

HANDICAP INTERNATIONAL (FRANCE)

**HANDICAP
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SITUATIONAL ANALYSIS



PRSP AND DISABILITY IN CAMBODIA

March 2007

A Research Study Conducted for the Project: "Making PRSP Inclusive in Cambodia"
In Collaboration with DAC, NCDP, CDPO, and ADD



SITUATIONAL ANALYSIS
ON
DISABILITY AND PRSP IN CAMBODIA

A Research Study Conducted for the Initial Phase of the Project:
“Making PRSP Inclusive in Cambodia”

Handicap International (France)
In Collaboration with DAC, NCDP, CDPO and ADD

Phnom Penh, Cambodia

March 2007

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Abbreviations

| | |
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| ABC | Association of the Blind in Cambodia |
| ADB | Asian Development Bank |
| ADD | Action on Disability and Development |
| APR | Annual Progress Report |
| CBM | Christoffel-Blindenmission |
| CCC | Cooperation Committee for Cambodia |
| CDC | Council for Development of Cambodia |
| CDCF | Cambodia Development Cooperation Forum |
| CDPO | Cambodian Disabled Person's Organization |
| CG | Consultative Group |
| CLP | Council for Land Policy |
| CLRDC | Cambodian Legal Resources Development Center |
| CMDG | Cambodian Millennium Development Goals |
| CNAC | Cambodian NGOs Alliance for Cooperation |
| CSD | Council for Social Development |
| CSD | Council for Social Development |
| CSES | Cambodian Socio- Economic Survey |
| CSO | Civil Society Organization |
| CT | Cambodia Trust |
| DAC | Disability Action Council |
| DDP | Deaf Development Programme |
| DDSP | Disability Development Services Pursat |
| DPO | Disabled people's Organization |
| ESP | Education Strategic Plan |
| FIT | Foundation for International Training |
| GDCC | Government Donors Coordination Committee |
| GDP | Gross Domestic Products |
| GSCSD | General Secretariat of CSD |
| GTZ | Gesellschaft für Technische Zusammenarbeit (English name: German Technical Cooperation) |
| HI | Handicap International |
| HIV | Human Immunodeficiency Virus |
| ICIDH | International Classification of Impairments, Disabilities, and Handicaps |
| IDA | International Development Agency |
| IDRM | International Disability Rights Monitor |
| ILO | International Labour Organization |
| IMF | International Monetary Fund |
| INGO | International Non Governmental Organization |
| IO | International Organization |
| I-PRSP | Interim Poverty Reduction Strategy Paper |
| JMI | Joint Monitoring Indicators |
| KaR | Knowledge and Research |
| LNGO | Local Non Governmental Organization |
| MAFF | Ministry of Agriculture, Forestry and Fisheries |
| MDGs | Millennium Development Goals |

| | |
|----------|--|
| MEDiCAM | Membership organization for NGOs active in the health sector in Cambodia |
| MoEF | Ministry of Economy and Finance |
| MoEYS | Ministry of Education, Youth, and Sports |
| MoH | Ministry of Health |
| MoP | Ministry of Planning |
| MoSALVY | Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation |
| MoSVY | Ministry of Social Affairs, Veterans and Youth Rehabilitation |
| MoWRAM | Ministry of Water Resource and Meteorology |
| MTEF | Medium-Term Expenditure Framework |
| NCDP | National Centre of Disabled Persons |
| NGO | Non-governmental organisation |
| NPRS | National Poverty Reduction Strategy |
| NSDP | National Strategic Development Plan |
| PIP | Public Investment Programme |
| PPA | Participatory Poverty Assessment |
| PRSP | Poverty Reduction Strategy Paper |
| PWD | People with Disability |
| RGC | Royal Government of Cambodia |
| SEDP | Socio-Economic Development Plan |
| SHG | Self-help groups |
| TWG | Technical Working Group |
| TWG -PPR | Technical Working Group on Planning and Poverty Reduction |
| UN ESCAP | United Nations Economic and Social Commission for Asia and the Pacific |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| VI | Veterans International |
| VFI | Village Focus International |
| WB | World Bank |
| WHO | World Health Organization |
| WRF | World Rehabilitation Fund |
| WVC | World Vision -Cambodia |

Executive Summary

Introduction

About 10% of the population worldwide are people with disabilities, living under difficult and hazardous conditions as they are usually the poorest among the poor. The history of Cambodia has left a huge number of people with disabilities. It is recognized that people with disabilities are one of the most vulnerable groups and living in an extreme poverty. Until now, quite lots of Disabled People's Organizations (DPOs) have been working for people with disabilities in rehabilitation and advocacy focus while a very small number are working on effective poverty reduction aspects.

On the other hand, the PRSP (Poverty Reduction Strategy Paper) concept, initiated during the 90's, is today applied in low-income countries. Cambodia is one of those countries, which has started its national PRSP process since 2000.

It is critical to note that the majority of DPOs in Cambodia are not aware of and well informed about the PRSP processes. The inclusion of disability issues in PRSP documents is definitely not remarkable and disability stakeholders are not aware of the few references which are made.

Research

This research study will lead to an initiative of a project called "Making PRSP Inclusive in Cambodia" in which the key disability stakeholders intend to have connections with the National Poverty Reduction Strategy processes. The major purpose of this research is therefore to contribute to an understanding of PRSP and Disability issues and their connections towards a proposition of an action plan.

PRSP and Disability - Global Aspect

PRSP process intends to be developed transparently with the broad participation of various stakeholders such as civil society, government, and key donors. The basic principles of PRSP are characterized as country-driven and -owned, results-oriented, comprehensive, partnership-oriented, and with a medium- and long-term perspective. The PRSP is an ongoing learning process, consisting of three main phases such as formulation, implementation, and monitoring and evaluation.



More than 600 million people throughout the world are people with disabilities, 70% of them living in developing countries¹. Disability is basically caused by disease, malnutrition, incorrect treatment or non- treatment, physical or mental violence and war, accidents due to inadequate protection at the workplace and in traffic situations and increasingly age- related disease. People with disabilities face discrimination

¹ The UN estimation

throughout the world and are frequently excluded from social, economic, and political processes in their societies. Disability is considered by development actors and government as a complicate and specialist issue since it is difficult to define and to be mainstreamed in development. Disability is defined differently due to the various types of disabilities.

Socio- economic integration of persons with disabilities is not only a question of social justice and human rights, but also the best solution in terms of social costs. Access to employment is the most cost-effective way to reduce the poverty of children, youth and adults with disabilities, their families, and their communities. In addition, Poverty Reduction Strategies for people with disabilities need to ensure a comprehensive and coherent approach and need to consider different sectors. This is therefore a perspective in which the question of a comprehensive poverty reduction strategy for people with disabilities should be stated in the framework of the PRSP.

PRSP Situation in Cambodia

The first PRSP is known in Cambodia as a "National Poverty Reduction Strategy" (NPRS: 2003-2005). The "National Strategic Development Plan" (NSDP: 2006-2010) is the second PRSP. The Government considers the NSDP as the single, overarching development strategy for pursuing prioritized goals and actions for the period 2006-2010. Although many stakeholders have participated in both national PRSP processes, a number of negative aspects put critical questions on those processes. With comparative aspects, the NSDP is viewed as a better plan in terms of stronger ownership, more effective participation in the implementation, evaluation and monitoring phase, appropriate and less ambitious result framework, less detailed but more current poverty diagnostics, and more comprehensive institutional arrangement.

In addition, the PRSP processes indicate the possible entry points for stakeholders especially civil society organizations throughout the major PRSP phases including formulation, implementation, and monitoring and evaluation. The most critical entry points for the current PRSP situation in Cambodia include participation in Technical Working Groups, involvement with NGO Forum, involvement in the monitoring and evaluation system, and demand for inclusion of disability into sectoral and sub-national plans.

Disability Situation in Cambodia

People with disabilities in Cambodian societies are one of the most vulnerable group that face social and economic marginalization, and discrimination. They usually find their opportunities for full and equal participation limited. There are a limited number of disability stakeholders in both national and provincial level.

Disability movement in Cambodia is still weak as it is blocked by and challenging with many problems and causes. It is imperative to recognize that CDPO, one of the key disability players, has been undergoing an extensive period of restructuring. Most disability organizations cannot represent a unified voice of PWDs and heterogeneity of disabilities due to limited number of DPOs and organizations working for PWDs, and limited capacity and resources. The working process and approaches of most disability organizations are definitely dependent on international organizations, donors and government. In addition, the empowerment and enforcement of Government on disability sector remain limited. However, the legislation environment on disability

seems to have improved since a specific national legislation called "Protection and Promotion of the Rights of People with Disabilities" is almost approved.

Disability in PRSP Documents for Cambodia

Cambodian PRSP documents generally present a limited number of disability issues across the main contents including key priority goals and targets, strategies and actions, and other national policies/ strategies. The insufficient inclusion reflects the insufficient possibility for disability organizations and PWDs to participate in the process country-wide. From the view point of participation, it is important to understand that there is a lack of information and knowledge of PRSP among PWDs and disability organizations, and in this case they themselves haven't claimed for any inclusion and participation. The disappearance of PWDs in most development targets in relation to poverty reduction activities also limits their participation.

However, NSDP, the latest PRSP, offers opportunities for civil society to claim for inclusion, participation, and integration in the implementation, monitoring, and evaluation processes.

Opportunities, Limits and Challenges for the Disability Sector

The elaboration of the situation of Disability and PRSP produces many critical aspects of the opportunities, limits, and challenges for the disability sector. These have determined the major factors influencing the disability movement in the country and towards the PRSP processes. The most important opportunities and limits are identified through a consideration on legislation and political environment, collaboration with partners and donors, capacity and resources, related issues, and sector involvements within the PRSP processes. In addition, a number of challenges are significantly recognized as priorities for the disability sector that needs to overcome and ensure a success in long term.

Action Plan

According to the results of this situational analysis on PRSP and Disability, the NSDP Inclusive Committee established for the project called "Making PRSP Inclusive in Cambodia" has worked on the development of an action plan. This effort is to strengthen the implementation, monitoring, and evaluation of the project, and also to achieve the main objectives.

The main activities of the proposed action plan as well as the specific objectives, results, deadlines, and responsibilities are agreed amongst the members and include: (1) Publication and dispatch of the situational analysis on PRSP and Disability; (2) Production of a statement to NGO Forum; (3) Presentation and dispatch of the statement to key disability players and donors involved on NSDP; (4) Mainstreaming of the issue Disability and PRSP by all committee members in their different activities (workshop, events, meetings,..); (5) Organization of a micro-grant call for DPOs on poverty and disability theme; (6) Press, media, advertisements to inform about the effective progresses; and (6) Development of projects on DPOs empowerment and mainstreaming disability among development partners.

CHAPTER 1: RESEARCH DESIGN

The interests of the study areas and particular problems are mainly identified in this chapter. In narrative, the chapter is introducing a brief description of disability and PRSP, problem statement, objectives, and how to set up and conduct the research study.

1.1. Introduction

According to the WHO estimations, 10% of the population worldwide are people with disabilities, living under difficult and precarious conditions as they are usually the poorest among the poor. Organisations representing people with disabilities (DPOs) in Africa, Asia and Latin America face the challenge to mainstream disability in development policies and activities.

The PRSP (Poverty Reduction Strategy Paper) concept, initiated during the 90's, is today applied in low-income countries. Many donors and PRSP- involved governments align their policies and development activities according to the existing national PRSP process. Despite their status of "poorest of the poor" which should have given them a real legitimacy to be major players, most people with disabilities and their organisations are excluded from the PRSPs participatory processes. Consequently the proposed measures do not address their interests.

The study of Bonnel, René (2004) on the Poverty Reduction Strategies shows that the participation of DPOs leads to a different approach to disability issues within the PRSP: Without DPOs, most activities proposed for people with disabilities follow a concept based on charity, while with the participation of DPOs, the focus shifts clearly to employment and educational issues. As PRSPs address all sectors of society, which are, without exception, also relevant for people with disabilities, it offers opportunities for mainstreaming this issue. For that, the active involvement of people with disabilities and DPOs is vital for the PRSP process.

1.2. Statement of the Problem

People with disabilities in Cambodia are recognized as one of the most vulnerable groups, living in hazardous conditions. They are generally the poorest among the poor with very limited access to resources, basic social services, education, skills/ vocational training, job placement, and income generation opportunities, and thus putting pressures on their poverty. They usually face social and economic marginalization and discrimination. They find their opportunities for full and equal participation limited.

On the other hand, the PRSP process in Cambodia has started since 2000. Currently, a "National Strategic Development Plan" is the main document for poverty reduction in Cambodia and it already entered in the implementation phase.

Although there are some interventions of disability organizations, components and actions planned and intended for people with disabilities remain very questionable. In addition, the majority of the Disabled People's Organizations (DPOs) are not aware of and well informed about the PRSP processes. The inclusion of disability issues in PRSP documents is definitely not remarkable and disability stakeholders are not aware of the few references which are made.

Therefore, the limited understanding of the Disability and PRSP issues among disability / PRSP stakeholders is definitely the main problem in Cambodia.

1.3. Objectives

The major purpose of this research is to contribute to the understanding of PRSP and disability issues and their relationship leading towards a proposition of an action plan.

The following points are the summarized objectives for this study:

- To understand the Disability and PRSP issues in Cambodia
- To identify stakeholders of Disability and PRSP in Cambodia
- To analyze the connections between Disability and PRSP in the context of Cambodia
- To realize opportunities, limits and challenges of the disability sector
- To propose an action plan for implementing a project of disability and PRSP in Cambodia

1.4. Methodology

This research was carried out by gathering data from both secondary and primary sources that make the research objectives achievable. With relevant collected data, an analysis was conducted based on a theoretical and practical framework.

Data Collection

- **Secondary data:** The most relevant sources for the data collection include ADB, KaR Disability website, DAC, NGO Forum, IMF, World Bank Cambodia, World Bank International, Previous Workshops, Ministry of Planning, Handicap International, ILO, and GTZ.
- **Primary data:** The primary data collection was carried out in forms of Semi-Structured Interviews with key resource persons of both sectors, Group Discussion with representatives of DPOs and associations working for PWDs, Observations, Meetings, and Workshop. The reference persons who have been consulted and discussed with are detailed in the Annex B1.

Data Analysis

The research study was analyzed in a qualitative method. The data gathered through all those sources mentioned earlier were discussed in a descriptive way. The comments, opinions, suggestions, and attempts from the interviews and discussions were described and interpreted as information in a specific explanation.

1.5. Scope and Limitation of the Study

Scope of the Study

The study is mainly concentrated on the area of disability and PRSP in Cambodia and this will definitely contribute to the public awareness over the issues. The study involves the main Disabled People's Organizations (DPOs), Organizations for People with Disability (PWDs), NGOs, agencies, public organizations, and civil society.

The study is based on the available documents and information in the country and several methods of data collection as outlined above. Furthermore, it will produce an analysis on several major dimensions (Concepts, Cambodian situation, and connections of Disability and PRSP)

The data and information available in Cambodia from the year 1997 to 2007 are encountered and considered for the useful analysis.

Limitation of the Study

Due to limited potential of the analysis and limited resources, research study was defined in respect of specific criteria:

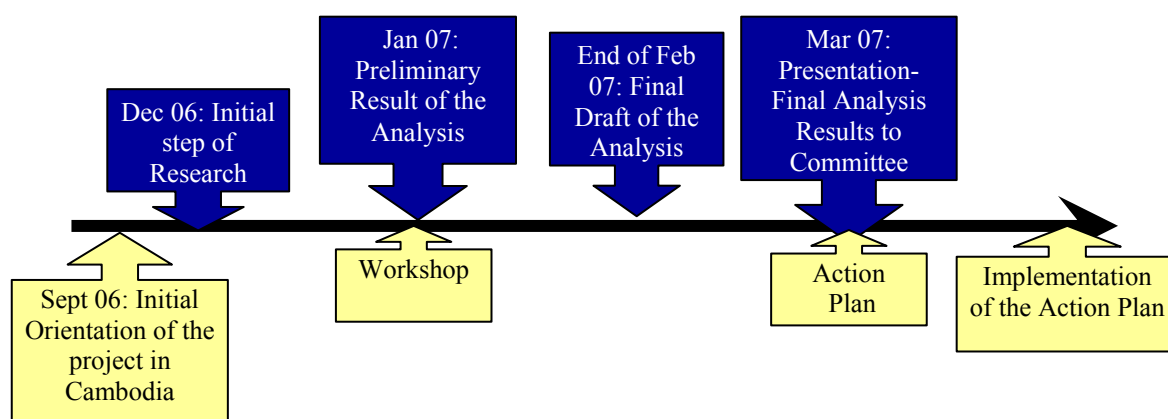
- Only a limited number of key persons in the disability sector and PRSP could be interviewed. While it is possible to do qualitative and quantitative analyses within the study approaches, this study has mainly relied on qualitative primary and secondary data. The results from the qualitative analysis cannot be generalized.
- Some of the interviews could be carried out formally, others more informally. Thus, the interview situation was not homogenous, but it reflected the context of the Disability and PRSP situation in Cambodia.

The objective of the study is not to compile or to reproduce a deep analysis of each sector (disability and poverty reduction strategy). So, the study can generate only frustration for both sides.

1.6. Time Frame and Research Structure

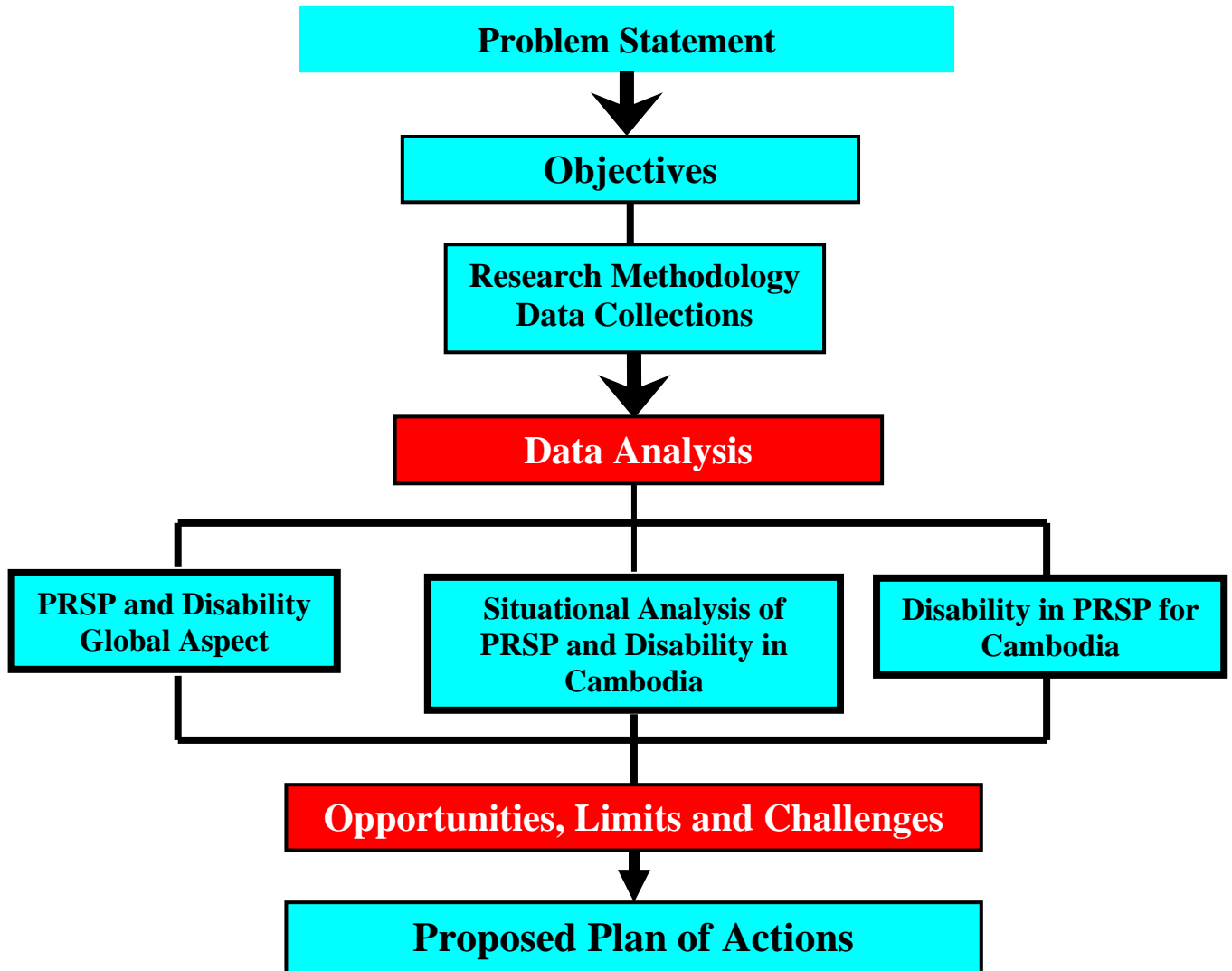
Time Frame

The duration of this study was 3 month which started on 01 Dec 2006 ended on 28 February 2007. The report is presented to the “NSDP Inclusive Committee”. This report is a key input for the development of a strategy and the on- going implementation of the project.



Research Structure

The following structure indicates the process of the study and the main dimensions for analysis.



CHAPTER 2: OVERVIEW OF PRSP AND DISABILITY

This chapter is presenting the main concepts and issues related to PRSP and Disability as global aspect. First of all, this chapter introduces the overview of PRSP which mainly consists of approach, processes, and participation. Next, a summary of disability issues throughout the world is identified. Finally, the important reasons to link between PRSP and Disability are explained.

2.1 Overview of PRSP

2.1.1 -PRSP Approach

In September 1999, according to annual meetings of the World Bank Group and IMF, the goal of poverty eradication was clearly stressed. The common core of this new approach includes:

- making poverty reduction the overarching objective of development policies;
- adopting a comprehensive view of development that incorporates financial, economic, structural, social and environmental objectives;
- accepting the need for prior assessments and continuous monitoring of the impact of economic policies on poverty;
- emphasizing participatory approaches to policy formulation and implementation;
- strengthen national ownership

The preparation of an acceptable Poverty Reduction Strategy Paper (PRSP) was then subjected to provide the basis for their debt relief decisions and their lending to low - income countries.

The member country in collaboration with the staffs of the World Bank and the International Monetary Fund (IMF), development partners as well as civil society prepares the PRSP. It basically describes the country's macroeconomic, structural, and social policies in support of growth and poverty reduction, as well as associated external financing needs and major sources of financing. The national authorities can decide on the name of national PRSP. For example, the current PRSP in Cambodia is called National Strategic Development Plan (NSDP).

According to the IMF and the World Bank, the basic principles of PRSP include:

- Country-driven and -owned: involving a broad-based participatory process (elected institutions; stakeholders; civil society; keys donors...)
- Results-oriented: focusing on outcomes that would benefit the poor;
- Comprehensive in scope recognizing the multidimensional nature of poverty - the causes of poverty and measures to attack it;
- Partnership-oriented: providing a basis for the active and coordinated participation of development partners (bilateral, multilateral, nongovernmental) in supporting country strategies; and
- Based on a medium- and long-term perspective for poverty reduction.
- The paper is supposed to be updated every three to five years with annual progress reports.

2.1.2 - PRSP Processes

The PRSP is an ongoing learning process, consisting of three main phases:

- **Formulation** (9–24 months): all stakeholders decide on the main points of the strategy. To understand the nature of poverty in the country; a poverty analysis should be conducted. Consultations, workshops and other events also take place.
- **Implementation** (3–5 years): The programmes and actions decided in the formulation process and written down in the PRSP are put into action.
- **Monitoring and evaluation** (this phase starts in parallel to the implementation phase): This is an ongoing process. Every year a progress report is written, with an evaluation at the end of the implementation phase which influences the formulation of the next PRSP.

Graph 2.1: PRSP Phases



2.1.3 - Participation in Poverty Reduction Strategy Processes

Participation is critical to ownership and to the ultimate success of any development effort. In fact, the PRSP approach initiated a great wave of participation in countries affected by development cooperation. Due to the initiative of PRSP, people thus have chance to express their need, demand, concerns on a scale never before seen.

Participatory development can be defined as a process whereby people are actively and significantly involved in all decisions that affect their lives. The participation is different from consultation. In fact there are different definitions: consultation can be a form of participation. In some definitions participation can reach various levels:

1. information-sharing as lowest level
2. consultation
3. joint decision-making

In low-income countries, persons with disabilities belong to the poorest of the poor. The PRSP process, therefore, is a unique opportunity to reduce poverty of this part of the population.

Basically, the three dimensions of participation in development include²:

- Process participation: – people take part in the work processes of projects and programs.
- Democratic participation – citizens influence decisions made by the state bodies and organizations that represent them.

² Making Poverty Reduction Strategies Work- Good Practices, Issues, and Stakeholder View, May 2005, p. 41

- Systemic participation – The creation of institutions and conditions that foster and protect participation broadly in society.

PRSP processes provide the opportunity for expanding, broadening, and deepening participation, and will benefit directly while doing so.

In principle, a PRSP participatory process involves stakeholders in and outside the country. Below is a summary of key stakeholders who has so far involved with countries across the world:

The **World Bank** and the **IMF**: are the two most important international financial institutions, with 184 countries as members. These institutions initiated the PRSP approach in 1999, and approve the PRSPs of their member countries.

Government: Today, approximately 70 countries are conducting their own PRSP process. The governments of these countries are supposed to be the main actors in the process. (World Bank)

Civil society: The civil society is also a key stakeholder playing an important role in the PRSP process. Organisations and institutions such as NGOs, churches, parties and trade unions should be able to give their opinion on how to reduce poverty.

Others: Parliaments, international development agencies and UN agencies also participate in the process.

2.2. Overview of Disability

According to United Nations (UN) estimates, there are more than 600 million people with disabilities throughout the world, 70% of them living in developing country. Disability is basically caused by disease, malnutrition, incorrect treatment or non-treatment, physical or mental violence and war, accidents due to inadequate protection at the workplace and in traffic situations and increasingly, age-related disease.

Persons with disabilities face discrimination throughout the world and are frequently excluded from social, economic, and political processes in their societies.

There is a strong habit for people to have different ways of understanding and interpreting disability. Anyway, the UN General Assembly and WHO have defined a general and recognized definition. **Today, the UN convention on Disability Rights is ready and will be open for signature by all States and by regional integration organizations as of 30 March 2007.**

According to the UN Convention, *"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."* The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

The UN Convention on Disability Rights provides a recognized international standard for disabled people's human rights in one document. This will help the international community to put pressure on countries and the work on disability rights could be improved. Basically, the principles of the Convention are:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- Non-discrimination;
- Full and effective participation and inclusion in society;
- Respect for difference and acceptance of disability as part of human diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women;
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

With reference to the WHO Classification, since 1980 the International Classification of Impairments, Disabilities, and Handicaps (ICIDH) has been the leading classification system regarding the process of understanding and defining disability.

In the understanding of the ICIDH, "impairment" refers to the physical situation of the person; "disability" means the restriction of activities due to the impairment; and "handicap" expresses the limitations in terms of fulfilling a social role. Impairment refers to the level of an organ as a functional or structural abnormality of the body; disability means the impact of the impairment on the performance of the individual; and a handicap is the overall consequence of the impairment and/or disability.

The WHO reviewed its classification and presented the "International Classification of Functioning" (ICF) in 2002. This new classification comes up with the three dimensions of human functioning and disability: the body functions and structure, activities, and participation. Thus disability involves dysfunctional at one or more levels: it is an umbrella term for impairment (meaning problems in body functions and structures), activity limitation and participation restriction (WHO, 2002, p. 10)

2.3 Disability and Poverty Reduction Strategy

According to the WHO estimation, 7 to 10% of the population worldwide are people with disabilities, living under difficult and precarious condition as they are usually among the most poor and affected by bad or non-existent public transportation and health care, and lack of access to education, employment and other income opportunities. Unemployment rates are systematically higher than in any other population group, up to 80% in many PRSP countries. Disability is cause and consequence of poverty alike. The above estimation clearly indicated that people with disabilities are not a negligible minority. It is considered that one person's disability does not affect his own situation, but also the situation of his family and even his community.

Basically, the poverty reduction strategies base on the idea of "sustainable growth in which the poor participate". It is a participatory process for poverty reduction. **There are some sufficient evidences that socio- economic integration of persons with disabilities is not only a question of social justice and a right, but also the best solution in terms of social costs.** Access to employment is the most cost-effective way to reduce the poverty of children, youth and adults with disabilities, their families, and their communities. In this case, economic rationality and human rights go hand in hand. But it is also important to recognize that socio-economic integration of persons with disabilities does mean not only a reduction of social costs, but also a direct "*participation in economic growth*".

A World Bank study estimates the annual loss of GDP globally, due to having so many people with disabilities out of work, at between US\$ 1.37 trillion and US\$ 1.94 trillion³. This indicates what is relevant to the majority of people with disability is their potential to contribute to economic growth. This is therefore the perspective in which the question of a comprehensive poverty reduction strategy for people with disabilities should be stated in the framework of the PRSP.

On the other hand, it is appreciated that people with disability also have the capacity to become productive citizens and contribute to development. According to James D. Wolfensohn, former president of the World Bank: "*Unless disabled people are brought into the mainstream of society, it will be impossible to cut poverty in half by 2015 or to give every child the chance to achieve primary education by the same date*". Disability needs to be mainstreamed in development through a dynamic collaboration/ alliance of the UN system, governments, development agencies, NGOs, the private sector, and other groups worldwide.

Poverty Reduction Strategies for people with disabilities need to ensure a comprehensive and coherent approach and need to consider different sectors. In fact, there are many direct or indirect elements of a strategy of socio- economic integration of people with disabilities. Employment promotion programs which is recognized as the most important one, remain insufficient if policies and programs to assure access to education, vocational training, the provision technical devices and appliances, accessibility of schools, workplaces, offices, public buildings and housing are not simultaneously put in place in a coherent manner. So it means that each element depends on all the others. It is not very useful to introduce one or the other isolated element into the PRSP: only a comprehensive and coherent approach will have any significant impact.⁴

³ Robert L. Metts "Disability Issues, Trends and Recommendations for the World Bank", WB Washington 2000

⁴ Disability and Poverty Reduction Strategies, ILO, 2002, page 8

CHAPTER 3: SITUATIONAL ANALYSIS OF PRSP IN CAMBODIA

The main purpose of this chapter is to understand the situation of PRSP in Cambodia. After a general presentation and explanation of the concept and the **last two approaches of the national PRSP**, the second part will focus on a comparative analysis on the main processes and the possible entry points for participation. The identification of the stakeholders and participation perspectives in both national PRSPs will be summarised with crucial remarks on the Cambodian PRSP approaches.

3.1 Overview of PRSP in Cambodia

3.1.1- Cambodian PRSP from 2003-2005

The first PRSP in Cambodia is known as the “National Poverty Reduction Strategy (NPRS)”, which received approval in 2002 and was initially implemented from 2003 to 2005.

The strategy (NPRS) basically focused on the following areas as key to poverty reduction:

1. **Maintaining Macroeconomic Stability**: fiscal prudence, sound financial oversight, banking reform, improvements in revenue collection, increased spending for social and economic sector, sound budget and treasury management, improving the investment climate, civil service, legal, and judicial reform.
2. **Improving Rural Livelihoods**: improvements in land, water, agriculture, forestry and fisheries and transport – as well as addressing other aspects of rural poverty including poor health, poor education, lack of agriculture infrastructure, and low productivity.
3. **Expanding job opportunities**: facilitating private sector development, expanding exports and tourism. Effectiveness of these policies will be closely related to efforts to improve education, skills, and health of the Cambodian people, as well as efforts to improve governance and transparency.
4. **Improving Capacity**: investment in nine-year “education for all” initiatives, provision of basic health services, improvements in maternal and child healthcare.
5. **Strengthening Institutions and Governance**: improvements in legal and judicial reform, administrative reform, decentralization and local governance, public finance reform, anti-corruption work, gender equity, demobilization and reform of the armed forces, reform of natural resources management, including land, forestry, and fisheries.
6. **Reducing Vulnerability and Strengthening Social Inclusion**: increasing environmental sustainability and improving natural resource management, with priority issues focusing on disaster management – especially in the face of floods; land mine clearance; vulnerability of the disabled, those affected by HIV/AIDS, orphans, street and abandoned children, and the homeless; food security; and safety net programs, limited by budget and capacity constraints.
7. **Gender Equity**: promoting gender equity in health, education, control over agricultural resources, socio-economic and political empowerment and legal protection; reducing gender disparities; improving access to legal protection and addressing legal barriers to women’s equal rights; improving gender education and awareness in government.
8. **Population**: including specially targeted reproductive health and family planning services for the poor by the Ministry of Health; increasing primary education enrolment for the poor by the Ministry of Education; and creating rural employment opportunities for the poor by the rural development sector ministries.

In the light of NPRS, the eradication of extreme poverty in Cambodia is the primary goal of the Cambodian Millennium Development Goals (CMDGs) or United Nations Millennium Development Goals (MDGs). The World Bank, the International Monetary Fund (IMF), the Asian Development Bank and many other organizations that work to reduce poverty and create sustainable development also support the country.

Based on the Implementation, Evaluation and Monitoring, the NPRS was mandated in 2005 and integrated to another national strategy.

3.1.2. Cambodian PRSP from 2006-2010

Presently, PRSP in Cambodia is called NSDP "**National Strategic Development Plan**". Cambodia's National Strategic Development Plan (NSDP) 2006–2010 was finalized in January 2006 and approved by the National Assembly in May 2006.

As Cambodia's poverty reduction strategy, the NSDP replaces previous medium-term strategies (the second Socio-Economic Development Plan (SEDP-II) 2001–2005 and the National Poverty Reduction Strategy (NPRS) 2003–2005) and incorporates long-term targets already established in the Cambodian Millennium Development Goals (CMDGs), first formulated in 2003 and updated in 2005. The Government considers the NSDP as the single, overarching development strategy for pursuing prioritized goals and actions for the period 2006- 2010. The highest priority of this paper is poverty reduction and progress towards achieving CMDG targets by 2015. It is also used to operationalize the Rectangular Strategy in order to achieve its intended goals.

The paper specifies the priority goals and targets leading to the achievement of poverty reduction in relation to the achievement of significant and steady progress in several socio-economic spheres. The NSDP consists of 15 macro / strategic goals and 43 main targets / critical indicators for annual review and measurement.

The 15 macro goals include: eradication of poverty and hunger, enhancement of agricultural production and productivity, improvement in health, rural development, equitable macro-economic growth, protection and enhancement of environment, strengthening and improvement of infrastructure, acceleration of industrial growth, reforms in public administration and judiciary, fast growth in private sector investments, improvement of budget performance, growth in the service sectors, gender mainstreaming in all spheres, de-mining and victim assistance, and energy. ☞ **You can see the details of the 15 macro goals and 43 targets in the Annex A5.**

Furthermore, to achieve the goals and target planned in the NSDP, RGC is fully committed to some basic principles as keen strategies for taking the country forward, such as: strict adherence to democracy in governance with openness and guaranteed freedom of expression; government to ensure political stability, rule of law, equity and social order; government to be fully responsive, responsible, effective, transparent, accountable and predictable; government to ensure macro-economic stability, create and maintain key infrastructure, as well as a conducive climate for private sector to flourish, and provide essential social services for human capital formation and enhancement.

Besides the mentioned goals, targets and strategies, the NSDP is also committed to achieve the key actions as below:

- Factor poverty reduction and gender concerns in all activities.
- Pursue reforms in all sectors, however painful they may be in the short term.
- Foster and facilitate robust and equitable, and spatially and sectorally spread, macro-economic growth.
- Significantly increase "real investment" for growth in productive sectors and in human development.
- **Target most needy and least served people and areas, including those with disabilities and indigenous people and areas to help rapidly reduce poverty**
- Focus on well-trying, low cost activities with quick and high returns at the grassroots to have profound positive effect on the poverty situation.
- Optimize factor productivity.
- In rural areas in particular, rely as much as possible on human labor for construction, etc., to enhance household incomes.
- Stress institutional and human capacity building in all sectors.

The NSDP therefore highlights the most essential strategies, targets and actions, but it leaves more details to be spelled out in sectoral and sub-national plans, according to the interviews and NSDP- page 3. The interviewees also indicated that NSDP is a national level strategy which could be considered as NPRS II (National Poverty Reduction Strategy II) pursuing from the previous one.

The NSDP will be a live, flexible, and dynamic document to be adjusted as more data emerge and based on findings of annual reviews and progress reports. The critical targets/ indicators will be monitored at the national level through observations and administrative reports. Similarly, the sub- goals and detailed targets will be monitored by each sector and sub- national unit through annual report. The National Statistical Institute will be responsible to collect all data for any use⁵.

The NSDP budget allocations to the sectors are illustrated in the following outlays:

| | (In million US\$) |
|--|------------------------|
| • Public Sector Investments as per Macro-Economic Projections: | 2,384.60 |
| • Add: Additional Social Sector and Governance Expenditure | 300.00 |
| Technical Assistance, Training and Surveys | 500.00 |
| Additional Recurrent Expenditure | 300.00 |
| Reserves for productive sectors | 15.40 |
| | 3,500.00 |
| Total Outlay | <u>3,500.00</u> |
| <i>Source: (NSDP, 2006-2010)</i> | |

The budget allocation is based on Public Investment Programmes (PIP) 2007-2009, Medium - Term Expenditure Framework (MTEF) 2007-2011 and the Annual Budget.

⁵ Presentation of MoP in Disability and PRSP workshop, January 18-19, 2007

As all relevant strategies are combined into one, the NSDP constitutes a significant step forward in terms of government ownership diagnostics and result framework. There is just one national strategy rather than two or three. The workshop on Disability and PRSP in Cambodia, January 18-19, 2007 has stated that the ownership of the NSDP is much stronger than it was in the past (ownership of NPRS).

3.2 PRSP Processes and Entry Points

3.2.1 Processes

As the Cambodia PRSP consists of NPRS (2003-2005) and NSDP (2006-2010), the processes of each strategy were characterized in *major phases including Formulation, Implementation and Monitoring and Evaluation*, which can be consequently compared below:

Table 3.1: Comparative Process of the Formulation, Implementation, Monitoring and Evaluation (NPRS Vs NSDP)

| NPRS | NSDP |
|---|---|
| <p>Formulation:</p> <ul style="list-style-type: none"> ➤ Cambodia's interim Poverty Reduction Strategy Paper(I-PRSP) was approved by the Cabinet in October 2000 and presented to the IMF and IDA Board on January 19 and 23, 2001. ➤ The PRSP preparation Status Report, which highlights progress and constraints in developing the full PRSP and proposes a revised work plan, was submitted to the council of ministries, WB and IMF in December 2001. However, the full NPRS had been delayed because the Government's efforts had to focus on the preparation of the Second Socio-Economic Development Plan (SEDP II, 2001-2005)⁶ ➤ The first Cambodian Participatory Assessment (PPA) was incorporated with SEDP II, as the SEDP II and NPRS have parallel primary development goal in reducing poverty. ➤ The full NPRS was finalized in December 2002 and discussed by the Board of the IMF and IDA in January | <p>Formulation:</p> <ul style="list-style-type: none"> ➤ NSDP preparation began in December 2004 and was led by the General Directorate of Planning of the MoP. ➤ The NSDP was approved by the Council of Ministries in January 2006 by the National Assembly in May, by the Senate in early June, and promulgated by the King in June 2006. ➤ NPRS (2003-2005), SEDP II (2001-2005) were integrated in the NSDP and then incorporated with CMDGs, and medium-term Rectangular Strategy. ➤ Poverty diagnostics in the NSDP are brief but more current. The NSDP benefited from the availability of recent household data derived from the 2004 Cambodian Socio-Economic Survey (CSES). The result of the survey will also be used as the baseline for NSDP Monitoring and Evaluation⁸. ➤ In the drafting process, the NSDP secretariat was also supplied with the poverty estimates in mid -2005 and a first draft of the Bank's Poverty Assessment in |

⁶ Assessment of the PRSP Preparation Status Report, by IMF, 2002

⁷ Joint Staff Assessment of the Poverty Reduction Strategy Paper Progress Report, October 2004

⁸ Joint Staff Advisory Note, IMF, 2006

| | |
|--|--|
| <p>2003. The strategy was publicly launched in March 2003⁷.</p> | <p>October.</p> |
| <p><i>Implementation, Monitoring and Evaluation:</i></p> <ul style="list-style-type: none"> ➤ The first draft of annual progress report (APR) on the implementation of the NPRS was completed in May 2004 and updated on August 19, 2004 by the Supreme National Economic Council, Ministry of Economy and Finance, and Council for Social Development (CSD)⁹. ➤ The Second Annual Progress Report was not produced and the strategy (NPRS) was then integrated into another national strategy called NSDP. (Interviews) ➤ The review of NPRS in the final year of its implementation was not clearly stated. ➤ In the view of monitoring and evaluation, the APR summarizes the difficulties in monitoring NPRS implementation and progress towards the CMDGs as incentives for gathering data are weak and capacity in data analysis is low as well as monitoring framework and indicators are not effective enough. Noticeably, the APR does not have a section in which poverty is discussed due to the lack of data on poverty trends¹⁰. | <p><i>Implementation, Monitoring and Evaluation:</i></p> <ul style="list-style-type: none"> ➤ The NSDP is now in the implementation phase ➤ As stated in the paper, the evaluation exercise will be take place at the beginning of each year from January to March, and the annual progress report will be produced in June. Now the review of the annual progress is underway ➤ With regard to monitoring, the NSDP has specified indicators and target frameworks to carry out an annual review of NSDP implementation. ➤ The government also commits to align the national budget to support the implementation through the Public Investment Program (PIP). |

⁹ PRSP Progress Report 2004


¹⁰ Joint Staff Assessment of PRSP progress report , Oct 2004

3.2.2. Summary of Possible Entry Points (NSDP processes)

Entry Points basically are defined as opportunities for civil society stakeholders to link themselves with the processes of PRSP. They are characterized differently according to the national context and approach of each country.

• *Formulation:*

In general, the possible entry points in this phase could be identified along with the Participatory Poverty Assessment (PPA) and PRSP Draft in which stakeholders can consult, comment on the draft, review, propose some new important issues, and participate in activities of the PRSP formulation.

 In the formulation of NSDP in Cambodia, there were some possible entry points including discussion and consultation on the NSDP draft, Technical Working Groups on Planning and Poverty Reduction (TWG-PPR), Donor Working Group, Line Ministry Working Group, CG meetings, and GDCC meetings. The PPA- 2005 was not conducted and the poverty diagnostics and trend for NSDP was based on the Cambodian Socio-Economic Survey in 2004 (CSES).

• *Implementation, Evaluation and Monitoring:*


Mostly, the entry points in the implementation phase are offered by specific projects, budget formulation and allocation and related instruments¹¹. Stakeholders can provide advices and comments on the implementation and budget allocation of the PRSP, make sensitization, and monitor the execution of activities. Evaluation and Monitoring is usually linked with the implementation, thus civil society stakeholders can also participate in Annual Progress Reports (Participation), Joint Indicators, and Review Process and use these elements as entry points.

In Cambodia, the entry points for stakeholders especially the CSOs include: Joint Indicators, Annual Progress Report (advice, reports), Sectoral and Sub-national Plan, Budget Allocation (PIP), CG meetings/ CDCF meeting (joint statement), and Technical Working Groups and Review Process. They are characterized as below:

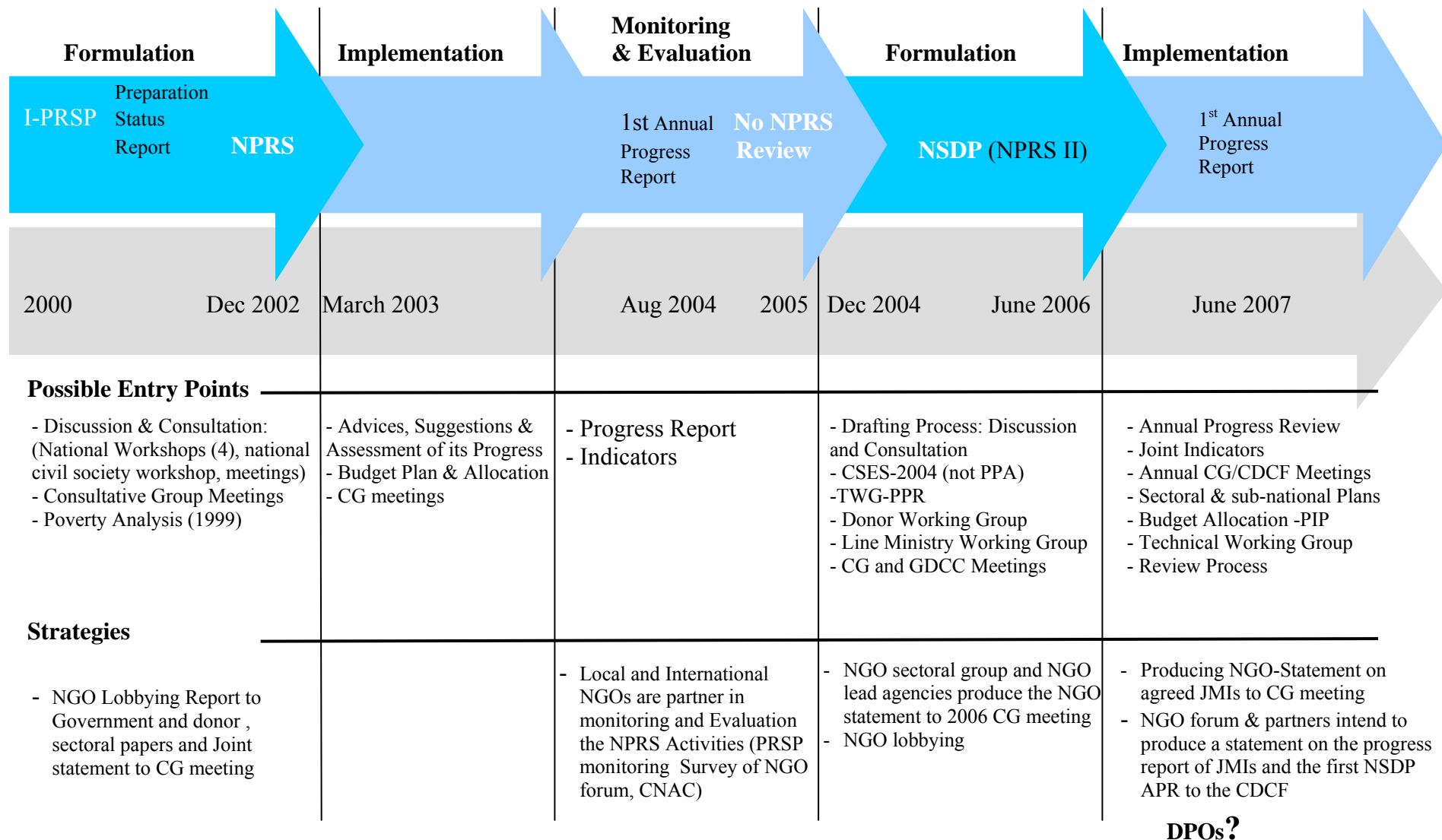
- Joint Indicators: refer to a set of criteria that have been either mutually agreed on by all stakeholders. They allow the input, out put and outcome of a project to be monitored.
- Annual Progress Report (APR): it is a report prepared by government and participated by civil society organizations / and other sectoral organizations. It is used to inform all development partners and civil society about the progress made in the implementation phase of PRSP. In many countries, APR is a tool to present the monitoring and evaluation system.
- Sectoral and Sub-national plan: refers to the detailed plan prepared by each sector and sub-national level.

¹¹ The identification of the possible entry points is detailed in the Annex A2

- Budget Allocation: According to the PRSP, Government and donor are supposed to allocate budgets for sectors / activities. Those are usually aligned in the annual budget plan formulated and finalized by the Government.
- CG Meetings: CG is a periodic, overarching, high profile and media –attracting event attended by officials from capitals and headquarters of bilateral and multilateral development partners and agencies. Basically, CG meetings are wisely viewed as an important and useful forum for high-level government- donor discussions regarding Cambodia’s Socio-economic development.
- CDCF Meetings: It is the Cambodian Development Cooperation Forum which the RGC has decided to transform from the current CG meetings. In the context of NSDP, the CDCF will provide government, donors, and civil society with an opportunity for dialogue on public processes and the associated government financing framework in the same effective manner as CG meetings.
- TWGs: refer to the technical and operational forums to discuss, agree upon, and pursue clearly defined and measurable targets at the sector level, contributing in turn to those at national level. TWGs were established to specifically manage the participatory process within the NSDP phases.
- Review Process: refers to the evaluation and review of the implementations at the end of the PRSP period which is valid for three to five years.


 According to the workshop on Disability and PRSP- January 18-19, 2007, the critical entry points were discussed and given by participants including **Participation in Technical Working Groups, Involvement with NGO Forum, Involvement in the monitoring and evaluation system, and demand for inclusion of disability into sectoral and sub-national plans.** The entry points were also enclosed with the proposition of expected benefits, strategies, difficulties and information needed. The participants agreed upon these entry points in similar ways.

PRSP Processes and Phases:



3.3. Stakeholders and Participation Perspectives

The establishment of PRSP (NPRS and NSDP) in Cambodia involved key stakeholders such as the Royal Government of Cambodia, International Organizations (IOs), Civil Society Organizations (CSOs) and Donors including the World Bank, the International Monetary Fund (IMF), and the Asian Development Bank. Their involvements on each strategy are characterized and analyzed in the different concentrations and aspects following the phase of Formulation, Implementation, Monitoring and Evaluation.

 The workshop on January 18-19, 2007: "Disability and PRSP in Cambodia" found that the main players of PRSP processes include Ministry of Planning, NGO Forum, Council of Ministers, MoEF, MoSVY, Ministry of Health, MoEYS, ADB, World Bank Group, CCC, MEDiCAM, and UN Agency.



Source: Workshop on "Disability and PRSP in Cambodian", January 18-19, 2007

Table 3.2: Government and Parliament Comparative Involvement

| <i>NPRS</i> | <i>NSDP</i> |
|---|---|
| <p><i>Positive Aspect</i></p> <ul style="list-style-type: none"> • The NPRS was formulated by an inter-ministerial group (Council for Social Development, CSD) under the ministry of Planning (MoP) • The General Secretariat of CSD (GSCSD) organized several participation activities such as five national workshops and held consultative group meetings and monthly meetings, but ownership of the NPRS resided in a small group of government officials¹² • Under coordination of GSCSD, the PRSP process engaged many governmental ministries or line ministries to discuss their prioritized actions in the formulating phase. | <p><i>Positive Aspect</i></p> <ul style="list-style-type: none"> • The General Directorate of Planning of the Ministry of Planning led the NSDP. • Government consultations were extensively held to elicit comments and agree upon the overall goals and objectives of the NSDP. • The Government created an Inter-Agency Technical Working Group on NSDP formulation composed of 29 ministries/agencies • A Technical Working Group on Planning and Poverty Reduction (TWG-PPR) was established to be a mechanism by which stakeholder inputs could be incorporated in the NSDP formulation. The TWG-PPR manages three different types of working groups including development partners/, secretariat (MoP), and Sectoral / line ministry working group for the formulation, implementation, monitoring and evaluation of the strategy. (<i>See the Structure of Institutional Arrangements for NSDP formulation in the Conclusion Part</i>) |
| <p><i>Negative Aspect</i></p> <ul style="list-style-type: none"> • The NPRS process also appeared more as process of reporting to donors than a system of national planning. Below is a set of weaknesses observed from NPRS processes¹³: <ul style="list-style-type: none"> ➤ Weak linkages between planning, budgeting, actual expenditure, and actual service delivery (lack of | <p><i>Negative Aspect</i></p> <ul style="list-style-type: none"> • Although, several rounds of consultation occurred within the Government over the course 2005, communication between the Secretariat and various ministries and agencies was sometimes inefficient. While provincial representatives were involved in the early discussion around NSDP preparation, the NSDP has yet to achieve strong reorganization or operational influence at |

¹² World Bank OED 2004

¹³ NGO Sectoral Papers on Poverty Reduction and Development in Cambodia, NGO Forum, 2003

| | |
|--|--|
| <p>harmonization between PRSP and other planning strategies¹⁴)</p> <ul style="list-style-type: none"> ➤ An agenda dominated by different donor priorities and programs ➤ Poor inter-ministerial communication and coordination¹⁵ ➤ Limited government capacity, due to lack of administrative reform ➤ The progress was slow on establishing an integrated Government-wide system for collection and analysis of social and economic data required to monitor implementation of the NPRS. So, the lack of new data also hindered discussion on poverty trend in the APR. ➤ The Government during the final year of its implantation phase did not do the review on NPRS. <ul style="list-style-type: none"> • The National Assembly approved the Strategy; however, the National Assembly had very limited opportunities to influence on the preparation and monitoring processes. | <p>sub-national levels¹⁶.</p> <ul style="list-style-type: none"> • The National Assembly approved the Strategy; however, the National Assembly still had very limited opportunities to influence the preparation process¹⁷. |
|--|--|

¹⁴ UNDP review of the PRSP, 2001, page 4

¹⁵ Asian NGO Coalition, Sep 2001 (Prepared by NGO Forum, Cambodia)

¹⁶ Comments of IMF group, 2006

¹⁷ CDC, 2006

Table 3.3: Non-Government Stakeholders (NGOs and CSOs) Comparative Involvement

| NPRS | NSDP |
|---|---|
| <p><i>Positive Aspect</i></p> <ul style="list-style-type: none"> • Non-stakeholders participated in the important events of the PRSP formulation such as national workshops and consultations. They were mostly led by NGO forum • The NGO forum provided comments and was consulted on the drafts of the strategy. It started organizing its own consultation process by conducting interviews and meetings in four provinces in order to obtain the inputs of NGOs and civil society representatives and this was followed by a national civil society workshop in Phnom Penh in which participants prioritized NGO recommendations for poverty reduction. • The forum was trying to produce some main lobbying reports with strong recommendations¹⁸ • Under collaborative effort between the NGO membership organizations such as CCC, MEDiCAM, and NGO Forum, some sectoral papers were drafted among the NGO network and used as the main documents for the discussion on the NPRS.¹⁹ • The forum also produced its annual NGO statement focusing on the poverty reduction to Consultative Group Meetings (CG), and this would be the main source of NGO inputs to the NPRS. • Of the 268 recommendations, 45 were specifically included in the draft PRSP while the other 68 were partly included²⁰. • Local and International NGOs are partner in monitoring and Evaluation the NPRS Activities - (NPRS Monitoring, Field | <p><i>Positive Aspect</i></p> <ul style="list-style-type: none"> • The participation of NGOs was made through NGO sectoral groups/ lead agencies and provincial workshops • NGO representatives participated in four Government –Donor Coordination Committee meetings (GDCC) • NGO forum is still the leading organization of CSOs and has worked with NGOs sectoral group representatives to prepare a detailed NGO statement on various issues including progress in achieving the target of the agreed Joint Monitoring Indicators (JMIs) to annual CG / CDCF meeting. • In 2005, NGOs were involved in 12 of the 18 government - donor Technical Working Groups²¹ • In 2006, NGO sectoral group and NGO lead agencies worked together to produce the NGO statement to 2006 CG meeting. The NGO forum then coordinated NGO lobbying on the indicators to be included in the new monitoring framework and produced an analysis of the final result. • In June 2007, NGO forum and partners intend to produce a statement to the CDCF that includes NGO views on the progress report of JMIs and the first NSDP Annual Progress Report. • NGOs are now discussing on how they may assist monitoring of the NSDP and increase their involvement in the TWGs. To obtain successful participation, they are trying to ensure |

¹⁸ The reports: " Rapid Assessment of the PRSP process in Cambodia: Two Banks, Two processes, Two Documents, 2001", "NGO Statement on the First Year of Implementation of the NPRS, 2004"

¹⁹ The PRSP and CSOs' participation in Cambodia, The NGO Forum , May 2006

²⁰ Presentation of NGO forum in the Workshop on 18-19, January 2007: "Disability and PRSP in Cambodia"

²¹ The PRSP and CSOs' participation in Cambodia, The NGO Forum , May 2006

| | |
|--|---|
| <p>Study Results was prepared in 2005 by NGO forum with inputs from CNAC, VFI and Star Kampuchea.)</p> | <p>good organization of CSO forum, and good preparation of the NGOs representatives to the CDCF meetings with respect to the treated deadlines. To work on this, a variety of lobbying activities will be undertaken by lead NGO's in sectoral groups especially the joint efforts of MEDiCAM, CCC, and NGO Forum (one voice representing NGOs and CSOs in Cambodia)²².</p> |
| <p><i>Negative Aspect</i></p> <ul style="list-style-type: none"> • The participation was limited in scope. The voices of the poor are hardly included as a result of the poor Participatory Poverty Assessment (PPA) executed by the Asian Development Bank (ADB), <i>“the PPA was poorly structured and collated, failing to present poor people with policy options and simply gathering descriptions of the hardships”</i>²³. • A measure of both Breadth (range of stakeholders) and Quality of participation found that in most sectors participation was narrowly confined to government officials and a few knowledgeable NGOs, and that there was insufficient debate on issues of contention²⁴. • Although the NGOs community was invited to comment on the drafts of NPRS, there was less progress in relation to broader civil society participation²⁵ • Citizens' participation in implementing or monitoring the NPRS was limited because there were few formal channels through which those outside Government can participate in the policy process²⁶. | <p><i>Negative Aspect</i></p> <ul style="list-style-type: none"> • The involvement of NGOs is more narrowly defined during formulation and implementation. • The participation of non -state actors was realized to be the weakest point in the NSDP preparation. The NGO community was involved in the later stages, and direct consultation amongst the poor did not occur. (IMF's comments, 2006) • A slow start of the process and due to capacity constraints of the NSDP secretariat partially explain limited participation of civil society²⁷. • The process for preparing the NSDP was more rushed, due to the government's own deadlines. The breadth and quality of participation was again limited. The NSDP suffered from the lack of prioritization (NGO Forum) • The NGO forum also presented the limited number of NGO comments and incorporation in the NSDP. Only 15 out of 40 NGO Comments following the different categories have been |

²² Minute of the meeting on the preparations of the NGO statement to CDCF, the NGO forum, June 06

²³ Pollard 2005, p. 94

²⁴ The PRSP and CSOs' participation in Cambodia, The NGO Forum, May 2006

²⁵ IMF comments, 2004

²⁶ Joint Staff Assessment of PRSP Progress Report, 2004

²⁷ Joint Staff Advisory Note on Cambodia, 2006

| | |
|--|---|
| <ul style="list-style-type: none"> • The language for most PRSP documents is English, regardless of the nation's Khmer Language; therefore it can be difficult to understand, particularly for NGOs and CSOs that work locally. • The argument between the meaning of participation and consultation was sometimes a leading cause to an insufficient process of PRSP. | <p>incorporated into the NSDP²⁸. (<i>See Annex A1</i>)</p> <p>Concerns:</p> <ul style="list-style-type: none"> • Recently, a statement of NGO forum on the monitoring of CG indicators (October 2006) has expressed that “<i>NGOs are concerned that the APR will be unable to measure efficiency or effectiveness of the NSDP. The reason is that underlying sectoral plans that should give insight in budget allocations and other inputs and outputs indicators are mostly non-existent.</i>” Moreover, there has been no information shared with the NGO community to indicate that the NSDP will actually guide the allocation to the National Budget Law 2007. • Although NGOs generally welcomed the NSDP as a good overall plan to guide Cambodian development, without integration into financial planning, the NSDP will lose its credibility. This reveals the difficulties and obstacles in implementing and monitoring the NSDP. |
|--|---|

²⁸ Rapid Assessment of the Incorporation of NGO comments in the NSDP, 2006

Table 3.4: Donors comparative involvement

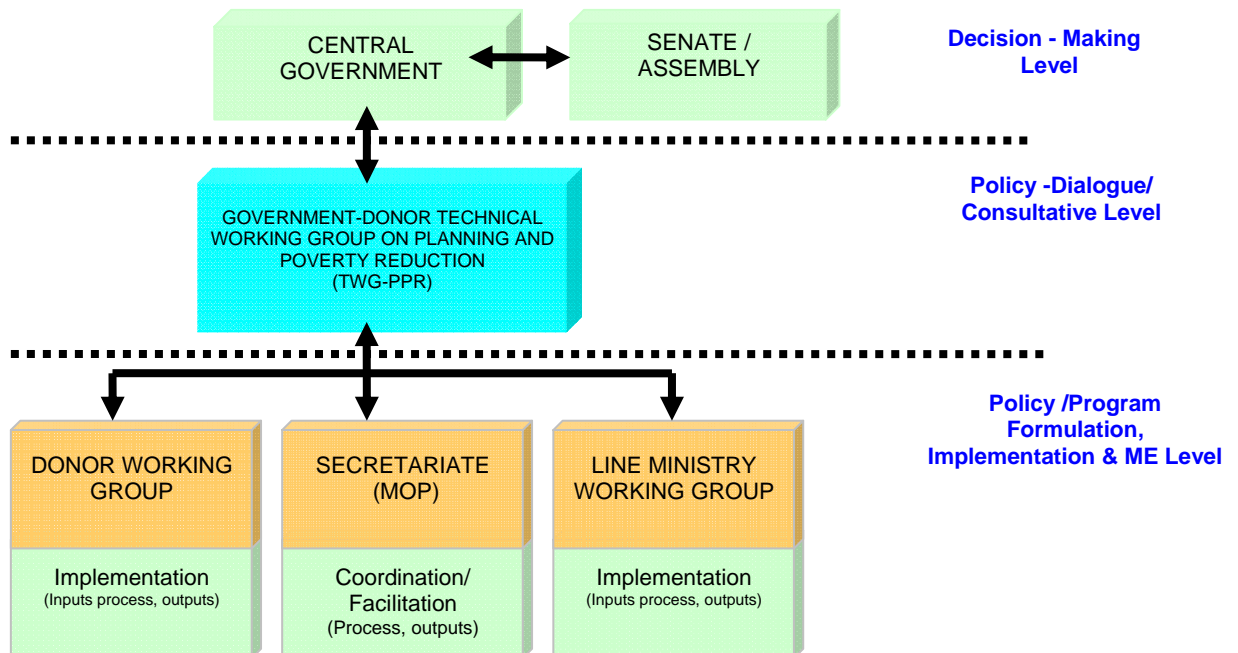
| NPRS | NSDP |
|---|---|
| <ul style="list-style-type: none"> • The donors also played a big role in the participation exercise to ensure the establishment of the strategy. They most notably prepared the ground for representatives of bilateral and multilateral donor community including World Bank, UNDP, and ADB. Their influence on the process was considerable. Most observers perceive that the participation within the NPRS as a donor driven process. • World Bank and ADB appeared to have worked more in competition than in collaboration leading to an unwieldy 3-phase process (I-PRSP, SEDP II, Full PRSP) in which each party only appeared willing to take responsibility for certain phases. (NGO forum on Cambodia, 2001) | <ul style="list-style-type: none"> • The process was viewed as being less donor- driven, but still influential on the Government. Reflecting recent progress in donor coordination, the NSDP also has significant potential to consolidate and build upon recent gains in harmonization and alignment. |

3.4. Conclusion (NPRS Vs NSDP)

All in all, the NSDP has a very different set of strengths and weaknesses. If compared with the NPRS, there are some critical notes as below:

- Ownership is considerably narrower but somewhat deeper
- While the preparation process was much less participatory, the process was also less donor- driven and the Government appears to invest more political capital in the NSDP than it did in the NRPS. The NGO involvement seems to become stronger in the implementation and monitoring.
- The poverty diagnostics are less detailed but more current, and based on much better understanding of trends to date. The poverty focus moves emphasis away from the social sectors to rural development
- Financial expenses and sectoral budget allocations for NSDP period are much more indicated and clearer
- The result framework is appropriate, less ambitious than that in the NPRS, with fewer targets but better prospects for monitoring. The indicators in the NSDP are well positioned and more effective than those in the NPRS.
- Progress Report was considered as a key with much more commitment and data collection improvement to inclusive arrangement for annual effective review. This aims at strengthening the implementation, monitoring and evaluation of the NSDP.
- The structure of the Institutional Arrangement is much more comprehensive and effective for the formulation, implementation, monitoring and evaluation.

The Institutional Arrangement for the NSDP Formulation (NSDP: 2006-2010)



CHAPTER 4: SITUATIONAL ANALYSIS OF DISABILITY IN CAMBODIA

The chapter mainly focuses on the situation of PWDs and the disability movement in Cambodia. A realization of the key stakeholders, understanding how to define disability, and law and legislations supporting the sector will be illustrated accordingly.

4.1. Overview

The history of Cambodia has left a legacy of high numbers of PWD in most areas of the country. In fact, the devastated health, infrastructure and social services as well as educational facilities put the country in a very difficult situation in terms of financial means and human resource to cope with the overwhelming needs of Cambodians with disabilities²⁹.

The Government's long-term goals are to develop, implement, and manage a national strategy for the prevention of disability and for the rehabilitation of the disabled people, based on an integrated participatory and decentralized approach to service delivery. The immediate goal is to ensure that a maximum number of PWD receive appropriate services and support. So the commitment to these will enable them to live with dignity and to be integrated within the community to the best extent as possible.

In reality, although there are many organizations working in the disability sector, most of them focused on rehabilitation and advocacy but do not assist people with disabilities to identify the main causes of their situation and encourage them to find their own solutions. Anyway, the attention on poverty reduction for PWDs is being weak, and rehabilitation services are still limited and fail to ensure the accessibility of PWDs in all areas.

People with disabilities are one of the most vulnerable groups in Cambodian societies. They are generally the poorest among the poor with very limited access to resources, basic social services, education, skills/ vocational training, job placement, and income generation opportunities, thus exacerbating their poverty. In addition, they are recognized as a group of people who often feel hopeless, lonely, and isolate, and lack affection from families, relatives, and friends. Poor social behavior puts pressure on the PWDs, and is the biggest challenge for organizations working for the full inclusion of PWDs in society. Often the abilities of people with disabilities are not recognized. They face social and economic marginalization, discrimination. Therefore, they find their opportunities for full and equal participation limited.

4.2. Disability Stakeholders

Disability stakeholders are generally defined as organizations that play an important role for PWDs such as DPOs, organizations working for people with disabilities, IOs, government agencies and service providers.

²⁹ DAC Report

✎ According to the workshop on Disability and PRSP³⁰, the key stakeholders of the disability sector such as MOSVY, DAC, CDPO, NCDP, ADD, DDSP, HI, ABC, Ministry of Health, MoEYS, CT, WRF, WVC, and VI were identified.

✎ Specifically from the "Venn" diagram used in the workshop, there are a limited number of disability stakeholders in Cambodia, especially the national level. The minority of them are organizations of people with disabilities, and they do not represent the heterogeneity of people with disabilities. For example, they are much more involved with physical disabilities than mental disabilities.

✎ Noticeably, there are two stakeholders who are generally recognized as the most influential and most important for the Cambodian Disability sector: DAC and MoSVY. However, the workshop participants also viewed that both of them seems to have limited capacity and activities to lead the sector.

4. 3. Statistical Data of Disability

In Cambodia it is assumed that the proportion of PWDs in the country is quite high, but the data varies extremely. The tables below show the overall figures of disability population which varies upon the different sources/ surveys:

Table 4.1: Disability Population in Cambodia: overall figures

| Disability Population | Survey/ Sources |
|---|---|
| 2.2% of total population of 11 ,437,656 | Socio-Economic Survey (1997), IDRM (2005) |
| 9.8% of total population 13.77 million | Skills Training as a National Strategy for Poverty Reduction in Cambodia (ADB 1997) & ADB (FIT) 2002 |
| 15% (1.4 million) | - <i>Identifying Disability Issues Related to Poverty Reduction: Cambodia Country Study</i> (ADB 1999) -United Nations and Disabled Persons, Bangkok, 1999 |
| 20% of the total population | - <i>Estimation of World Bank, Recently</i> - <i>NGO Statement to the 2006 CG Meeting on Cambodia, page 45</i> |

³⁰ Workshop on Disability and PRSP in Cambodia, January 18-19, 2007

Table 4.2: Some Disability Population in Cambodia, by type of impairment/ disability

| Type | Number/ percentage of disabled people | Sources |
|---|---|---|
| 1. Physical Impairment | | |
| Landmine injuries | 40–50,000 | Action for Victim Assistance (DAC 2003b) UN ESCAP (2002) |
| Polio | 60,000 37% of all physical impairments: polio and other debilitating illnesses | UN ESCAP (2002) WVC, Disability Research 2004 |
| 2. Sensory Disability | | |
| Deafness | 300,000 (130,000 profoundly deaf) | Deaf Development Programme (DDP)/ Krousar Thmey (2004) |
| Blindness | 144,000 (108,000 : above 50 years; 28,000 :15–50 years ; 8,000: under 15 years) | Association of the Blind in Cambodia (ABC) (2004) |
| 2. Mental Disability | | |
| Mental illness | 20,400-40,800 (Estimated) | DAC Report, 2003 |
| Intellectual Difficulties (Children) | 204,000-257,000 (Estimated) | DAC Report, 2003 |


Although the figures provided for disability are different, it is a fact that the number of PWDs in Cambodia is really high according to the possible average data which is about 9 percent (The average calculation based on the 3 different figures provided in the Table 4.1)

4.4. Defining Disability in Cambodia

In the past, there were agreed definitions of eight types of disabilities to be used in Cambodia. The descriptions of these types are very specific and are based on a medical interpretation of disability. Basically, they were characterized as below:

1. Seeing difficulties or visual impairment
2. Hearing difficulties or hearing impairment
3. Speaking difficulties or deaf/speaking impairment
4. Moving difficulties or physical impairment
5. Feeling difficulties
6. Psychological difficulties
7. Learning difficulties or intellectual impairment
8. Fits

Each category of disability is defined via a list of potential related impairment, some of which include short-term, temporary conditions that expand the definition beyond the limit usefulness³¹.

 With reference to the article 4 of the National Draft Legislation on "*Protection and Promotion of the Rights of People with Disabilities*" which is almost approved, a person with a disability refers to any citizen who lacks or loses any physical organ or capacity or suffers from any mental impairment, which causes decent restriction on his/ her daily life or activities such as loss of limbs, quadriplegia, visual or hearing impairment or mental handicap, etc which significantly causes difference from normal people.

In addition, Cambodia is highly committed to be a signatory country of the UN Convention on the Rights of People with Disabilities. Thus the legitimacy or definition of PWDs given by the convention will be applied and integrated into the Cambodian Draft Legislation on "*Protection and Promotion of the Rights of People with Disabilities*"³² and other relevant legislations.

4.5 Disability Movement in Cambodia

Disabled people's organizations (DPOs) are associations run and managed by disabled people, for disabled people. They have a critical role to play in representing people with disabilities, raising awareness about disability, and advocating for the rights of people with disabilities to government and other actors.

Cambodia's disability movement is weak. The disability stakeholders could not build up a clear picture of one voice representing people with disabilities in the country³³. The national DPO, the Cambodian Disabled People's Organization (CDPO) has been undergoing an extensive period of restructuring. Cambodian DPOs have tended to focus on delivering services, developing their own capacity to advocate for disabled people's rights.

In addition, the result of the workshop also indicated that the limited number of DPOs and organizations working for people with disabilities can not represent all types of disabilities in Cambodia, and there have been limited activities and capacity of the national coordination body and governmental partner (MoSVY). These therefore block the dynamic of the disability movement in some way.

The movement is also constrained by the limited capacities and resources of the governmental partners. In practice, the government and involved ministries have delegated virtually their responsibilities on disability issues to disability civil society. The participation of people with disabilities in any development plan is really hard to be mainstreamed.

Similarly on the development efforts, many representatives of DPOs and associations working for people with disabilities have expressed that the Government usually

³¹ IDRM, International Disability Rights Monitor, 2005 (page VIII)

³² Speech of minister of MoSVY, National Policy Workshop- Feb 2007

³³ Workshop on Disability and PRSP in Cambodia, January 18-19, 2007

welcomes their participation in any development plan such as community development plans, district/ provincial development plans, but afterwards they hardly see any result or strong commitment responding to their needs and efforts. It means that the government is talking, but not always acting.

In addition, cooperation between the Cambodian government and the NGOs/ DPOs is very weak/ ineffective and has to be strengthened. Moreover, the implementation and enforcement of the disability legislations and the new UN convention relies on the government. It means that the government has to take a clear initiative and seeks joint collaboration efforts of Cambodian DPOs, PWDs NGOs, and IOs.

4. 6. Compilation of Disability Legislations in Cambodia

4.6.1 Cambodian Law and Legislations

Although Cambodia does not have a specific disability law, there are many other laws that refer to the rights of people with disabilities. However, a draft Law on Disability has been prepared, following a wide consultation with stakeholders. Now it has been passed by inter-ministries and ready to be presented to the Council of Ministers and the Senate. Involved with this, the Ministry of Social Affair, Veterans and Youth Rehabilitation (MoSVY) is the line ministry with responsibility for the disability issues.

In the below table, are the national legislation documents available in Cambodia to support the disability sector.

Table 4.3: National Legislation Documents Supporting Disability Sector

| Name | Legislated Date | Description | |
|---|----------------------|--|---|
| Constitution of the Kingdom of Cambodia | 1993 amended in 1999 | The Constitution stipulates contents about rights and responsibility of Cambodian citizens (in Chapter3) and Education, Culture and Social Welfare (in Chapter 6). | |
| | | Article 31 | - Recognize and respect fundamental human rights, liberty; Equality of all and prohibition of unjust and discrimination. |
| | | Article 34 & 35 & 36 | - Rights to actively participate in political, economic, social, and cultural activities. - Equal rights to employment and equal benefit from the same job. |
| | | Article 65 - 68 | - Obligation of State to promote right of citizens to receive fundamental quality education. - Responsibility of State to provide free of charge education at primary and secondary school for duration not less than 9 years. |
| | | Article 72 | - Obligation of State to provide standard public health care service to all people. - Poor people have the right to receive free of charge medical treatment from hospitals, |

| | | | |
|---|------------------------------------|------------|--|
| | | | and health care centers of the state. |
| | | Article 74 | - Stipulated the duty of State in providing aid and support to PWD and death soldiers' families. |
| Labor Law | January 10, 1997 | | * Although no special treatment is offered to PWD but it is important law to manage contractual agreement between employees and employers in which PWD are included. |
| Royal Decree NS/RKM/0295/16 | February 25, 1995 | | Establishment of Cambodian Mine Action Center is responsible to administer, control, and co-ordinate all mine and unexploded ordnance activities in Cambodia. |
| Royal Decree NS/RKM/0599/03 | May 28, 1999 | | Promulgating the law for implementing the Mine Ban Treaty which prohibits the Use, Stockpiling and Transfer of Anti personnel Mines and on their Destruction. |
| Royal Decree NS/RKM/0699/06 | June 17, 1999 | | Establishment of Ministry of Social Affairs, Labor, Vocational Training, and Youth Rehabilitation- MOSALVY. Now it is Ministry of Social Affair, Veterans and Youth Rehabilitation. It should have among its priorities, the preparation of policies and guidelines to support disabled people |
| Royal Decree NS/RKM/0900/160 | September 4, 2000 | | Establishment of Cambodian Mine Action and Mine Victim Authority as national regularity on mine action and victim assistance in Cambodia. |
| Government Decision No 181 SSR/SC | December 20, 1990 | | Principle Guidelines of Rehabilitation, Vocational Training, and Job Placement for PWD. |
| Government Decisions No 15/SSR/RGC No 22/SSR/RGC | February 2, 1995 March 10, 1999 | | To form an Inter Ministerial Committee for Organizing Cambodian Handi-sports Day on yearly basis. |
| Government Sub-decree No 37/ANK/BK | April 4, 1995 | | Establishment of an Inter-ministerial Committee on Primary Health Care to Support the Development and Implementation of a National Policy on Primary Health care. It is a basis for prevention of disability. |
| Government Sub-decree No 059/ANK/BK | October 6, 1997 | | Retirement Pensions and Disability Regime for Civil Servants- authorizes an increase of 30 % of the net salary |
| Government Sub-decree No 70/ANK/BK | October 24, 1997 | | Establishment of the National Paralympic Committee of Cambodia with main responsibility to organize sporting activities for PWD at national and international levels. |
| Government Sub-decree No 28/ANK/BK | April 9, 1999 | | Supplementary Salary of Civil Servants, Military, National Police, Retirees, and Disabled Official. |
| Government Sub-decree No 87/ANK/BK | October 04, 1999 | | Organization and Functioning of the MOSALVY with one of the main priorities is being prepared guidelines and policies to protect and support PWD. |
| Ministerial Decision No 10 PKNN/MDVSA | January 10, 1992 | | Implementing Declaration of Organizational Structure of Rehabilitation for PWD. |

| | | |
|--|------------------|--|
| Ministerial Decision (Prakas) No 757/MOSALVA | May 10, 1997 | Establishment of National Center for Disabled Persons with main responsibility to provide rehabilitation services, job placement, and referral services. |
| Ministerial Decision (Prakas), No 308/MOSALVY | October 26, 1999 | Establishment of the Disability Action Council (DAC) as National Semi Autonomous Coordinating Body on Disability and Rehabilitation. |
| Ministerial Decision (Prakas), No 306/MOSALVY | August 28, 2000 | Establishment a Working Group on Draft Legislation to Protect the Rights of PWD. |
| Ministerial Regulation (Prakas), No 043/MOSALVY | January 28, 2000 | Organization, Roles and Function of Municipal/Provincial SALVY to provide rehabilitation services to PWD. |
| Ministerial Regulation (Prakas), N0 318 PRK/KC/MOEYS | January 31, 2000 | Establishment of Special Education Bureau for PWD and Minority Group. |
| Ministerial Regulation (Prakas), No 174/MOSALVY | May 12, 2000 | Establishment of Component Factory to provide P&O devices to rehabilitation workshops countrywide. |
| Ministerial Regulation (Prakas), No 175/MOSALVY | May 12, 2000 | Establishment of Physiotherapy Rehabilitation Center in Phnom Penh |

Source: *The compendium of Cambodian Laws Volumes III, CLRDC, 2000/ Cambodia Participation Papers, Regional Meeting and Workshop, Bangkok, 2-4 June 2003.*

4.6.2 International Laws and Legislations

The Royal Government of Cambodia is a signatory, and recognizes most of the international and regional instruments. (The Table 4.4 and Table 4.5 are the references to these documents)

To assist in developing legislation, policy and related implementation strategies, the ILO has included Cambodia as one of the target countries of the Irish-funded project executed from headquarters. The project, “Employment of People with Disabilities: The Impact of Legislation”, includes technical consultation meetings and the provision of technical assistance at the national level³⁴.

It is also important to note that the Cambodian DPOs and other disability actors have expressed its support for the Biwako Millennium Framework (BMF) for Action towards Inclusive, Barrier- Free and Rights- Based Society for Persons with Disabilities in Asia and the Pacific 2003-2012, which represents an extension of the UN ESCAP Decade of the Disabled (DAC's comment). According to the priority areas for actions of the BMF, the Governments in the region defined the priority policy areas as (i) Self- help organizations of PWDs and related family and parent associations, (ii) Woman with disabilities, (iii) Early detection, early intervention and education, (iv) Training and employment, including self- employment, (v) Access to build environments and public

³⁴ Generating decent work for poverty reduction in Cambodia, ILO 2005

transport, (vi) Access to information and communications, including information communications and assistive technologies, (vii) Poverty alleviation through capacity - building, social security and sustainable livelihood programmes³⁵.

Recently, the UN Convention on the Rights of Persons with Disabilities will be open for signature by all States and by regional integration organizations as of 30 March 2007, and this convention is being ratified by Cambodia. In fact, the Cambodian government has a very positive attitude towards the new UN convention.

Table 4.4: International Legal Binding Documents

| Name | Date of Ratification | Description |
|---|----------------------|--|
| Universal Declaration of Human Rights | December 10, 1948 | Promote fundamental human rights to all. Each article applies to every individual regardless of disabilities, gender, race, color, religion or any other status of life. Any form of discrimination violates the principle of Equality. |
| International Covenant on Civil and Political Rights | April 20, 1992 | Use language similar to Universal Declaration of Human Rights to protect the right to privacy and to actual title to "UN Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment" that are major causes of disability. |
| International Covenant on Cultural and Economical Rights | April 20, 1992 | Article grants the Right of self-determination. And Article 6 guarantees the Right of Work, which includes the right of everyone to the opportunity to gain living by work with freely, chooses and accepts. Article 12- the right to attain the highest standard of physical and mental health... |
| United Nations Convention on the Rights of the Child | 1989 | Provide comprehensive rights of the child to education and health and prohibition to labor force... |
| World Program of Action Concerning Disabled Persons UN Resolution 37/52 | 1982 | Aimed at the promotion of effective measures for the prevention of disability, rehabilitation and the realization of equal opportunities for PWD. And declared the UN Decade of Disabled Persons (1983-1992) |
| UN ESCAP Asian and Pacific Decade of Disabled Persons, 1993-2002 | October 20, 1994 | The target of the decade is outlined in the document "Implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons". |

³⁵ UN ESCAP, Asia and Pacific Decade of Disabled Persons, 2003-2012, BMF, page 4

| | | |
|---|------------------|---|
| Mine Ban Treaty Ottawa, December 1997 | July 28, 1999 | Prohibit the use, stockpiling, production and transfer of anti personnel mines and their destruction. It stipulates concrete action for eradicating landmines and for ensuring assistance to victims. |
|---|------------------|---|

Source: The compendium of Cambodian Laws Volumes III, CLRDC, 2000/ Cambodia Participation Papers, Regional Meeting and Workshop, Bangkok, 2-4 June 2003.

Table 4.5: International Legal Non Binding Documents

| <i>Name</i> | <i>Date of issue & Signature</i> | <i>Description</i> |
|--|--|---|
| United Nations Declaration on the Rights of PWD | December 9, 1975 | Provide instruments to protect fundamental rights of PWD. |
| UNESCO World Declaration on Education for All | Involved in 1990 but real activities start in 2000 | The main aim is to enforce the implementation of the Principle of Inclusive Education. |
| UN Standard Rules on Equalization of Opportunity for PWD | December 1993 | A set of objectives implying a strong political and moral commitment by the State to take action for the equalization of opportunities for PWD. |

Source: The compendium of Cambodian Laws Volumes III, CLRDC, 2000/ Cambodia Participation Papers, Regional Meeting and Workshop, Bangkok, 2-4 June 2003.

CHAPTER 5: DISABILITY IN THE PRSP FOR CAMBODIA

Poverty Reduction and improving the quality of life of all people in Asia and the Pacific has become the overarching objective of the World Bank and the Asia Development Bank. People with disabilities are among the poorest of the poor in Cambodia. In fact, they are among the most vulnerable groups, deserving special attention because their standard of living falls far below the poverty line and their capacity for participating in economic activities can be limited by disability. Therefore, this chapter is trying to identify the inclusion of disability in the PRSP documents.

5.1. Disability in the NPRS (2003-2005)

According to the previous PRSP contents (NPRS), disability was included under the heading "Reducing Vulnerability". The chapter on this vulnerability pays little attention to people with disabilities, one of the most vulnerable and disadvantaged group in Cambodian society. In the chapter 4 of the NPRS-" Promoting Gender Equity" addressed that:" *Specific attention must also be provided for women who are the most vulnerable - the disabled, HIV-positive, women caring for HIV-positive and disabled, and so forth*"(page 127, paragraph 1).

From the above mentions, the inclusion of PWDs in the NPRS was really poor and not specific. It was also acknowledged among the representatives of DPOs that they have not heard about the PRSP processes, they haven't had opportunity to formulate their needs and clam for the inclusion into the poverty reduction strategy.

5.2. Disability in the NSDP (2006-2010)

Nevertheless, the new PRSP of Cambodia called NSDP has generally made little reference to the disability issues. The following quotations show the openness of the NSDP or mention the focuses of disability appearing in main content of the strategy:

☞ Chapter III about priority goals and targets affirmed that *"the Royal Government's long term vision is to achieve a socially cohesive, educationally advanced, and culturally vibrant Cambodia without poverty, illiteracy and ill health where all Cambodians live in harmony free of hunger, inequity, exclusion, and vulnerability, and where all citizens are able to reach their full potential in their chosen vocations to contribute to further progress of the country and for an increasingly higher standard of living."* and *" NSDP is about the immediate, medium-term future steps and targets to move rapidly towards the long-term vision of Cambodia."*

As the NPRS and SEDP II were integrated into the NSDP and then also incorporated with CMDG, the strategy highlights the achievements of the CMDG's targets as its main goals and targets.


It is important to note that improving livelihoods of the rural poor, reducing poverty in particular in rural areas, and enhancing food security and nutrition are the main priorities outlined in the NSDP. This target is also pointed out in the Joint Monitoring Indicators monitored by NGOs (see the Annex 3).


☞ With reference to the point 3.13, the paper indicates that *" RGC will focus attention on achieving at national level some high priority, strategic and macro-goals and core targets (indicators) to be reached through NSDP during 2006-2010 "* (listed in table 3.2), and **the point 3.15** *"RGC is committed to reaching the overall goals and targets indicated at Table 3.2 and those to be disaggregated and expanded by sector and sub-national levels"*.

According to the 15 strategic goals and 43 critical targets / indicators listed in the table 3.2, there is no specific one referring to disabled people or to disability sector, but it allows for expansion and disaggregation in sector and sub-national levels. (The 15 strategic goals and 43 targets are listed in the Annex A4)

Based on this part (Priority Goals and Targets), the NSDP is really open and does not contain any discrimination and unfair treat for all Cambodian people, but it leaves the question that the declaration can be achieved or not if there is no specific mention, action and strategy towards disabled people. What would be the result of poverty reduction in Cambodia when PWDs are left inside?


Obviously, all of its priority goals and targets do not pay a specific attention to disabled people which were estimated at about 15 % of the total population by the UN. So if we consider this rate, then strategy won't reach its goals to reduce poverty for all even in long term.

 **Chapter IV about the Key Strategies and Actions part-** point 4.05 (bullet 5), the paper makes little specific mention of people with disabilities in which the RGC is committed to pursue strategies and actions: "*Target the most needy and least served people, including those with disabilities and indigenous people, and areas to help rapidly reduce poverty.*"

 **The point 4.13- Legal and Judicial Reforms** outlines the plan of action for implementing the strategy. *The bullet 2 of this part refers that "Establish transparent procedures for preparing laws; carry out programmes to increase community awareness about rights and freedom; and establish office for protecting citizen rights."* So it means that all Cambodian people will be protected by laws and programmes.

Unfortunately, in Cambodia there is still no specific law/ legislation to protect the PWD's rights. Thus, it puts a question on the possibility of achieving what has been mentioned above. As being a human, more attention to PWDs, who are the most vulnerable in the Cambodian societies, should be well paid by the government through an establishment or improvement of the national law/ legislation. Having Rights by Law is a driving force to change things in a society. Due to the lack of such law, PWDs have been facing a lot of difficulties, discrimination, unfair treatments, and exclusion. Significantly, it results in serious unemployment of PWDs, and this is a major cause taking them to live in an extreme poverty.

According to a strong discussion in the "*Disability and PRSP Workshop in Cambodia*"³⁶, the workshop participants criticized the Cambodian legal framework which contains discrimination against people with disabilities. For example people with disabilities are not allowed to become civil servants; they cannot be a candidate for political mandates; and they are not allowed to hold a driving licence. This limits their possibilities of influencing and deciding on their own lives. Thus, the DPOs and organizations working for people with disabilities have been fighting for disability legislation almost 10 year now.

 **The point 4.46- Food Security and Nutrition:** The key goal is to ensure that "*poor and food-insecure Cambodians, by 2010, have substantially improved physical and economic access to sufficient, safe, and nutritious food at all times to meet their dietary needs and food preferences for an active and healthy life*". Achieving this goal requires concerted efforts in various sectors outlined in the NSDP.

In fact, malnutrition and micronutrient deficiencies are one of the leading causes of disabilities, and there are already many PWDs living with those in the country due to their

³⁶ Disability and PRSP workshop in Cambodia, January 18-19, 2007

extreme poverty. Therefore, they are suffering from not only their poverty/ malnutrition, but also their disabilities. However, the point seems to refer to only women and children specifically.

📖 **The point 4.81-Employment Creation and Better Working Conditions** (Bullet 3 & 4) makes a reference to the job creation measures for disabled people. The paper specifies that: "*Establish Technical Vocational Education and training networks to serve both men and women equitably, especially those who are poor, disabled and vulnerable groups, to respond to labour market needs, both short-term and long-term.*", and "*Develop a labour database and statistical system with disaggregated data by gender, disabilities and other relevant social factors.*"

Although there is a light for PWDs, the achievement of those mentioned is questionable since there is no mention of specific actions and strategies towards PWDs. Employment promotion programs for PWDs remain insufficient if policies and programs to assure access to education, vocational training, the provision of technical devices, and appliances, accessibility of schools, workplaces, offices, public buildings and housing are not simultaneously put in place in a coherent manner.

In this case, it is imperative to note that disability or attention to PWDs are not significantly addressed in the **Private Sector Development and Job Creation** or the rectangular strategy (point 4.70-4.79) and in the **Rehabilitation and Construction of Physical Infrastructure** (Point 4. 55- 4.63). Thus, the employment creation and better working for PWDs remain insufficient as the accessibility, facilities, supports, and non - discrimination policy are not ensured and treated in other sectors.

📖 **A part of the working condition mentions (point 4.82)** also includes disabled people in the last bullet point of the priorities saying that "*Examine feasible options for creation of pension funds especially for disabled persons and dependents, and insurance for work accidents as stipulated in the Labor Law.*"

📖 **The point 4.83- Social Safety Nets**, indicates that "*Priority strategies and actions to be taken include: the adoption and enforcement of important legislation; and establishment of rehabilitation centres for orphans, street people, disabled, elderly, and women and children victims of trafficking.*" Expanding rehabilitation and reintegration programmes for the disabled people is one of the RGC's commitments to provide alleviating social sector interventions.

📖 **Targeting to Capacity Building and Human Resource Development**, point 4.85- about Education refers to disabilities: "*The long-term objective is to ensure that all Cambodian children and youth have equal opportunity to quality education regardless of social status, geography, ethnicity, religion, language, gender or disabilities.*"

Cambodia also prepared Education Strategic Plan (ESP, 2006-2010) which provides an overarching policy and implementation framework for improving the livelihoods of poor people using education as a critical factor in enhancing social development and economic growth.

However, among the major priorities of the ESP, there is no specific mention about disabled people especially children with disabilities. So, working to help those vulnerable

children with disabilities attending primary and secondary education should be stated in the priorities of the ESP and the strategies and actions of NSDP. As affirmed in the point 4.91 (key strategies and actions in the Education sector), there is no bullet point related to the teachers with disabilities who are currently facing strong discrimination, thus they should be encouraged and supported to work as teachers in respect to their capabilities. Without clear reference to this, the paper might lead to further exclusion from social life of the disabled people. (*The major priorities of ESP are listed in the Annex A5*)

📖 *The point 4.92- Health Sector Improvement:* It is understood that there is a general mention of vulnerable group: “*Improving nutritional status as well as reproductive health, maternal and child health, removing causes of diseases and illnesses, taking preventative measures and providing medical care where needed are crucial to improving health status of people at large, especially the vulnerable with no means to access such care.*” In addition, it also mentions about the factors that impact on health status of the population such as: “*...poverty as a cause and consequence of poor health; financial constraints of the poor preventing their easy access to public sector health care services; improvements in water and sanitation; better education and higher literacy levels as well as better access to information and awareness; gender equity; social safety nets for the poor and disadvantaged; better nutrition through appropriate interventions; and so on.*” In this sense, the people with disabilities are not specifically identified and the attention to them is not well paid. The inexistence data and the lack of attention on disability in the 2005 Cambodia Demographic and Health Survey (CDHS) expressed the exclusion of people with disabilities. As a result, disability does not appear in the important health indicators (please see the indicators and targets listed in the Annex A4, part: Health Sector Improvement)

Based on the priority strategies and actions to be taken in the health sector improvement, disability is still not mentioned and targeted. In terms of accessibility and health care system improvement, development of long- term plan for the disability sector and mainstreaming these plans into all relevant sectors should be stated in the NSDP.

📖 *Gender Equity* is also a critical part for social improvement in Cambodian societies. However, the point 4.97 about the gender equity doesn’t mention about the status of the disabled women and specific treatment for those in their societies. In fact, disabled women face double discrimination due to their disabilities and social status of women. Sometimes they suffer more from domestic violence. Thus, the women with disabilities can be viewed as the most vulnerable. The NSDP should have mentioned about this in particular to protect them and enhance their social status by focusing attention on implementation of gender strategy, building capacity for the disabled women, changing social attitudes that discriminate against disabled women, and ensuring their rights and participation. The poverty can be reduced once the needs of people with disabilities or the most vulnerable group are clearly addressed in the framework of the NSDP.

📖 *In the part of NSDP monitoring and evaluation framework,* it presents a comprehensive monitoring and evaluation which allows for assessment of the annual progress of the implementation, and gives supports to the evaluation by using indicators to assess the implementation of actions and intended changes.

📖 *The point 6.12* saying that “*the adoption of a comprehensive framework for NSDP monitoring and evaluation does not preclude the need to undertake sector-level and*

participatory approaches to NSDP monitoring and assessment.” And similarly, “new and innovative tools will be used to enhance participatory elements and voices from the grassroots level into NSDP monitoring and evaluation.”

However, the point is not specifically related to the key aspect of disability and participation of the PWDs. The voicelessness of disabled people and their invisibility in data is still a problem. If RGC is to monitor the poverty situation, a specific set of measures needs to be developed in order to obtain data on disability. A realistic data on disability should be available country-wide especially for mainstreaming development programs. Without addressing the poverty of persons with disabilities, the strategy will fail to monitor the complete picture of poverty in the country.

The Technical Working Group, which was established for managing the implementation, monitoring, and evaluation, should also include groups of disabled people, DPOs, actors and NGOs involved with disability.

Comments on the Draft of Annual Progress Report

As the 1st NSDP annual progress report will be discussed in the first CDCF meeting (June 2007), a draft has been circulated among key development partners and sectoral groups for comments. NGO Forum is the only civil society organization playing an important role in consolidating comments on the draft and presenting a joint statement to the CDCF meeting. Some disability sector players were also informed about this by the NGO Forum.

Reflecting from the 1st APR draft, the report is quite good in terms of the structure and contents. However, it does not express the progress in all sectors especially the disability sector in which the results / progress for PWDs are not addressed.

According to the above review and study on the NSDP paper, we found that although there is no sufficient inclusion of disability, several sectors in the NSDP make some references to disability or PWDs such as Chapter IV- Point 4.05 (Bullet 5), point 4.81 (Bullet 3 &4), point 4.82, point 4.83, point 4.85, and point 4.92.

But in the APR draft we do not get any information if these points and sectors have made any progress and if the situation for PWDs has therefore improved. It means that the 1st period of the implementation of the NSDP can not partly reach what it has declared for the disabled people. This can also question to the development of the strategies, actions, and key targets aligned with the NSDP and detailed by involved sector and sub-national levels. Disability is assumed to be excluded again or to be insufficiently discussed in those levels. The following comments are based on the APR draft

☞ **Employment Creation and Better Working Conditions (point 2.41):** No specific result and data are indicated in the draft. There is report on visible actions of job creation and provision of pension fund packages to the disabled people in the country.

☞ **Social Safety Nets (Point 2.44):** No progress/ data in terms of the new establishment of rehabilitation centers, reintegration programs, and services intended for PWDs. Only actions for the victims of trafficking and violence are expressed with results.

- ☞ **Education: (Point 2.46):** The data of children with disabilities attending primary school are not visible and stated in the APR. So this disappearance put a question on the inclusion of PWDs in the education sector improvement. How can the effective implementation ensure an equal access to education for all people?
- ☞ **Health: (Point 2.49-2.52):** There is no specific indicator or significant result reached by PWDs - the most vulnerable.

5.3. Opportunities from the NSDP paper

📖 **Page 3 -Priorities and Contents** specifically raises that " *It touches and highlights most essential overarching goals, strategies, targets and actions and leaves more details to be developed and spelt out in sectoral and sub-national plans based on national priorities contained in this NSDP document*". This was also supported with a paragraph in the point 4.17, page 48: "*...each commune, district and province would prioritize their own needs and try to achieve them using increasing funds made available to them through block grants and other forms such as tax sharing and own revenues generated through local level taxes.*"

On the other hand, on a regular basis of the quarterly meeting, TWGs will have an important role in assisting RGC to develop new sectoral plans, review ongoing ones, harmonize and coordinate external assistance to programmes and projects as well as to monitor their implementation and progress. Consequently, the sectoral and sub-national plans would become a crucial entry point for civil society especially people with disabilities in order to formulate their needs, to comment on, and to monitor the activities aligned.

📖 **The point 4.25- Partnership and Development** is viewed that " *Ongoing efforts will be continued and strengthened to involve and associate all sections of the civil society in all appropriate aspects of RGC's planning and decision-making processes, and to make civil society an effective partner in the development efforts. A Law on Non-Government Organizations will be formulated soon with broad consultation with all relevant institutions and organizations.*" This expresses the possibilities of improving the collaboration and cooperation between Government and development partners on the social issues in which disability could eventually be mainstreamed.

Likewise, it is important to realize that the full NSDP will be reviewed in June 2007 to take account of various new or additional inputs and data from all sectors and sub-national levels. This would be an opportunity for those to prepare detailed sectoral and sub-national plans along with the disagreed goals, targets and costs as well as the detailed roadmaps for the reviews and adjustments within the evaluation exercise and progress report which will be scheduled at the beginning of each year and in June accordingly.

5.4. Participation of DPOs/ PWDs in the PRSP

According to NGO forum, only one organization (ADD) representing PWDs has a full membership of NGO forum and usually participates in NGO meetings. DAC, which is national coordination body of disability sector, just participates in the meetings.

According to the interviews and group discussions with many representatives of DPOs in Cambodia, collaboration and cooperation between NGO community and DPOs, or between governmental partners and DPOs on the PRSP processes are not good. They expressed that they were not aware of and well informed about the processes such as consultation, meetings, workshop, and so on; therefore, they did not have the opportunity to raise their concerns, difficulties and vulnerability in any discussion. Therefore, most of them do not know what is NPRS or NSDP.

It is recognized that the national, provincial and commune level did not pay attention to PWDs in their own development target especially in the poverty reduction activities. People with disabilities have not been aware of and well informed about the PRSP processes, meaning that involvement of DPOs, national disability coordinator and other key disability players in the PRSP processes is really poor or excluded. On the other hand, PWDs themselves seem to be far away from the poverty reduction issues, and haven't participated and claimed for any inclusion even in the commune level.

"Voicelessness is an especially important dimension of the poverty of people with disabilities, and those empowerment strategies for disabled persons are essential"³⁷.

The voicelessness of PWDs still exist until now, but seems to get improved since more representatives, organizations, service providers, other operators have been working in the area of disability to support and protect the people with disabilities.

Although, there have been a number of programmes or activities of rehabilitation and advocacy for PWDs, those remain limited in scope and insufficient. Accessibility of PWDs to the rehabilitation centers/ services could not be ensured in all areas due to the limited resources and technical skills, and the complexity of disabilities. Still with an extreme poverty, accessibility of PWDs will be much more limited. Consequently, the limit will increase vulnerability of PWDs.

The tool-“matrix of key stakeholders” used in a workshop discussion³⁸ indicates that there are already a number of connections between PRSP stakeholders and DPOs/ disability stakeholders. However, participants commented that this relationship should be improved to integrate disability into PRSP. The key stakeholders in disability sector such as DAC, CDPO, NCDP, ADD, DDSP, ABC and HI are encouraged to get more involved with the main PRSP stakeholders including MoP, NGO Forum, MoSVY, UN Agencies, and Council of Ministers according to their own possible entry points. This also shows that local organizations have the impression to be limited when contacting decision making bodies.

³⁷ Disability and Poverty Reduction Strategies, how to ensure that access of persons with disabilities to decent and productive work of the PRSP process; Discussion Paper, ILO, November 2002

³⁸ Disability and PRSP workshop in Cambodia, January 18-19, 2007

In conclusion, even though there is a limited participation, the inclusion of NGOs and CSOs in NSDP opened the lines of communication between the Government and service providers, and optimism is high among them that the strategies can succeed with a broader participation from civil society. In this sense, a message from NGO forum acknowledged that the NGOs welcome the explicit inclusion of findings from independent research organizations, civil society organizations and NGOs in the APR which potentially impacts positively on NSDP ownership. The CSO/ DPO participation therefore needs to be strengthened in more formal and effective channels.

CHAPTER 6: OPPORTUNITIES, LIMITS AND CHALLENGES FOR DISABILITY SECTOR

6.1. Opportunities

From the elaboration of the Disability and PRSP situation combined with comments of key persons in the disability sector, some possible and vital opportunities are identified in the following aspects:

For the Disability Movement

➤ Legislation

- The International / UN convention is under ratification by the state. Furthermore, this will be included in a chapter of the draft law called "Protection and Promotion of the Rights of People with Disabilities".(Comments and Recommendations of Minister of MoSVY during a national policy workshop in February 2007)
- The Cambodian law to protect and promote PWD's rights has already been passed by inter-ministries, and now is under consideration of Council of Ministers. Anyway, the approval of this law is highly expected by the key disability players who are trying to influence the decision makers, and it is approximately done by 2008.
- Cambodian disability organizations have supported the Biwako Millennium Framework for Action towards Inclusive, Barrier- Free and Rights- Based Society for Persons with Disabilities in Asia and the Pacific 2003-2012.

➤ Collaboration with Donors, NGOs and Government

- Growing donor interest in supporting CSOs
- NGOs/ donors tend to increase their focus on the disability sector at both international and national level.
- Formal Participation of the PWDs in society has been raised. For example, commune council and Seila Programme offer mechanism for disability issues to be raised at local levels³⁹.
- The collaboration between Governmental partners and disability organizations seems to get improved since the trends and policies of the Government are now open for civil society participation and cooperation.
- Specifically, main organizations of / for PWDs have a good relationship with MoSVY. Now the ministry promotes a strategy to support and motivate NGOs in development efforts by spending about 4 million dollars per year on rehabilitation sector⁴⁰. In addition, increasing attention to disability is also pointed out by the Government in order to promote a number of programmes for PWDs such as housing for the vulnerable group, scholarships for disabled veterans and their children, establishment

³⁹ Disability Kar, Phippa Thomas, 2005

⁴⁰ Speech of minister of MoSVY, National Policy Workshop, Feb 2007

of social affairs centers, and economic- integration activities for the poor and disabled people⁴¹.

➤ **Capacity/ Resources**

- As Cambodian disability organizations have gained technical supports and resources from international organizations or donors through their cooperation and funding system, thus their implementation approaches will be more effective and reachable. For example, Cambodian rehabilitation sector is now being in progress.
- Although the movement is still weak, there are a number of Cambodian disability organizations with strong capacity such as NCDP, CDPO, ADD

➤ **Political Environment**

- Until now, the Government has promoted and developed many policies and strategies for social and economic development. It would be a good opportunity for civil society to participate in.
- The political issues seem to be more stable, thus civil society organizations, especially disability organizations can have a safe time to consider on the improvement and enforcement of the disability sector.

For Implementation and Monitoring of Poverty Reduction Strategy

- Second PRSP/ NSDP is going on with the implementation, monitoring and evaluation phases which allow for broader participation of civil society; therefore, organizations of / for PWDs can possibly influence on the processes. For example, they will be able to formulate their needs, action plan or joint statement to the governmental partners and donors
- A part of the priority areas of the Biwako Millennium Framework is the Poverty Alleviation for PWDs through capacity- building, social and sustainable livelihood programmes, in which the Cambodian disability sector has expressed its support for. From this regional policy, there is much hope that RGC will increase attention to an integration of this priority into the implementation of national policies/ strategies.

(The BMF's targets and actions in this priority area is detailed in the Annex A 6)

- There is a growing donor harmonization to support RGC's Rectangular strategy in which the NSDP is used to operationalize it⁴².
- Cambodia has existing DPOs and organizations working for disability sector, so they would be good actors for implementing activities of the poverty reduction strategy.

⁴¹ Speech of minister of MoSVY, National Policy Workshop- Feb 2007

⁴² Poverty Reduction and Development in Cambodia: Enabling disabled people to play a role, Philippa Thomas, 2005

- The civil society actors on poverty reduction are expecting the participation of DPOs or organizations working for people with disabilities
- Good organization and well-structuring of the NSDP for implementation, monitoring and evaluation can possibly ensure an effective participation process and results- oriented approach. (effective monitoring framework and clear Joint Monitoring Indicators)
- The NSDP is strongly supported by the donors, and the Government has budget plans with stronger ownership, so the budget support for the NSDP is highly committed to an effective implementation and monitoring.
- Cambodian disability movement intends to participate in the NSDP processes

6.2. Limits

Along with the above-mentioned opportunities, there are also a number of considerable limits existing in the disability sector and from external factors. These might obstacle and block disability movement in Cambodia. They are characterized in the following aspects:

For Disability Movement

➤ Capacity / Resources

- Although there is an increasing collaboration with donors and IOs, most DPOs/ disability organizations themselves still lack knowledge and technical capacity to initiate, implement, and to strengthen the disability movement.
- Most DPOs is so dependent on IOs and donors due to their lack of capacity and resources. Thus the sustainability is very questionable.
- The human resources serving the disability sector are so limited in both capacity and number⁴³. Therefore, the scope of activities/ implementation intended for PWDs are definitely limited
- Lack of involvement and integration of resources limits supports for disability projects and particular issues. Although the Government spends about 4 million dollars per year to support the rehabilitation sector, this amount is not enough to cover the huge number of PWDs who definitely need the rehabilitation services (15% of total population-UN estimate or 9.8% of the total population-ABD estimates). In fact, accessibility to those rehabilitation services could not be ensured for PWDs in most areas. In addition, PWDs actually need not only the rehabilitation support, but also the supports of education, health, vocational training and employment, and other social economic integration activities.

⁴³ Mr. Yi Veasna, Executive Director of NCDP

- Mainstream development organizations do not show much interest and engagement in including PWDs in their works.

➤ **Perception**

- Perception and funding of disability is a specialist issue. It is not easy to adapt and make things changed in Cambodian societies
- Although the discrimination on PWDs has been reduced in Cambodian societies, the indirect discrimination still exists, and it is not full recognized yet.

➤ **Targets, Strategies and Actions of Government and Development Partners**

- Although the GDP of Cambodia increased (GDP growth of 10.5 % in 2006⁴⁴), it could not represent the living standard of PWDs. The reason is that most PWDs are recognized to be the poorest among the poor in the country. The growth is not bringing similar gains in employment and poverty reduction⁴⁵. In addition, their vulnerability expresses the lack of accesses to basic services/ basic needs. Consequently, PWDs are still excluded from the development / socio-economic integration activities. It therefore reflects that the targets, strategies and actions intended for PWDs remain limited and poor.

➤ **Collaboration**

- There is still limited government interest on disability sector. Only MoSVY is seen to have more involvement with disability issues. However, the capacity and activities of MoSVY to speed up the disability movement are limited and not sufficient. One of the common reasons is that MoSVY has a limited knowledge of disability issues.
- DPOs / disability organizations have difficulties to be part of the decision-making process the Government in terms of the establishment of policies, legislation and programmes intended for Disability sector. The communication of Government to disability sector on the approval process is also poor. PWDs/ disability players are not well- informed about the decisions made by the Government.
- Weak and unrepresentative disability movement: many disability stakeholders do not link their work with each others, and thus they fail to give one voice of PWDs. This results in poor collaboration and cooperation among the disability organizations.
- The coordinating activities of the National Coordination Body are still limited in playing its foreseen role for disability sector.

⁴⁴ Statement of IMF, Cambodia Daily News, February 22, 2007

⁴⁵ The comment of UNDP and ILO, Cambodia Daily News, February 23, 2007

For Implementation and Monitoring of Poverty Reduction Strategy

- There is a lack of knowledge of PRSP among PWDs, DPOs, and organizations working for PWDs. It is important to recognize that the local groups especially the DPOs have only first-hand knowledge of poverty related- issues in their communities, as well as the connections needed to implement policies. Thus they probably have difficulties to adapt the working approaches of PRSP.
- Limited/ ineffective cooperation efforts between disability sector and Government might possibly limit influence of disability organizations on the Government over the issue. The Government usually welcomes participation of civil society, but past experience shows that the government is only talking, but not acting.
- In short term, least attention of most disability organizations and NGOs to poverty reduction can limit the progress of PRSP activities for PWDs.
- The timeframe of the "Making PRSP Inclusive" project is so limited. The project can possibly be pursued after the pilot period. However, without the support and involvements of the Government and other development partners over the PRSP and Disability issues, the scope of the project activities will be limited and probably running in only short and medium term.

6.3 Challenges

With regards to the realization of the above opportunities and limits, some critical challenges for the disability movement and the implementation and monitoring of poverty reduction strategy were identified in the following aspects:

For Disability Movement

- **Awareness raising activities on the disability issues:** These activities need to be raised among the DPOs, PWDs and other NGOs/ IOs. It is a fact that there is a small number of disability organizations working for the disability sector, and those seems to be isolated from other sectors. It means that the commitment of other CSOs/ NGOs on the disability issues is not strong.
- **Seeking Opportunities to participate:** Disability organizations have to take their seat in any discussion with a strong and clear position.
- **Convincing donors, government and development partners:** As the involvement of donors, government and other development partners on the disability issues is weak, DPOs and organizations working for PWDs have to try to convince them to make their policy /programme targets changed. At the mean time, **strong collaboration and cooperation among the disability organizations** need to be strengthened in order to give one voice of PWDs.

- **Mainstreaming Disability:** all development organizations have to be convinced by the disability players to increase their interests and engagement in including PWDs in their works. This will intend to open the way of consideration on PWDs in their long term development programmes. Hopefully, the results from this will be reached by many PWDs.
- **Strengthening Ownership:** Cambodian ownership has to be strengthened among the local disability organizations. A strong ownership is one of the most effective ways to ensure the sustainability of disability sector improvement and development. In this case, establishing a transferring approach from individualism to whole organization is needed. (Knowledge Transfer Approach/ System should be introduced within local organizations funded by donors or international organizations)

For Implementation and Monitoring of Poverty Reduction Strategy:

- **Communication and awareness raising activities** on Disability and PRSP among the main decision makers, key players of disability and PRSP, NGOs and donors has to be undertaken.
- **Lobbying activities:** Lobbying the government over the PRSP and Disability issues is really challenging and needed to overcome. Cooperation and support of the government can enlarge the scope of activities of poverty reduction towards the PWDs. In addition, activities of DPOs claiming for inclusion into sectoral and sub-national plans (commune, and provincial development plans) are the most important that they have to start.
- **Adapting working Approach of PRSP:** Organizations of / for PWDs have to realize the PRSP working approaches in order to get involved.
- **Involvement with others:** More involvement of key disability stakeholders with civil society actors is encouraged to promote the inclusion of disability issues. (Involving NGO Forum is one of the most crucial opportunities given for PWDs)
- **Clear Planning:** Action Plan towards the PRSP Inclusive approach has to be formulated among the key disability stakeholders.

CHAPTER 7: PROPOSED ACTION PLAN

This is the most important chapter outlined an action plan for the implementation phase of the Project “Making PRSP Inclusive in Cambodia.”

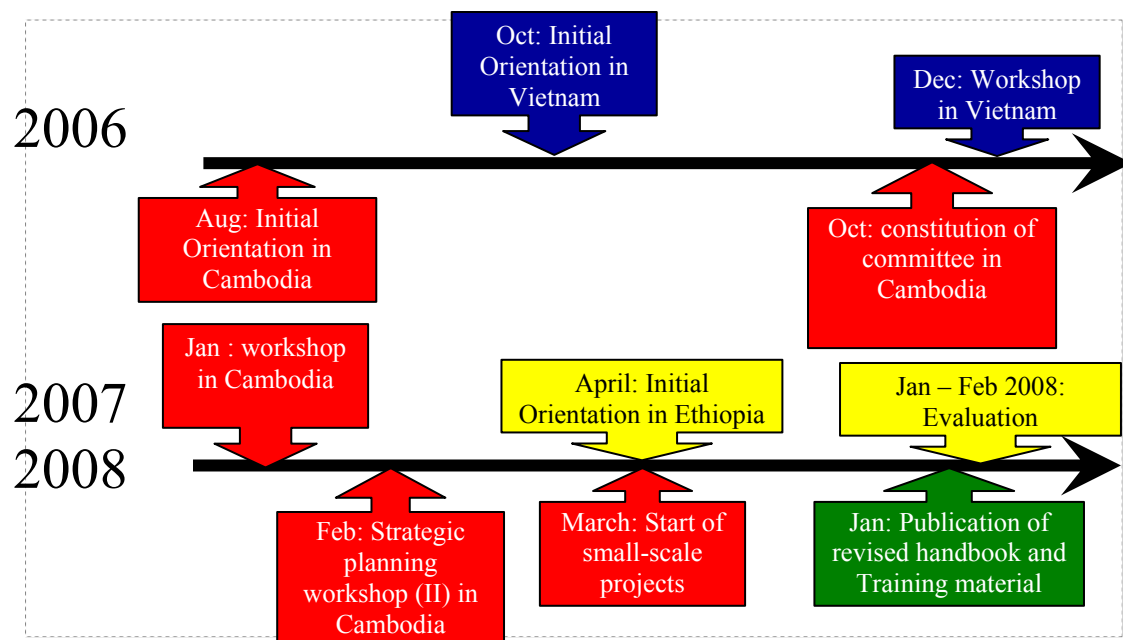
7.1. Overview of the Project

In 2005, Handicap International and CBM developed jointly a handbook "**Making PRSP Inclusive**" in cooperation with other NGOs and DPOs, and organized a pilot project on including disability in Tanzania. The World Bank financed this project via BMZ /GTZ funds.

Following this initial experience, a partnership of organizations (CBM, GTZ, and Handicap International) developed an 18-months project with DPOs and local NGOs for people with disabilities in several countries (Cambodia, Vietnam, Ethiopia, Bangladesh, Togo and others to be identified). The main goal of the project is to enable DPOs and other members of civil society to include a disability dimension into the PRSP process.

With the coordination of Handicap International (French Section), this project has been initiated in Cambodia since August 2006. To support this project, a coordination committee called "**NSDP INCLUSIVE COMMITTEE**" was set up in October 2006 with organizations playing important roles in the disability sector such as **DAC, NCDP, CDPO, ADD, ABC, and HI**. The project activities proposed in Cambodia join the general objective of the multinational project as it intends to enable DPOs and other members of civil society to understand the national PRSP process and to implement a strategy for inclusion of the disability dimension into it.

Proposed Time Frame for the Pilot Project



7.2. Proposed Action Plan in Cambodia

According to the results of the situational analysis on PRSP and Disability, the NSDP Inclusive Committee members have jointly worked on the development of action plan to strengthen the implementation, monitoring, and evaluation of the project, and also to achieve the main objectives.

Taking the comments from the members into account, the main activities of the proposed action plan for the project are detailed in the table below together with specific objectives, results, deadlines, and responsibilities involved.

Table 7.1: Proposed Activities to be implemented for the project

| Specific Objective | Activities | Result | Deadlines | Responsibility | Comments |
|--|--|---|-------------------|--|--|
| 1. Consolidation, publication and distribution of the PRSP & Disability analysis to targeted actors. | Finalization of Research Analysis | -1 initial analysis available for the disability and poverty reduction sectors | March 2007 | HI - F | |
| | Publication and dispatch | -All workshops participants have received one copy -Keys stakeholders have received one copy -Available under request | April 2007 | NSDP Inclusive Committee | Agreed in the last meeting |
| 2. Production of key statements for poverty reduction stakeholders | Production of a statement to NGO Forum | -Statement accepted by NGO Forum and included in their final presentation | 30/03/07 | HI-F and NCDP on behalf of committee members | |
| | Presentation and dispatch of the statement to key disability players and donors involved on NSDP | - DAC owns the document as official statement -Each key actor has received it and at least has discussed with one member of the committee -The document is known by all major actors involved on June meeting: (International donors, national authorities...) | April - June 2007 | NSDP Inclusive Committee | Presentation during meetings, forum, individual appointments |
| | Mainstreaming on disability and PRSP by all committee members on their different activities (workshop, events, | -PRSP & Disability becomes a major issue for the disability movement. | Onwards | NSDP Inclusive Committee | |

| | | | | | |
|--|---|--|---------------------|-----------------------------------|--|
| | meetings...) | | | | |
| 3. Implementation of activities to make disability visible for keys poverty actors | Organization of a micro - call for local DPOs on a poverty & disability theme. | - A call for micro – grants is implemented -Report on results and impact is established and provided to key actors. | May - December 2007 | HI-F and Committee Members | HI -F to guarantee the funding and transparency of the call. |
| | Press, media, advertisements to inform about the effective progresses. | -At least 1 press release / quarter -Constant information of donors and keys stakeholders about the situation | Quarter | NSDP Inclusive Committee | |
| | Development of projects on DPOs' empowerment and mainstreaming disability among development partners. | -At least 1 proposal in partnership between an INGO and a DPO is developed and submit for funding | September 2007 | HI-F | |
| | Production of a monitoring / evaluation report at the end of the year | -Progress monitoring report | January 2008 | HI - F on behalf of the committee | |

The NSDP Inclusive Committee members are highly committed to achieve the results of these activities for the way forward in respect to the deadlines and their responsibilities. At the moment (March 2007), the committee is intensively working on a joint statement to NGO Forum in order to provide the voice of PWDs, their comments and propositions on the NSDP. In addition, the committee is also working on a call for proposals to initiate some small- scaled projects for PWDs/ DPOs in Cambodia. The overall theme for these projects is agreed on Supporting DPOs Empowerment in the frame of Poverty Reduction for PWDs, in which links with commune development plans or NSDP are strongly encouraged. The activities included in the theme can be: (1) actions on information, sensitization, survey about the poverty situation of PWDs ; (2) advocacy, lobbying actions for inclusion of disability issues into the national, provincial or community strategies and policies; (3) analysis, events, workshops, actions on poverty reduction and disability; (4) actions to consolidate capacities of DPOs.

ANNEX A.

A1: Overview of number of NGO Comments and incorporation in NSDP

| Category | Nbr. of comments on draft NSDP | Nbr. of comments incorporated |
|--|--------------------------------|-------------------------------|
| General | 2 | 2 |
| On the core indicators | 3 | 1 |
| Governance | 5 | 0 |
| Environment for the Implementation of the Rectangular Strategy | 1 | 0 |
| Enhancement of the Agricultural Sector | 11 | 5 |
| Forestry Reform | 1 | 0 |
| Environment Conservation | 1 | 1 |
| Land Reforms | 2 | 2 |
| Rehabilitation and Construction of Physical Infrastructure | 2 | 1 |
| Private Sector Development and Employment Generation | 2 | 1 |
| Education | 5 | 1 |
| Health | 4 | 1 |
| Annex I:2 | 1 | 0 |
| TOTAL | 40 | 15 |

Source: NGO Forum, Rapid Assessment of the Incorporation of NGO Comments in the National Strategic Development Plan (2006-2010)

A2. How to identify the Possible Entry Points for CSOs in the PRSP Processes

1. Formulation Phase: A Participatory Poverty Analysis (PPA) is often part of the formulation stage, allowing DPOs/ CSOs to contribute their opinions and experiences with poverty. After the formulation process has started, DPOs/ CSOs may then review the PRSP drafts, comment on them, propose some new important issues, contact the persons in charge of PRSP formulation, and participate in PRSP workshops, conferences, etc.

- Participatory Poverty Assessment –PPA
- PRSP Draft (Review, comments, Consultation, contacts, participation in workshops / meetings, etc)

2. Implementation Phase: During the implementation of the PRSP strategy, the contribution of CSOs can be identified in the following points:

- Entry Points offered by Specific Projects: PRSP is considered to be a national strategy. Question for Government: How to budget and implement the activities and actions defined in PRSP. International Donors usually contribute an additional amount to the national budget.
 - CSOs are identified to be involved with activities and actions defined in PRSP, so CSOs can link themselves with the specific projects
 - CSO can provide advice to their partners and ministries regarding the implementation.
 - CSOs plays important roles in monitoring the executions of activities or

reminding the responsible institutions about forgotten action points

Using the PRSP implementation phase and specific project as entry points: CSOs should:

- Start at the earliest stage as possible
 - Assess which projects are being prepared
 - Make contact with representative of responsible ministries/ institutions/ organizations
- Entry Point Offered by Budgets:
- An important part of PRSP implementation is budget allocation. Government and donor are supposed to allocate budgets according to the PRSP
 - The GOV formulates and finalizes their budget every year
 - The transparency and practices of the budget allocation to CSO is unclear in Cambodia – But CSO should know about this: How to finance your projects which are involved with the activities or actions defined in PRSP?
- Related Instruments:
- Consultative Group Meeting which invites CSOs
 - Sector Groups which work and decide on specific issues related to their sector – Not only government but also civil society experts can lead the sector group
 - World Bank and IMF: Lending instruments: information on the contents of the IMF's Poverty reduction and Growth facility.
 - World Bank's Country Assistance Strategy which increasingly involving the civil society.
 - MDGs – Several of the MDGs will be impossible to attain without addressing disability issues.

3. Evaluation and Monitoring Phase: Opportunities to participate, observe, and evaluate the quality and quantity of activities

- Indicators
- Annual Progress Reports
- Review Process

Source: Handbook of The project: "*Making PRSP Inclusive*", Handicap International and CBM, 2006

A3. Joint Monitoring Indicators monitored by NGOs:

One of the Joint Monitoring Indicators monitored by NGOs is called Improving Livelihoods of the Rural Poor. Basically it tends to improve livelihoods of the rural poor, reduce poverty in particular in rural areas, and enhance food security and nutrition based on priorities outlined in the National Strategic Development Plan for 2006-2010. However, when we go through the proposed actions, the joint indicator is questioned: Where is the inclusion of People with Disabilities? (See the below table for details)

> Improve Livelihoods of the Rural Poor

| Target | Actions Needed | Responsible Government Institution | Time Frame |
|---|--|------------------------------------|------------------|
| 8. Improve livelihoods of the rural poor, reduce poverty in particular in rural areas, and enhance food security and nutrition based on priorities outlined in the National Strategic Development Plan for 2006-2010. | 8.1 Develop a medium term strategy for agriculture and water building on the NSDP and existing MAFF and MOWRAM strategy documents | MAFF and MoWRAM | Jan-Dec 2006 |
| | 8.2 Establish a mechanism and periodically disseminate information on economic land concessions in accordance with the notice issued by the Prime Minister on 30 June 2005. | MAFF | 2nd Quarter 2006 |
| | 8.3 Take appropriate action to reflect the priorities of the Fisheries sector to improve the livelihoods of rural communities in commune, district and provincial development plans as well as donor funding levels. | MAFF(Lead)/ Local Authority | 4th Quarter 2006 |
| | 8.4 To improve the livelihoods of the rural poor, 500 eligible households are settled on social land concessions with livelihood support and at least 10,000 hectares of suitable land confirmed as available for social land concessions. | CLP and MLMUCP | 2006 |

Source: NGO Forum on the monitoring of CG indicators, 2007

A4. NSDP's Macro-Goals and Critical Indicators (Targets)

(*) - CMDG goals and targets

| Major Goals: Targets/Indicators Major | | 2005 | 2010 | CMDG- 2015 |
|---|--|---------------------|---------------|------------|
| Eradicate - Poverty & Hunger (*) | | | | |
| 1* | Poverty levels % of population -- 2004 -- in 59% of country covered by 1993/94 survey | 34.7 (28.0) | 25 | 19.5 |
| 2* | Poverty levels % rural population -- 2004 -- in areas covered by 1993/94 survey | 39.2 (33.7) | | |
| 3* | People below food poverty line % -- 2004 -- in areas covered by 1993/94 survey | 19.7 (14.2) | 13 | 10 |
| Enhance Agricultural Production and Productivity | | | | |
| 4 | Paddy yield per hectare (tons) | 1.97 | 2.4 | |
| 5 | Irrigated area – including supplemental irrign., (% of rice area) | 20 | 25 | |
| 6 | Land Reforms: Land Titles to farmers -- % of Total agri. land | 12 | 24 | |
| Improvements in Health (*) | | | | |
| 7* | Infant Mortality Rate per 1,000 live births | 66 | 60 | 50 |
| 8* | > 5 Mortality Rate per 1,000 live births | 82 | 75 | 65 |
| 9* | Maternal Mortality per 100,000 live births | N/A | 243 | 140 |
| 10* | Births attended by skilled health personnel -- % | N/A | 70 | 80 |
| 11* | HIV/AIDS prevalence, % of adults 15-49 | 1.9 | 1.9 | 1.8 |
| 12* | Malaria Cases - fatality % | 0.36 | 0.2 | 0.1 |
| 13* | TB smear positive cases, per 100,000 | N/A | 214 | 135 |
| 14* | Married women using modern birth spacing methods (%) | 20.1 | 44 | 60 |
| 15 | % of health facilities providing RH services | 33 | 45 | 70 |
| Improvements in Education (*) | | | | |
| 16* | Net Enrolment: Primary Schools -- Total; Boys; Girls --% | 91.9; 93.0; 90.7 | 100 | 100 |
| 17* | Net Enrolment: Lower Sec. Schools --Total; Boys; Girls -- % | 26.1; 27.1; 24.8 | 75 | 100 |
| 18* | Survival rate % : 1-6: | 53.1 | 100 | 100 |
| 19* | Survival rate % : 1-9: | 30.18 | 76 | 100 |
| 20* | 6-14 years out of school (%) | 18.7 | 11 | 0 |
| Rural Development | | | | |
| 21 | Rural Roads rehabilitated – Kms (out of total 28,000) | 22,700 | 25,000 | 28,000 |
| 22* | Safe Drinking water access --% rural population | 41.6 | 45 | 50 |
| 23* | Sanitation access -- % rural population | 16.4 | 25 | 30 |
| Environmental Sustainability (*) | | | | |
| 24* | Forest Cover -- % of total area | 60 | 58 | 60 |
| 25* | Fuel Wood dependency: Households -- % | 83.9 | 61 | 52 |
| 26* | Access to safe water source -- % of urban population | 75.8 | 85 | 80 |
| 27* | Access to improved sanitation -- % or urban population | 55 | 67 | 74 |
| Gender Equity (*) | | | | |
| 28* | Mainstream gender in all spheres | To be developed | | |
| 29* | Female share of wage employment -- agriculture, industry, services (%) | 52.5; 53.5; 27.0 | 50; 50; 37 | 50; 50; 50 |
| 30* | Level of awareness that violence against women is a crime (%) | 4.5 | 25 | 100 |
| Reforms | | | | |
| 31 | Accelerate Governance Reforms | To be developed | | |
| Sustain high Macro-Economic Growth (*) | | | | |
| 32 | Annual GDP Growth at constant prices - % | 7.0 | 6.0 | |
| 33 | Per Capita GDP at constant prices (000 Riels) | 1,400 | 2,243 | |
| 34 | Rate of Inflation % | 6.2 | 3.0 | |
| Improve Budget Performance | | | | |
| 35 | Total Government budget revenues - % of GDP | 11.80 | 13.80 | |
| 36 | Total Government budget expenditure -- % of GDP | 14.9 | 16.5 | |
| Accelerate Industrial Growth & Employment | | | | |
| 37 | Annual Growth in manufacturing - constant prices (%) | 10.2 | 7.2 | |
| 38* | Working children aged 5-17 years -- % | 22.3 | 10.6 | 8 |
| Tourism | | | | |
| 39 | Annual Tourist arrivals nos -- 000s | 1,300 | 3,120 | |

| De-mining, Victim Assistance (*) | | | | |
|---|---|-------|-------|-----|
| 40* | Casualties (deaths and injuries) nos. | 797 | 200 | 0 |
| 41* | Area affected cleared of mines and UXOs --% | 50.3 | 77 | 100 |
| Infrastructure | | | | |
| 42 | Length of paved roads (primary & secondary) out of 11,310-kms | 2,100 | 4,100 | |
| Energy | | | | |
| 43 | Per capita use of electricity - Kwh | 54 | 89 | |

Source: NSDP- page 39

Key Features of the Above Table:

- Poverty reduction is of highest priority; hence the list starts with poverty reduction and sectors most influencing poverty in a logical sequence.
- The Table highlights only the major and macro level goals including all the main CMDGs but not all the sub-CMDGs.
- The Table provides clearly measurable quantitative targets, sector-wise, not ministry wise; some targets like reforms are more qualitative in nature.
- All goals and targets are macro in nature; they are aggregates.
- Targets or indicators point out only some major issues.
- It is clear that there are many sub-goals and supplemental targets that also have also to be reached.
- Specific goals and targets need also to be fixed for and reached at sectoral and sub-national levels.
- All targets, mentioned in it and sub-targets to be developed by sectors or sub-national levels need to be pursued with equal vigour for the improvement of the situation in Cambodia.
- Detailed sector plans, some already in existence and others being or to be developed, will expand and flesh-out these overall goals and disaggregate targets and arrive at a broader and longer list to be implemented and monitored by relevant ministries and agencies.

Source: NSDP, Page 38

A5. The Major Priorities of ESP 2006- 2010

Among the major priorities of ESP 2006-2010 and the main policy thrusts are:

- Ensuring easy and equitable access to education, especially to the poor, girls, ethnic minorities and disadvantaged children, as well as those in high poverty areas.
- Universalisation of 9-year basic education to enhance opportunities in life.
- Increasing quality and efficiency of the education services, including through modernization and effective reform.
- Linkages of education and training to the short- and long-term labour market and the society, including life skills education and quality health and HIV/AIDS prevention education.
- Further development of youth and sports sector, with increased attention to youth in various walks of life.
- Institutional development and capacity building for decentralization.

Source: NSDP, page 71- point 4. 88

A6. Targets and Actions in the Priority Areas (Biwako Millennium Development Framework: 2003-2012)

G. Poverty alleviation through capacity-building, social security and sustainable livelihood programmes

1. Critical issues

44. In the Asian and Pacific region, it is estimated that of 400 million persons with disabilities, over 40 per cent are living in poverty. Those persons with disabilities have been prevented from accessing entitlements available to other members of society, including health, food, education, employment and other basic social services, and from participating in community decision-making processes.

45. Poverty is both a cause and consequence of disability. Poverty and disability reinforce one another, contributing to increased vulnerability and exclusion. Poor nutrition, dangerous working and living conditions, limited access to vaccination programmes and health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of impairments, war and conflict and natural disasters are factors responsible for disability. Many of these causes are preventable. Disability in turn exacerbates poverty, by diminishing access to means of livelihood, increasing isolation from the marketplace and economic strain. This affects not just the individual but often the entire family.

46. The increasing numbers and proportions of older people living to advanced old age has meant that the number of persons with disabilities will increase and this may be a contributing factor to human poverty. The issues of concern for older persons have to do with disabilities related to ageing and the provision of appropriate health care and social security. In ageing societies, especially, these issues will have a profound impact on national health and long-term care systems and on whether social security schemes are sufficient as currently constituted.

47. The main factors that account for the low level of social services for poor persons with disabilities are household-based and community-based. However, there is little knowledge about the determining factors for the low welfare level of persons with disabilities in the developing countries of the region. Social and economic survey data at the household and community levels, which are necessary for an analysis of the factors, are lacking. It is important to examine to what extent the development of community-level infrastructure affects the provision of services for poor persons with disabilities.

48. An integrated approach is required, linking prevention and rehabilitation with empowerment strategies and changes in attitudes. The significance of disability should be assessed as a key development issue and its importance should be recognized in relation to poverty, human rights and the achievement of internationally agreed development targets. Eliminating world poverty is unlikely to be achieved unless the rights and needs of persons with disabilities are taken into account.

49. One of the millennium development goals has a specific target of poverty eradication. This is a positive approach. However, there is a danger that this strategy may omit the important vulnerable group of persons with disabilities as efforts to achieve the targets could focus on those who can be brought out of poverty most easily and not those in extreme poverty, among whom persons with disabilities are disproportionately represented. The root causes of poverty of persons with disabilities are far more complicated and multifaceted. Hence, conscious efforts should be made to include persons with disabilities in the target groups given priority in the poverty reduction strategy to achieve the millennium development goals.

2. Millennium development goals

50. The relevant millennium development goal in this priority area is to halve, by the year 2015, the proportion of the world's people whose income is less than one dollar a day and the proportion of people who suffer from hunger, and by the same date, to halve the proportion of people who are unable to reach or to afford safe drinking water.

3. Targets

Target 21- Governments should halve, between 1990 and 2015, the proportion of persons with disabilities whose income/consumption is less than one dollar a day.

4. Actions required to achieve targets

1. Governments should immediately include, as a major target group, persons with disabilities in their national poverty alleviation programmes in order to achieve the millennium development goal target to eradicate extreme poverty and hunger.

2. Governments should allocate adequate rural development and poverty alleviation funds towards services for the benefit of persons with disabilities.

3. Government should include disability dimensions and poverty mapping and disability into the collection and analysis of millennium development goal baseline data on income poverty, education, health, etc., so as to ensure baseline data for poor persons with disabilities.

4. Government should mainstream disability issues into pro-poor development strategies through:

(a) Increased resource allocation for poor persons with disabilities and the introduction of social budgeting for disability; (b) Participatory evaluation of existing social and economic policies through more effective methodologies, including the use of citizen's report card method; (c) Establishment of appropriate social protection schemes, such as schooling subsidy and/or health

insurance for poor families with disabled children and older persons with physical and mental disabilities; (d) Comprehensive development policies targeting persons with disabilities and families with disabled persons.

5. Governments should document and disseminate good field-based practices in poverty alleviation for persons with disabilities that can be used as models for capacity-building in government sectoral ministries, civil society organizations and the private sector.

6. Governments should encourage the building of strategic alliances among and advocating the importance of disability issues to policy makers. Organizations of persons with disabilities and community development organizations, with assistance from the United Nations system, with a view to incorporating disability issues into development policies

7. Preventive measures aimed at minimizing the causes of disability and the provision of rehabilitation services should be an integral part of the normal business of Governments, the private sector and NGOs. Programmes aimed at disability prevention and rehabilitation should be included in national plans, policies and budgets.

8. Governments should design and adopt a national strategy on prevention of causes of disabilities and rehabilitation for persons with disabilities.

9. The national strategy should acknowledge the role of all three approaches, institutional, outreach and community-based, in the rehabilitation of persons with disabilities. Community-based approaches, in particular, should be emphasized to achieve maximum coverage and outreach of services as well as to maximize their cost effectiveness.

10. The health service delivery structures, both governmental and non-governmental, should include rehabilitation services such as physiotherapy and occupational therapy as well as the provision of essential assistive device services. Little is known about gender-specific measures and health care approaches for mental health and physical disabilities among older women and men. Service provision for mental illness in older people needs attention. Special emphasis should be placed on ensuring that such services are available at the local level, including rural and urban poor areas.

11. Governments should support the formation of self-help groups of persons with disabilities in rural and urban poor areas and their federations, with a view to developing their capacity in mutual support, advocacy and

Source: UN ESCAP, Asia and Pacific Decade of Disabled Persons, 2003-2012, BMF, page 19

ANNEX B

B 1: List of Resource Persons for the Research

| No. | Sector | Contacted Persons | Position | Status |
|-----|------------------------|--------------------|---|--|
| 1 | Public Sector, PRSP | Ms. Chou Putheany | Deputy Director, General Planning Department, MoP | Semi -Structured Interview |
| 2 | Public Sector, PRSP | Mr. Poch Sovanndy | Deputy Director, General Planning Department, MoP | Semi- Structured Interview |
| 3 | Disability Sector | Mr. Yi Veasna | Executive Director, NCDP | Consultation |
| 4 | Disability Sector | Mr. Srey Vanthon | Country Representative, ADD | Consultation |
| 5 | Disability Sector | Mr. Long Sothy | Executive Director, DAC | Consultation |
| 6 | Disability Sector | Mr. Ngin Saorath | Executive Director, CDPO | Consultation |
| 7 | Disability Sector | Ms. Lucile PAPON | Country Director, HIF | Consultation |
| 8 | Public Sector, PRSP | Mr. Chea Chantum | Director, Social Affairs Dept, MoP | Guest Speaker, Disa & PRSP Workshop |
| 9 | Research Institute | Mr. Chan Sophal | Senior Research Manager, CDRI | Guest Speaker, Disa & PRSP Workshop |
| 10 | NGO Community/ CSO | Ms. Neak Sokunthea | NGO Forum | Guest Speaker, Disa & PRSP Workshop |
| 11 | IO/ Disability | Ms. Claudie Ung | Former Reha Coordinator, VI | Individual Meeting |
| 12 | Disability Sector, DPO | Mr. Duong Sokun | Chief of Federation, Kampong Trolach District | Group Discussion |
| 13 | Disability Sector, DPO | Mr. Sin Nget | Chief of Federation, Svay Kravann Dist | Group Discussion |
| 14 | Disability Sector, DPO | Mr. Ou Sambo | Chief of Federation Scous | Group Discussion |
| 15 | Disability Sector, DPO | Mr. Patt Sam Ang | Chief of Federation, Korng Pisei Dist. | Group Discussion |
| 16 | Disability Sector, DPO | Mr. Suon Pei | Chief of CDPO, Kandal Province | Group Discussion |
| 17 | Disability Sector, DPO | Mr. Ouk Vutha | Chief of CDPO, Kampot Province | Group Discussion |
| 18 | Disability Sector, DPO | Mr. Oung Sokhom | Deputy Chief, SHG | Group Discussion |
| 19 | Disability Sector, DPO | M. Buth Sophat | Chief of Association for PWDs, Veal Thom | Group Discussion |
| 20 | Disability Sector, DPO | Mr. Soy Sokhon | Chief of RSDAB | Group Discussion |
| 21 | Disability Sector, DPO | Mr. Roth Vichhean | Representative of Banteay Meanchey . | Group Discussion |
| 22 | Disability Sector, DPO | Ms. Mek Saluot | Chief of Disabled Women Forum, Kampong Speu Prov. | Group Discussion |
| 23 | Disability Sector, DPO | Ms. Khuon Samin | Chief of Federation, Vore Dist | Group Discussion |

B2. Compilation of Questions for the group Discussions:

Group Discussion:

Participants:.....

Organizations:

Positions:.....

Date:.....

Focus points:

1. Greeting among the members of each group discussion
2. Development Focus of each organization / DPO: Please describe the overview / main purposes of your organizational development programs/ projects.
3. Could you please clarify how your development focus / target/ approach benefit the PWDs?
4. Based on your observation, please specify the living conditions of the PWDs in your area? Most of them are really the poorest among the poor or what else they look like? If yes, could you please specify the main Difficulties, Risks, and Vulnerability in their permanent lives?
5. Do you think that there is a link between disability and poverty? If Yes, Please characterize them.
6. Based on your experiences in the disability sector, has any development program/ activity or project of DPOs or other actors involved with the Poverty Reduction Strategy? If yes, Please specify the program/ projects/ activities.
7. Have DPOs themselves brought the concerns/ problems of poverty of PWDs into any discussion/ event: workshop or meetings/ consultation with partners? If yes please detail the participation. If no, why?
8. Have you been aware of PRSP Processes in Cambodia? If yes, please summarize what you have known about those processes.
9. Do you see that the picture of Disability / PWDs was included in the national strategy? If yes, please clarify the involvement or inclusion.
10. Have DPOs participated in the PRSP processes? Or has any representative of DPOs participated in? If yes, please specify who or which organization and also the events/ activities. If no, why?
11. In practice with regards to your own development programs, what do you think about the relationship between DPOs and other sectors such as Government, NGOs?
12. Which area do you think is the most important for PWDs? Please specify the points in relation to poverty reduction actions in the following areas:
 - a. Health ; b. Rehabilitation; c. Social Protection ; d. Education
 - e. Employment Generation; f. Accessibility; g. others
13. Based on your observation in this sector, do you think that we need to include the disability in the PRSP processes? If Yes. Which sector development you think we should give priority? Why?
14. In conclusion, what do think / feel about the project of PRSP and Disability?

B3. Checklist for the Study

Checklist 1: PRSP in Cambodia

these questions provide orientation on how to assess the country-specific PRSP process.

What stage has the PRSP process reached?

- | | |
|---|--|
| <input type="checkbox"/> Formulation | <input type="checkbox"/> Implementation |
| <input type="checkbox"/> Evaluation/monitoring/review | <input type="checkbox"/> Next important steps and dates: |

Please clarify the relation of PRSP I and NSDP in the PRSP process. (Use the chart of the PRSP process for notification) _____

What other strategies and instruments are currently being used in your country that might influence the PRSP? (e.g. CMDG,...)

- | |
|--|
| <input type="checkbox"/> National policies (poverty reduction and others): _____ |
| <input type="checkbox"/> World Bank/IMF credits, CAS, national policies, etc.: _____ |

Who is involved in the PRSP? -Stakeholders of the PRSP (if possible, name concrete departments, institutions, persons)

World Bank/IMF: _____

Donors: _____

(I)NGOs: _____

Department for Coordination: _____

Members of civil society: _____

Government: _____

Parliament: _____

Organizations/institutions working in the field of disability: _____

DPOs/ PAs: _____

Others: _____

What are the main motivation of RGC to establish PRSP?

How is participation practiced? _____

Describe the type of participatory events: _____

Number of the events/person contacted: _____

Quality of these events: _____

What relationships exist between different parties?

(e.g. how is the atmosphere at the meetings? Is an open discussion possible? Are there

any tensions? Do the stakeholders have equal influence, or is anyone dominant?)

Government – Civil Society: _____

World Bank/IMF – Government: _____

World Bank/IMF – Civil Society Others: _____

In summary, do you think there is an inadequate participation? Yes No

If Yes, please check the appropriate reasons:

Cause of Concern: _____

Lack of access to information of PRSP: _____

Selection of participants: _____

Inadequate preparation time given for PRSP: _____

No standard of the participation: _____

Low quality of the participation process (e.g. you participate, but your voice is still not included in the paper) : _____

What opportunities has the civil society? Is there potential to increase its influence?

Yes, because _____

No, because _____

Checklist 2: PRSP and Disability

Situation 1: Your country has either not yet drafted or published a PRSP document, or there is a PRSP, but the document does not mention disability at all

How is the living situation of people with disabilities in your country?

Have the analysis and surveys on poverty included the disability? Yes No
If yes, please specify the type of the analysis or surveys.

Have DPOs, NGOs and other civil society built a strong networking and lobbying to participate and elaborate the issue in the Process of the Poverty Analysis? Yes No
If yes, please specify the results.

What are the connections in your national context between poverty and disability?
(Based on the national disability definition and the poverty defined)

What strategies and approaches do you want to promote?

In Health: _____

In Social Protection: _____

In Education: _____

In Employment: _____

In Accessibility: _____

In other sectors: _____

Situation 2:

A PRSP document is already available (either drafted or completed).

Is a disability dimension included in?

In Health? Yes No

In Social Protection? Yes No

In Education? Yes No

In Employment? Yes No

In Accessibility? Yes No

In other sectors? Yes No

Are the statements made in the PRSP adequate?

Yes, because _____

No, because _____

What do you expect in the implementation process? _____

How likely is it that the points will be put into practice? _____

Checklist 3: National Disability Legislation

Are there national laws for the promotion of opportunities of people with disabilities? If yes, which: _____

Is the public aware of them? Yes
 No
 Partially

Has the government made any commitments to any international conventions and legislation (e.g. the UN Standard Rules, the UN Convention on Human Rights etc.)?

Are there any discriminatory laws (e.g. prohibiting people with disabilities to marry)? If yes, which: _____

Are there anti-discrimination laws? If yes, which: _____

Is there a ministry, department or government unit responsible for people with disabilities? If yes, which: _____

Is there a Member of Parliament or government representative who has a disability? If yes, are you in contact with him/her? Yes No

Does she/he actively promote the interests of the national disability movement?

No, because
 Partially, because does not

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Related Websites:

PRSP Watch

<http://www.prsp-watch.de/>

Main documents of PRSP in Cambodia:

<http://www.imf.org/external/np/prsp/prsp.asp> and www.worldbank.org/prsp

Compiled Documents of NGO forum on PRSP:

<http://www.ngoforum.org.kh/Development/Docs/doc.htm>

Handicap International - Disability Conventions - Making it work

<http://www.iddc.org.uk/cdrom/files/index.htm>

UN Convention on Disability

<http://www.dpi.org/en/resources/topics/topics-convention.htm>

Disability and Poverty

<http://www2.stakes.fi/sfa/disabilityandpoverty>

UNESCAP- The Biwaco Millennium Framework

<http://www.unescap.org/esid/psis/disability/bmf/bmf.html>