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Cooperation Committee
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The Challenge of Living with Disability in Rural Cambodia

A Study of Mobility Impaired People in the Social Setting of Prey Veng District, Prey Veng Province

Analyzing Development Issues

Trainees (Round 16) and Team

March 2006

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Veterans International supplied the cover photo.

Abstract

This ADI study inquires into the challenges experienced by mobility impaired people in Prey Veng district of Prey Veng province. More specifically, it attempts to examine the background differences of gender and age of those afflicted, the causes of their disabilities, the impact on their ability to move about, and the consequences for their households. It further inquires into household livelihood security, explores issues of social exclusion and discrimination, and assesses the services and assistance provided by government and NGOs.

By far the main cause of disability among those surveyed was illness and disease, which for the most part were preventable impairments. While devices provided substantial benefits, mobility beyond immediate neighborhoods for most disabled persons dropped considerably. Most households of the disabled persons suffered from land scarcity and low rice yields. Social exclusion was evident in name-calling and imitating behavior, in low school attendance, in discrimination against becoming married, and in low participation in community development activities. While only 40 percent of the disabled persons surveyed received assistance, nearly all of the help came from the NGO Veterans International. In general, the current isolation of the disability sector from mainstream development did not augur well for the future of disabled people in rural Cambodia. Concerted action was called for to ensure that disabled people actively engaged in national poverty reduction programs and lived their lives as full Cambodian citizens.

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Problem Statement

In February 2006 the World Bank completed a poverty assessment for the Consultative Group Meeting. The assessment is a high quality report that describes poverty trends over the past decade and examines the nature of poverty in great detail. The report similarly explores the consequences of poverty for specific population groups such as women, ethnic minorities, and the urban poor. While no one study can be expected to capture all the dimensions of poverty, one conspicuous omission in the assessment is the lack of reference to the special needs and challenges of persons with disability.[1]

A recent UK Department for International Development Agency (DFID) study entitled *Poverty Reduction and Development in Cambodia: Enabling Disabled People to Play a Role* maintains that the "physical visibility of disabled people in Cambodia, along with the international focus on landmines, has resulted in a conflation of visibility with inclusion." The research contends that most disabled people in Cambodia are among the very poorest in the country and have fewer opportunities to escape poverty than the non disabled poor. The study urges policy makers to build greater awareness and understanding of disability in Cambodia and its dynamic relationship with poverty. In conclusion, the report argues that Cambodia's progress toward poverty reduction will be constrained unless efforts are made to engage the disability sector with mainstream development and to remove the barriers impeding the full participation of disabled persons.[2]

Veterans International (VI) is one of five international organizations that operate physical rehabilitation centers in Cambodia. The VI center in Prey Veng was established in 1995 and serves mobility impaired people from the provinces of Prey Veng and Svay Rieng. Given the proximity of Prey Veng district to the VI center, this site was chosen as a best-case scenario for the study of the challenges confronting people living with disability in rural Cambodia. Surely, situations of disabled people in rural areas without access to physical rehabilitation services would be much more severe.

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[1] See Tim Conway and Chorching Goh, Task Team Leaders, *Cambodia: Halving Poverty by 2015?* (Phnom Penh: World Bank, February 2006). Unlike in past years the NGO Statement to the 2006 Consultative Meeting on Cambodia does not include a sectoral paper on disability and rehabilitation. See *NGO Statement to the Consultative Group Meeting on Cambodia*, (Phnom Penh: NGO Forum on Cambodia, March 2006).

[2] Philippa Thomas, *Poverty Reduction and Development in Cambodia: Enabling Disabled People to Play a Role*, (United Kingdom: Department for International Development, April 2005).

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Research Objectives

- To examine the causes and consequences of mobility impairment in the lives of those affected
- To inquire into the livelihood security of households with mobility impaired members
- To identify aspects of social exclusion and discrimination experienced by mobility impaired people
- To assess the assistance and services provided to the mobility impaired with respect for their human rights

Key Questions

Causes and Consequences of Mobility Impairment

What is the gender and age of those who suffer from mobility impairments? What are the most common causes of these disabilities? What are the reasons for this? How long have persons suffered from these afflictions.

How do impairments affect mobility? To what extent are disabled people able to take care of themselves? Move around their homes and neighborhoods? Go to wats and markets? Communes centers and the provincial town? To what extent are disabled people dependent on devices? Are devices received from NGOs or government?

What are the consequences of mobility impairment for rural households? Do they have sufficient numbers to contribute to the support of the household and take care of the disabled member? Do they borrow money and go into debt? Do they sell land or other assets?

Livelihood Security

To what extent are the households of disabled people involved in rice cultivation? How much rice land do they own or rent? How many are landless? How many have sold or mortgaged rice land? How productive are their rice farms? How sufficient is

their rice production? To what extent do disabled members participate in rice cultivation?

Aside from rice cultivation, what are the major livelihood strategies of households with disabled members? To what extent do household disabled members participate in these livelihood strategies? To what extent are household disabled members involved in household reproductive work?

Social Exclusion and Discrimination

Do disabled people experience social exclusion? What forms does it take? Are they called names and made fun of? Are they prevented from going to school? Are they able to marry and raise their own families? Are they able to vote? Do trends differ among men and women? The young and the elderly?

Do disabled individuals interact with people outside of their immediate households? How frequently do other people visit them? How frequently do they visit other people? To what extent do disabled persons participate in community ceremonies and development activities? Do patterns differ among men and women?

Assistance Provided to the Mobility Impaired

How many disabled people have received assistance for their disabilities? What types of assistance have they received? Who has provided the assistance? Government line agencies? Veterans International? Other NGOs? Has the assistance been helpful or not? Is the assistance still ongoing?

Research Methods

The study was conducted in 23 villages of six communes in Prey Veng district from September 22 to 24, 2005. The six communes were Angkor Tret, Damrei Puon, Prey Khla, Svay Antor, Mebon, and Popeus. Veterans International provided lists of their beneficiaries in these villages and the lists were then updated in the field with village chiefs to include all known individuals in the respective villages with mobility impairments. These names comprised the population for the survey questionnaire purposively administered to 137 households with one disabled member.

In addition to the survey questionnaire key informant interviews were conducted with Veterans International staff, the Provincial Director of the Department of Social Affairs, Veterans, and Youth, the Provincial Director of the Department of Health, the Provincial Representative of Partnership in Local Governance, three commune chiefs, six village chiefs, and selected disabled individuals.

Coming to Terms with Disability in Cambodia

While disability and more specifically landmine survivors have become a symbol of the legacy of conflict in Cambodia, an informed understanding of the nature of disability is just beginning to emerge. This section examines the way that disability has been re-conceptualized as well as its relationship to poverty and social exclusion. It likewise explores how the reinterpretation of the notion of disability has influenced development responses.

Understanding the Nature of Disability

A major advance in the study of disability is the deconstruction of the word itself and its re-conceptualization as a social rather than as an individual phenomenon.[3] This shift in outlook makes a clear delineation between 'impairments' and 'disability.' Impairments are defined as conditions located within the person, which limit that individual's personal or social ability to function. By contrast, disability is seen as an outcome of an impaired person's interaction with the physical and social environment. People with impairments are those suffering specific limiting conditions. People with disabilities are those who are excluded or discriminated against as a consequence of their impairments. Disability is not an inherent characteristic. Society causes people with impairments to become disabled through its failure to recognize and accommodate difference, and through the attitudinal, environment and institutional barriers it erects against them. These distinctions do much to redefine and reinterpret disability as a social and development issue.

There are no accurate statistics on the incidence of disability in Cambodia. National estimates vary widely. In 2003 the National Institute of Statistics (NIS) reported 170,000 disabled people in the country or 1.5 percent of the total population. By comparison, in 1999 the United Nations and Disabled Persons recorded 1.4 million disabled people in Cambodia or 15 percent of the total population.[4] According to the 1997 Cambodian Socio-Economic Survey (CSES) the major causes of impairment in order of frequency were illness and disease, congenital defects, accidents, war and conflict, and landmines. In 2002 the Disability Action Council (DAC) identified the most common types of impairments in Kompong Speu province as moving difficulties, followed by seeing and then hearing difficulties. The lack of available statistics on disability both reflects and reinforces the exclusion experienced by disabled people.

While the absence of reliable baseline surveys makes it difficult to measure trends, the incidence of disability in Cambodia is expected to rise. Several demographic, health,

[3] See Thomas, *Poverty Reduction and Development in Cambodia* and Asian Development Bank, *Disability Brief: Identifying and Addressing the Needs of Disabled People,* (Manila: Asian Development Bank, 2005).

[4] The World Health Organization (WHO) estimates that disabled people make up approximately 10% of any society. The World Bank estimates that disabled people make up approximately 20% of the world's poorest. Cited in Rebecca Yeo, "To what extent are disabled people included in international development work? How can the barriers to inclusion be overcome?" A paper delivered at *Staying Poor: Chronic Poverty and Development Policy*, 7-9 April 2003, Manchester, UK.

and development factors are given for the projected increase. These include: 1) longer life expectancies accompanied by higher rates of disability among the elderly; 2) reductions in infant and maternal mortality rates leading to the survival of more people with disabilities; 3) the persistent of poor nutrition (including vitamin A deficiency) and chronic illnesses; 4) injuries caused by traffic and occupational accidents, and landmines; and 5) lack of access to primary health care, clean water, and sanitation.[5]

Disability and Poverty

Poverty is inextricably linked to disability as both a cause and a consequence. As a cause, conditions of poverty add to the risk of disability. As documented in a World Bank survey of the literature on poverty and disability, poor households do not have sufficient food, basic sanitation, and access to preventive health care. They live in lower quality housing, and work in more dangerous jobs. Malnutrition arising from poverty can occasion disability as well as increase susceptibility to other disabling diseases. Malnourished mothers have low-birth weight babies, who are more at risk of contracting debilitating diseases than healthy babies. Lack of effective and available health care can worsen the effects of disease, causing a remedial condition to become a permanent disability.[6]

The DFID study cited earlier reveals that in Cambodia poor people, who enter mine affected areas to collect food or firewood, are normally the victims of landmine accidents. Poor people are more likely to rely on less safe forms of transport and work in hazardous environments. Without money to treat infections and injuries, poor people run the risk of their afflictions developing into lifelong disabilities. Poor people too suffer high incidences of malnutrition with debilitating consequences particularly among children.[7]

As a consequence, conditions of disability add to the risk of poverty. The World Bank survey indicates that higher disability rates are associated with higher illiteracy, poor nutritional status, lower inoculation and immunization coverage, lower birth weight, higher unemployment and underemployment rates, and lower occupational mobility.[8] A more recent Asian Development Bank (ADB) study argues that people with disabilities are one of the most vulnerable and poorest groups in Cambodian society. Disabled persons are generally the poorest among the poor, with very limited access to basic social services, education, skills or vocational training, job placement, and income-generating opportunities, thus exacerbating their poverty.[9]

The costs of disability generally entail increased health expenditures, which in Cambodia comprise a major source of debt linked to the sale of assets including

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[5] Lorna Jean Edmonds, *Disabled People and Development,* (Manila: Asian Development Bank, June 2005).
[6] Ann Elwan, *Poverty and Disability: A Survey of the Literature*, (Washington, DC: The World Bank, December 1999).
[7] Thomas, *Poverty Reduction and Development in Cambodia.*
[8] Elwan, *Poverty and Disability.*
[9] Foundation for International Training and ADB Regional and Sustainable Development Department, *Disabled People and Development: Cambodia Country Report*, (Manila: Asian Development Bank, June 2005).

productive farmland. Similarly, physical impairments can impede one's ability to work, particularly in the demanding tasks of paddy rice cultivation, reducing the household's overall labor and earning power. Moreover, the need to provide care to a disabled household member can likewise diminish the income opportunities of other household members. Not surprisingly, households with disabled members are more likely to have income levels below the poverty line than households without disabled members.[10]

And yet most disabilities in Cambodia are preventable. Only a moderate proportion of the people living with disabilities were destined to these conditions at birth. The ADB *Disability Brief* underscores the need to increase access to preventive programs that alleviate the causes of disability, such as pre- and antenatal care, assisted births, good nutrition, safe drinking water, sanitation, immunizations and drugs, occupational safety and health, and peace building.[11] Eradicating poverty is unlikely to be achieved unless the rights and needs of people with disabilities are taken into account.[12] Very likely, the circumstances of people with disabilities are significantly impeding poverty reduction strategies by virtue of not being addressed as a distinct agenda and priority development challenge.[13]

Disability and Exclusion

People with mobility impairments must overcome significant barriers in the built environment. These include access to homes and schools, rice fields and other areas of work, and centers of communication and information. These physical barriers prevent disabled people from actively participating in social and economic activities. But while obstacles in the built environment present formidable challenges to disabled people, attitudinal and social barriers are, by far, the more insidious. In Cambodia name calling and making fun of disabled people is common. Family members and neighbors routinely call disabled children names related to their disability rather than their given names.[14] This lowers their self-esteem and serves to isolate them from others.

Discrimination against disabled people whether committed maliciously or unwittingly leads to their social exclusion. The DFID study in Cambodia reports that all disabled people interviewed had experienced some degree of isolation and exclusion from community social events. The respondents mentioned that they were rarely or never visited by monks or lay people from the pagoda. They stated further that they were often not invited to attend weddings or festivals. Moreover, they complained that they were not informed about village meetings or development activities. The most severely disabled people interviewed reported that they had not been given information about how to register to vote.[15]

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[10] See Thomas, *Poverty Reduction and Development in Cambodia* and Elwan, *Poverty and Disability.*
[11] Asian Development Bank, *Disability Brief.*
[12] Foundation for International Training and ADB Regional and Sustainable Development Department, *Disabled People and Development.*
[13] Edmonds, *Disabled People and Development.*
[14] Thomas, *Poverty Reduction and Development in Cambodia.*
[15] Thomas, *Poverty Reduction and Development in Cambodia.*

Generally, disabled women are more disadvantaged and marginalized than disabled men. A study of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) asserts that difficulties encountered by disabled girls begin at birth, and that if disabled girls are allowed to survive, they may suffer discrimination within the family, receive less care and food, and be left out of family interactions and activities. Disabled girls, too, have less access to health care and rehabilitation services, and fewer education and employment opportunities. The ESCAP study further notes that disabled women are much more unlikely to marry than disabled men, a trend likewise observed in Cambodia.[16]

By and large, schools and teachers in Cambodia are not equipped to teach children with disabilities. Disabled children are often kept away from school by their parents or are told by their teachers not to attend. The exclusion of children and youth with disabilities from education results in their forfeiting opportunities for further development, decreasing their access to vocational training, employment, and income generation. Failure to benefit from education and training prevents the full inclusion of disabled children and youth into society and ultimately increases their vulnerability to poverty.[17]

Disability Rethought

The discourse on disability has been shaped by conceptual models which provide varying perspectives on the nature of disability. Successive rethinking of disability has progressed through charity, medical, social, and citizenship models.[18]

The charity model depicts disability as personal tragedy. People with disabilities are represented as objects of pity in need of help, care and protection. This model sustains the view that people with disabilities are dependent, without the capacity to become equal members of society or to contribute economically and socially to their community's development.

The medical model embraces the significant advances in medical science and the pharmaceutical industry, and champions the role of professionals in knowing how best to prevent and treat disability. Within this framework people with disabilities are normally seen as patients with individual impairments in need of medical services. Beyond helping people with impairments achieve functional independence through rehabilitation, efforts are not made to empower disabled people or to dismantle attitudinal or social barriers built up against them.

The social model aims to create positive attitudes about disabled people by people with disabilities, their families, and society as a whole. This view shifts the focus of disability away from individual impairments towards a realization that society itself is disabling. People with impairments become disabled as a result of prevailing social

[16] Economic and Social Commission for Asia and the Pacific (ESCAP), *Hidden Sisters: Women and Girls with Disabilities in the Asian and Pacific Region,* (New York, United Nations, 1995) cited in Elwan, *Poverty and Disability.* See also Thomas, *Poverty Reduction and Development in Cambodia.*

[17] See Foundation for International Training and ADB Regional and Sustainable Development Department, *Disabled People and Development* and Asian Development Bank, *Disability Brief.*

[18] This section draws on Edmonds, *Disabled People and Development.*

norms, persistent discrimination, and burdensome economic obstacles that restrict their ability to become equal members of society. This model seeks redress by advancing the rights of disabled people, and by advocating the inclusion of disabled people in decision and policymaking. However, it tends to downplay the genuine need of disabled people for professional and institutional services.

The citizenship model proclaims that people with disabilities deserve and aspire to have the same opportunities as other citizens of their community. It focuses on building an inclusive rights-based society that is committed to diversity, equality, and the participation of all. It recognizes the diversity and uniqueness of people with disabilities, especially women, children, and the elderly and maintains that all must be granted equal opportunities for realizing their human rights and achieving their full economic potential. The model acknowledges the capacities and limitations of disabled people in a positive and constructive way and supports their access to a wide range of services from the institution to the community level.

Responding to the Challenges of Disability

Advances in the conceptual thinking about disability have clearly influenced development policies and approaches. More and more words such as inclusive, barrier-free, rights-based, self-help, community-based and mainstreaming have been incorporated into disability programming. This is reflected in proposed legislation governing Cambodia's disability sector as well as in the Veterans International Prey Veng rehabilitation program which covers the villages under study.

Implementing the Biwako Millennium Framework

In 2002, United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) members, representing the entire Asia and Pacific region, adopted the Biwako Millennium Framework (BMF) in Otsu, Japan for action toward an inclusive, barrier-free and rights-based society for people with disabilities in the region. The terms are defined unequivocally. An 'inclusive' society means a society for all. A 'barrier-free' society means a society free from physical and attitudinal barriers, as well as social, economic, and cultural barriers. A 'rights-based' society means a society based on the concept of human rights, including the right of development. Through the BMF, ESCAP wants to encourage governments to shift their disability policies from a charity-based approach to a rights-based approach. The highest priority is given to the formation of self-help organizations of persons with disabilities and related family and parents' associations.[19]

Self-help or disabled people's organizations are groups directed and managed by disabled people, for disabled people. They have a crucial role to play in representing people with disabilities, raising awareness about disability, and advocating for the rights of disabled people to government and other development actors.[20] It is argued that the participation of self-help groups is indispensable in identifying the needs of

[19] Asian Development Bank, *Disability Brief.*
[20] Thomas, *Poverty Reduction and Development in Cambodia.*

people with disabilities and effectively planning, implementing, and evaluating poverty reduction strategies.[21]

A study conducted in six Asian countries provides some insight into the contribution of self-help organizations of people with disabilities in effecting change and promoting positive attitudes toward disability. The research reported that disabled people's organizations were effective in poverty reduction and decision making at national and local government levels. The study also found that the organizations needed to include more women and people from rural communities in decision making, strengthen management capacity, and upgrade information on disability and development trends and best practice.[22]

Since disabled people in developing countries have to rely to a considerable extent on informal systems for support, the establishment of self-help groups has become closely linked with community-based rehabilitation. The ADB *Disability Brief* argues that community-based rehabilitation is particularly appropriate for the prevention of causes of disability, early identification and intervention of children with disabilities, reaching out to people with disabilities in rural areas, and raising awareness and advocacy for the inclusion of people with disabilities in all activities in the community, including social, cultural, and religious events. The report also suggests that education, training, and employment needs could also served by this approach.[23]

In Cambodia there are a few organizations working at the community level on promoting ideas of self-help and building the capacity of people with disabilities. Some of these organizations have been exploring income-generating projects, a solidarity fund, and the development of peer support groups. Still, geographic coverage of these initiatives has been limited. Moreover, close links between rehabilitation centers and services within the community must be established to provide comprehensive rehabilitation services.[24]

Mainstreaming Disability in Development

Development entails dismantling negative attitudinal and social barriers and bringing excluded people, such as disabled women and children, into the mainstream of society so that they can enroll in school, go to work, bear children, raise a family, access health and rehabilitation services, attend pagoda ceremonies and festivals, participate in development activities, and vote for the candidates of their choice – like all other citizens. Certainly people with disabilities want their rights to be respected, as they desire access to social and medical services. But more than this, people with disabilities and their families want and deserve full recognition as citizens.[25]

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[21] Edmonds, *Disabled People and Development.*
[22] A. Ninomiya, *Asian Persons with Disabilities and International NGOs*, (Tokyo: Akashi Co., 1999) cited in Edmonds, *Disabled People and Development.*
[23] Asian Development Bank, *Disability Brief.*
[24] Foundation for International Training and ADB Regional and Sustainable Development Department, *Disabled People and Development.*
[25] Edmonds, *Disabled People and Development.*

Unfortunately, the Cambodian government's almost total reliance on NGOs to address disability issues has meant that disability has become largely divorced and isolated from mainstream development. Despite the remarkable efforts of NGOs working in the sector, services for disabled people are inadequate, and are particularly lacking in rural areas. The almost total reliance on NGOs to provide assistance likewise raises serious questions about the sustainability of current services, not to mention the expansion of programs to meet future needs. Although disability is a crosscutting concern, it receives far less attention in national development strategies than other issues, such as gender, ethnicity and HIV/AIDS.[26]

Mainstreaming disability into development requires inclusion into sector-wide and sector-specific programs while maintaining complementary disability-specific programs. In large measure, national strategies for poverty reduction in agriculture, forestry, fisheries, and industry have failed to reach people with disabilities and their families to the extent required. Similarly, sector-specific programs for vulnerable groups such as women, children, youth, and indigenous people have not adequately embraced disabled people on the scale demanded. People with disabilities can no longer be neglected or be assumed to be covered by existing programs. The inclusion of disabled people in all sector-wide and sector-specific programs for poverty reduction must be demonstrated. But simply mainstreaming disability into existing sector programs is not enough. Expanding disability-specific programs is likewise crucial to address the distinct needs and attributes of people with disabilities.[27]

While several multilateral and bilateral development agencies have reportedly taken steps to raise the profile of people with disabilities in mainstream development programs, the outcome of these efforts has yet to be determined.[28] Brief mention is made here of the strategies developed by DFID and the ADB. DFID adopts a 'twin-track' approach towards disability. It intends that disabled people should be included in all the work that DFID funds, as well as benefit from initiatives designed specifically for disabled people. DFID envisages that this approach necessitates change in such areas as policy, social and human development, infrastructure, conflict and humanitarian assistance, and empowerment. A review of the approach conducted by the NGO Action on Disability and Development in 2003 concluded that the 'twin-track' approach as proposed by DFID had a long way to go before it became a reality.[29]

The ADB has developed what it calls the knowledge, inclusion, participation, and access (or KIPA) framework for integrating the needs of people with disabilities into

[26] Thomas, *Poverty Reduction and Development in Cambodia.*
[27] Edmonds, *Disabled People and Development.*
[28] These agencies include the Asian Development Bank (ADB), the World Bank, Japan International Cooperation Agency (JICA), United Kingdom Department for International Development (DFID), Finnish International Development Agency (FINNIDA), United States Agency for International Development (USAID), Norwegian Agency for Development Cooperation (NORAD), and the Canadian International Development Agency (CIDA). See Edmonds, *Disabled People and Development.* See also Takako Yoshimura, "Role of international development agencies: mainstreaming disabled people in poverty reduction in developing countries," Unpublished Masters of Arts Degree in Development Studies and Disability, The School of Politics and International Studies, The University of Leeds, July 2005.
[29] Yeo, "To what extent are disabled people included in international development work? How can the barriers to inclusion be overcome?"

national poverty reduction strategies. According to the ADB, knowledge builds capacity to ensure that people with disabilities have better quality of life. Inclusion reflects the extent to which people with disabilities are integrated in social and economic life, from education to employment. Participation requires that people with disabilities and their organizations are represented in decisions at all levels that affect their lives and their communities. Access measures how well people with disabilities can use the built and natural environments, and access information and communications systems. The ADB has developed detailed KIPA checklists for country strategy and program activities, for project design, and for sectors with potential disability issues. Still, it remains to be seen how the KIPA framework will influence ADB's programs of poverty reduction.[30]

The Disability Sector in Cambodia

The disability sector in Cambodia is comprised of three main actors: the state, the NGOs, and the disabled people's organizations (DPOs). Ideally, the state should enact policy and legislation, set standards, monitor resources, and provide services; the NGOs should enable disabled people to access their rights; and DPOs should lobby and advocate on behalf of disabled people.[31] However, the assumed roles and responsibilities of the disability sector in Cambodia are far from the ideal. This is understandable given the country's recent history of war, but no longer an excuse for continuing current practice.

The government's Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSVY) through its Department for Rehabilitation has overall responsibility for Cambodia's disabled people. MoSVY understands its primary tasks as 1) consulting with institutional stakeholders and coordination agencies; 2) developing overall policy and legislation; 3) setting standards; and 4) monitoring and evaluating compliance. MoSVY has no operational budget for the physical rehabilitation of disabled people and as a matter of policy relies entirely on NGOs for service provision.[32]

MoSVY does, however, operate a pension scheme for all disabled former civil servants and government soldiers. While the amounts allocated are modest, the pensions provide a regular and important source of income to recipients. Difficulties encountered in the pension scheme are irregular and delayed payments, the need to bribe officials to maintain one's name on the register, and the selling of entitlements in times of need at significantly reduced amounts.[33]

In 1997, the government established the Disability Action Council (DAC) to coordinate the sector and advise on disability issues. The DAC acts as a forum to bring government and civil society stakeholders together and to mobilize the technical skills and material resources of NGO service providers in support of MoSVY, a ministry perennially underfunded. The DAC Secretariat coordinates the efforts of the

[30] Asian Development Bank, *Disability Brief* and Edmonds, *Disabled People and Development.*
[31] See Thomas, *Poverty Reduction and Development in Cambodia.*
[32] Thomas, *Poverty Reduction and Development in Cambodia* and Foundation for International Training and ADB Regional and Sustainable Development Department, *Disabled People and Development.*
[33] Thomas, *Poverty Reduction and Development in Cambodia.*

Physical Rehabilitation Committee, which has standardized the production of prosthetic and orthotic devices (using polypropylene technology) and the training of prosthetists and orthotists. The DAC Secretariat likewise facilitates working groups focused on women and children with disabilities, medical rehabilitation, legislation, community work with disabled people, and vocational training.[34]

At present, a main focus of MoSVY and DAC is the passage of draft legislation on Rights of People with Disabilities. The draft law has a long history dating back to the mid 1990s and has involved consultation with a wide range of stakeholders. As stated in the General Provisions, the purpose of the law is to strengthen and protect the rights and interests of people with disabilities, and to abolish all forms of discrimination, and to guarantee their full and equal participation in all activities in society as non-disabled people. The draft text consists of 13 chapters and 68 articles covering such topics as quality of life, rehabilitation, health, prevention, public access, education, vocational training, employment, hiring incentives, and participation in elections. By early 2006, the draft legislation had passed some levels of juries but had yet to pass the Council of Ministers and the National Assembly. The anticipated passage of the Rights of People with Disabilities law represents a major step in raising the issue of disability on the agenda of national development.[35]

In all, more than 30 NGOs provide services to disabled people in Cambodia. Multilateral and bilateral donors plus numerous foundations and private contributors support these groups.[36] Initially the NGO service providers in physical rehabilitation focused on the prosthetic needs of landmine survivors. These NGOs have now expanded their rehabilitation services to include the following: 1) the training of prosthetists, orthotists and physiotherapists; 2) the production, distribution and repair of prosthetics and orthotic devices; 3) the production and distribution of wheelchairs and tricycles; 4) the production and distribution of walking aids; 5) physical therapy; and 6) community level services such as outreach and follow-up. A total 11 physical rehabilitation centers now operate in various parts of the country and rely mainly on support from five international organizations: Cambodia Trust, Handicap International Belgium, Handicap International France, International Committee of the Red Cross, and Veterans International. Still long term financing of NGO physical rehabilitation services remains unclear.[37] Meanwhile the role of NGOs in promoting a rights-based approach with disabled people is not fully understood or implemented.

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[34] Thomas, *Poverty Reduction and Development in Cambodia* and Foundation for International Training and ADB Regional and Sustainable Development Department, *Disabled People and Development.*

[35] Thomas, *Poverty Reduction and Development in Cambodia* and Foundation for International Training and ADB Regional and Sustainable Development Department, *Disabled People and Development.* See also *Draft Legislation on Rights of People with Disabilities.*

[36] These donors include Asian Development Bank (ADB), the World Bank, the European Union (EU), United Nation's Children's Fund (UNICEF), International Labour Organization (ILO), Gesellschaft fur Technische Zusammenarbeit (GTZ), Japan International Cooperation Agency (JICA), UK Department for International Development (DFID), Finnish International Development Agency (FINNIDA), United States Agency for International Development (USAID), Danish International Development Agency (DANIDA), Australian Government Overseas Aid (AusAid), Swedish International Development Agency (SIDA), and the Canadian International Development Agency (CIDA). See Thomas, *Poverty Reduction and Development in Cambodia.*

[37] *Proposal for the Evaluation of the Physical Rehabilitation Sector in Cambodia*, December 2005.

The Cambodian Disabled People's Organization (CDPO) was established in 1994 as a national organization of people with disabilities. CDPO supports, protects, serves, and promotes disabled people's rights, achievements, and interests toward their fuller participation and equality in society. All CDPO members and most of the organization's staff are Cambodians with disabilities. In 2001, CDPO had a membership of more than 2,000 disabled persons with representation from 21 provinces.[38] The recent DFID study, however, asserted that CDPO, and other Cambodian DPOs, tended to focus on delivering services to the detriment of developing their own capacity to advocate for disabled people's rights.[39]

The Veterans International Program in Prey Veng Province

Veterans International (VI) established a physical rehabilitation center in Prey Veng province in 1995 to extend services to disabled persons in southeastern Cambodia. Since the opening of the center VI has provided prosthetic or orthotic services to almost 4,000 people. As an integral part of its program, VI undertakes follow-up visits to disabled persons who have received assistance at the center. In recent years VI has taken steps to redesign its community follow-up activities into a community-based rehabilitation approach. This transition involves the formation of community self-help groups and the provision of small income generating grants to disabled persons and their families. At the time of the study, VI had organized two self-help groups with saving and credit capital of US$ 200 each and awarded 102 grants in kind worth about US$ 100 each. To build local capacity VI has progressively relied on seconded Provincial and District Department of Social Affairs, Veterans, and Youth Rehabilitation (DoSVY) staff to manage and implement the community work.

Realistically, the shift from VI's center based rehabilitation services in Prey Veng to a fully developed community-based rehabilitation program will take a decade to complete. Meanwhile, a recent UNICEF evaluation of the VI program in Prey Veng noted that all grant recipients interviewed reported positive changes in their life situations. The self-help groups were still in the early stages of their formation, although instructive for VI - self-help groups evaluated by UNICEF in other programs were found inordinately focused on savings and loan schemes to the detriment of advocacy and community mobilization. A major constraint of the VI program identified by the UNICEF evaluation was the technical capacity and time availability of the seconded DoSVY staff to adequately implement community based rehabilitation over a wide program area.[40]

[38] Foundation for International Training and ADB Regional and Sustainable Development Department, *Disabled People and Development.*
[39] Thomas, *Poverty Reduction and Development in Cambodia.*
[40] Bruce Powell, *External Evaluation of UNICEF Support to Rehabilitation/Re-integration of Mine Victims and Disabled People,* (Phnom Penh: UNICEF Child Protection Program, December 2005)

Finding and Analysis of the Survey Questionnaire

Causes and Consequences of Mobility Impairment

Individuals Afflicted

In 108 (79 percent) of the 137 households surveyed disabled members were interviewed themselves. In the remaining 29 instances household members other than the disabled members were interviewed, predominantly mothers (17), fathers (6), and grandparents (4). In large part, relatives of the disabled members were interviewed in households where the disabled persons were under 18 years old. This occurred in 23 of the 32 households with disabled members under 18 years old.

In all, the survey included households of 79 disabled men and boys and 58 disabled women and girls. The mean age of the disabled males was 38 years old. The mean age of the disabled females was 33 years old. Of the total 79 disabled males 14 (18 percent) were under 18 years old, 55 (70 percent) were between the ages of 18 and 59, and 10 (13 percent) were 60 years or older. By contrast, among the total 58 disabled females 18 (31 percent) were under 18 years old, 32 (55 percent) were between the ages of 18 and 59, and 8 (14 percent) were 60 years or older. The high percentage of female disabled persons under 18 years old was disturbing for it indicated a persistence of disability among young girls, although it was unclear whether the figures represented a broader trend.

Overall, the 137 disabled persons surveyed had suffered their disabilities for a rather long average of 18.7 years. A closer look revealed that 44.5 percent had suffered their disabilities anytime from peacekeeping in 1992 to the time of the study in 2005, 29.9 percent had suffered their disabilities anytime from the Vietnam installed government in 1979 to the Paris Peace Accords in 1991, 6.6 percent had suffered their disabilities during the Pol Pot years from 1975 to 1978, and 19 percent had suffered their disabilities from before 1975.

Causes of Disabilities

The cause of the disability of about half of the disabled persons surveyed was illness and disease (Table 1). Following in frequency were those afflicted by accidents and congenital defects. Relatively few of the disabled persons surveyed were direct victims of war and landmines. While questions were asked about the types of specific disabilities, confusion of terms made it difficult to enumerate these with a high degree of accuracy. Among the types of disabilities mentioned most frequently were polio, amputated limbs, broken bones, quadriplegia, paraplegia, hemiplegia, birth defects, cerebral palsy, muscular dystrophy, bowed legs, general weakness, and club feet.

With respect to the causes of disability several patterns were discernable. For instance, all 6 of the landmine victims and 8 of the 9 war victims were men 18 years and older. Moreover, the 6 men afflicted by landmines and 6 of the 8 men afflicted by war suffered their disabilities as a result of being in the army. Key informant interviews indicated that landmine and war injuries suffered by army veterans

occurred outside of Prey Veng district, primarily in northwest Cambodia. Since Prey Veng district was neither a landmine area nor an area of intense fighting, women and children largely escaped disabilities directly related to war.

Table 1. Cause of the Disabled Person's Disability, Prey Veng District, September 2005		
	Number	**Percent**
Illness/disease	70	51.1%
Accident	31	22.6%
Congenital	21	15.3%
War/conflict	9	6.6%
Landmine explosion	6	4.4%
n = 137		

A higher percentage of males likewise suffered disabilities caused by accidents. While 27 percent (21 of 79) of men and boys were disabled by accidents, only 17 percent (10 of 58) of women and girls were so afflicted. This might have occurred as a result of men's higher incidence of travel and involvement in higher risk jobs. While only 9 percent (3 of 32) of the disabled persons under 18 years old were victims of accidents, 39 percent (7 of 18) of the disabled persons 60 years and older suffered disabilities incurred from accidents. This indicated that older people were prone to physical disabilities resulting from accidents.

By far the principal cause of disability in the area studied was illness and disease. In large measure, these ailments were preventable and occurred only because the health system in Cambodia had been destroyed during long years of conflict and neglect. In that sense all those left physically disabled as a consequence of illness and disease including women and girls, and the young and the old, could be considered indirect victims of war. Indeed, higher percentages of women and girls suffered disabilities as a result of illness and disease than men and boys. While 62 percent (36 of 58) of women and girls were disabled by illness and disease, only 43 percent (34 of 79) of men and boys were so disabled. This might indicate that families and society paid more attention to the health needs of male household members. Moreover, the incidence of illness and disease as the cause of disability was higher than average among disabled persons under 18 years old (59 percent) and among disabled persons 60 years and older (61 percent).

Congenital defects as the cause of disability were somewhat higher among women and girls (19 percent) than among men and boys (13 percent). Quite unsettlingly, birth defects were particularly high among disabled persons under 18 years old (31 percent). This underscored the serious deficiencies in good nutrition among expectant mothers, their awareness and practice of proper prenatal care, and their ability to access health care services of minimally acceptable standards.

Impact on Mobility

Impairments clearly had an impact on the mobility of those surveyed. One discernable trend was that as the disabled persons moved further away from their homes they became less mobile (Table 2). However, certain caveats should be kept in mind when interpreting these data. Table 2 encompasses all 137 disabled persons surveyed including those individuals under 15 years of age and those 60 years and older. Even

able-bodied persons within these age groups are not always able to move far beyond their own neighborhoods, much less the disabled. So not surprisingly, only 4 of the 26 disabled persons under 15 years old, and only 3 of 18 disabled persons 60 years and older, were reportedly able to go to Prey Veng town. Not withstanding these cautions, the general trend was instructive. Beyond the immediate neighborhood, mobility dropped considerably.

Table 2. Mobility of Disabled Persons, Prey Veng District, September 2005

	At present time, disabled person independently able to	**Disabled person uses a device to**		**Before receiving device disabled person not independently able to**	
	Number	**Number**	**Percent of independently mobile who use device**	**Number**	**Percent of disabled made mobile by device**
Move around the house	120	54	45%	28	52%
Go to the toilet	120	49	41%	30	61%
Take a bath	118	48	41%	31	64%
Move around the neighborhood	115	50	43%	34	68%
Go to the nearest wat	97	39	40%	29	74%
Go to the nearest market	80	33	41%	23	70%
Go to the commune center	74	27	36%	18	67%
Go to Prey Veng town	67	23	34%	19	83%
n = 137					

Likewise apparent from the survey was that mobility was not necessarily contingent on the use of devices. Indeed the majority of the independently mobile in each of the eight categories enumerated in Table 2 did not use devices. The range of those who did use devices was a high of 45 percent for those independently able to move around the house to a low of 34 percent for those independently able to go to Prey Veng town (Table 2).

Of interest to note, 27 to 33 percent of the devices used in the eight categories were homemade. This attested to the self-reliance of the disabled persons and their desire and capacity to help themselves. At the same time 65 to 73 percent of the devices used in the eight categories were provided by Veterans International. This too underscored the role that this NGO had come to play in providing devices to the disabled persons in the study area. No devices were supplied directly by the government.

Generally, the devices provided substantial benefits to those who used them. Through the help of devices large percentages of previously immobile persons now became mobile. The rates in the eight categories ranged from a low of 52 percent of those not

previously able to move independently around the house to a high of 83 percent of those not previously able to independently go to Prey Veng town (Table 2).

Consequences for the Household

Having a mobility impaired member of the family posed several challenges to the households surveyed. One challenge was the adequacy of the household labor force to meet the productive and reproductive needs of the household. The mean number of members in the 137 households surveyed was 5.31 (with respective means of 2.48 for male and 2.83 for female members). Similarly, the mean number of members in the 137 households surveyed contributing to the household livelihood was 2.51 (with respective means of 1.08 for male and 1.43 for female workers). Of the 137 households interviewed, 88 (64 percent) declared that there were insufficient members in the households who could contribute to the livelihood of the household. Moreover, 56 (41 percent) of the 137 household surveyed asserted that the need of household members to take care of the disabled person in the household substantially reduced their ability to contribute to the livelihood of the household.

Another challenge faced by the households was their capacity to raise money to pay for the health costs of their disabled members. As primarily subsistence rice farmers, households often had to borrow money or sell assets to generate the cash needed. Of the 137 households surveyed, 73 (53 percent) reported that they had borrowed money to pay for the health or treatment costs of the disabled person in the family. Nonetheless, of the 73 households who had borrowed money, 56 (77 percent) had been able to repay all of their loans.

In most instances, the sale of assets had more serious consequences for households than the borrowing of money. In all, 35 (25 percent) of the 137 households surveyed had sold assets other than land to pay for the health or treatment costs of the disabled person in the family. In addition 18 (13 percent) of the 137 households interviewed had sold land as a consequence of the health costs of the disabled member. Notably, 8 of these 18 land sellers were now landless. Moreover, 10 (7 percent) of the 137 households surveyed had mortgaged rice land as consequence of the health costs of the disabled member. Through the sale and mortgage of land, households lost valuable productive assets which further reduced their capacity to deal effectively with the demands imposed by their members' physical disabilities.

Livelihood Security

Land Ownership

Overall, the households of the disabled persons suffered from land scarcity. Of the 137 households surveyed, 109 (80 percent) currently owned paddy rice land. This meant that 28 (20 percent) of the households interviewed were landless. The mean number of hectares owned by the 109 households with land was 1.04 hectares. Only 9 (8 percent) of the 109 households owned more than 2 hectares. By contrast, 44 (40 percent) of the 109 households owned 0.5 hectare or less. With 28 households

absolutely landless and 44 households near landless (0.5 hectares or less), a total 72 households (52 percent) were land deficient.

Of the 137 households surveyed 13 (9 percent) currently rented paddy rice land. The mean number of hectares rented by the 13 households was 0.64 hectares. The majority (7) of these households rented 0.5 hectares or less. Of note, 12 of the 13 households who rented paddy rice land also owned paddy rice land, bringing to 110 the households who owned or rented paddy rice land.

The Story of Ouk Vuthy and Chhum Sorphea

Chhum Sorphea was born without a right arm. She was also born with a deformed left hand with only two fingers and a thumb. But despite these impairments Sorphea's parents were able to arrange a marriage for her with Ouk Vuthy. The small wedding took place in Prey Veng province, the home of Sorphea's family. Vuthy was from Kandal province and much younger than Sorphea. Married now for more than 20 years, Vuthy recalls that he took pity on his future wife. Over the years, the couple came to have three children, all boys.

After he was married, Vuthy served in the army. In 1991, as a soldier in Battambang province, his right hand was blown up and deformed by a landmine explosion. Soon after the accident he was discharged from the army and returned to Prey Veng – now himself a disabled person with a disabled wife.

As a result of their impairments Vuthy and Sorphea face difficulties in sustaining their household livelihood. Normally, the couple can harvest one ton of paddy rice on their 0.5 hectare of wet season rice land in Prey Veng district. But their inability to undertake the physically demanding tasks of rice farming requires that they hire labor for plowing, pulling seedlings, transplanting, harvesting, and carrying the rice home from the field. This substantially reduces their share of the harvest. With the aid of a bicycle Vuthy buys vegetables at a nearby market and sells them in the village. He does not buy and sell manufactured goods because they are too heavy for him to carry. Sorphea also uses the bicycle, pushing it with her left arm and body, to carry fish bought from local fishermen to sell in the village. Around the house the couple cultivates water convolvulus and cabbage, and raises chickens. Vuthy sometimes works for wages, carrying soil in the village.

In 2002, the 18 year old son of Vuthy and Sorphea traveled to Thailand as a migrant worker with other villagers. On two occasions he sent back money. Then quite unexpectedly his parents learned that he had died and had been cremated in Thailand. The only remembrance they received was a photo taken of his body by his friends. In the past year the couple's 16-year-old second eldest son became a monk and entered a pagoda in another district of the province. The youngest son, now 10 years old, lives at home with his parents and attends elementary school.

Vuthy and Sorphea mentioned that they are not invited to wedding and funeral ceremonies because they are poor. Nevertheless, Vuthy sometimes helps to carry water and cut wood for cooking at these events and afterwards joins in the meal. At the same time, Vuthy is invited by the village chief to attend meetings for planning commune council projects and for general information and interest. While women are present at these village meetings, Sorphea does not attend because of her deformity. Since 1993 Vuthy and Sorphea have voted in all three national elections, and in the commune council election.

Since 1995, Vuthy has received 50,000 riels (US$ 12.5) a month from the Ministry of Social Affairs, Veterans and Youth as a disabled veteran. He maintains that, while this assistance is inadequate, the household's circumstances would be much more difficult without it.

In all, 22 (16 percent) of the 137 households interviewed had sold paddy rice land, with an average amount sold reported at 0.92 hectares. Almost half (10) of the 22 households who had sold land were now landless. Similarly, 13 (9 percent) of the 137 households interviewed had mortgaged paddy rice land, with an average amount

mortgaged reported at 0.5 hectares. As evident from a comparison of the figures reported earlier, most, but not all, paddy rice land was sold or mortgaged to pay for the health costs of the disabled member.

Agricultural Production

In the past year 105 (95 percent) of the 110 households who owned and/or rented paddy rice land cultivated rice crops. Of these, 31 households cultivated both wet and dry season rice, 2 households cultivated only dry season rice, and 72 households cultivated only wet season rice. In the past year the 31 households farming both wet and dry season rice cultivated an average total land area of 1.97 hectares and produced an average total harvest of 3,191 kilograms. The 2 households farming only dry season rice cultivated an average land area of 1.0 hectare and produced an average harvest of 2,000 kilograms. By comparison, the 72 households tilling only wet season rice cultivated an average land area of only 0.85 hectares and produced an average harvest of only 987 kilograms.

Clearly, rice production among the households of the disabled persons varied considerably. Those households who were able to cultivate both wet and dry season rice attained relatively high combined yields. Meanwhile the two households cultivating only dry season rice achieved moderate yields. By contrast, the majority of households who cultivated only wet season rice suffered extremely low yields and faced severe rice shortages. Wet season rice farmers who did not produce a second crop of dry season rice were decidedly disadvantaged.

Of the 105 rice-producing households, 80 (76 percent) maintained that their rice harvests were not normally sufficient to feed their households through the entire year. A large majority (91 percent) of those with shortages needed to buy rice for more than two months, more than half (54 percent) needed to buy rice for more than four months, and more than one-third (36 percent) needed to buy rice for more than six months. The normal rice shortages were high because of the successive floods and droughts recently experienced in Prey Veng province.

Perhaps not unexpectedly, 51 rice-producing households (in which the disabled person had been disabled for 15 years or less) indicated an overall downward trend in production. While 4 households declared that their rice yields had increased, 27 asserted that their rice yields had decreased, and 20 maintained that their rice yields had remained the same.

Livelihood Strategies

The households of the disabled persons surveyed were largely involved in paddy rice cultivation. In addition, many raised chicken and ducks, cultivated gardens and other crops, and gathered food growing wild as supplementary subsistence activities. About half of the households worked for wages around the village and a rather large two-fifths earned from migrant work. Household migrants worked primarily in Phnom Penh, but also in Prey Veng province, in Thailand, in other Cambodian provinces, and

in Malaysia. Smaller numbers of households operated small businesses, fished, raised pigs, and made goods for sale (Table 3).

Understandably, most of the disabled persons themselves were involved in household livelihood activities that were close to home and required little strenuous work such as raising chickens or ducks and cultivating gardens. Nonetheless, disabled persons participated in paddy rice cultivation performing such tasks as plowing, harrowing, pulling seedlings, transplanting, weeding, harvesting, and threshing. Disabled persons likewise helped their households to gather food growing wild and to operate small businesses. Smaller numbers were involved in working for wages around the village and even fewer earned from migrant work. Half of the disabled migrants worked in other parts of Prey Veng province (Table 3).

Table 3. Household and Disabled Person's Involvement in Livelihood Strategies, Prey Veng District, September 2005

	Household Involved		Disabled Person Involved	
Livelihood Strategies	**Number**	**Percent**	**Number**	**Percent**
Cultivates paddy rice	105	76.6%	37	27.0%
Raises chickens or ducks	78	56.9%	55	40.1%
Cultivates garden or other crops	76	55.5%	44	32.1%
Works for wages around village	69	50.4%	16	11.7%
Earns wages from migrant work	56	40.9%	8	5.8%
Gathers food growing wild from ponds, rice fields, or forest	49	35.8%	26	19.0%
Operates small business	44	32.1%	24	17.5%
Fishes	41	29.9%	16	11.7%
Raises pigs	40	29.2%	16	11.7%
Makes goods for sale	14	10.2%	8	5.8%
n = 137				

When asked about their overall livelihood security, 70 households (in which the disabled person had been disabled for 15 years or less) suggested an overall downward trend. While 3 households stated that their overall income had increased, 44 contended that their overall income had decreased, and 23 replied that their overall income had remained the same.

Reproductive Work

While disabled persons were constrained in their capacity to contribute to household productive or income generating work, 105 (77 percent) of the 137 surveyed were engaged in reproductive or household maintenance work. Disabled persons helped to clean the house (76), helped to cook (74), helped to take care of young children (65), helped to carry water (49), helped to do laundry (34), and helped to take care of the elderly (16). This represented an important contribution to the household.

Social Exclusion and Discrimination

Name-Calling and Making Fun

Social exclusion of the disabled persons took several forms and started at an early age. Among the most common forms manifested were name-calling and making fun

of impairments suffered. Although often regarded as harmless by the able-bodied, these displays perpetuated by familiar persons undermined the self-esteem and confidence of the mobility impaired and indeed helped to disable them. Overall 50 (36 percent) of the 137 disabled persons surveyed had been called names related to their type of disability. Those who called the disabled persons by these names were neighbors (37), friends (31), family members (18), classmates (10), and, to a much smaller extent, strangers (2). Proportionally, the experience of being called names was higher (44 percent) among those disabled under the age of 18 years.

In a similar manner, 56 (41 percent) of the 137 disabled persons surveyed had experienced people making fun of them by imitating the way they walked, talked, or moved about. Those who had made fun of them were likewise neighbors (37), friends (34), family members (11), classmates (9), and, to a lesser extent, strangers (4). Proportionally, the experience of being made fun of was higher (56 percent) among those disabled under the age of 18 years.

The Story of Chorn Sarun

Chorn Sarun was 17 years old when he joined the army in 1979. For the next six years he was involved in intense fighting with the Khmer Rouge along the Cambodia Thailand border. Then on 1 August 1985 he stepped on a landmine and his life changed forever. Sarun's leg was amputated and he was sent to a refugee camp in Thailand known as Site 2 to recover from his injuries. While in the camp he was fitted with an artificial leg. He also learned how to repair radios and television sets. During his seven years stay in Site 2 Sarun married and had two girls. But at the time of repatriation in 1992 he and his wife separated. Sarun returned to his home in Prey Veng province and his wife took the girls to Banteay Meanchay province.

Back in Prey Veng Sarun heard about Veteran's International's (VI) physical rehabilitation center in Kien Khlehang in Phnom Penh. There he was refitted with an artificial leg, which enabled him to retain his mobility. In 1995 VI established a rehabilitation center in Prey Veng province, and this made it easier for Sarun to repair and replace his prosthesis. Sarun maintained that over the years the quality of his artificial legs improved and this, plus his strong desire to improve his life's circumstances, allowed him to minimize the adverse effects of his impairment.

Now remarried with two more children, Sarun has worked hard to build a new life. Along the road in front of his house Sarun operates a small radio and television repair shop. The shop also serves as a small store out of which his wife sells small food items and manufactured goods. Sarun pedals his bicycle to a market five kilometers away to buy the goods for his wife. Close to the shop Sarun has dug a small fishpond and stocked it with fingerlings bought from an NGO. With the aid of his artificial leg, Sarun plows his own 0.4 hectare paddy rice field and transplants and harvests along with his wife. This year he dug and built an open well by himself on the rice plot to supply water for dry season cultivation. These activities sustain Sarun's household in Prey Veng district and permit him to occasionally visit and give money to his daughters in Banteay Meanchay.

Widely known in his community, Sarun regularly attends pagoda, wedding, and funeral ceremonies. Similarly, he attends village meetings for planning commune council projects and participates in food-for-work activities. Sarun has voted in the 1998 and 2003 national elections and in the 2002 commune council election. Recently, he received a grant in kind of $100 from Rotary International through VI for a soldering iron and an electric current meter to assist his repair work. Since 2000 Sarun, through the intercession of his former military commander, has been able to lay claim to his army benefits and collect 100,000 riels (US$ 25) a month from the Ministry of Social Affairs, Veterans and Youth as a disabled veteran.

School Attendance

While none of the 133 disabled persons of school age included in the survey had ever been refused entrance into school, attitudes prevailed in families and in society which prevented the mobility impaired from participating as fully as possible in formal education. Similar to restrictions often placed on girls, families felt no great need to encourage and support the schooling of their disabled members. As a consequence school attendance of the disabled persons was low; for disabled girls and women it was especially dismal.

In the survey, the average education level of 76 mobility impaired males of school age was 3.9 grades. This included 22 males (29 percent of the total) with no schooling at all. At the same time 19 males (25 percent of the total) had completed more than 6 grades. By comparison, in the survey the average education level of 56 mobility impaired females of school age was 2.5 grades. This included 23 females (41 percent of the total) with no schooling at all. At the same time only six females (11 percent of the total) had completed more than 6 grades.

Marriage

Cambodian society places a high value on marriage and on couples assuming the responsibility of raising a family. Here again attitudes and behavior prevalent in families and in society often excluded the disabled from the opportunity of getting married. Discrimination against disabled women from entering into marriage was particularly widespread. In all, 13 (33 percent) of 39 disabled women of marriageable age surveyed had experienced difficulties from their own family or their prospective spouse's family in marrying the person of their choice. By comparison, only 7 (11 percent) of 62 disabled men of marriageable age had experienced such difficulties.

Although the physical ailments of the large majority of the disabled persons surveyed did not prevent them from marrying, large numbers of them remained single. Clearly, the primary impediments to marriage were of a social, rather than of a physical, nature. Of the disabled men surveyed who were 18 years and older, 17 percent (11 of 65) were single. By contrast, of the disabled women surveyed who were 18 years and older, 52 percent (21 of 40) were single. As one female respondent declared, *"I am a disabled woman. No man will ask me to marry him."*

Voting

In the survey, none of the 105 disabled persons eligible to vote was ever refused to vote because of his or her disability. Indeed voting among the disabled persons was rather high with 82 (78 percent) of the 105 sample eighteen years and older voting in at least one of the last three elections. More specifically, 69 persons voted in the national election of 2003, 71 persons voted in the commune council election of 2002, and 79 persons voted in the national election of 1998. The main reason cited for not voting was that the disabled were physically unable to get to the voting station.

With respect to gender voting was higher among men than women. While 86 percent (56 of 65) of the disabled men eighteen years and older participated in at least one of the last three elections, only 65 percent (26 of 40) of the disabled women eighteen years and older did so. Perhaps contrary to expectation, participation of the disabled persons now 60 years and older in elections was high with 83 percent (15 of 18) voting in at least one of the last three elections. However, their participation had progressively declined in each of the last three elections.

Social Interaction

Another measure of social exclusion was the degree to which the disabled persons interacted with people outside of their immediate households. This was considered from two vantage points: the frequency of people visiting the disabled persons and the frequency of the disabled persons visiting other people. Family members living outside the household and neighbors took strong initiatives to visit the disabled. Visits of friends were somewhat less frequent. Visits of government workers and NGO staff were rare (Table 4).

Table 4. Frequency of Visits to Disabled Persons, Prey Veng District, September 2005

	Often		**Sometimes**		**Never**	
	Number	Percent	Number	Percent	Number	Percent
Family members living outside of household visit the disabled person	87	63.5%	45	32.8%	5	3.6%
Neighbors visit the disabled person	84	61.3%	47	34.3%	6	4.4%
Friends visit the disabled person	56	41.2%	55	40.4%	25	18.4%
Government workers or officials visit the disabled person	17	12.4%	55	40.1%	65	47.4%
NGO staff often visit the disabled person	8	5.8%	48	35.0%	81	59.1%
n = 137						

While less intensive, the visits of the disabled persons to others followed a similar pattern. Visits were most frequent with neighbors and family members living outside the household, somewhat less frequent with friends, and rather infrequent with government workers and NGO staff (Table 5).

Table 5. Frequency of Visits of Disabled Persons to Others, Prey Veng District, September 2005

	Often		**Sometimes**		**Never**	
	Number	Percent	Number	Percent	Number	Percent
Disabled person visits neighbors	64	46.7%	52	38.0%	21	15.3%
Disabled person visits family members living outside of household	58	42.3%	53	38.7%	26	19.0%
Disabled person visits friends	35	25.7%	60	44.1%	41	30.1%
Disabled person visits government workers or officials	7	5.1%	45	32.8%	85	62.0%
Disabled person visits NGO staff	4	2.9%	39	28.5%	94	68.6%
n = 137						

Participation in Community Ceremonies and Development Activities

Participation of the disabled persons in community ceremonies was quite strong. Overall, 101 (76 percent) of the 133 disabled persons six years and older attended community ceremonies. More specifically, 92 persons attended pagoda ceremonies, 89 persons attended funeral or death anniversary ceremonies, 68 persons attended wedding ceremonies, and 32 person attended school ceremonies. The most frequent reasons given for not attending these ceremonies were that the disabled persons were physically unable or too young to attend.

Participation of the disabled persons in community development activities was less intense. In all, 53 (50 percent) of the 105 disabled persons eighteen years and older participated in community development activities. Of this total, 29 persons participated in food-for-work activities, 27 persons participated in commune council planning meetings, 21 persons participated in village associations, and 16 persons participated in NGO development activities. The most frequent reasons given for not participating in these activities were that the disabled persons were physically unable to participate, too young to participate, and not invited or encouraged to participate.

With regard to gender the attendance of disabled men and boys in community ceremonies was slightly higher than the attendance of disabled women and girls. While 78 percent (59 of 76) of the disabled men and boys six years and older attended community ceremonies, 74 percent (42 of 57) of the disabled women and girls of this age group did so. By contrast, the participation of disabled men in community development activities was much higher than the participation of disabled women. While 60 percent (39 of 65) of the disabled men eighteen years and older participated in community development activities, only 35 percent (14 of 40) of the disabled women of this age group did so. Seven disabled women mentioned that they were too shy or embarrassed to participate in community development activities.

Assistance and Services

Rather dishearteningly, only 55 (40 percent) of the 137 disabled persons surveyed had received assistance for the mobility impairments they suffered. The rates of receiving assistance were higher among men than women, and higher among the young than the elderly. While 44 percent (35 of 79) of the disabled boys and men had received assistance, only 34 percent (20 of 58) of the disabled girls and women had done so. Encouragingly 72 percent (23 of 32) of the disabled under 18 years old had received assistance, although by contrast only 11 percent (2 of 18) of the disabled 60 years and older had received assistance. Nearly all of the assistance had come from Veterans International (VI). While VI was well equipped to treat the mobility impairments of children, they were less able to treat the disabilities of the elderly arising from medical conditions.

In the study area VI was exemplary for the assistance and services it provided to disabled persons. Notably, 52 (94 percent) of the 55 disabled persons surveyed who had received assistance did so from VI. The NGO's support took several forms. Among the 52 recipients of VI assistance, 16 disabled persons received wheelchairs,

11 persons received prosthetic legs, 10 persons received crutches, 8 persons received braces, 7 persons received medical treatment, 6 persons received grants in kind, 3 persons received physiotherapy, 3 persons received elementary education, and 2 persons received sports training. At the time of the study in late 2005 VI continued to provide assistance to 39 (75 percent) of these 52 disabled recipients. Of 50 disabled persons who had received assistance from VI, 45 reported that the assistance was very helpful, 2 said that it was somewhat helpful, and 3 said that it was not helpful.

Not surprisingly, most of the disabled persons who had received assistance first did so from the year 1995 when VI started its program in Prey Veng. Of the 55 disabled persons who had received assistance, 5 (9 percent) had first received assistance before 1995, 17 (31 percent) had first received assistance between 1995 and 1999, and 33 (60 percent) had first received assistance from 2000 to the present. The fact that the majority had first received assistance in the new millennium pointed to an emerging awareness of the services available in the area. Still less than half 67 (49 percent) of the 137 households interviewed were aware that VI provided rehabilitation services free of charge to disabled people in Prey Veng town. On the other hand, 57 (86 percent) of 66 households who were not aware of VI said that they would like to learn more about its physical rehabilitation program.

Conclusions

Following recent literature, this study distinguishes between 'impairments' which relate to individual physical conditions and 'disability' which results from discrimination and social exclusion of people with impairments. The difference is not merely semantic. If society causes people with impairments to become disabled then everyone committed to the realization of an inclusive and rights-based society must work to dismantle the barriers erected against people with disabilities. Work with disabled people must no longer be consigned only to prosthetists, orthotists, and physiotherapists with specialized training. All development workers must act to enable disabled people to empower themselves and access their rights. Mainstreaming disabled people in development will demand no less than a major redesign of existing programming at all levels.

The empirical findings of this study help to illuminate the life situations of disabled people in rural Cambodia. Clearly the legacy of war has taken its toll, although not necessarily in the manner expected. For while landmines and war injuries accounted for some impairments, by far the main cause of disability among those surveyed was illness and disease. For the most part, these afflictions were preventable and occurred only because the health system in Cambodia had been demolished during long years of conflict and neglect. Understandably, the impairments suffered by the disabled persons surveyed had an impact on their mobility, which dropped considerably beyond their immediate neighborhoods. Still, with the help of devices large numbers of previously immobile persons had now become mobile. To some extent households with disabled members had to work harder to meet their productive and reproductive needs. But the need to care for disabled members did not substantially reduce the earning power of most households. While a majority of households reported that they

had borrowed money to pay for health or treatment costs of the disabled member, most of the borrowers had repaid all of these loans. Households who had sold assets including land to pay for health and treatment costs of disabled members were smaller in number but faced more serious consequences.

Generally, the households of the disabled persons suffered from land scarcity. With 28 households absolutely landless and 44 households near landless (0.5 hectares or less), a total 72 (52 percent) of the 137 households surveyed were land deficient. Rice yields in wetland rice cultivation were low and rice farmers who did not cultivate a second crop of dry season rice suffered severe rice shortages. More than one-third of the rice-farming households with shortages needed to buy rice for more than six months. Other than paddy rice production households with disabled persons were primarily engaged in raising poultry, cultivating gardens, working for wages around the village, and migrant work. Not surprisingly, most of the disabled persons themselves were involved in household livelihood activities that were close to home and required little strenuous work such as raising chickens and ducks, and cultivating gardens. Still more than one-four of the disabled household members participated in paddy rice cultivation.

Social exclusion of the disabled persons surveyed took several forms and started at an early age. The disabled persons commonly experienced being called names related to the type of their impairment and having people make fun of the way they walked, talked, or moved about. School attendance of the disabled persons was low, and particularly dismal for disabled girls and women. Although the physical impairments of the large majority of the disabled persons surveyed did not prevent them from marrying, large numbers of them remained single. Discrimination against disabled women from entering into marriage was particularly prominent. By contrast, voting among disabled men and women was rather high. Participation of the disabled persons in community events such as weddings, funerals, and pagoda ceremonies was quite strong and similar among men and women. By comparison, participation of the disabled persons in community development activities was less intense and much higher among men than women.

Rather discouragingly, only 40 percent of the disabled persons surveyed had received assistance for the mobility impairments they suffered. The rates of receiving assistance were higher among men than women, and higher among the young than the elderly. Nearly all of the assistance received had come from Veterans International (VI). This attests to the extraordinary contribution of the VI program to the physical rehabilitation of disabled people in the study area. By default, it likewise reveals the gaps in physical rehabilitation services, which arguably are more acute in districts further from the rehabilitation center. While VI's program shift to community-based rehabilitation is laudable and holds promise for the study area, the current isolation of the disability sector from mainstream development in general does not augur well for the future of disabled people in rural Cambodia. National government policy makers, multilateral and bilateral donors, disability and development NGOs, and disabled people's organizations must take concerted action to ensure that people with disabilities are actively engaged in national poverty reduction programs and living their lives as full Cambodian citizens.

Appendix 1. ADI Household Questionnaire
Study of Disabled People
Prey Veng District, Prey Veng Province

Name of interviewer:_____ Date of Interview: _____

Name of person interviewed:_____ Checked by:_____

Introduction: My name is _____. I am a student participating in a course on Analyzing Development Issues. We are trying to understand better the situation and experience of the physically disabled. I would like to ask you some questions about your experience/ the experience of the disabled person in your household.

BACKGROUND ***[Note to interviewer: Circle the number that corresponds to the answer of the question asked. Circle only*** **one** ***answer per question unless otherwise indicated. Write na (not applicable) for answer that do not apply. Write dk (don't know) if respondent doesn't know the answer].***

1.01 Number of Interview _____ [Leave blank. ADI team will fill in later.]

1.02. Commune

Angkor Tret	1	Svay Antor	4
Damrei Puon	2	Mebon	5
Prey Khla	3	Popeus	6

1.03 Village

Ruessei Thlok (Ankor Tret)	1	Krachab Ti Bei (Prey Khla)	13
Chamkar Kuoy (Damrei Puon)	2	Pou Chentam (Svay Antor)	14
Tbaung Kdei (Damrei Puon)	3	Prey Khvaek (Svay Antor)	15
Prey Phleang (Damrei Puon)	4	Chachork Ti Muoy (Mebon)	16
Koam Pradeus (Damrei Puon)	5	Chachork Ti Pir (Mebon)	17
Thkov (Damrei Puon)	6	Phnom Kong (Mebon)	18
Tang Lang Ti Muoy (Prey Khla)	7	Mebon (Mebon)	19
Tang Lang Ti Pir (Prey Khla)	8	Thkov (Mebon)	20
Prey Khla Ti Muoy (Prey Khla)	9	Harbo (Mebon)	21
Prey Khla Ti Pir (Prey Khla)	10	Khyoak North (Popeus)	22
Krachab Ti Muoy ((Prey Khla)	11	Khyoak South (Popeus)	23
Keachab Ti Pir (Prey Khla)	12		

1.04 Number of household members	a. Male	b. Female	c. Total
1.05 Number of household members contributing to household livelihood	a. Male	b. Female	c. Total

Background Characteristics of Disabled Person

1.06 Relationship of Person Interviewed to the Disabled Person in the Household

Disabled Person Being Interviewed	1
Mother of Disabled Person Interviewed	2
Father of Disabled Person Interviewed	3
Brother or Sister of Disabled Person Interviewed	4
Aunt or Uncle of Disabled Person Interviewed	5
Grandparent of Disabled Person Interviewed	6
Wife of Disabled Person Interviewed	7

1.07 Sex of Disabled Person in Household

Male	1
Female	2

1.08 Age of Disabled Person in Household

Write actual age _____

1.09 Education of Disabled Person in Household

Write last grade completed _____

1.10 Civil Status of Disabled Person in Household

Married	1
Widow/Widower	2
Separated/Divorced	3
Single	4

1.11 Physical Disability of Disabled Person in Household

Amputee (leg)	1	Muscular dystrophy	13
Amputee (arm)	2	Club foot/feet	14
Cerebral Palsy	3	Dislocated hip	15
Polio	4	Bowed legs	16
Paraplegia	5	Spinal cord curve (kyphosis/	
Hemiplegia	6	lordosis)	17
Quadriplegia	7	Osteoporosis	18
Broken bone (fracture)	8	General Weakness	19
Arthritis	9	Chiatic	20
Burn	10	Other (specify___)	21
Congenital defect	11		
Scoliosis	12		

1.12 What was the cause of the disabled person's disability?

Illness/disease	1
Congenital	2
Accident	3
Landmine explosion	4
War/conflict	5
Domestic Violence	6
Other (specify____)	7

1.13 Did the disabled person suffer the physical disability as result of being in the army?

Yes	1
No	2
No (disabled under 18 years old)	3

1.14 How many years has the disabled person suffered the physical disability? *(Note: If the disabled person has been disabled since birth, write the age of the disabled.)*

Write number of years _____

Mobility of Disabled Person

1.15a At the present time is the disabled person *independently* able to move around the house (go up and down the entrance stairs, go in and out of the rooms)?

Yes	1
No	2
No (disabled person under 5 years old)	3

1.15b If yes, does the disabled person use a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.)?

Yes	1
No	2
Not applicable (disabled person is not able to move around the house *independently*)	98

1.15c If the disabled person uses a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.), was the disabled person *independently* able to move around the house before receiving the device?

Yes	1
No	2
Not applicable (disabled person does not use a device)	98

1.16a At the present time is the disabled person *independently* able to go to the toilet?

Yes	1
No	2
No (disabled person under 5 years old)	3

1.16b If yes, does the disabled person use a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.)?

Yes	1
No	2
Not applicable (disabled person is not able to go to the toilet *independently*)	98

1.16c If the disabled person uses a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.), was the disabled person able to go to the toilet *independently* before receiving the device?

Yes	1
No	2
Not applicable (disabled person does not use a device)	98

1.17a At the present time is the disabled person *independently* able to bathe?

Yes	1
No	2
No (disabled person under 5 years old)	3

1.17b If yes, does the disabled person use a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.)?

Yes	1
No	2
Not applicable (disabled person is not able to bathe *independently*)	98

1.17c If the disabled person uses a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.), was disabled person able to bathe *independently* before receiving the device?

Yes	1
No	2
Not applicable (disabled person does not use a device)	98

1.18a At the present time is the disabled person *independently* able to move around the neighborhood?

Yes	1
No	2
No (disabled person under 5 years old)	3

1.18b If yes, does the disabled person use a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.)?

Yes	1
No	2
Not applicable (disabled person is not able to move around the neighborhood *independently*)	98

1.18c If the disabled person uses a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.), was the disabled person able to move around the neighborhood *independently* before receiving the device?

Yes	1
No	2
Not applicable (disabled person does not use a device)	98

1.19a At the present time is the disabled person *independently* able to go to the nearest wat?

Yes	1
No	2
No (disabled person under 10 years old)	3

1.19b If yes, does the disabled person use a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.)?

Yes	1
No	2
Not applicable (disabled person is not able to go to go to the nearest wat)	98

1.19c If the disabled person uses a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.), was the disabled person able to go to the nearest wat before receiving the device?

Yes	1
No	2
Not applicable (disabled person does not use a device)	98

1.20a At the present time is the disabled person *independently* able to go to the nearest market?

Yes	1
No	2
No (disabled person under 10 years old)	3

1.20b If yes, does the disabled person use a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.)?

Yes	1
No	2
Not applicable (disabled person is not able to go to go to the nearest market)	98

1.20c If the disabled person uses a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.), was the disabled person able to go to the nearest market before receiving the device?

Yes	1
No	2
Not applicable (disabled person does not use a device)	98

1.21a At the present time is the disabled person *independently* able to go to the commune center?

Yes	1
No	2
No (disabled person under 15 years old)	3

1.21b If yes, does the disabled person use a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.)?

Yes	1
No	2
Not applicable (disabled person is not able to go to go to the commune center)	98

1.21c If the disabled person uses a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.), was the disabled person able to go to the commune center before receiving the device?

Yes	1
No	2
Not applicable (disabled person does not use a device)	98

1.22a At the present time is the disabled person *independently* able to go to Prey Veng town?

Yes	1
No	2
No (disabled person under 15 years old)	3

1.22b If yes, does the disabled person use a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.)?

Yes	1
No	2
Not applicable (disabled person is not able to go to go to Prey Veng town)	98

1.22c If the disabled person uses a device (prosthetic arm or leg, brace, crutch, wheel chair, etc.), was the disabled person able to go to Prey Veng town before receiving the device?

Yes	1
No	2
Not applicable (disabled person does not use a device)	98

LAND OWNERSHIP AND AGRICULTURAL PRODUCTION

2.01 Does your household (the household of the disabled) *currently* own paddy rice land?

Yes	1
No	2

2.02 If yes, how many hectares of paddy rice land does your household *currently* own?

Write number of hectares of paddy rice land owned _____

Not applicable 98

2.03 Does your household (the household of the disabled) *currently* rent paddy rice land?

Yes	1
No	2

2.04 If yes, how many hectares of paddy rice land does your household *currently* rent?

Write number of hectares of paddy rice land rented _____

Not applicable 98

2.05 Has your household ever *sold* any paddy rice land?

Yes	1
No	2

2.06 If yes, how many hectares of paddy rice land has your household sold?

Write number of hectares of paddy rice land sold _____

Not applicable 98

2.07 If yes, was the paddy rice land sold as a consequence of the health costs of the disabled person in the household?

Yes 1

No 2

Not applicable 98

2.08 Has your household ever *mortgaged* paddy rice land?

Yes 1

No 2

2.09 If yes, how many hectares of paddy rice land has your household mortgaged?

Write number of hectares of paddy rice land mortgaged _____

Not applicable 98

2.10 If yes, was the paddy rice land mortgaged as a consequence of the health costs of the disabled person in the household?

Yes 1

No 2

Not applicable 98

2.11 Did your household cultivate *wet season* rice in the past year?

Yes 1

No 2

Not applicable 98

2.12 Did your household cultivate *dry season* rice in the past year?

Yes	1
No	2
Not applicable	98

2.13 If household cultivated wet or dry season rice in the past year, did the household use its own draft animals?

Yes	1
No	2
Not applicable	98

2.14 Number of hectares of paddy rice land cultivated in past year?

Paddy rice land	a. Number of hectares of *wet season* rice land cultivated in past year NA 98	b. Number of hectares of *dry season* rice land cultivated in past year NA 98	c. Number of total hectares of paddy rice land cultivated in past year NA 98

2.15 Number of kilograms of paddy rice land harvested in past year? (Note: One *thang* = 24 kilograms. One *tao* = 12 kilograms.)

Paddy rice land	a. Number of kilograms of *wet season* rice land harvested in past year NA 98	b. Number of kilograms of *dry season* rice land harvested in past year NA 98	c. Number of total kilograms of paddy rice land harvested in past year NA 98

2.16 Is your annual rice harvest normally sufficient to feed your household?

Yes	1
No	2
Not applicable (household does not cultivate rice)	98

2.17 If no, number of months of normal rice shortage?

Write number of months of shortage _____	
Not applicable (household does not cultivate rice)	98

2.18 Since you became disabled (or since there has been a disabled person in your household) have your normal rice yields increased, decreased, or remained the same?

Rice yields have increased	1
Rice yields have decreased	2
Rice yields have remained the same	3
Disabled person in household has been disabled for more than 15 years	4
Not applicable (household does not cultivate rice)	98

2.19 Since you became disabled (or since there has been a disabled person in your household) has the overall income of your household increased, decreased, or remained the same?

Overall income has increased	1
Overall income has decreased	2
Overall income has remained the same	3
Disabled person in household has been disabled for more than 15 years	4

LIVELIHOOD STRATEGIES

3.01 Did the disabled person in your household participate in the household rice cultivation in the past year?

Yes	1
No	2
No (under 15)	3
Not applicable (household does not cultivate rice)	98

3.02 If yes, what rice cultivation tasks did the disabled person do in the past year? ***(Circle all that apply.)***

A. Plowing

B. Harrowing

C. Sowing rice seeds

D. Pulling seedlings

E. Transplanting

F. Applying fertilizer

G. Weeding

H. Harvesting

I. Threshing

J. Bringing rice from field to house

K. Preparing paddy dikes

3.03 Does your household do gardening or raise other crops (vegetables, sugar cane, etc.)?

Yes	1
No	2

3.04 If yes, does the disabled person in the household help to do gardening or raise the other crops?

Yes	1
No	2
No (under 15)	3
Not applicable	98

3.05 Does your household raise chickens or ducks?

Yes	1
No	2

3.06 If yes, does the disabled person in the household help to raise the chickens or ducks?

Yes	1
No	2
No (under 15)	3
Not applicable	98

3.07 Does your household raise pigs?

Yes	1
No	2

3.08 If yes, does the disabled person in the household help to raise the pigs?

Yes	1
No	2
No (under 15)	3
Not applicable	98

3.09 Does your household fish?

Yes	1
No	2

3.10 If yes, does the disabled person in the household help to fish?

Yes	1
No	2
No (under 15)	3
Not applicable	98

3.11 Does your household gather wild food from ponds, rice fields or from the forest (e.g. frogs, rats, water convolvulus, wild vegetables and fruits)?

Yes	1
No	2

3.12 If yes, does the disabled person in the household help to gather wild food from ponds, rice fields or from the forest (e.g. frogs, rats, water convolvulus, wild vegetables and fruits)?

Yes	1
No	2
No (under 15)	3
Not applicable	98

3.13 Does your household make goods for sale to other people (e.g. baskets, handicrafts, rice wine, charcoal etc.)?

Yes	1
No	2

3.14 If yes, does the disabled person in the household help make goods for sale to other people (e.g. baskets, handicrafts, rice wine, charcoal etc.)?

Yes	1
No	2
No (under 15)	3
Not applicable	98

3.15 Does your household operate a small business (e.g. buy and sell of goods, small grocery store, bicycle or motor bike repair shop, etc.)?

Yes	1
No	2

3.16 If yes, does the disabled person in the household help to operate the small business (e.g. buy and sell of goods, small grocery store, bicycle or motor bike repair shop?

Yes	1
No	2
No (under 15)	3
Not applicable	98

3.17 Does your household earn money by working for others for wages around the village (e.g. agricultural labor, house construction, village official, etc.)?

Yes	1
No	2

3.18 If yes, does the disabled person in the household earn money by working for others for wages around the village (agricultural labor, house construction, village official etc.)?

Yes	1
No	2
No (under 15)	3
Not applicable	98

3.19 Does your household earn money by doing migrant work outside of the village for more than one week (e.g. migrant agricultural labor, construction work, garment factory work, etc.)?

Yes	1
No	2

3.20 If yes, where does your household earn from the migrant work? ***(Circle all that apply)***

A. Prey Veng province

B. Other Cambodian provinces

C. Phnom Penh

D. Vietnam

E. Thailand

F. Other (specify_____)

3.21 If yes, does the disabled person in the household earn money by doing migrant work outside of the village for more than one week (e.g. migrant agricultural labor, construction work, garment factory work, etc.)?

Yes	1
No	2
No (under 15)	3
Not applicable	98

3.22 If yes, where does the disabled person earn from the migrant work? ***(Circle all that apply.)***

a. Prey Veng province

b. Other Cambodian provinces

c. Phnom Penh

d. Vietnam

e. Thailand

f. Other (specify_____)

3.23 Does the disabled person in the household help to do any of the reproductive work of the household? ***(Circle all that apply.)***

A. Help to take care of young children in household
B. Help to take care of elderly in household
C. Help to cook

D. Help to clean house

E. Help to do laundry

F. Help to carry water

G. Other (specify_____)

3.24 Are there sufficient members in the household who can contribute to the livelihood of the household?

Yes	1
No	2

3.25 Does the need of household members to take care of the disabled person in the household substantially reduce their ability to contribute to the livelihood of the household?

Yes	1
No	2

SOCIAL INCLUSION AND EXCLUSION

Discrimination

4.01 Has the disabled person in the household ever been called names related to the type of her/his disability?

Yes	1
No	2

4.02 If yes, who are the people that call the disabled person by these names? ***(Circle all that apply)***

a. Family members

b. Friends

c. Classmates

d. Neighbors

e. Strangers

4.03 Has the disabled person in the household ever experienced people making fun of them by imitating the way they walk, talk or move about?

Yes	1
No	2

4.04 If yes, who are the people that make fun of them by imitating the way the disabled person walks, talks or moves about? ***(Circle all that apply)***

a. Family members

b. Friends

c. Classmates

d. Neighbors

e. Strangers

4.05 Has the disabled person in household ever experienced difficulties from their own family or their prospective spouse's family in marrying the person of their choice?

Yes	1
No	2
Not applicable (disabled person not old enough to marry)	98

4.06 Has the disabled person in the household ever been refused entrance into school?

Yes	1
No	2
Not applicable (disabled person not of school age)	98

4.07 Has the disabled person ever been refused a job because of her/his disability?

Yes	1
No	2
Not applicable (under 15)	98

4.08 Has the disabled person ever been refused to vote because of her/his disability?

Yes	1
No	2
Not applicable (under voting age)	98

Social Interaction

4.09 Do family members or relatives living outside of the household often visit the disabled person?

Often	1
Sometimes	2
Never	3

4.10 Does the disabled person often visit family members or relatives living outside of the household?

Often	1
Sometimes	2
Never	3

4.11 Do friends often visit the disabled person?

Often	1
Sometimes	2
Never	3

4.12 Does the disabled person often visit friends?

Often	1
Sometimes	2
Never	3

4.13 Do neighbors often visit the disabled person?

Often	1
Sometimes	2
Never	3

4.14 Does the disabled person often visit neighbors?

Often	1
Sometimes	2
Never	3

4.15 Do government workers or officials (teachers, health care workers, local authorities, etc.) often visit the disabled person?

Often	1
Sometimes	2
Never	3

4.16 Does the disabled person often visit government workers or officials (teachers, health care workers, local authorities, etc.)?

Often	1
Sometimes	2
Never	3

4.17 Do NGO staff often visit the disabled person?

Often	1
Sometimes	2
Never	3

4.18 Does the disabled person often visit NGO staff?

Often	1
Sometimes	2
Never	3

Participation in Community Ceremonies

4.19 Does the disabled person attend any of the following community ceremonies? ***(Circle all that apply.)***

a. School ceremonies

b. Pagaoda ceremonies (Bun, Pchu' Ben, Khmer New Year)

c. Wedding ceremonies

d. Funeral or death anniversary ceremonies

4.20 If the disabled person does not attend these community ceremonies, what are the reasons for this? ***(Circle all that apply.)***

a. Disabled person is too young to attend

b. Disabled person is not physically able to attend

c. Disabled person is not invited or encouraged to attend

d. Disabled person is not allowed by family to attend

e. Disabled person is too embarrassed to attend

4.21 Does the disabled person participate in any of the following development activities? ***(Circle all that apply)***

a. Commune council planning meetings

b. Food-for-work activities (e.g. building roads, schools, culverts, etc.)

c. NGO development activities (e.g. savings and credit groups, rice banks, animal banks, well user groups, etc.)

d. Village associations (e.g. pots and pans group, revolving credit groups, pagoda committee)

4.22 If the disabled person does not participate in any development activities, what are the reasons for this? ***(Circle all that apply.)***

a. Disabled person is too young to participate

b. Disabled person is not physically able to participate

c. Disabled person is not invited or encouraged to participate

d. Disabled person is not allowed by family to participate

e. Disabled person is too embarrassed to participate

4.23 Did the disabled person vote in the following elections? ***(Circle all that apply)***

a. National election of 2003
b. Commune council election of 2002
c. National election of 1998

4.24 If the disabled person did not vote in these elections, what were the reasons for this? ***(Circle all that apply.)***

a. Disabled person was too young to vote

b. Disabled person was not physically able to get to voting station

c. Disabled person was not invited or encouraged to vote

d. Disabled person was not allowed by family to vote

e. Disabled person was too embarrassed to vote

f. No ID card

4.25 Has the disabled person in the household been able to participate in sport and athletic activities (volleyball, basketball, football)?

Yes	1
No	2

ASSISTANCE AND SERVICES

5.01 Is the disabled person (or members of the disabled household) aware that the NGO Veterans International provides physical rehabilitation treatment free of charge to disabled people in Prey Veng town?

Yes	1
No	2

5.02 If not aware, would the disabled person (or members of the disabled household) like to learn more about the physical rehabilitation program of Veterans International?

Yes	1
No	2
Not applicable (aware of VI program)	98

5.03 Has the disabled person in the household received any assistance for the physical disability suffered?

Yes	1
No	2

5.04 If yes, who provided the assistance? ***(Circle all that apply)***

a. Veterans International

b. Another NGO (specify _____)

c. Ministry of Social Affairs, Vocational Training and Youth Rehabilitation (MoSAVY)

d. Ministry of Health (Government Health Center)

e. Ministry of Agriculture

f. Cambodian Red Cross

g. Disabled people's organization

h. Private person(s)

i. Others (specify) _____

5.05 If yes, what type of assistance has the disabled person received? ***(Circle all that apply)***

a. Prosthetic leg	i. Elementary education
b. Prosthetic arm	j. Vocational training
c. Crutch	k. Sports training
d. Brace	l. Human rights training
e. Wheelchair	m. Agricultural inputs (seeds, etc.)
f. Physiotherapy	n. Emergency relief goods
g. Medical treatment	o. Grant in kind (bicycle, cow, school materials)
h. Walker	p. Other (specify_____)

5.06 If yes, what year did the disabled person *first* receive the assistance?

Write year _____

NA 98

5.07 If yes, for how many years did the disabled person receive the assistance?

Write number of years _____

NA 98

5.08 If yes, does the disabled person continue to receive assistance until now?

Yes	1
No	2
NA	98

5.09 If yes, who continues to provide the assistance until now? ***(Circle all that apply)***

a. Veterans International

b. Another NGO (specify _____)

c. Ministry of Social Affairs, Vocational Training and Youth Rehabilitation (MoSAVY)

d. Ministry of Health (Government Health Center)

e. Ministry of Agriculture

f. Cambodian Red Cross

g. Disabled peoples organization

h. Private person(s)

i. Others (specify) _____

5.10 If yes, overall how helpful has been the assistance provided?

Very helpful	1
Somewhat helpful	2
Not helpful	3

5.11. Has the disabled household ever borrowed money to pay for the health or treatment costs of the disabled person in the family?

Yes	1
No	2

5.12 If yes, has the disabled household been able to repay all of these loans?

Yes	1
No	2
Not applicable (never borrowed money to pay for disabled person's health costs)	98

5.13. Has the disabled household ever sold assets other than land (e.g. draft animals, jewelry, etc.) to pay for the health or treatment costs of the disabled person in the family?

Yes	1
No	2

Appendix 2. ADI Trainee Researchers

Huoy Socheat	Association for Aid and Relief - Japan
Luy Bunthan	Save the Children Australia
Khin Mab	Lutheran World Federation
Ros Ra	Lutheran World Federation
Kim Sovya	Lutheran World Federation
Yim Mean	Lutheran World Federation
San Sochea	Cambodia Protection of Rights of Women and Children Association
Nit Pengsreang	Violence Against Women and Children of Cambodia
Leng Thy	Ponleu Ney Kdey Sangkum
Sobun Chenda	Association for Development and Our Village Rights
Suong Sopheap	Kumnit Thmey Organization
Kheiv Sokunthea	Hope and Development
Chea Sok Hoeun	Sor Sor Troung
Kim Sokhom	Khmer Women's Voice Center
Vorng Chantha	Indradavi

ADI Team Researchers

Ang Sopha	Cooperation Committee for Cambodia/ADI Project
Oeur Il	Cooperation Committee for Cambodia/ADI Project
Kung Seakly	Cooperation Committee for Cambodia/ADI Project
John McAndrew	Cooperation Committee for Cambodia/ADI Project

ADI Research Studies

- Impact of the Garment Industry on Rural Livelihoods: Lessons from Prey Veng Garment Workers and Rural Households, October 2005

- Domestic Violence in a Rapidly Growing Border Settlement: A Study of Two Villages in Poipet Commune, Banteay Meanchey Province, May 2005

- Upholding Indigenous Access to Natural Resources in Northeast Cambodia, December 2004

- Indigenous Response to Depletion in Natural Resources: A Study of Two Stieng Villages in Snoul District Kratie Province, September 2004

- Understanding Drug Use as a Social Issue: A View from Three Villages on the Outskirts of Battambang Town, April 2004

- Experiences of Commune Councils in Promoting Participatory Local Governance: Case Studies from Five Communes, March 2004

- Labour Migration to Thailand and the Thai-Cambodian Border: Recent Trends in Four Villages of Battambang Province, December 2003

- The Impact of the Tourism Industry in Siem Reap on the People Who live in Angkor Park, December 2002

- Small-Scale Land Distribution in Cambodia: Lessons from Three Case Studies, November 2001