

CAMBODIA'S PARTICIPATION PAPERS

International Consultation on Reviewing Community-Based Rehabilitation (CBR) Helsinki, Finland, 25-28 May 2003

I. Current Situation of Persons with Disabilities (PWD)

1. Definition of Disability

With reference to article 2 of the Draft Legislation on "THE RIGHTS OF PEOPLE WITH DISABILITIES" which is being developed by a Legislation Working Group, "a disabled person" means a person who loses any physical organ or capacity or suffers from any significant mental impairment, such as loss of limbs, quadriplegic, visual or hearing impairment or mental disabilities, etc which significantly affects their capacity to participate in social activities and they are required to have a certified document of disability issued by the Ministry of Health. The category and level of disability will be determined by the Government Sub-decree¹.

There was some identification of grade and categories of disability specifically for disabled soldiers stated by the Government. However, there has been no official definition regarding the classification of types of disability for PWD in general in Cambodia until a "Socio-Economic and Behavioral Pilot Survey on the Situation of the Disabled Persons in Cambodia" was conducted during March-June 2000², an unofficial agreement was made in the classification of disabilities into eight types of difficulties as follow:

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. Strange behavior or mental impairment
7. Learning difficulties or intellectual impairment
8. Fits

There is not available and or official definition of the above types of disabilities in Cambodia. However, effort has been made in this regard in conjunction with the World Health Organization-WHO amended definition of the disability.

2. Current Situation and Problems Faced by PWD

The recent history of Cambodia has left a legacy of high numbers of PWD of all ages and conditions. The devastated health and social services as well as educational facilities have neither the financial means nor the human resources to cope with the overwhelming needs of Cambodians with disabilities. The rehabilitation services are still limited to support PWD, especially services to address the needs of children and women with disabilities. 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, based on an integrated participatory and decentralized approach to services delivery. The immediate goal is to ensure the maximum number of PWD receive appropriate services and support so as to enable them to live with dignity and to be integrated within the community to the best extent possible.

There is no universal PWD registration system set up in Cambodia.

3. General Conception Towards PWD

More than 85% of Cambodian people follow Buddhism. People believe in "Kama: Commit good receive good, commit bad receive bad". In Buddhist theory or teaching, disability is the outcome of a bad thing, which a person made in his/her previous life's course. People have also been taught to have mercy for the

¹ Draft Legislation on the Rights of PWD, Provision I, Article 2, 2000

² Socio-Economic and Behavioural Pilot Survey on the Situation of the Disabled Persons in Cambodia", December 2000

weak. On the other hand, there is also a belief in good and bad luck and this relates to an action of a person when he/she does good action against others good luck would be brought to that person. Therefore, most Cambodian people prefer to give donations or charity to the poorer people and disabled beggars. However, such compassion and support of people has decreased due to suffering and the breakdown of community spirit by the prolonged civil war and devastation in the country. Though the above concept might be regarded as a good system to support PWD, however additional approaches would enable PWD to stand for themselves in society equally and considerable attention is being given to the empowerment of PWD to be included at all levels of decision making.

4. Disability Awareness

A major factor restricting the full participation and equality of opportunities of PWD is the prevalence of perceptions and practices, which prevent them from functioning as full members of the society. Often the abilities of PWD are not recognized. They face social and economic marginalization, discrimination, and have very limited access to resources. Therefore, they find their opportunities for full and equal participation limited. Also, Public awareness and mass education campaigns on the inclusion of PWD in the country's mainstream development program, by mobilizing the private sector and the community for eradication of discrimination are almost non-existent.

Public awareness campaigns are needed to overcome inaccurate stereotypes that PWD cannot be productive members of society. Public awareness should promote the respect of the right of PWD. It should also focus on the abilities persons with disabilities possess. The involvement of the Buddhist community could be a valuable support for public awareness and mass education to change the society's mindset and negative attitudes towards PWD.

At the present, a study on Disability Awareness Programs has been coordinated by the DAC. Its main objectives are to assess the current activities on disability awareness, which are being implemented by some organizations, to identify gaps and to develop a comprehensive national strategic plan for disability awareness program in a systematic, coordinated way in Cambodia.

5. Training and Employment

Skills training, income generation and job placement is an important factor in the rehabilitation of PWD. In Cambodia PWD typically come from the poor and poorest segments. For these PWD it is of high priority to be able to gain an income for themselves and their families. Programs in training and employment can be divided into the following categories.

- Provision of vocational training (including literacy, numeracy and small business management)
- Referral services to training providers and employers
- Production of crafts for the local market and export through production workshops or independent producer groups

Follow up after the graduates have left the centers has gained an increasing importance in most programs. Follow up takes the shape of regular visits to the graduates work place, the provision of start up equipment and – in some cases – the provision of loans or grants. PWD meet some specific constraints in their aim to gain an income.

- Self-employment usually requires access to credit facilities. Poor PWD find it particularly difficult to access credit.
- PWD often face discrimination when it comes to employment. The belief in their abilities is very low.

In addition, skill training for PWD meets the same constraints as the mainstream service providers.

- The labor market is very limited. Employees are often hired because the owner trusts them and not because they are particularly qualified.
- Employees are paid very low salaries, often not meeting the minimum expectations and needs of job seekers.

- Most PWD live in rural areas, where economic activities are limited.
- Micro-enterprise promotion requires people willing to be entrepreneurs. This cannot be assumed for everybody.

6. Poverty

In Cambodia, the measurement of poverty is based on a poverty line that takes into account food consumption that provides at least 2,100 calories of energy per person per day and a small allowance for non-food consumption to cover the basic living items like clothing and shelter. The nature of poverty in Cambodia has been identified as following: a) impact of the Khmer Rouge Regime and the legacies of war on the population, b) lack of opportunities, c) vulnerability, d) less access to public services.

PWD form one of the most vulnerable groups in Cambodia, and have very limited access to education, skills/vocational training, job placement, income generation opportunities and other available social services. As a result, many are extremely poor. Income generation for PWD thus not only contributes to establish a sense of dignity and self-confidence among PWD, but it is also directly linked to poverty reduction and development. Many view disability as a condition of occupational disadvantage which can and should be overcome through a variety of policy, measures, regulations, appropriate programs, and services. Equality of treatment, mainstreaming of training and employment opportunities and community involvement is central pillars of the multi-sectoral approach.

7. Accessibility

Cambodia's built environment contains many obstacles for PWD. The majority of public buildings have inaccessible entrances and exits. Toilets are usually located upstairs in small cubicles and never have supporting handles. Some of the larger hotels have accessibility features e.g. lifts, wide doors and corridors. However, most smaller hotels and guesthouses are inaccessible. Problems are similar in hospitals and schools. Higher-level institutions typically have several flights of stairs. Features, which should be accessible, include entrances, exits, door handles, handle rails, floor surfaces, corridors, toilets, escape routes, elevators, and staircases. External environment barriers include obstructions on footpaths, uneven or no footpaths, street vendors and cars on footpaths, no curb ramps, steps etc.

Awareness of accessibility for PWD is minimal outside of organizations working on the promotion of the rights of PWD. However, some adaptations to the built environment and the external environment can be achieved at a minimal cost with creative thinking and careful consideration given to people's needs. PWD experience difficulties in moving around the numerous obstacles of the built environment on a daily basis. Therefore, PWD and organizations representing them should be consulted from the early planning stages.

At present the responsibility for building and construction permits is not clearly regulated. Also, the legislation on disability is still in a draft form. Hence, it is difficult at this stage to place responsibility for the implementation and monitoring of accessibility features on a specific government body.

8. Education

Education is a human right and a basic need. Education in Cambodia however, has suffered greatly from past political, social and economic turmoil. The Khmer Rouge Regime (1975-79) oversaw the almost complete destruction of the education system. Cambodia has made significant progress in the last decade in recovering from the years of war and turmoil. The eighties and early nineties are best characterized as a lengthy phase of emergency relief focusing on the opening of schools and the emergency training and deployment of teachers. The early nineties featured a growing emphasis on Government led policy reform. It is only in the mid to late nineties that it can be said that the transition from emergency relief to reconstruction and development has been made.

Education for all persons in Cambodia is imperative. The limited capacity and resources of the general education system, particularly in rural areas has resulted in the majority of learners being excluded from

education opportunities altogether. This naturally results in illiteracy and low skills amongst children and adults with disabilities, ultimately contributing to reduce employment opportunities.

For PWD formal and non-formal education are among the services essential for child survival and development and a vital means of empowerment and self-help. To date education programs for PWD have been implemented solely by NGOs and focus on children with disabilities. A limited number of special schools and classes exist, as do a few community-based initiatives. Collectively these services only provide provision for a fraction of children with disabilities in Cambodia, and are concentrated mainly in urban areas. These programs cater almost exclusively for children with physical disabilities and sensory impairments. A non-quantifiable number of children with disabilities (mainly children with physical disabilities) are intrinsically included into the mainstream education system however the present school environment does not facilitate integration. At present, the national policy and pilot inclusive programs for promoting educational opportunities for children with disabilities have been coordinated by the DAC in close collaboration with Ministry of Education, Youth and Sports (MOEYS).

9. National Census

In Cambodia, the last national general population census was taken in 1998. This census aimed at providing a picture of the social and economic conditions of population at all levels. Unfortunately, there was minimal data on PWD had been collected. There has not been any separate national census on disability, neither registration system of PWD set up in this country.

II. Community Based Work with PWD (Community Based Rehabilitation-CBR)

1. Introduction

Name / Title	Legislated year	Description / Purpose
Community Based Rehabilitation Bureau within the Department of Rehabilitation, MOSALVY	1998	Overall responsibility of community based rehabilitation activities.
Major Community Based Rehabilitation Programs have been carried out mainly by NGOs in collaboration with relevant ministries.	Since 1993	<ul style="list-style-type: none"> ➤ Self Help Group (SHG) formation and socio-economic support ➤ Community based socio-economic rehabilitation ➤ Link between Rehab Centers, community, & mainstream NGOs (credit, VT, rural development...) ➤ Referral and follow up, emergency grants ➤ Development of Federation of SHGs ➤ Counseling, advocacy, referrals ➤ Awareness & information, advocacy ➤ Community education ➤ Leadership training courses ➤ Rehab work with client & family/follow up of children, technical aids / referrals (Activities Daily Living-ADL / exercises), ➤ Deaf children pilot project ➤ Outreach & follow up program ➤ Surgical referrals ➤ Facilitate PWD access to services ➤ Supporting older people with special needs (including isolation & different disabilities) in health, sanitation income generation, home gardening, loans, counseling. ➤ Home Based Care for Differently Able Children, polio, mine victims, clubfoot and cerebral palsy ➤ Provide access to education, health care, etc.

The term Community Work with Disabled people (CWD) was chosen by representatives from the sector to describe this type of approach in a simple and unambiguous way. It embraces the term Community Based Rehabilitation (CBR), and avoids the conceptual difficulties surrounding CBR.

CWD staff and programs face particular constraints of accessibility in terms of availability of services. In the past widespread coverage was impossible due to political instability. This is improving now, but certain problems remain:

- Security – landmines, robberies, kidnapping, insufficient staff to travel in pairs
- Transportation – poor roads, weather conditions, large distances, lack of vehicles
- Lack of cooperation with local authorities, lack of transparency, expectation of gifts, etc.

Traditionally, PWD have been segregated, by their families, their communities, and society. This has also been the model for their ‘rehabilitation’ or ‘special care’ in most parts of the world.

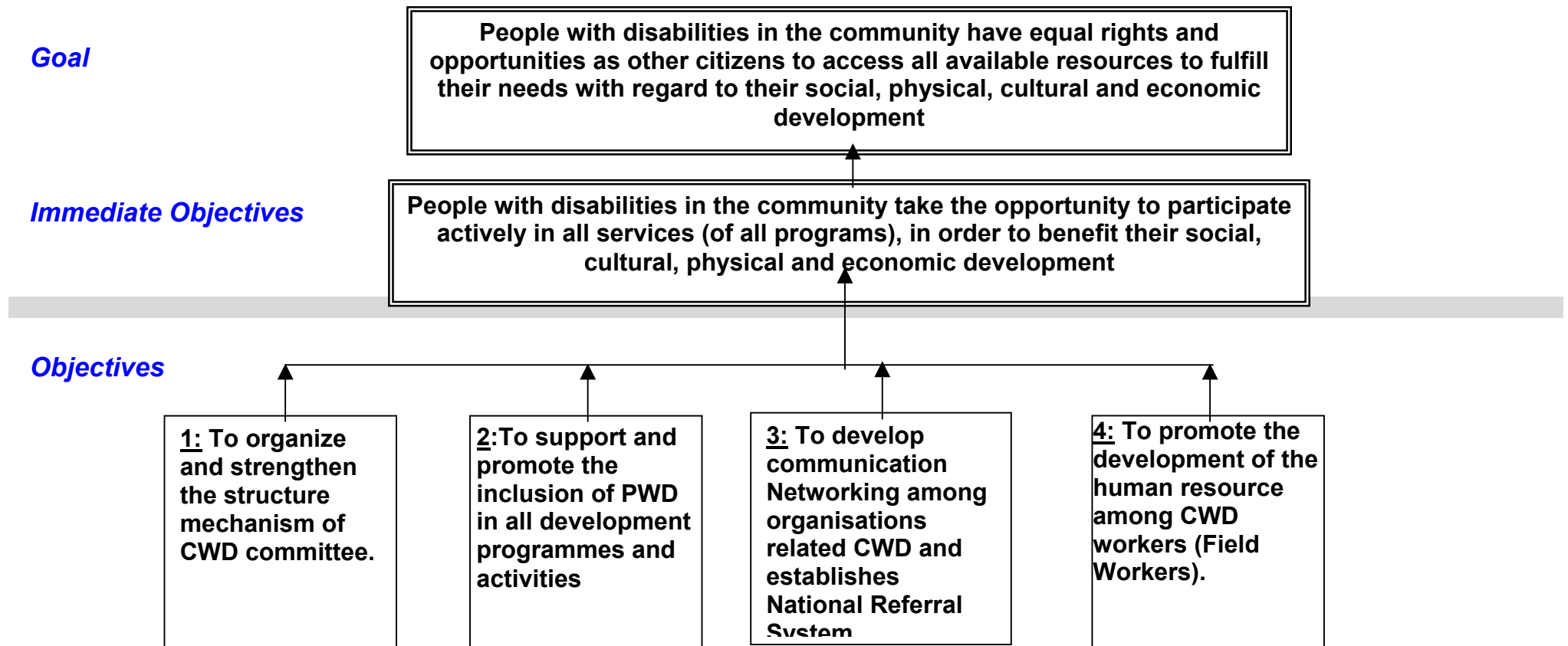
CWD is increasingly recognized throughout the developing world as the most appropriate and sustainable approach for the equalization of opportunities and inclusion of disabled people in the development of their country. Its essence is decentralized responsibility of all resources (human, material, financial) to community level organizations and action. It is a part of wider community development.

In Cambodia this has been the chosen approach of most of the agencies working with PWD. Some work with specific groups, such as those with a particular disability, or disabled children. Others include all age groups and disabilities. Despite the heterogeneity of the agencies, certain aspects of their work are agreed within the sector to be fundamental to CWD. These core common elements are:

- Raising awareness on disability issues at individual, family, & community level
- Promoting self esteem and capability of people with disability
- Promote inclusion of people with disability within the community
- Promoting opportunities for employment
- Referring on and making links between people with disability and agencies (Government & non Government)
- Providing family support and empowerment
- Promoting income generation of individual people with disabilities as well as their families

2. Strategic Plan:

Vision: To ensure the quality of life of all people with disabilities in the community is improved in terms of disability awareness and social, economic and cultural inclusion.



3. Sector Action Plan

DAC Committees and Working Groups' Action Plan

Objective 1: To organize and strengthen the structure of CWD committee.				
<i>Activities</i>	<i>Time frame</i>	<i>Responsible</i>	<i>Inputs / Resource</i>	<i>Indicators</i>
1.1. The structure of CWD are organised and strengthened.				
1.1.1. Review and update the CWD Terms of Reference.	Nov/00 (once a year)	Pen Mony	CWD members	Amendment TOR
1.1.2. Identify roles and responsibility of CWD members and rotate the roles of chairperson and the minute's taker.	Every six months	Chair person	CWD members	Chair, minute taker..
1.1.3. Conduct monthly meeting for CWD committee.	Ongoing	Chairperson	CWD members	Minutes of meetings
1.1.4. Select representative to attend DAC Board.	Every 6 months	Chair person	CWD members	One representative
1.1. CWD-action plan is developed, implement, monitor and evaluate.				
1.7. Conduct needs assessment and develops proposal for CWD.	March/01	Pen Mony	CWD members	Project proposal
1.1. Conduct committee-planning sessions to develop CWD action plan.	June-October/00	Pen Mony	NGOs- Ministries	No of staff
1.2. Conduct regular monitoring for CWD Committee sectors plan.				
	Every month	Chair person	CWD members	Minutes
1.5. Conduct yearly evaluation for CWD action plan	Dec/01 (once a year)	Pen Mony	Plan-report	No of Meeting- Min

Objective 2: To support and promote the inclusion of PWD in all development programmes and activities				
<i>Activities</i>	<i>Time frame</i>	<i>Responsible</i>	<i>Inputs/Resource</i>	<i>Indicators</i>
To collect, collate and share information of CWD to relevant stakeholders.				
2.1. Collect information on existing services for PWDs	July/2001	Pen Mony	NCDP(IRS)&Mem	List of Data
2.2. Update information on existing services for PwDs	Once a year	Pen Mony	NCDP(IRS)&Mem	List of Data
2.3. Exchange monitoring data/information related to current rehabilitation services	Every months	Chairperson	Members	Minutes
2.4. Collect, collate and document all activities related to CWD	06/2001	Pen Mony	Members	Document
2.5. Identify the clear standard of CBR in Cambodia context	05/2001	Pen Mony	Mem & MOSALVY	Document

2.6. Prepare for dissemination of CWD through Media	Every 6 months	Pen Mony	CDPO	No of Media
---	----------------	----------	------	-------------

Objective 3: To develop communication Networking among organisations related CWD and establishes National Referral System.

Activities	Time frame	Responsible	Inputs/ Resource	Indicators
3.1. Networking and referral system are developed				
3.1.1. Make directory of NGOs providing services for PwDs	10/00-02/01	Pen Mony	CWD-NGO	List of NGOs
3.1.2. Identify institutions, bodies and organizations related to referral work for PWD	10/00-02/01	Pen Mony	CWD-NGO	List of NGOs
3.1.3. Collect all referral activities done by relevant NGOs	Every Dec.	Pen Mony	CWD-NGO	E&M
3.2. Initiate the ideas of establishment of National Referral System	2-5/01	Chairperson	CWD-NGO	Documents
3.3. Conduct a workshop for the establishment of National Referral System among stakeholders	6-8/01	Pen Mony	CWD-NGO	Reports
3.4. Coordinate the implementation of referral services	11/01	Chairperson	CWD-NGO	E&M
3.5. To coordinate and facilitate the development process of National Referral System among relevant stakeholders	5-11/02	Pen Mony		E&M

Objective 4: To promote the development of the human resource among CWD workers (Field Workers).

Activities	Time frame	Responsible	Inputs / Resource	Indicators
4. Human resource within CWD (field workers) is developed.				
4.1. Conduct the Training Needs Assessment for the committee members.	01/2001	Pen Mony	Members	No. of training
4.2. Create opportunity for the committee members to achieve knowledge and experiences through training, study tour and workshop.	05/2001	Chairperson and Pen Mony	Members	No of opportunity
4.3. Prepare CBR training for field workers	11/2001	Khout Sovithya	Members	Documents
4.4. Communicate and facilitate for CWD member participating in any events related to CWD both inside and outside the country.	On going work	Chairperson	Members	Participants

4. Current Projects Activities of Government Ministries, NGOs and IOs

Organisations ' name	Extension of current projects or new projects	Location	Time frame		Budget US\$/year	Remarks
			Start	End		

*Action on Disability & Development – ADD	<ul style="list-style-type: none"> - Self Help Group (SHG) formation - Development of Federation of SHGs - Counselling/referrals - Awareness & information, advocacy * Animal health care * Income generation activities * Group saving - Training * Disability awareness, leadership, sign language, group management. 	Kampong Speu and Kg Chhnang provinces	2001		96,384	Project plans to 2004 with shortfalls for 2001 onwards
American Friends Service Committee – AFSC	<ul style="list-style-type: none"> - Self Help Group with women with disability leaders - Counselling, advocacy - Rehab work with client & family / follow up of children, technical aids / referrals (ADL / exercises), loans Deaf children pilot project (for details see 7 Education) 	Kampong Som,	1996		50,000 72,000	Due to financial constraint, Koh Kong target area was canceled
American Red Cross- AmCross	<ul style="list-style-type: none"> - Promote the integration of disabled Cambodians into Cambodian Society through community based rehabilitation services - Psycho-social counseling 	Kampong Speu	1996			
Cambodia Trust – CT	<ul style="list-style-type: none"> Outreach & Follow Up Programme - Identification in villages - Follow up rehab work with client & family (physiotherapy, ADL / exercises) - Surgical referrals (for details see 11.1 Physical Rehabilitation) - Community work with disabled people - Refer PwDs to vocational training center - Assist children with disabilities to school - Awareness raising 	Kandal, Kampong Som, Koh Kong, Kampong Chhnang	1993 Sept 99 (CBR)			
Cambodian Disabled People's Organisation – CDPO	<ul style="list-style-type: none"> - Advocacy, awareness & information - Community education (for details see 12 Self-help Organisations) * Extension to Kg Cham Province * Representatives for 20 provinces and cities 		2001		200,000	
* Handicap International – CABDIC	<ul style="list-style-type: none"> 1- Work with children having a disability and their family members - Prevention disability - Child care - Transfer basic ADL skill to family members 2- Promote SHGs of disabled people at the at the grass-root level - Capacity building - School integration 3- Community awareness raising - Village and school meetings - Public participation - Individual counseling 	Takeo, B. Meanchey, Siem Reap Kg. Thom			250,178	* 4 provinces were cut down due to limited human resources

* PRC Social Services	District level socio-economic rehabilitation based in 8 provincial centers - Advocacy, information and awareness - Counselling - Link between Rehab Centres, community, & mainstream NGOs (credit, VT, rural development...) - Education, health - Support to SHGs, income generation (micro-project) - Referral and follow up, emergency grants	Takeo, Kg Cham, Battambang, B. Meanchey, Kampot, Kg Thom, Siem Reap, Pursat	1991		259,000 245,000	
* Help Age International – HAI	Older People’s Development Programme includes: - Community rehabilitation of Older people with disability - Supporting older people with special needs (including isolation & different disabilities) in health, sanitation income generation, home gardening, loans, counseling - Emergency - Older People Association	Battambang, Siem Reap, B. Meanchey	1992			
Jesuit Services Cambodia – JS	- Housing, income generation, peer counseling, health – done by Mine Victim Social Workers	Siem Reap Phnom Penh Kg Speu B. Meanchey Anlong Veng				
* CARITAS –RBC – Wat Saravann	Rehabilitation of the blind (Visually impaired people) - Information, awareness on prevention - Counselling - Mobility and orientation, ADL - Income generation, loans and grants - Hare-lip, cleft palate, facial surgery	P-Penh, Kandal, Takeo, Kg Speu + Kampot (2 districts each) 1 district in Prey Veng	2001		150,000 150,000	
National Centre for Disabled People – NCDP	CBR Programme - Information and awareness - Counselling, advocacy - CBR training, rehab work with client & family (ADL / exercises) - Income generation - Information and Referral Services - Send children with disabilities go to School	Kg Speu, Kandal, Phnom Penh			158,000 215,000	Geographical expansion in 2000
* Operation Enfant de Battambang	Home Based Care for Differently Disabled Children (DDCh) – polio, mine victims, clubfoot and cerebral palsy - Provide access to education, health care and rehabilitation, rehab work with client & family (ADL/Exercises) - Joint workshops with ICRC and doctors to train parents in care of child - Awareness, community involvement, rights of disabled children (see also 7 Education) - Referral to vocational training and to other organizations - Provide credit (small scale)	Battambang - Rattanak Mondul, Banan, Battambang , Mong, Bavel, Sampove Lounn, Phnom Proek and Kamreang districts	1998 August		40,193 40,000	Supported by Redd Barna

* Servants of Asia's Urban Poor	Disabled Children Project - Information, awareness, counseling - Parent's support group - Referral to other Servant's projects - Provision of Asserive Devices (see also 7 Education)	Phnom Penh – Meanchey District			15,000 15,000 ?	Plans to 2002
* Social Services of Cambodia – SSC	Social and Mental Health Services programme - Information, awareness and advocacy - Counselling - ADL & relaxation exercises - Small loan/grants - Self help group promotion - Training NGOs and Govt. staff	Kg Speu, Phnom Penh	1992		250,000 250,000	
* Veterans International – VI	Community Follow Up - Counselling - Advocacy, information and awareness - Rehab work with client & family (ADL/Exercises/asserive devices) - Access to school for children (for details see 11.2 Physical Rehabilitation) - Income generation (provide loan to selected 10 disabled people within a year)	PnP, Kandal, Prey Veng, Svay Rieng, Kg Cham (Southeast), Preah Vihear and Kratie	1991			

5. Planned Projects / Activities

Organisation s' name	Extension of current projects or new projects	Location	Time frame		Budget US\$/year	Remarks
			Start	End		
Action on Disability & Development – ADD Expand areas of work	- Commune Federation of disabled people - District Federation of disabled people - More training on Community development, Gender concept, TOT, Communication, logistical frame work, evaluation and reporting	Kg Speu	2000	2004		
Cambodia Trust – CT	Expand outreach & follow up into CWD work from Sept/Oct 1999: - Counselling - Advocacy, awareness & information - Accessibility, referrals for VT (for details see 11.2 Physical Rehabilitation)	Kg Chhnang	1999 July	2002		
Help Age International – HAI	Older People's Development Programme continuation of activities	Battambang, B. Meanchey	2000	2001	184,000	no funds yet
International Partners in Action Research and Training – inter PART	Community Based Care for Orphaned and Abandoned Children with Disabilities - Establish and operate group home - Develop options for national strategy	Phnom Penh	2000	2001	75,843	

Veterans International – VI	Community follow up - Needs assessment progress - Advocacy, counseling (for details see <i>11.2 Physical Rehabilitation</i>)	Preah Vihear	2000 Nov- Dec	2001		
Veterans International – VI	Community follow up - Identification of disability - Counselling, rehab work with clients & family - Advocacy, information & awareness - Access to school for kids for details see <i>11.2 Physical Rehabilitation</i>	Kratie (2000) Stung Treng (2001) Rattanakiri, Mondolkiri (2001)				

6. Gaps

Gaps in services for CWD exist both in the geographical areas covered and in types of services provided.

Geographical distribution of services:

Most CWD agencies are generally working in central, southern and some western provinces. However, they are mainly only working in districts close to the town, and in secure areas with good road conditions. It is difficult to get access to some areas because of lack of security, poor road conditions and long distances. This prevents many PWD living in rural areas from benefiting from programs. The areas with no access to CWD projects are:

- All former Khmer Rouge areas, such as Krong Pailin, Samlot in Battambang, Anlong Veng in Oddar Meanchey province and Veal Veng in Pursat province.
- Northern and eastern areas such as Kampong Thom, Rattanakiri, Mondolkiri, Kratie, Stung Treng.

Type of services:

- ***Access to credit for PWD:*** At this moment most CWD agencies are not providing credit to PWD. In the past, more agencies provided credit but they have now stopped because of lack of funds for this kind of project. The interest rates of mainstream credit agencies are so high that PWD cannot access credit from them. A further problem is that people in the community often do not allow PWD to join their credit group because they do not trust them to repay the loan to the group.
- ***People with certain types of disability:*** People with learning difficulty, HIV/AIDS, mental health problems are being ignored because of a lack of awareness of these kinds of disabilities, and/or lack of knowledge to work with, or train, people with these types of disabilities.
- ***Skill training for specific groups:*** Most deaf and blind people living in rural areas do not have basic education or special training such as Braille and signing. They are excluded from mainstream development as well as from skill training provided by agencies in the disability sector. For deaf people, the situation is made worse because most people do not know how to communicate with them.
- ***Employment opportunity for PWD:*** Most employers are reluctant to employ PWD because they do not meet their criteria due to lack of education and experience.
- ***Skill level of CWD workers:*** Agencies are using different methodologies in how to work with PWD in the community. Some field workers have limited and basic skills in terms of community based work.
- ***Membership of CWD committee:*** Some CWD agencies are not motivated to send their representatives to this Committee. Some representatives do not come to the meeting regularly because they are very busy with their own work.

7. Recommendations

- ❖ CWD should expand programs to reach all PWD in remote areas to cover more areas.
- ❖ CWD agencies should consider starting loan projects for PWD.
- ❖ CWD agencies need to promote the inclusion of PWD into the mainstream of community development programs and their credit schemes
- ❖ CWD should be more comprehensive and reach people with other kinds of disability
- ❖ Develop capacity building for PWD in the community
- ❖ Increase appropriate training opportunities
- ❖ Expand sign language training for deaf people
- ❖ Provide awareness to the community on special needs for deaf and blind people
- ❖ Raise awareness of disability issues among potential employers
- ❖ CWD agencies sector should provide more jobs opportunities for PWD
- ❖ A community work training module is needed which recognize common core skills and provides further training as needed (see Training Community Based Workers for details below)
- ❖ Lobby the head of CWD agencies to send their representatives to this CWD committee, and to recognize participation in this committee as an integral part of their CWD work.

III. TRAINING COMMUNITY BASED WORKERS

1. Introduction

Community Work with Disabled People (CWD) is increasingly recognized as an appropriate approach to assisting PWD. In Cambodia a number of organizations are working with PWD at the community level. Their approaches and targets may vary, but they share certain aspects of their work (see Community Work with Disabled People-CWD above).

The holistic and people centered approach of CWD requires Community Based Workers with the competence to carry out their tasks (competence includes the knowledge, skills and attitudes as well as the confidence and motivation required to carry out a task/function). Therefore, training for Community Based Workers must encompass many aspects of social and development work, such as counseling, communication, nature of disability, administration etc.

The organizations with community-based programs provide a wide variety of training to their community based workers. However, the training is mostly conducted by organizations for their own staff and their specific projects. Recent discussions among concerned organizations, initiated by the Disability Action Council (DAC), showed a need for the development of a national, standardized training program for community based workers. During a workshop, attended by representatives of 15 organizations, the participants recommended among others that:

- ❖ A framework be adopted whereby one agency or executive body has the role to coordinate the development and management of a “standardized CBW Accreditation Training Program in Cambodia” with the input and implementation of various organizations
- ❖ A competency-based approach to training seems like a useful and relevant approach to the development of the training program, but that more discussions and official recognition are needed
- ❖ A working group be reconvened with wider representation and participation of Cambodian nationals as well as representatives of other relevant ministries and organizations.

Based on these recommendations follow up is required to determine the standards required by Community Based Workers and to develop appropriate training programs. As recommended by the participants of the workshop this requires extensive consultations with organizations and ministries.

2. Strategic Plan:

Super-Goal

To establish an Institute for Community Based Worker Training (CBWT)

Immediate Objective

To develop a standardized accreditation training program for Community Based Workers in Cambodia.

Objectives

1. Key ministries (Social Affairs, Education and Health) will support and to commit to the evolving CBWT framework

2. All relevant National and International stakeholders will participate in the process of establishing a representative steering group

3. To raise the awareness of key ministries and institutions on CWD and CBWT

4. To obtain co-operation from key ministries in promoting recognition of CBWT programs, including involvement in the development of standardized guidelines for training modules and assessment and accreditation criteria.

5. To facilitate collaboration of NGOs and other key stakeholders in the development of standardized criteria for training modules and the development of assessment and accreditation criteria.

6. To facilitate the sharing of training materials and expertise among agencies and government

7. To continue the development of an up-dated and refined database on existing Community Based Worker Training

8. To promote the development of training materials in the Khmer language from existing resources

3. Sector Action Plan

Activities for Objective 1: “To enhance the capacity of key ministries to support and to commit to the evolving CBWT program”.

- In the event that the project officer is not a Cambodian national, a counterpart with suitable skills to work full-time alongside the Project Officer will be recruited. One possible source of this candidate may be from MOSALVY. The counterpart will receive training in the necessary skills in order to fulfill their role, e.g. training in Community Based Work, facilitation, planning, evaluation, computers and language.
- Identify representatives from the MOSALVY, the MOEYS and the MOH who can be seconded to form part of the steering group.
- Support and supervise training to liaison staff seconded from the ministries; including the background and philosophy of Community Based Worker Training and familiarization with the developments to date in moving towards a standardized CBWT framework for Cambodia. The Project Officer will provide support for the government personnel throughout this process.
- Identify existing networks within the ministries (MOH, MOEYS, Ministry of Women’s Affairs, Ministry of Rural Development) where opportunities for collaboration may be possible, for example a training program for CBW at the MOH.

Activities for Objective 2: “To ensure a wide participation of all relevant National and International stakeholders in the process of establishing a representative steering group”.

- Conduct a workshop with all stakeholders to review and amend as necessary, the composition and the terms of reference of the steering group. Half of its members will be Cambodians, with one member each from the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MOSALVY), the Ministry of Education, Youth and Sports (MOEYS) and the Ministry of Health (MOH), and at least one member of the current Community Based Worker Training (CBWT) working group.
- The steering committee and project officer will establish means of monitoring and reporting consistent with the terms of reference.
- The steering group will ensure the process and direction of the work and outcomes are grounded in the needs of people with disabilities, relevant to the socio-political and economic context in Cambodia and amenable to sustainability.

Activities for Objective 3: “To raise the awareness of key ministries and institutions on Community Based Rehabilitation (CBR) and CBWT”.

- A range of awareness raising activities are to be undertaken with relevant staff of key ministries and institutions to ensure appropriate information on CBR and CBWT is made available and understood. These activities may include workshops, reports, circulation of minutes of meetings, personal appointments, support with accessing training programs, coordination with other NGO, IO and National training initiatives and so on.
- Identify, translate and summarize pertinent documentation to provide a ready resource of important and relevant information that may be easily accessed and circulated. This resource shall be continuously updated and refined to ensure current pertinent information is available.
- Periodically review the activities to assess effectiveness and appropriateness of content in relation to the aims of the project. The members of the steering committee associated with the ministries will provide feedback and technical support.

Activities for Objective 4: “To promote the recognition and cooperation by key ministries of the development of a National standardized and accredited CBWT framework”.

- Identify criteria for training frameworks, assessment and accreditation required for ministerial recognition.

- Evaluate comparable training programs at community level, for example community primary health care, first aid, rural development and vocational training, to identify existing examples where training, assessment and accreditation criteria have been developed with government collaboration.
- Develop standards and principles by which CBWT can be evaluated, in collaboration with key stakeholders including key ministries.
- Ratify and submit the proposed framework to the relevant departments for approval.
- Develop a draft proposal for an Institute for CBWT will be developed in collaboration with key stakeholders. This Institute, with an executive management body including ministerial representation, would provide administrative and technical support, ensure the monitoring of the approved standards and administer the accreditation process for CBWT programs.

Activities for Objective 5: “To promote the recognition and support by NGOs and other key stakeholders of the development of a National standardized and accredited CBWT framework”.

- Through a collaborative consultative process with a wide range of stakeholders, identify areas of consensus that will provide a framework on which to begin to build criteria for the development of areas of competency that are required to effectively meet the needs of PWD in Cambodia. These competencies can form the basis of modules. These modules will then be identified. Analysis of competencies will help determine the knowledge, skills and attitudes that trainees will need and thus also the content and most appropriate methods for teaching/training.
- Analyze similar CBW training programs in the NGO, and National sector, for example in community health and education, for examples of competency based training and assessment.
- Facilitate the formation of sub committees of areas of community based worker specialization, for example prosthetics and orthotics, vision impaired, HIV/AIDS and children with disabilities, to develop consensus on criteria for the development of areas of competency.
- Identify training areas that are underrepresented or where there are difficulties arriving at a consensus, and the facilitation of additional technical assistance as required.
- Develop a framework that will support the criteria developed, ensuring that it will encompass the diverse range of CBWT and skills.
- Consult widely to ensure that the framework developed provides a high standard of consistency, clear and realistic guidelines for competency based training and assessment, and meets with overall consensus to provide an effective training framework that will best meet the needs of PWD in Cambodia.
- Develop an accreditation system realistic and acceptable to all stakeholders.
- Development of recommendations for the administration of the framework.
- Identify and make recommendations to address any key constraints that may impact on the further development of the project.
- Identify key personnel that may provide support to the development of an Institute of CBWT.
- Develop a project proposal for the development of the institute, drawing on the recommendations developed.

Activities for Objective 6: “To facilitate the sharing of training materials and expertise amongst agencies and government”.

- Identify training resources that may be able to be shared within the sector, and ensure this knowledge is effectively shared among all stakeholders.
- Identify international resources that may be appropriate to utilize in the Cambodian context. The training materials need to be developed and formalized so that they can be used by agencies, NGOs, ministries etc.
- Identify and make recommendations to alleviate constraints to effective sharing of resources, for example issues of transport, funds, insufficient human resources to facilitate an expansion of training to accommodate external candidates, a lack of understanding of protocols, and a lack of communication and co-ordination between agencies.

Activities for Objective 7: *“To continue the development of an up-dated and refined database on existing CBWT programs”.*

- Conduct participatory appraisals of existing CBWT covering content, methodology and other relevant data, and collating this information into an accessible database to provide detailed, relevant and up-to date information on all current CBWT.
- Develop mechanisms for feedback on the existing database, so that modifications to the design or content may be made as required.
- Remain informed as to the developments of other database projects, and seek collaboration and database design opportunities where feasible, to ensure as wide and effective a coverage as possible.

Activities for Objective 8: *“To promote development of training material in the Khmer language from existing resources”.*

- Review of training in terms of content, methodology, so that they are suitable to the needs of trainees and effectively meet the needs of PWD.
- Ensure training materials are accessible to all relevant candidates in terms of language level (vocabulary), methodology, culture appropriateness, format of materials, schedule etc., with input from representatives from organizations of PWD e.g. NCDP, ABC, CDPO.
- Provide guidance and guidelines to NGO’s and other stakeholders in the development of training that is relevant and consistent with the National framework.

4. Current Projects Activities of Govt. Ministries, NGOs and IOs

Organisations' name	Extension of current projects or new projects	Location	Time frame		Budget US\$/year	Remarks
			Start	End		
Action on Disability and Development (ADD)	- Training on disability awareness, leadership, sign language, self-help group management.	Kg Speu	1999?			
Capacity Building of Disabled People in the Community (CABDIC-HI)	- Training disability awareness raising, physiotherapy?	P-Penh				
Cambodian Disabled People Organization (CDPO)	- Training on disability awareness raising, sign language - Community work, self-esteem	P-Penh	1997?			
Cambodia Trust (CT)	- CSPO					
National Center for Disabled Persons	- Training on Community Based Rehabilitation - Disability awareness, now self help group	P-Penh	1995?			
Social Services of Cambodia (SSC)	- Counselling, Peer Counsellors - Training for community based peer support - Development work system - Social work system	Kg. Speu	1999		20,000	

5. Planned Projects / Activities

Organisations' name	Extension of current projects or new projects	Location	Time frame		Budget US\$/year	Remarks
			Start	End		
DAC / MOSALVY / MOH / MOEYS	Development of a Standardised, Accredited Community Based Worker Training Framework for Cambodia	Phnom Penh and provinces	2000	2001 June	52,605	

6. Gaps

- Lack of understanding of a competency based framework in Cambodia, and the initial complexity of the concept.
- Lack of individuals with the necessary skills to implement a competency based framework in Cambodia.
- There is no precedent for the development of such a framework for community based workers.
- There is a general lack of standards development in Cambodia.
- The framework will be reliant on the evaluation skills of supervisors and trainers, and there will be little provision of external auditing controls.
- Limited resources and budget.
- The challenge of encouraging the necessary coordination between ministries.
- The threats that may be perceived by some organizations.
- More detailed consultation is required of community based workers and consumers.

7. Training and Qualification of Support Personnel for PWD

Classification	Training system School/ year			Qualification
Braille	Blind School/Krousa Thmey	58	On-going	No qualification
Community Based Rehabilitation (CBR) Supervisor	National Center for Disabled People.	06	2 weeks	No qualification
Community Based Rehabilitation Volunteer	National Center for Disabled People.	45	1 week	No qualification
Community Based Worker (CBW)**	- MOSALVY, MWVA, MRD, MOH - VI, HI, CT, ADD, CDPO, NCDP, AmCross and others	n/a	On-going	No qualification
Eye Doctor	Takeo Eye Hospital	9	18 months	Basic eye doctor qualified by government
Eye Nurse	Takeo Eye Hospital	34	9 months	Basic eye nurse qualified by government
Physical Therapist	Technical School for Medical Care, within Ministry of Health (Physiotherapist)	139	3 years	Diploma qualified by government.
Prosthetist and Orthotist	Cambodian School of P&O, Regional. (Including students from Laos, Myanmar, Sri Lanka and the Solomon Island).	82	3 years	Qualified by govt. Accredited by the International Society of P&O.
Psychiatrist	Mental Health/Ministry of Health	20	2 years	Master to be qualified by oversea institute.
Psychologist	Phnom Penh University	60	4 years	Bachelor qualified by government
Psychology-Teachers	Faculty of Pedagogy	26	1 year	Qualified by government
Sign Language	Deaf School/ Krousa Thmey	134	On-going	No qualification
	Cambodian Disabled People Organization	126		
Social Worker	Social Service of Cambodia	600	6 weeks	No qualification
Social Worker	Basic Social Service Training School (Coordination & Database Center, MOSALVY)	52	3 weeks	No qualification*

Point of Contact:

**Mr. Ouk Sisovann
Executive Director
Disability Action Council (DAC)
#28, Str. 184, Sangkat Chey
Chum Nas, Khan Daun Penh
Phnom Penh, CAMBODIA**

Tel: (855-23) 215-341 or 218-797

Fax: (855-23) 214-722

E-mail: dac@bigpond.com.kh

**P.O.Box 115
Phnom Penh
CAMBODIA**