framework, GTZ is currently (August 2010) implementing a study on Social Health Protection of Older Persons and Persons with



Disabilities. The study will provide concrete recommendations and options to improve social health protections for these two identified vulnerable groups.

Concerning the work done by the EU delegation, the cooperation is characterized by a set of policy frameworks that define EU's work in its fight against poverty and discrimination. Among others, the EU Treaty (1993) is a basis document establishing the need to fight against discrimination. In 2004, a specific document was developed for EU Delegations working on disability issues in developing countries: EU Guidance Note on Disability and Development. This document presents a holistic approach to disability by promoting a human rights model that uses a twin-track approach to programming. A double need has been identified in encouraging inclusion of disabled people; firstly the mainstreaming of disability issues across all relevant programmes and projects, and secondly, the implementation of specific projects that target people living with disabilities. The objective of the document is also to provide guidance to EU delegations and services on how to address disability issues effectively within development cooperation. A strong focus is given to capacity building of representative disability organizations. The role of the EU is not only to fund projects targeting disabled people but to also strengthen civil society in its decision-making processes by organizing meetings, roundtables or workshops and encouraging dialogue. The support to organizations responding to the need of people with disabilities is critical, such as parent's organizations, professional organizations for social workers, teachers and women and youth organizations.

In Cambodia and on a global level disability has been included as a cross-cutting issue in the EU Call for Proposals related to thematic budget lines (EIDHR European Instrument for

Democracy and Human Rights, NSA & LA Non-State Actors and Local Authorities, Investing in People, Food security). But not only is it part of the multilateral commitments, it is also included in EU's bilateral programmes. One of the examples is the Sector Budget Support provided to the Ministry of Education, Youth and Sports (MoEYS) since 2003. The EU successfully assisted the MoEYS in developing the *Policy on Education for Children with Disabilities* (2008) and its Master Plan (2009) aiming to give equal rights to all children.

In 2010, AIDCO (cooperation office of the European Commission) launched a study on Disability in EC Development Cooperation. The aim is to examine how the concerns of people with disabilities (PWD) have been taken into account in EC Cooperation and should provide a set of recommendations and measures to better reach PWD in EC projects and programmes. The study also includes a proposal for the update/revision of the 2004 Guidance Note on Disability and Development. For this purpose, Cambodia has been chosen with four other countries for an in-depth study on best practices and consultation with various stakeholders. This field visit took place from 14-18th June. It is planned that the final report will be submitted by November 2010.

For the future steps and after the publication of the report on the recent study, the EU delegation is planning to organize a follow-up workshop by the end of 2010, mainly for technical staff working directly on projects and programmes, to give some very practical tools to mainstream disability in development cooperation.

Nesrine Talbi
Education, Health and Social Development
Section
EU Delegation, Cambodia



Kurzmeldungen/Announcements

Deine Stimme gegen Armut – Menschen mit Behinderung einbeziehen

In einer gemeinsamen Aktion mit der Aktion Mensch und der CBM (Christoffel-Blindenmission) sammelt bezev (Behinderung und Entwicklungszusammenarbeit) Unterschriften für eine gleichberechtigte Berücksichtigung von Menschen mit Behinderung bei der Erreichung der internationalen Entwicklungsziele.

Anlass ist die diesjährige Überprüfungskonferenz der Vereinten Nationen, die vom 20.-22. September 2010 in New York stattfinden wird. Da Menschen mit Behinderung in den internationalen Entwicklungszielen nicht erwähnt werden und auch die VENRO-Kampagne *Deine Stimme gegen Armut* nicht auf die Berücksichtigung von Menschen mit Behinderung eingeht, haben sich die Organisationen zu dieser gemeinsamen Aktion entschlossen. Die gesammelten Unterschriften sollen gemeinsam mit den von VENRO gesammelten Unterschriften am 18. September 2010 an Bundeskanzlerin Merkel übergeben werden, bevor sie zum Gipfel nach New York reist. Weitere Informationen unter www.bezev.de, www.cbm.de, www.deine-stimme-gegen-armut.de

weltwärts mit **bezev**

Ab sofort Bewerbungen für Sommer 2011!

Trotz Kürzungen der Fördermittel für das Freiwilligenprogramm *weltwärts* werden im Sommer 2010 insgesamt 15 Freiwillige nach Afrika, Asien, Lateinamerika entsendet. Sie kommen vornehmlich in Projekten mit und für Menschen mit Behinderung zum Einsatz.

Die Auswahl der neuen Freiwilligen beginnt ab sofort! Bewerbungsschluss für eine Ausreise im Sommer 2011 ist der 15. September 2010.

Grundsätzlich kann sich jede und jeder mit Erfahrungen in der Arbeit mit Menschen mit Behinderung bewerben. Wir freuen uns auch über Bewerbungen von jungen Erwachsenen mit einer Behinderung!

Mehr Informationen zum Bewerbungsverfahren und zu möglichen Einsatzstellen finden sich unter www.bezev.de im Bereich Freiwilligendienste.

Gerne nehmen wir Ihr Motivationsschreiben und Ihren Lebenslauf per Email entgegen: kontakt@bezev.de

Förderung für Schulpartnerschaften

Schulen in Deutschland, die Schulpartnerschaften mit Schulen in Afrika, Asien, Lateinamerika oder Südosteuropa planen, können sich jetzt für eine finanzielle und inhaltliche Förderung durch das Programm ENSA (Entwicklungspolitischer Schulaustausch) bewerben. Schulen, die mit engagierten Nichtregierungs-Organisationen zusam-

menarbeiten, werden dabei bevorzugt berücksichtigt. Bis zum 30. September 2010 können sich Interessierte mit einer Begegnungsreise bewerben, die 2011 entweder in Deutschland oder im jeweiligen Partnerland stattfindet. Das von InWEnt entwickelte ENSA unterstützt die Bewerber mit einem Zuschuss von bis zu 10.000 Euro. Außerdem begleitet ENSA die Begegnungsreisen pädagogisch: Geschulte Seminarleiter unterstützen die Vor- und Nachbereitung des Projektes professionell. Bis zum 30. September 2010 können sich alle weiterführenden Schulen in Deutschland sowie Eltern- und Fördervereine und Nichtregierungsorganisationen bewerben. Auch Förderschulen und Vereine, die mit Menschen mit Behinderung arbeiten, können sich bewerben. Die dafür notwendigen Unterlagen, Bewerbungskriterien und weitere Hinweise zum Programm finden sich auf der ENSA-Homepage unter www.ensa-programm.de/teilnahme.

Kreativer Schreibwettbewerb zu Solidarität

Unter dem Motto *Was bedeutet für mich Solidarität?* sucht der Solidaritätsdienst International (SODI) Texte, die sich mit Solidarität im Allgemeinen und der Arbeit von SODI im Speziellen auseinandersetzen. Die Texte, die von einer halben bis zu vier Seiten (15.000 Zeichen) lang sein können, können Gedichte, Kurzgeschichten, Anekdoten oder Erfahrungsberichte sein. Der Gewinnertext wird gemeinsam mit weiteren Texten in einer kleinen Broschüre veröffentlicht. Der Einsendeschluss ist der 31. August 2010. Per Post an: SODI, Sylvia Werther, Grevesmühlener Straße 16, 13059, per E-Mail an: wettbewerb@sodi.de

Streubombenverbot in Kraft

Am 1. August 2010 ist das internationale Verbot von Streubomben in Kraft getreten. Insgesamt 106 Staaten haben dem 2008 in Oslo unterzeichneten Vertrag inzwischen zugestimmt. Ratifiziert wurde er in 30 Staaten. Wichtige Produzenten von Streubomben wie die USA und Russland haben das Streubombenverbot jedoch nicht unterzeichnet. Streubomben verbreiten als Blindgänger noch lange nach ihrem Abwurf Gefahr vor allem für die Zivilbevölkerung in den betroffenen Gebieten. Fast 500 000 Menschen müssen heute versorgt werden, nachdem sie Unfälle mit diesen Waffen schwer verletzt überlebt haben.

Preis für entwicklungspolitisches Engagement in der Einen Welt

Nach der großen Resonanz auf den 1. Ökumenischen Förderpreis im Jahr 2007 schreiben der Evangelische Ent-



wicklungsdienst (EED) und der Katholische Fonds den 2. Ökumenischen Förderpreis Eine Welt aus. Mit der Neuauflage dieses Förderpreises sollen das vielfältige Engagement für die Eine Welt und eine gerechte Gestaltung der Globalisierung von entwicklungspolitischen Gruppen, Initiativen und Partnerschaften öffentlich gewürdigt werden. „Die erfolgreiche Arbeit so vieler entwicklungspolitisch Aktiver macht Hoffnung und soll durch den Förderpreis anerkannt werden“, so Dr. Rudolf Ficker, EED-Vorstandsmitglied.

Preise von jeweils 3.000 Euro werden für besonders innovative Projekte in den Kategorien

- * Kirchliche Partnerschaften
- * Entwicklungspolitische Kinder- und Jugendarbeit
- * Projekte zu *Klimawandel und nachhaltiger Entwicklung* vergeben.

Die Ausschreibung richtet sich an Gruppen, deren Bildungsmaßnahmen im Zeitraum von 01. Januar 2008 bis 30. Juni 2010 vom EED oder vom Katholischen Fonds gefördert wurden und abgeschlossen sind. Bewerbungsschluss ist der 15. September 2010.

Kontakte: Evangelischer Entwicklungsdienst e.V.; Ökumenischer Förderpreis Eine Welt; Ref. Bildung und Förderung; Sabine Kronenberg; Ulrich-von-Hassell-Straße 76; 53123 Bonn; Tel. 0228 - 8101-2310; E-Mail: foerderpreis@eed.de

Katholischer Fonds; Ökumenischer Förderpreis Eine Welt; Theresia Koller; Pettenkoferstraße 26; 80336 München; Tel. 089 - 5162 - 224; E-Mail: foerderpreis@katholischer-fonds.de

Fotoausstellung *Face to Face* aus Vietnam in Düsseldorf

In Düsseldorf beginnt am 21. September die Fotoausstellung *Face to Face*. Hier werden Fotos von sechzehn Menschen mit Behinderung aus Vietnam ausgestellt, die innerhalb weniger Monate gelernt haben, ihre Lebenswelt in Fotografien festzuhalten. Frau Nguyen Thi Huong, die an dem Projekt teilgenommen hat, wird die Ausstellung selbst vorstellen.

Die Schmitz-Stiftungen zeigen diese ungewöhnliche Fotoausstellung in der Düsseldorfer fiftyfifty – Edition Galerie, Jägerstraße 15, 40231 Düsseldorf. Schirmherrin ist Ministerin Barbara Steffens, die die Ausstellung am 21. September um 17:30 Uhr eröffnen wird. Dazu gibt es ein vietnamesisches Rahmenprogramm, Gespräche und ein kleines Buffet. Am 23. September um 19:00 Uhr findet ein Filmabend unter dem Titel *Still Life Moving* über das Leben von Nguyen Thi Huong statt. Im Anschluss gibt es ein Gespräch mit Frau Huong. Die Ausstellung schließt am 26. September um 12:30 Uhr mit einem Konzert vietnamesischer Künstler und einem asiatischen Buffet.

Alle Veranstaltungen sind barrierefrei zugänglich. Schulklassen können die Ausstellung besuchen und auf Anfrage ein Gespräch mit Frau Huong vereinbaren.

Kontakt: Schmitz-Stiftungen; Volmerswerther Str. 86; D-40221 Düsseldorf; Phone: +492113983770; Fax: +492113983782; www.schmitz-stiftungen.org; Fotostream zur Fotoausstellung unter www.flickr.com/photos/facetofacevietnam/



Literatur/Reviews

Buchbesprechung

Bruni Prasske

Immer noch träume ich von Deutschland -
Reise in ein Leben zwischen Deutschland
und Vietnam

ISBN 978-3-431-03784-5, Ehrenwirth Verlag

Dies ist die Lebensgeschichte von Dien, der sich nicht unterkriegen lässt. Es ist zugleich die Schilderung einer ungewöhnlichen Freundschaft. Und es ist die Beschreibung eines fernen Landes zwischen Tradition und Moderne, das noch immer von Kriegen gezeichnet ist.

Bruni Prasske war nach Vietnam gekommen, um das Land kennen zu lernen und an einer Geschichte über ehemalige Vertragsarbeiter aus der DDR zu arbeiten. Auf der Suche nach einer kundigen und deutschsprachigen Kontaktperson in Saigon trifft sie Dien, den Rollstuhlfahrer mit dem umwerfenden Lächeln und dem Jackie-Chan-Charme. Diese Begegnung ändert ihre Pläne. Diens Lebensgeschichte, seine Stärke und sein Mut lassen sie nicht mehr los und die beiden beschließen, sich näher kennen zu lernen und zusammen zu reisen, um gemeinsam Diens unbekannte Heimat zu erforschen.

Fast zwei Monate verbringen sie miteinander, in Saigon und unterwegs. Täglich warten neue Herausforderungen in diesem Land, in dem Straßen keine Selbstverständlichkeit sind und Behinderung als Schande und Strafe Gottes angesehen wird.

Spannend und bewegend ist die abenteuerliche Reise dieser ungleichen Weggefährten: Bruni, die Langnase aus Hamburg, studierte Pädagogin, Sozialarbeiterin in Asylunterkünften, Einwanderer- und Flüchtlingsprojekten, Iranreisende, Autorin, Marathonläuferin - und Dien, der Kriegsverletzte aus dem Mekongdelta, von *Terre des Hommes* gerettet und zur Behandlung und Rehabilitation nach Deutschland ausgeflogen, der dort sechs glückliche Kindheitsjahre verlebt und mit elf Jahren zurück muss in eine Heimat, die keine mehr ist, der Uhrmacher wurde, weil er die Zeit zurückstellen möchte, zurück auf schöne Stunden. Auch nach 34 Jahren hat Dien Heimweh nach Deutschland: „Ich will noch immer nicht wahrhaben, dass ich für immer hier leben muss.“ Dies zu lesen ist bitter, aber verständlich angesichts der geschilderten Bedingungen. Das Leben ist hart für einen Querschnittsgelähmten in Vietnam: Es gibt keine barrierefreien Orte, Einrichtungen oder Verkehrsmittel. Viele Themen, vor allem persönlicher und hygienischer und erst recht sexueller Art, sind tabu. Behinderte Menschen werden bestenfalls bemitleidet, oft wird hinter ihrem Rücken geredet oder gewitzelt.

Ein nach Amerika ausgewanderter Vietnameser und Rollstuhlfahrer bricht in Tränen aus, als er hört, dass Dien in Saigon lebt: „I can't believe it. How can he live in Saigon? In a wheelchair! That's almost impossible.“ Aus Angst vor Unheil werden Behinderte gemieden und ausgegrenzt.

Einmal möchte ein 5-jähriges Mädchen neben Dien sitzen, weil sie der Rollstuhl fasziniert. Dien findet, dass sei keine gute Idee. Da er nicht weiß, wie ihre Mutter darüber denkt, ist er lieber vorsichtig: „Es könnte als schlechtes Omen gewertet werden, wenn Lisa in einem Rollstuhl sitzt.“

Sollte ihr etwas zustoßen, würde es mit diesem Moment in Verbindung gebracht werden.“ Ein starker und weit verbreiteter Aberglaube.

Bruni Prasske beschreibt einfühlsam das Leid, aber auch die Momente des Glücks in Diens Leben - ohne Gefühlsduselei und ohne Schuldzuweisungen. „Mutter Theresa“, schimpft sie mit Dien, wenn er wieder mal viel zu nachsichtig mit seinen Landsleuten ist. Auf der Reise wachsen Nähe und Vertrautheit, die es Dien ermöglichen, Empfindungen und Erlebnisse preiszugeben, die er sonst, wie für Vietnamesen üblich, für sich behalten hätte. Die Freundschaft zu Bruni bringt ihm neue, positive Erfahrungen und gibt ihm Gelegenheit, sich selbst besser kennen zu lernen. Nach fast vier Jahrzehnten schwimmt er das erste Mal wieder im Meer und schreit sein Freude hinaus.

Bruni genießt das Reisen und das Zusammensein mit Dien, seine Offenheit und sein großes Herz. Neugierig, feinfühlig und energiegeladener ist Bruni und aufgeschlossen für alles. Unerschrocken steigt sie auf den Rücksitz von Diens dreirädrigem Moped und setzt sich hautnah dem Verkehrswahnsinn in Saigon aus, den überfüllten Nationalstraßen und unwegsamen Pisten im Delta. Im tiefsten Nirgendwo des Mekongdeltas wohnt sie mit Diens Großfamilie in der einfachen Behausung. Um sich in Diens Fortbewegung hineinversetzen zu können, übt sie das Rollifahren - vorzugsweise auf zwei Rädern - und sie rennt, Dien im Rolli schiebend, im Rhythmus des Marathons kilometerweit durch Hoi An. Dien ist ihr dabei ein gefühlvoller, intelligenter, witziger Gefährte und „manchmal sogar charmant“.

Anschaulich schreibt Bruni Prasske über Land und Leute. An Sehenswürdigkeiten hat sie weniger Interesse, dafür umso mehr an Menschen. Sie schildert, was sie sieht und was die Leute erzählen auf den Märkten und Feldern, in Garküchen und Schneidereien, beim Essen, in den Familien. Mit Respekt und Humor beschreibt sie Traditionen der vietnamesischen Gesellschaft, kulturelle Unterschiede und jede Menge Fettnäpfchen, in die man tappen kann. So gibt es eine Unmenge an Verhaltensregeln und korrekten Anreden, die man unbedingt beachten muss und natürlich Themen, die man keinesfalls in Gesellschaft ansprechen sollte.

Von Seite zu Seite zog es mich mehr in den Bann und den Sog dieser Lebens- und Reisegeschichte. Natürlich, weil es ein toll geschriebenes Buch ist, aber auch weil ich einige Orte und Begebenheiten selbst erlebt hatte. Ich bin Rollstuhlfahrerin und gemeinsam mit zwei blinden Frauen, einem Fußgänger, einer Rollifahrerin und zwei Assistenten reiste ich 2007, im gleichen Jahr wie Bruni und Dien, für drei Wochen durch Vietnam. Als Touristin traf mich keine Ablehnung, sondern wie Dien es nennt, der „helle Schein, der auf eine Langnase fällt“. Auch konnte ich dank tatkräftiger Unterstützung unserer Assistenten und Reiseleiter unbeschwert das Land erleben.

Aber oft genug fragte ich mich, ob es überhaupt behinderte Menschen gibt (denn ich sah so gut wie keine) und wie sie wohl in Vietnam leben. Jetzt weiß ich es. „Hier in diesem Land, wo Behinderte nur als kaputte Maschinen und Last angesehen werden, leben wir wie Schnecken, die



sich bei jedem Geräusch vor Angst in ihren Häusern verstecken, so wie auch ich es oft genug getan habe, schreibt Dien.

Er hofft, dass dieses Buch anderen Menschen Anregung, Kraft und Hoffnung geben kann.

Das wünsche ich mir auch -

Andrea Schatz

International Disability Alliance

Guidance Document. Effective Use of International Human Rights Monitoring Mechanisms to Protect the Rights of Persons with Disabilities

The document explains the role of the Committee on the Rights of Persons with Disabilities in monitoring implementation of the Convention on the Rights of Persons with Disabilities. It provides guidance in how disability advocates can influence how governments report on the status of disability rights to the Committee and how they can prepare their own parallel reports. Published in May 2010; 83 pages.

Bezug: http://www.internationaldisabilityalliance.org/wp-content/uploads/2010/06/CRPD-Guidance-Documents-English-_1_.pdf

Refugee Studies Center

Disability and Displacement

Forced Migration Review, Issue 35, July 2010

ISSN 1460-9819

An oft-quoted statistic is the World Health Organisation's estimate that persons with disabilities account for 7-10 % of the world's population. This would imply that there are three to four million persons living with disability among the world's 42 million displaced. It is not (yet) common practice, however, to include people with disabilities among those who are considered as particularly vulnerable in disasters and displacement and who therefore require targeted response. The feature theme articles in this issue of FMR show why disabled people who are displaced need particular consideration, and highlight some of the initiatives taken (locally and at the global level) to change thinking and practices so that their vulnerability is recognised, their voices heard – and responses made inclusive. All articles in this issue are available online in PDF and Word format and as audio files. This issue contains a mini-feature on Brazil which also appears in Portuguese on the website. All issues of FMR are freely available online at <http://www.fmreview.org/mags1.htm>.

Bezug: <http://www.fmreview.org/disability/FMR35.pdf>

Save the Children in Sri Lanka

Children who have Disability in Early Childhood Care and Development Centres.

A resource book for teachers

ISBN 955-1197-18-6

This practical book aims to provide teachers with the knowledge, skills and attitudes to enable them to include children with disabilities in their ECCD centres (pre-schools). It draws on the experiences of those ECCD centres in Sri Lanka that have already included disabled children.

Bezug: http://www.eenet.org.uk/resources/docs/ECCD_Disability_Manual.pdf

Inter-Agency Network for Education in Emergencies

Education in Emergencies: Including Everyone. INEE pocket guide to inclusive education

This quick reference guide is aimed at anyone working to provide, manage or support education services in emergencies - although it is also useful for readers who are not working in emergency situations. It outlines principles for an inclusive education approach in emergencies and provides advice for planning, implementing and monitoring.

Bezug: http://www.eenet.org.uk/resources/docs/IE_in_Emergencies_INEE.pdf

Handicap International

Inclusion Rwanda

The short film looks at the challenges faced by disabled learners and education professionals in Rwanda. Experiences are shared with eight education professionals from the UK who took part in *Inclusion Rwanda*, an event organised by Handicap International (HI) to promote cross-cultural approaches to inclusive education. HI's work in Rwanda encourages mainstream and special schools to work together to build a more inclusive education system. DVD format, 22 mins.

Bezug: EENET

Handicap International

Lessons Learnt for the Inclusive Education of Disabled Children in Cambodia

This document highlights learning from HI's inclusive education work. It identifies strategies that have helped to increase the participation of disabled children in school, including interventions at the level of the individual, community and national education system.

Bezug: EENET (als CD)

**WHO****Strengthening Care for the Injured: Success Stories and Lessons Learned from around the World Nonserial Publications**

ISBN: 9789241563963

Through this publication, WHO seeks to increase communication and the exchange of ideas among those working in the field of trauma care, whether in the prehospital setting, in acute care in hospitals, or in longer term rehabilitation; to increase communication among those involved in planning, administering, advocating for, or directly providing trauma care services; and to increase communication among those working in the field of trauma care in different countries worldwide.

This book contains only some of the innovative and significant work being done by many individuals, institutions, and governments globally. We have provided a range of case studies, including those from prehospital, hospital-based, rehabilitation, and system-wide settings, and from countries in all regions of the world and at all socioeconomic levels. These case studies have common themes and lessons learned. One of the most important of these is the need for perseverance, as many of the improvements took years to implement. Another lesson is the need for attention to detail. There was no magic bullet involved. Improvements occurred primarily by attention to detail in planning and organization. There are also important lessons learned about the role of health policy in extending trauma care improvements nationwide, beyond centres of excellence, and about the importance of using advocacy to increase political commitment, whether at the national, provincial, or institutional level. Finally, the case studies show that improvements can be made even in the poorest and most difficult of circumstances, and that even well-resourced environments can benefit from improved organization and monitoring of trauma care services.

WHO**Profile of Child Injuries: Selected Member States in the Asia-Pacific Region**

ISBN: 9789290223764

Injury is a major cause of child and adolescent death and disability throughout the world. More than a million children aged 14 years and under die each year from unintentional injuries globally. Ninety eight per cent of these deaths occur in low-income countries, where injury is inexorably closing its gap with disease to be the leading cause of death among children.

The South-East Asia and Western Pacific regions of the World Health Organization together share almost 55 per cent of the global burden of injury mortality among children and young people under the age of 20 years. Interestingly, low- and middle-income countries in the South-East Asia Region alone bear more than a third of this burden. The major causes of injury among children in the Region are drowning, transport accidents, burns, falls, poisoning and intentional injuries.

The main objective of this document is to highlight the epidemiological aspect of childhood injuries in the WHO Member States of the Asia-Pacific Region. Though only six Member States of the both regions provided information for this report, this document *Profile of Child Injuries: Selected Member States in the Asia-Pacific Region* nevertheless gives us for the first time a detailed epidemiological profile of child injuries in the Asia-Pacific Region.



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VERANSTALTUNGEN EVENTS

- 26.10. - 29.10.2010 The 4th CBR Africa conference, Abuja, Nigeria. Linking CBR, with Disability and Rehabilitation and Launching of the WHO/CBR Guidelines
Information: <http://www.afri-can.org/about.php>
- 22.11. - 03.12.2010 Training: Community Based Rehabilitation, in Addis Ababa, Äthiopien.
Veranstalter: ALERT in Äthiopien in Kooperation mit ENABLEMENT in den Niederlanden.
Information: www.telecom.net.et/~tdalert, für Rückfragen: leprosytb@ethionet.et
- 02.12. - 03.12.2010 Tagung: Frühkindliche Entwicklung als effektive Maßnahme zur Reduzierung der Armut (Arbeitstitel) in Bonn
Information: Behinderung und Entwicklungszusammenarbeit, Wandastr. 9, 45136 Essen,
Tel.: 0201/17 88 963, Fax: 0201/17 89 026, E-Mail: info@bezev.de, www.bezev.de



Behinderung und internationale Entwicklung Disability and International Development

Die Zeitschrift *Behinderung und internationale Entwicklung* erscheint seit 1990 dreimal jährlich mit Beiträgen sowohl in deutscher als auch englischer Sprache. Ihr Anspruch ist es, ein Medium für einen grenzüberschreitenden Informationsaustausch zur Thematik zu bieten sowie die fachliche Diskussion zu pädagogischen, sozial- und entwicklungspolitischen sowie interkulturellen Fragen im Zusammenhang mit Behinderung in Entwicklungsländern weiterzuentwickeln. Jede Ausgabe ist einem Schwerpunktthema gewidmet, das durch Einzelbeiträge und einen aktuellen Informationsteil ergänzt wird.

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The journal *Disability and International Development* is published three times a year since 1990, featuring contributions in both English and German. Its objective is the scholarly and practice-oriented discourse on disability in low-income countries. The journal aims at providing a platform for a cross-border dialogue and promoting the professional discussion of related development policy, pedagogical/educational, socio-political and intercultural questions. Each issue is dedicated to a focal topic, complemented by single contributions on other subjects and up-to-date information.

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Schwerpunktthemen kommender Ausgaben der Zeitschrift Focal Topics of Upcoming Issues

- 3/2010 Umsetzung von Artikel 11/32 der Behindertenrechtskonvention in der deutschen Entwicklungszusammenarbeit/Implementation of the UN CRPD Article 11 and 32 in German Development Cooperation (verantwortlich/responsible: Gabriele Weigt, gabi.weigt@t-online.de)
- 1/2011 Menschen mit intellektuellen Beeinträchtigungen in der Entwicklungszusammenarbeit/Persons with Intellectual Disabilities in Development Cooperation (verantwortlich/responsible: Susanne Wilm, susanne_wilm@yahoo.de)
- 2/2011 Kinder mit Behinderung im Licht der UN-Konvention über die Rechte von Menschen mit Behinderung/Children with Disabilities and the UN Convention on the Rights of Persons with Disabilities (verantwortlich/responsible: Christiane Noe, christiane.noe@hotmail.de)

Interessierte Autorinnen und Autoren mögen sich für nähere Informationen und unseren *Leitfaden für AutorInnen* bitte an die oben genannten Verantwortlichen wenden. Darüber hinaus sind Vorschläge für weitere Schwerpunktthemen willkommen unter [gabi.weigt@t-online](mailto:gabi.weigt@t-online.de).

If you are interested in contributing, please contact the respective member of the editorial board mentioned above for more information and our Guidelines for Submissions. Moreover, we welcome ideas and suggestions for future focal topics which you can submit to our editorship at gabi.weigt@t-online.de.

Deadlines for the upcoming issues:

	3/2010	1/2011	2/2011
Hauptbeiträge/Focal articles	15.07.2010	15.10.2010	31.12.2010
Kurzbeiträge/Other contributions	15.09.2010	15.12.2010	15.04.2011

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Forum Behinderung und Internationale Entwicklung

Das Forum Behinderung und Internationale Entwicklung ist ein Ort für Einzelpersonen und Organisationen, die sich wissenschaftlich und/oder praktisch mit dem Thema Behinderung in Entwicklungsländern auseinandersetzen. Beteiligte des Forums können daher sein: Fachkräfte aus dem entwicklungspolitischen und behinderungsspezifischen Kontext, an der Thematik interessierte Einzelpersonen, Organisationen der Entwicklungszusammenarbeit, andere involvierte Institutionen/Organisationen sowie Hochschulen.

Das Forum will die wissenschaftliche und praxisorientierte Auseinandersetzung mit der Thematik unterstützen. Das Forum gibt außerdem die Zeitschrift *Behinderung und Dritte Welt. Journal for Disability and International Development* heraus, organisiert bei Bedarf gemeinsame Veranstaltungen und möchte die Vernetzung der am Forum Beteiligten fördern.

Kontakt:

Forum Behinderung und Internationale Entwicklung
c/o Behinderung und Entwicklungszusammenarbeit e.V. (bezev)
Wandastr. 9, 45136 Essen, Germany
Tel.: +49-(0)201/17 88 963, Fax: +49-(0)201/17 89 026
E-Mail: info@bezev.de
Internet: www.bezev.de

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