

ABBREVIATION

CAP	Cartagena Action Plan
CBR	Community-Base Rehabilitation Guideline
CCBL	Cambodia Campaign to Ban Landmines and Cluster Munitions
CCM	the Convention on Cluster Munitions
CMAA	Cambodian Mine Action and Victim Assistance Authority
CMVIS	CAMBODIA MINE/ERW VICTIM INFORMATION SYSTEM
CRPD	the Convention on the Rights of People with Disability
DAC	Disability Action Council
ERW	Explosive Remnants of Wars
ICBL	International Campaign to Ban Landmines
ICRC	International Committee of the Red Cross
JRS	Jesuit Refugee Service (Cambodia)
MBT	Mine Ban Treaty
MoSAVY	Ministry of Social Affairs, Veterans, and Youth Rehabilitation
NAP	Nairobi Action Plan
NGO	Non-Government Organization
PRC	Provincial Rehabilitation Centre
PWD	People with Disability
QL	Quality of Life
SNP	Survivor Network Project
UXO	Unexploded Ordnance
VA	Victim Assistance
WHO	World Health Organization

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Table of contents

Executive Summary	02
Chapter One: Introduction and Methodology	04
Project Objectives	04
Victim Assistance – A Theoretical Framework.....	06
How did we do it?	07
Outline of Methodology.....	08
Chapter Two: Life in the Villages – Our Focus	09
The Surveyed Villages	10
Disability Law for Village Leaders	13
Chapter Three: People with Disability in the Village: Structured Interviews	15
Questionnaire	16
Who are People with Disability in Cambodia?.....	17
Qualitative Responses from the Structured Interview	19
Other Interactions with People in the Villages.....	21
Chapter Four: Assessing our own Quality of Life (PWD)	22
Analysis of Responses	24
Contextualizing the Survey: Happiness.....	28
Comprehensively Scoring the Surveys.....	29
Chapter Five: An Analysis of Some Responses by Province, Gender, Age	31
By Province.....	31
By Gender.....	33
By Age	34
Chapter Six: Recommendations and Conclusions	36
Annex 1: Village Questionnaire	39
Annex 2: Quality of Life Questionnaire	40
Annex 3: Scored Responses to Quality of Life Questionnaire by Province	41
Annex 4: Average Score of Quality of Life Questionnaire by Statement	42
Annex 5: Follow-up Action Sheet	43
Annex 6: List of Surveyors	44

EXECUTIVE SUMMARY

[“I AM HAPPY I AM ALIVE.”](#)

Why is this the title of a book about the quality of life of people with disability in Cambodia?

The majority of people with disability we interviewed agreed with this statement. This is good news and says that despite difficulties, many people with disability in Cambodia have a positive approach to life.

The bad news however is that many, many respondents said they did not have enough income to live in dignity, did not have enough food to eat, did not have an identity card, and did not have a land title.

In 2011, Excellency Prak Sokhonn, the President of the Mine Ban Treaty, said “improving the quality of life of people disabled by landmines” and in other ways was “the heart of the matter,” and a major obligation of governments.

[OUR GOAL: That Cambodian people with disability live in dignity and feel included with their rights upheld](#)

This action-oriented research project was carried out by the **SURVIVOR NETWORKTEAM** led by Cambodia Campaign to Ban Landmines (CCBL)/Jesuit Refugee Service (JRS) in collaboration with the Cambodia Mine Action and Victim Assistance Authority (CMAA), the Arrupe Centre, and many people with disability who participated from May 2012 to May 2013. The project was supported financially by the Norwegian Government through the ICBL and JRS private funds.

FOCUS

We made the village community, village leader, and the people with disability living there our particular focus.

STRATEGY

- : Arranging meetings between people with disability and community leaders to encourage dialogue and to understand needs.
- : Ensuring village leaders know about Convention on the Rights of People with Disability (CRPD), the Convention on Cluster Munitions (CCM), the Mine Ban Treaty (MBT), and the National Law on Disability.
- : Encouraging people with disability to assess their own quality of life and ways to improve it
- : Building up a village survivor liaison network
- : Advocating at the village, provincial, and national levels for implementation of the Mine Ban Treaty and CRPD, and for signing the Convention on Cluster Munitions (CCM).

ACHIEVEMENTS

Over the course of this project, we:

- Discussed the Convention on Cluster Munitions (CCM), Mine Ban Treaty (MBT), the Convention on the Rights of Persons with Disability (CRPD), National Disability Law with 393 village leaders and communities in 21 provinces
- Gathered data from 3,448 survivors and people with disability in 393 villages on their situation
- Heard what people with disability think about their own quality of life
- Designed a database for this material and entered the data
- Created and printed the Disability Services Guide available in all districts of the 21 provinces in the country
- Analyzed and printed Quality of Life data and reports
- Enlisted survivor liaisons in most village groups
- Advocated (unsuccessfully) for the Convention on Cluster Munitions
- Advocated for CRPD – to which Cambodia became a State Party in 2013
- Met the Prime Minister and Defense Minister
- Built up an SNP network in 13 provinces in collaboration with CMAA and the Cambodia Mine-UXO Victim Information System (CMVIS)
- Initiated a rapid response to emergency needs
- Planned follow-up action with Survivor Network in the villages surveyed

The data we compiled will be provided to the national disability coordination mechanism to help make the new National Strategic Plan of 2014-2018 practical and effective. The process will enable survivors to assist and challenge government in the implementation of the new strategic plan at all levels but especially at the village level where changes happen.

The project also strengthened the survivor network by encouraging people to think about their situation and their futures across the country, to take action and realize they have human rights enshrined in law, in Cambodia and internationally. In total, the project engaged 3,448 people with disability in conversation and interviews in 393 villages, and created a follow-up strategy for ongoing and new action across Cambodia.

THIS IS THE VANTAGE POINT WE WILL USE TO INFLUENCE NATIONAL POLICY ON DISABILITY.

CHAPTER ONE – INTRODUCTION AND METHODOLOGY



The Cambodia Campaign to Ban Landmines (CCBL) and Jesuit Refugee Service Cambodia (JRS) initiated this Quality of Life project with strong collaboration from the Cambodian Mine Action and Victim Assistance Authority. Funded partly by the Government of Norway through the International Campaign to Ban Landmines (ICBL) and by JRS, it was carried out from June 2012 to May 2013. The advocacy goals of the Campaign include universalization of the Mine Ban Treaty, the Convention on Cluster Munitions (CCM) and the Convention on the Rights of Persons with Disability (CRPD), land cleared from mines, and the quality of life of survivors and people with disability improved.

WHY DID WE UNDERTAKE THIS ACTION-BASED RESEARCH/REFLECTION APPROACH?

- Our organization has been working among people with disability for 20 years. The presence of survivors on our team – their courage and ingenuity, and their vigorous advocacy for a full life for people disabled by weapons of war – both challenge and humble us, and our cooperating partners in the international community. This project was one way to support their cause, for a life of dignity with rights upheld.
- Though governments make plans at a **National Level**, the translation into action at a **VILLAGE LEVEL** is not apparent for many people with disability. Most were unaware of the existence of a plan at all. So we decided on a **VILLAGE-FOCUSED APPROACH LED BY SURVIVORS IN DIALOGUE WITH LEADERS AND COMMUNITIES**.
- The data we gathered could contribute to the National Strategic Plan for Disability and encourage adherence to the international treaties.

PROJECT OBJECTIVES FOR THIS ACTION RESEARCH REFLECTION PROJECT:

1. Raise awareness on the rights and needs of survivors and other people with disability at the village level.

2. Help village leaders to understand the rights and needs of survivors and other people with disability.
3. Allow people with disability in at least 240 villages across 12 provinces to reflect on their quality of life.
4. Ensure vulnerable survivors in surveyed districts have access to appropriate assistance.
5. Strengthen the survivor network through advocacy gatherings at the village level so as to contribute to national policy and adherence to international norms.

We believed this process would encourage Cambodia to become a States Party to the CCM and CRPD

INSTRUMENTS

We devised three instruments to understand the situation of 3,448 people with disability in 393 villages.

1. A Village Profile that described briefly the village, the village leaders' awareness of disability rights, the names of people with disability in the village, and attitudes (Annex 1 on page 39).
2. A structured interview with each people with disability in each village to ascertain their situation (page 16).
3. A Quality of Life Questionnaire that people with disability did themselves (Annex 2 page 40).

ACTIVITIES

- Ensured village leaders met each person with disability in their village.
- Provided awareness resources on disability rights and needs as well as services to village leaders and communities
- Listened to the concerns of people with disability in a structured way, through interviews, questionnaires, and surveys
- Provided an instrument for people with disability to assess their quality of life and reflect on the steps they can take to positively change their situation
- Collated data in a database devised by SNP in collaboration with CMAA
- Used information collected to provide feedback to village leaders
- Created a rapid response mechanism for villages requiring immediate assistance
- Created and implemented follow-up strategies
- Strengthened survivor network

VICTIM ASSISTANCE: THE THEORETICAL FRAMEWORK

Victim Assistance (VA) is enshrined in the Mine Ban Treaty and the Convention on Cluster Munitions as an essential aspect of mine action. The victim assistance framework in Cambodia is thus made up from components of review conferences of the Treaties focusing on VA as well as a 12-Point plan put together by Cambodian survivors themselves in the 1990s that aimed to improve the lives of people with disability. Finally, the Convention on the Rights of People with Disability plays a fundamental role in the creation of the National Strategic Plan on Disability in Cambodia. Victim assistance in Cambodia also relies on the Convention on the Rights of People with Disability, a comprehensive document on the needs and rights of people with disability. In order to contextualize this framework, these discourses on victim assistance are as follows:

12 Point Plan for Cambodian survivors

Developed in the 1990s, the 12-point plan was developed by Cambodian survivors with Jesuit Refugee Service. It identified 12 priority areas for action for people with disability: 1) A house that shelters family from the weather, 2) Enough food, 3) Water near the home, 4) Access to education and training, 5) Affordable health care, 6) Job or income generation, 7) Mines cleared in area, 8) Land titles, 9) Wheelchairs and physical/social rehabilitation, 10) Roads and infrastructure, 11) Involvement in decisions that affect our lives, 12) Inclusion in community and cultural events.

Nairobi Action Plan (NAP)

The Nairobi Action Plan in place from 2005-2009 identified health, rehabilitation, psycho-social supports, social and economic support, law and rights, and tracking data as key components of Victim Assistance. It emphasized increasing national capacity to ensure continued care of survivors as a key aspect of the plan.

Cartagena Action Plan (CAP)

The Cartagena Action Plan 2010-2014 was developed at the Second Review Conference of the Mine Ban Treaty in 2009. It built on the Nairobi Action Plan to emphasize accessibility of services, education, and disability rights. It re-emphasized the need for states to integrate a coordinated national plan for action to provide assistance for survivors.

Convention on the Rights of Persons with Disability (CRPD)

The Convention on the Rights of Persons with Disability opened for signature in 2006, and sought a rights-based approach to emphasize ability and accessibility for people with disability. Cambodia signed in 2009, ratified it in 2012, and became a States Party to the treaty in 2013.

Cambodia National Strategic Plan for Disability

The first national strategic plan was made as a response to the Mine Ban Treaty and the Nairobi call. It was extended to 2013. A new national strategic plan on disability is being made in late 2013 and the findings of this action research will contribute to it.

HOW DID WE DO IT? BECAUSE YOU CAN DO IT TOO!

WE MADE THE VILLAGE WHERE PEOPLE LIVE A MAJOR FOCUS.

Although JRS first translated the CRPD when it became international law, our experience revealed that many village leaders did not know about the Convention or the National Law on Disability. The government of Cambodia has taken steps to publicize them but in many places this had not filtered down to the village level. So it seemed obvious that the village was the place to start.

1. We dialogued with the village leaders and communities on disability rights – an essential component of our approach
2. We distributed copies of the documents along with manuals on Community-Based Rehabilitation with the village leaders and created the Village Profile.
3. We arranged for village leaders to meet all of the people with disability in the village
4. This gave an overall snapshot of life in the village, awareness of disability rights, and information on how well the village leader knew the people with disability in his/her village.

The Survivors Network Project used a qualitative and quantitative approach in its methodology. Due to the large number (3,448) of people surveyed, it was necessary to have an interview that was manageable in terms of analysis. The Survivor Profile survey was created intentionally for people to answer on a yes/no basis. However, we also provided a space for qualitative comments that asked them to reply to questions such as: *what factors contributed to improving your quality of life in the last five years? What are some ways in which you could improve your quality of life in the future?*

The Quality of Life survey was informed by the work of the WHO, but simple enough for our survivor network to manage. It addressed issues about psycho-social well being (four questions), socio-economic (ten questions), rehabilitation and access (two questions), medical (three question), rights (five questions), and education (one question).

The collaboration with the Arrupe Centre and CMAA/CMVIS allowed us to access a much broader sample of people. Surveyors were trained at JRS/CCBL to ensure the data gathered and methodology used would be as consistent as possible. Completed and returned surveys were collated in a database and filed by province and district. Major findings were discussed with village leaders so that preliminary responses could be made. The SNP team then devised a simple village action follow-up for each person interviewed, and distributed one form per village.

The village-based approach was essential to the research. The primary research conducted allowed us to interact directly with villagers, and assist in building relationships between villagers and village leaders, which further strengthened the survivor network.

Information on disability services was verified for publication, rapid response of emergency aid was provided when necessary, and awareness activities through distribution of the legal frameworks for survivor assistance also served to strengthen the network. By raising awareness on human rights and services available, people are encouraged to take control of and improve the quality of their own lives.

METHODOLOGY:

A) Prior to visiting villages:

1) Designed Village Profile sheet	Annex 1, page 39
2) Designed Structured Interview	Page 16
3) Designed Self Assessment sheet (Quality of Life)	Page 40
4) Identified and trained surveyors	Page 45
5) Procured material on CRPD, CBR, Cambodian Law on Disability and MBT Review Conference Plans	available on request
6) Designed and set up database	
7) Prepared draft of disability services by province	available on request

B) During visits to 388 villages:

1) Spoke with leaders in target villages about people with disability in their village. <ul style="list-style-type: none">• Ensured village leader met all people with disability.• Distributed National Disability Law/CRPD to village leaders.• Verified province material on services for people with disability.• Interviewed village leaders for village profile.• Discussed ideas for response plans on the rights and needs of people with disability with village communities.
2) Visited survivors in villages and listened to their stories. <ul style="list-style-type: none">• Interviewed survivors on rights and needs.• Asked PWD to fill in Self Assessment on Quality of Life.

C) After village visits:

<ul style="list-style-type: none">▪ Input data on computer and filed surveys▪ Returned information to village leaders and survivors.▪ Rapid response to emergency▪ Planned follow-up action▪ Conducted follow-up visits to encourage, refer, and note changes and challenges remaining.

CHAPTER TWO – LIFE IN THE VILLAGES: OUR FOCUS



People with disability live in scattered villages and towns throughout Cambodia. The wide distribution of landmines and the accidents they cause have greatly increased the population of people with disability, particularly in the provinces of Battambang, Banteay Meanchey, Oddar Meanchey, Pailin, Preah Vihear, Pursat, and Siem Reap. Cluster munitions most severely affect Kampong Cham, the northeastern regions of Cambodia, and the provinces bordering Vietnam. Explosive remnants of war (ERW) and various unexploded ordinance (UXO) are found scattered throughout Cambodia. In the past, CMVIS data collectors have focused on landmine and UXO survivors. This leads us to conclude that in some villages registering a very low number of people with disability, the data collectors may have continued to focus on ERW victims. This will be investigated in Stage 2 to see if the population with disability is higher than estimated.

THE SURVEYED VILLAGES

The villages that were selected for survey were chosen because of the suspected large number of people with disability living in the provinces. The SNP project used the CMAA/CMVIS database on ERW incidents. This means a large part of the research took place in the northwestern part of the country, in provinces with the most landmine and ERW accidents, where villagers live with the ramifications of war and displacement on a daily basis: the region was the last bastion of the Khmer Rouge, and much of it either remains mined or has been cleared. Further, during the Khmer Rouge period many people with disability were relocated to separate locations, to create small villages called *Phum Chuen Pikar* (villages of people with disability).

We acquired a short profile of the villages by interviewing village leaders (please see Annex 1, page 39). The village leader described a short history of the village, and provided information such as how people generally earn their income. A key aspect of this survey was to determine whether the village leader was aware of the people with disability living in his or her village. After the village leader listed the people with disability he/she was aware of, Survivor Network Project researchers visited each person to conduct the structured interview and quality of life surveys with them. If the SNP surveyors came across other people with disability who were not included on the list, they were added to it. After all interviews were conducted the SNP researchers returned to the village leader with updated information. This was in order for residents to be able to collaborate to make a community-based action plan to build the capacity of people with disability in their villages. Only one village leader knew who all of the people with disability were in their village when we arrived to conduct the project.

Village leaders in all 393 villages were given awareness materials in Khmer (translated by our team) and copies of the CRPD, the National Law on the Rights of People with Disability, and Community-Based Rehabilitation guidelines, as well as the recommendations from Mine Ban Treaty (MBT) Review Conferences on which the National Plan was based (see page 13). Prior to visits by the SNP researchers, 299 village leaders had heard of disability rights. After visits were completed, 393 leaders had a fuller picture of disability issues and their obligations.

The smallest village we encountered had 115 people. Many have less than 2,000 – 3,000. The general population of people with disability varies widely by village, from a single person to up to 75 in a village in Pursat. In villages where there were more than 10 people with disability we tried to enlist one survivor liaison for our network. In some communes we met the person designated by the government for disability issues. There are larger populations of landmine survivors in villages in the northwest part of the country, as noted above.

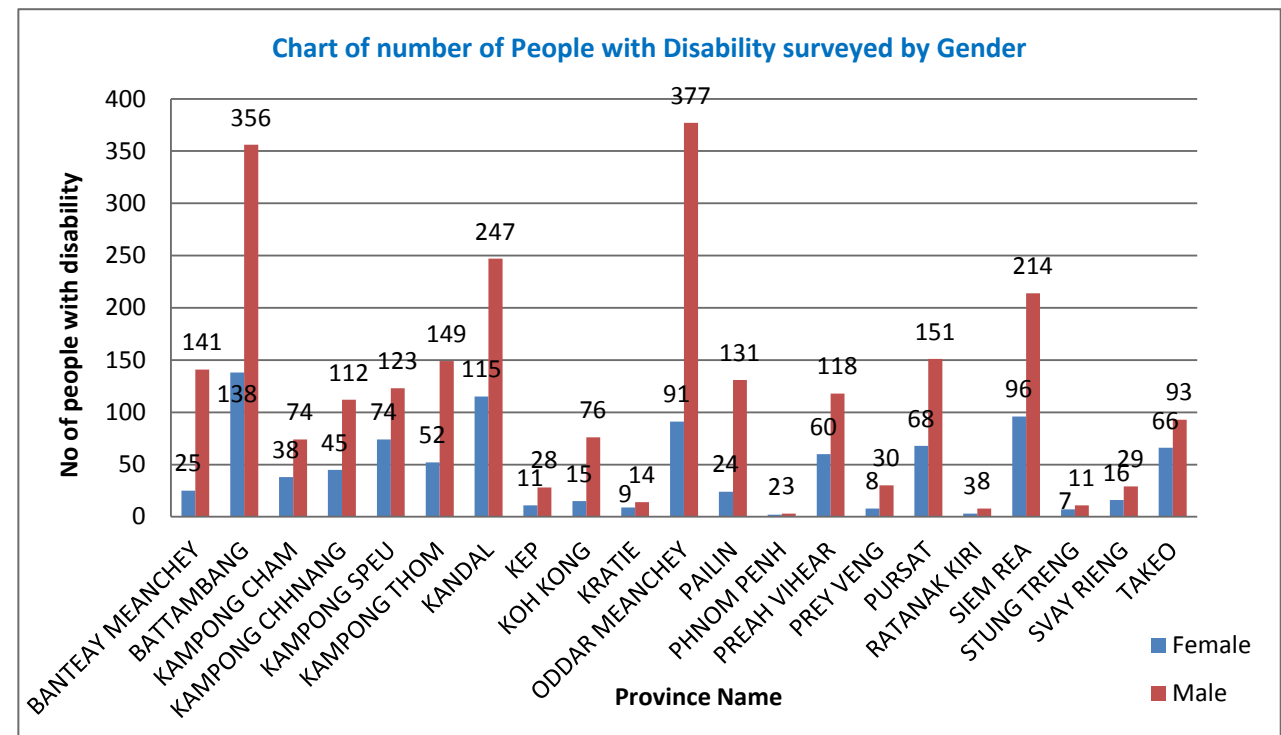
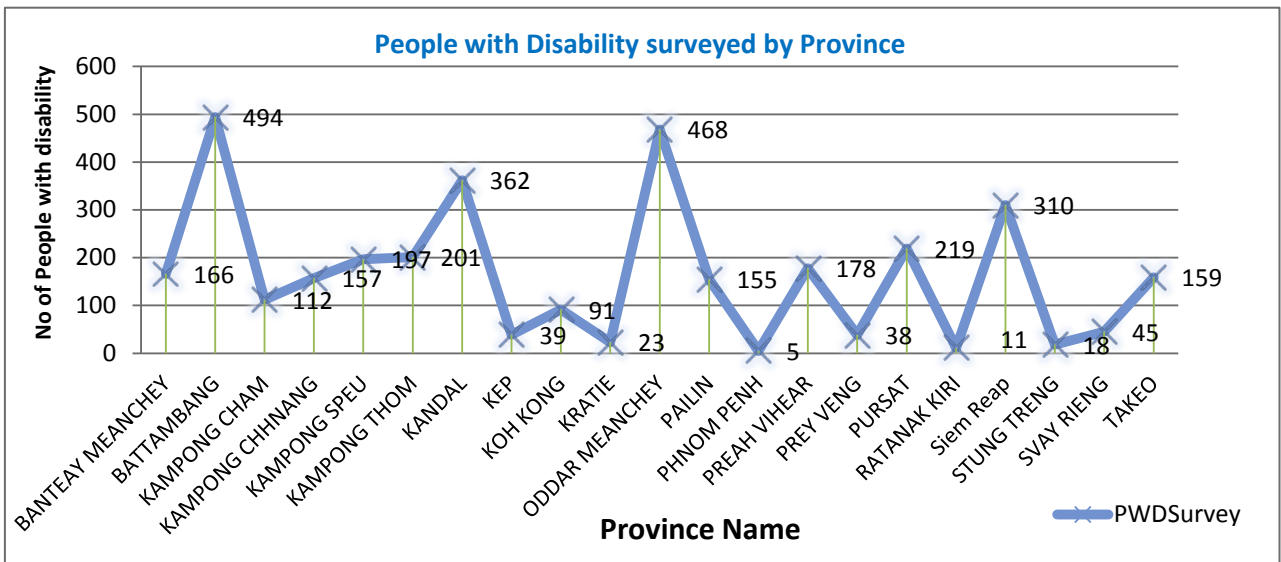
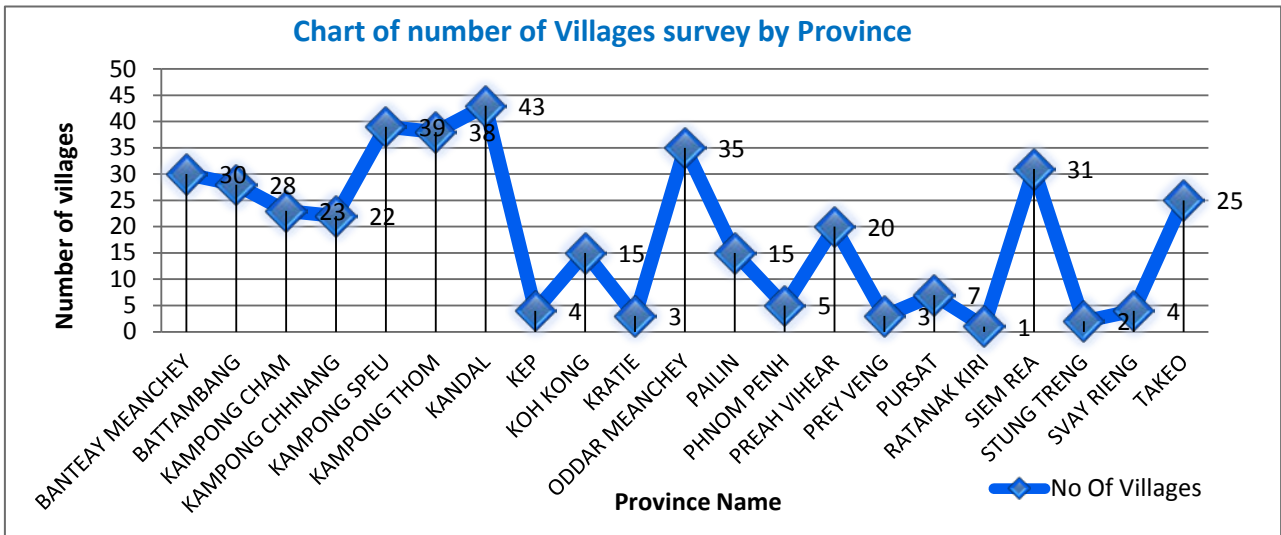
The village leaders reported on general livelihoods of all of the people living in their village, the vast majority of whom work in agriculture and basic farming. Other occupations in addition to farming were casual work or labourers, migrant workers (many people in the border regions go to Thailand to work), and “sellers” of small food items and basic village items.

The villages have varied histories, but many live with the daily ramifications of war. Village leaders were requested to give a brief history of their village. The majority perception among respondents was that villages had been affected by the dangers of landmines or UXO. Twenty claimed they

were still contaminated and had yet to be cleared. The accuracy of these figures needs to be determined, as names of villages often change, villages move, or others are created. When the Baseline Technical Survey is completed, it should provide more clarity on this issue.

Finally, we asked village leaders to comment on how the village community tries to uphold the rights of people with disability and meet the needs of the most vulnerable. These answers varied widely. Many village leaders said people helped each other, and that the communities ‘support’ people with disability, but it’s unclear exactly how this support manifests itself. Others commented that they require NGO support to assist people with disability in their villages. Many remarked on mutual collaboration and cooperation between villagers in the community to assist people with disability and encourage their participation in village social life, as well as providing opportunities to expand the livelihoods of people with disability. Others referenced the implementation of disability law in order to uphold the rights of people with disability, illustrating that the distribution of information by the government on disability is having some success. Otherwise, very few commented on the participation of government in providing services and assistance to their villages. It is unclear why this is. For all of the positive responses, some village leaders had negative responses, noting discrimination against people with disability in their village, or the lack of participation by people with disability that is unchanged, and without progress. This will be explored more fully in later chapters.

Province Name	Total pop. of surveyed villages	No Of Districts	No Of Communes	No Of Villages	PWD Surveyed		Total PWD
					Female	Male	
BANTEAY MEANCHHEY	31,726	3	9	30	25	141	166
BATTAMBANG	34,548	7	11	28	138	356	494
KAMPONG CHAM	25,696	7	13	23	38	74	112
KAMPONG CHHNANG	12,989	2	7	22	45	112	157
KAMPONG SPEU	24,246	6	13	39	74	123	197
KAMPONG THOM	27,828	3	7	38	52	149	201
KANDAL	24,027	3	10	43	115	247	362
KEP	11,231	2	4	4	11	28	39
KOH KONG	31,235	3	7	15	15	76	91
KRATIE	11,167	1	2	3	9	14	23
ODDAR MEANCHHEY	21,526	5	12	35	91	377	468
PAILIN	9,183	2	5	15	24	131	155
PHNOM PENH	2,651	1	1	5	2	3	5
PREAH VIHEAR	16,481	1	6	20	60	118	178
PREY VENG	7,545	2	2	3	8	30	38
PURSAT	8,902	2	3	7	68	151	219
RATANAK KIRI	614	1	1	1	3	8	11
SIEM REAP	33,269	9	16	31	96	214	310
STUNG TRENG	4,432	1	1	2	7	11	18
SVAY RIENG	3,490	1	3	4	16	29	45
TAKEO	6,181	4	6	25	66	93	159
Total	348,967	66	139	393	963	2485	3448



DISABILITY LAW GOALS DISTRIBUTED TO VILLAGE LEADERS

10 GOALS FOR DISABILITY LAW

No	MINE BAN TREATY (REVIEW CONFERENCES)	CAMBODIAN DISABILITY LAW	UN CONVENTION ON RIGHTS OF PEOPLE WITH DISABILITIES
1	Create a coordinating mechanism or committee to oversee implementation of disability laws	National coordination/advisory group; Disability Action Council	Establish a committee to ensure the rights of PWD
2	Integrate national plan into broader policies related to development and disabilities	Implement national plans to guarantee the rights of PWDs	Implement plans, policies and programs necessary to promote equality of PWDs
3	Survivors to have affordable and accessible services of: medical care, physical rehabilitation, psycho-social support, and appropriate education	Availability of physical and mental rehabilitation, enrolment in inclusive education, programs of disability prevention	Ensure access to social protection and poverty reduction healthcare, education and equal rights to life
4	Actively support socio-economic reintegration of mine victims including vocational training and equal employment opportunities	Legal entities and state institutions are to employ set quota of PWD; encourage entrepreneurs through incentives and vocational training	Safeguard the right to equal employment opportunities and access to vocational training
5	Inclusion of PWD in decision making	Needs of PWDs should be included in the ministries development programs. PWDs are ensured the right to vote and run for offices	Consult closely with PWD in development and implementation of policies
6	Conduct necessary data collection	Monitor and evaluate the implementation of policies	Collect data necessary to implement policies
7	Adopt appropriate laws and policies to respect rights	Laws should protect rights and promote livelihood	Laws and policies adopted and abolished as necessary to promote PWD rights
8	Prevent discrimination	The law is intended to prevent discrimination of PWDs	Promote human rights and freedom without discrimination, equally recognize PWDs under the law; raise public awareness of the issues
9	Ensure physical accessibility to all public facilities	Public places must be accessible to all	Ensure liberty of movement, implement “universal design”
10	Utilize sources of funding, provide funding to facilitate plans and victim assistance	Create supportive financial policies including the annual budget for PWD services and Persons with Disabilities Fund	Assistance from the State for disability expenses and financial assistance

IMPLEMENTING DISABILITY LAW

The distribution of the 10 Goals for Disability Law, as explained through the Mine Ban Treaty Review Conferences, Cambodian Disability Law, and the UN Convention on the Rights of People with Disability, are to illustrate that implementation of disability law can be done at various levels of government.

Some, like #9 (physical accessibility to public places, liberty of movement), are easy at the village level, and can be implemented immediately with cooperation from the community. Others, like #5, #6, #8, #10, can begin at the village level and move upwards. These aspects are including people with disability in decision-making, collecting data across the country, preventing discrimination, and providing supportive financial policies. At the national level, Cambodia can fulfill #1 and #7 by implementing mechanisms to monitor the Treaty, and adopting appropriate laws. At the province and commune levels, access to services can be improved, and vocational training and employment opportunities expanded.

The 10 Goals are not very difficult to put in place. However the implementation of them has to be achieved at the village level if the quality of life of people with disability is to improve.

WHAT THE SNP PROJECT ACHIEVED AT VILLAGE LEVEL WITH VILLAGE LEADER AND COMMUNITY

- Dialogue and education about disability issues and laws with 393 village leaders and communities
- Making and distributing books outlining province services for people with disability in Cambodia
- An understanding of discrimination in each village
- A dialogue with survivors and communities on how they could work on specific issues that affect people with disability
- Data returned to village leaders on people with disability in individual villages



CHAPTER THREE –PEOPLE WITH DISABILITY IN THE VILLAGE: STRUCTURED INTERVIEWS

A structured questionnaire (see next page) was developed to assess various factors in the life of a person with disability, as divided into seven themes: psycho-social, socio-economic, rehabilitation, medical, human rights, and education (literacy). Psychosocial questions were about happiness, friendships in the village, family support systems, and participation in community events. Socioeconomic questions focused on whether people had enough food, a place to live, a job, a loan, if their children could attend school, and if they had ID cards. Rehabilitation questions were on access to prosthetics, while medical questions were about whether people with disability were welcomed at health centres. Finally, rights questions asked if people were aware of Disability Law, and if they participated in village meetings or had political agency at a higher level by speaking at provincial, national, or international levels.

These findings allowed us to gain some insight into the typical life of a people with disability in rural Cambodia. We spoke to people of all ages; though the gender balance was skewed (about three quarters of interviewees were male). Some of the surveyors were representatives from CMVIS or the Arrupe Centre. Due to the fact that CMVIS deals exclusively with landmine/ERW accidents, surveyors from this organization were more likely to interview survivors than people with other forms of disability, and may not have acquired a balanced sample of people with disability living in villages. Finally, though the intention of the researchers was to interview all people with disability in the identified villages, some people were impossible to meet for an appointment: some people with disability listed in the villages have fled over the border or have left their region to work. Others we revisited multiple times but they were away from home or unavailable. Our remaining work is then a sample that has been gathered to the best of our ability, notwithstanding the reality of the situation, and accounting for human error, in completing research of this breadth in Cambodia.

Some responses to:	Total	(% of 3448)	Male (2485)	(%)	Female (963)	(%)
1) Had an ID card	1413	41%	1109	45%	304	32%
2) Had enough food to eat	1771	51%	1301	52%	470	49%
3) Had a place to live	3255	94%	2352	95%	903	94%
4) Had a land title	1357	39%	1029	41%	328	34%
6) Could access health center	3109	90%	2270	91%	839	87%
7) Had a free health card	1053	31%	760	31%	293	30%
9) Had some form of prosthetic	1350	39%	-	-	-	-
11) Had friends in the village	2943	85%	2175	88%	768	80%
13) Had a micro –credit loan	1275	37%	1005	40%	270	28%
16) Had a job	2065	60%	1558	63%	507	53%
18) Received a pension	817	24%	799	32%	18	2%
19) Attend village meetings	2247	65%	1747	70%	500	52%
20) Speak at village meetings	1270	37%	1039	42%	231	24%
21) Spoke at provincial, national or international meetings	231	7%	195	8%	36	4%
22) Know about human rights, particularly for people with disability	1804	52%	1411	57%	393	41%
23) Had heard about law on people with disability	1664	48%	1287	52%	377	39%
24) Attend community social events	2585	75%	1976	80%	609	63%
25) Can read and write	1946	56%	1572	63%	374	39%

QUESTIONNAIRES

ID N°: Date:/../..

Village: Name of Survivor: DOB: Sex: Disability:
Date of Injury: Cause: N° of child: Married status:
Extremely vulnerable Phone Number: Note:

- 1) Are you happy? Yes No (✓)
- 2) In 2012, do you have enough food to eat? Yes No
- 3) Do you have a place to live? Yes No Who owns it?
- 4) Do you have a land title? Yes No N/A
- 5) Do your children go to school? Yes No Why?
- 6) Does your health centre welcome survivors? Yes No Only if we pay
- 7) Do you have Free Card? Yes No
- 8) Have you used it? Yes No
- 9) What prosthetic do you have? Wheelchair Prosthesis Other Free? Yes No
- 10) Where did you get it?
- 11) Do you have friends in your village? Yes No
- 12) Who helps you if you are depressed? Family Other PWD NGO Other
- 13) Do you have a micro-credit loan? Yes No
- 14) Can you pay it back? Yes No
- 15) Is a loan a help? Yes No
- 16) Do you have a job? Yes No
- 17) Who is your employer? Gov NGO Business Self Casual Work
- 18) Do you get a pension? Yes No
- 19) Do you attend village meeting? Yes No N/A
- 20) Do you speak at village meeting? Yes No
- 21) Have you spoken at provincial, national, international level? Yes No
- 22) Do you know about human rights, particularly of People with Disability? Yes No
- 23) Have you heard about Law on People with Disability? Yes No
- 24) Do you attend community social events? Eg. Wedding, parties...etc. Yes No
- 25) Can you read and write? Yes No

Other comments (if any).....
.....
.....

1) What has made your life happier and easier in the last 5 years?

.....
.....
.....

2) How can you improve your quality of life?

.....
.....
.....

This questionnaire was used in individual interviews with 3,448 people with disability.

WHO ARE PEOPLE WITH DISABILITY IN CAMBODIA

Age Gender	< 15	16-20	21-30	31-40	41-50	51-65	> 65	Total
Female	103(37 %)	72(42%)	182(40%)	131(34%)	143(19%)	237(20%)	95(44%)	963(28%)
Male	173(63 %)	96(57%)	276(60%)	256(66%)	604(81%)	957(80%)	123(56%)	2485(72%)
Total	276	168	458	387	747	1194	218	3448
% of 3448	8 %	5 %	13 %	11 %	22 %	35 %	6 %	100%

Using this survey, we were able to determine a number of details about the living situation of people with disability in Cambodia. Initially, broad examination of the data showed that **less than half of the people surveyed had ID cards, land titles, or health cards**. About **half of the people surveyed stated they had enough food to eat, had employment, or were aware of human rights and disability rights**. The same number, approximately, were **literate**. Positive aspects of the survey showed that **most people at least had a place to live**, which was either owned by themselves or their family, and **1357 had land titles**. Other positive answers included **a majority of respondents stating they had access to a health centre, had friends in their village, and attended local community social events**.

Other psycho-social results:

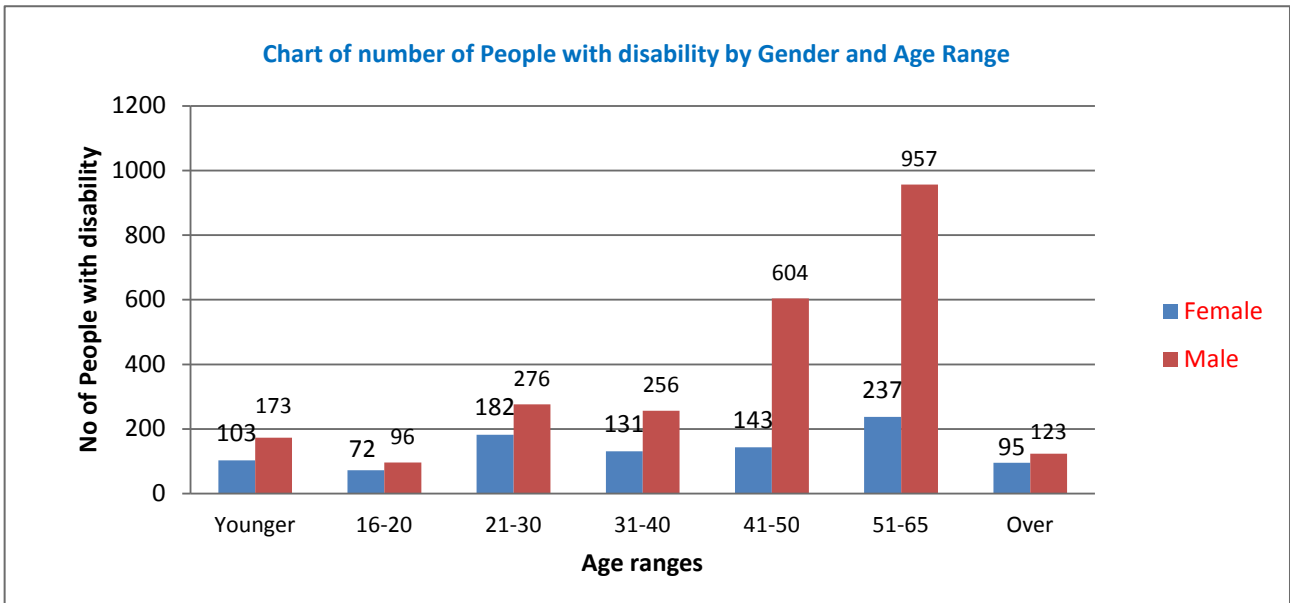
- 1523 respondents have children going to school.
- About two thirds of those surveyed are married.

Other socioeconomic results:

- Almost all of the people who have loans (99%) said they were able to repay their loans, though the questions did not allow explanation of how much they were owing or what their repayment strategy was.
- 60% described themselves as having a job. Three quarters of these people were self-employed. This includes farming, small business, small trade, fishing, lumber, etc. 2% were employed by the government, 4% by NGOs, 1% by private business, and 10% have only casual work. The remaining 40% describe themselves as not having an income-generating opportunity.
- About a quarter of people receive government pensions.

Other rehabilitation results:

- 1350 people have some form of prosthetic (this includes 196 people who have wheelchairs, and 197 who have crutches).



Most of the people interviewed for the project were amputees. About half of those interviewed have disability due to an accident with a landmine or other ERW. Cambodia has a high population of amputees and people with disability, due to its history of violent conflict and the lasting impact of landmines and ERW throughout the country.

Types of Disability:

Disability Type	Amputee	Cerebral palsy	Blind	Hearing/ speech impaired	Intellectual handicap	Paralyzed	Other
No PWD	1265	46	419	205	74	784	552
% of 3345* PWD	38 %	1%	13%	6%	2%	23%	17%

Causes of Disability:

Cause of Disability	Mines	ERW	Disease/ polio	Birth	Accident	Other
No of PWD	1215	417	615	626	434	38
% of 3345*	36.32%	12.47%	18.38%	18.71%	12.97%	1.14%

*Adjusted for 103 people who did not provide information



QUALITATIVE RESPONSES FROM THE STRUCTURED INTERVIEW

Because life can be harsh in remote areas of rural Cambodia, many elderly people develop disabilities as they age. We made a decision not to include those over 65 in our survey. However six per cent of our respondents were over 65, and they were included in the survey only because were either injured or had a long-term disability from their youth, or if they were a landmine or cluster munitions survivor.

People we interviewed were able to comment on their living situations outside of the yes/no options of the questionnaire. We asked them to describe factors that contributed to their life improving in the last five years. Some highlights included the following:

- “A bit better than before, because the villagers respect the Law on the Rights of People with Disability.”
- “My life has been changed many things and got good education.”
- “Children grow up and help in family.”
- “Good relationship with all people in the village.”
- “Have better income from farming.”
- “Happy to get wheelchair and get better road.”
- “More difficult than before.”
- “Happy to have good life skill.”
- “Have good job to do.”
- “Get encouragement from the community and get a job from government.”
- “I am miserable because I can’t do anything.”
- “I am very happy when my relatives still love me.”
- “My children can go to school.”
- “I am still very poor.”

These answers provide a good sample of general responses we received for this question. It is clear from these that two major factors contribute to a positive sense of well-being for people with disability: community and family support, and livelihood fulfillment. People who have ways to support themselves report feeling more empowered, because they are able to provide for themselves. This includes raising animals, farming, getting help from organizations that ensure children can go to school, having support from further education or vocational training opportunities, and increased mobility from new prosthetics, wheelchairs, or recently constructed roads. However chronic poverty does have an impact on people’s lives, and a lack of income, livelihood, infrastructure, and access to wheelchairs, crutches and prosthetics have a negative effect of the well-being of people with disability. Some people feel useless, or miserable, because they do not see any change happening in their lives. A lack of self-improvement or of hope for self-improvement can be very damaging to people who already feel isolated and alone.

However, the majority of the answers are overwhelmingly positive. This is encouraging, and indicates that self-reflection and motivation results in a general resilience among Cambodian people with disability.

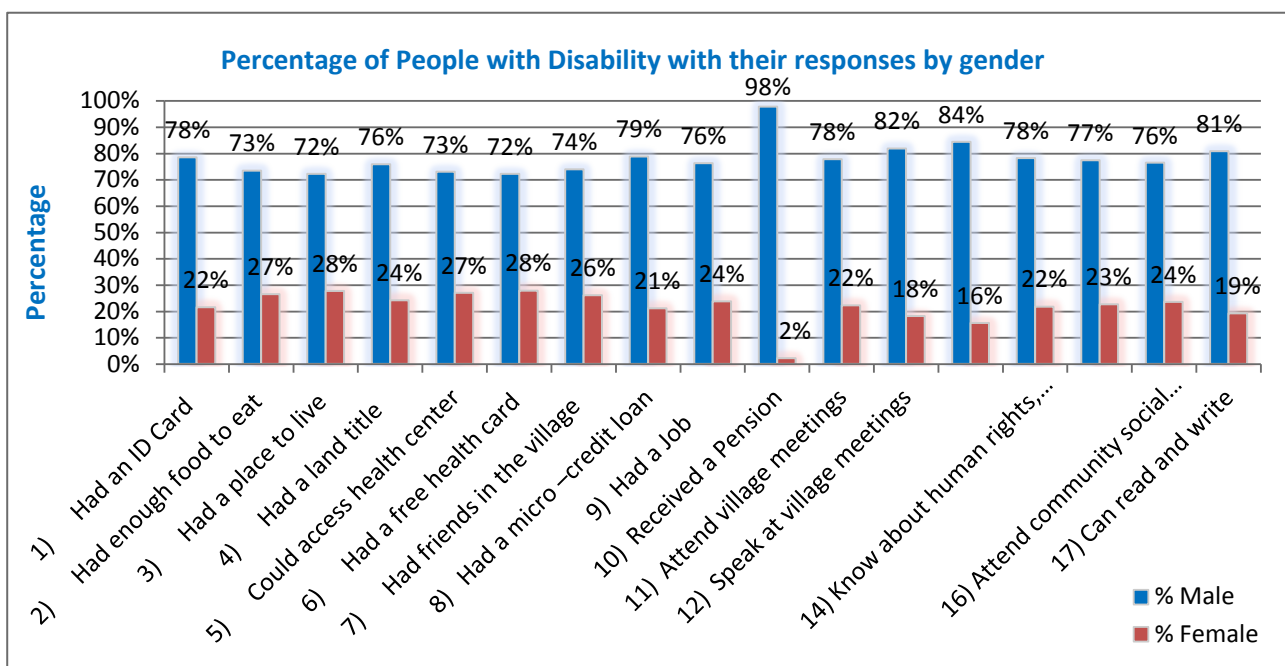
In addition to this, we also asked people what they could do to improve their quality of life *from* their current situation. This prompted the following responses, as a sample of the general feeling:

- “Try to do farming and improve farming skill.”
- “Make good relationship with all people in the village.”
- “Join the activities in the community.”

- “Work hard with farming and animal raising.”
- “Help children to get good education.”
- “Work hard with studying the skill and find a good job.”
- “Work hard with my job and take care of my health.”
- “No violence in family.”
- “Have enough food to eat.”
- “I will buy a new machine that can help with my farming.”
- “I want to study and work as much as other people.”
- “Respect the rights of other people.”
- “Try to find job to support family.”

Livelihood success was again a common response for this question. Further, repeated answers that referred to familial happiness or village participation indicates the importance of the community in rural life, and supports existing national strategies for community-based rehabilitation. Many people hope to find jobs, or to connect with their neighbours, to work hard in the future. “Stop self-discrimination” was an interesting answer that identifies the interiorized stigma that people with disability may find themselves feeling in their daily life in the village. Others referenced their hope that there would no longer be violence in their community. Not everyone was positive – a large proportion of people interviewed stated they honestly had “no idea” what they could do to improve their quality of life. By building more community ties through awareness and supporting disability rights, hopefully we can develop more ways for people to increase their own capacity for a better life.

The qualitative responses indicate some ways that individuals can be encouraged in improving their quality of life, and some hints towards developing strategic plans for people with disability in rural Cambodia, across the provinces. Further, it identifies that quality of life is informed by a number of different factors, but that family and community support systems and personal capacity to engage livelihood goals play a vital role. This indicates that future projects for empowering people with disability would benefit from focusing on these factors.



OTHER INTERACTIONS WITH PEOPLE IN THE VILLAGES

RAPID RESPONSE

In addition to conducting surveys in the villages, the SNP researchers also provided rapid response to individuals in villages with emergency needs. Six people were taken for immediate emergency surgery in provincial hospitals. Delivering crutches and wheelchairs to people who had spent years without them, and providing rice to families facing chronic hunger were part of this rapid response. We also identified very vulnerable people to participate in income generating projects.

The rapid response was informed by initial data collection, as it identified those people in immediate need for emergency care and rapid response. By conducting follow-ups, we will be able to identify whether the rapid response assisted in improving their quality of life, or at least allowing people some support in order that they could move towards improving their quality of life.

DISABILITY SERVICES BOOK

The publication of the 2013 Guide to Services for People with Disability provided an outline of what disability and rehabilitation services and programs are available by province and district across the country. There are eleven rehabilitation centres that should provide free services for people with disability in Cambodia. These are located in Battambang, Kompong Speu, Kompong Som, Kompong Cham, Kompong Chhnang, Kratie, Phnom Penh (2), Prey Veng, Siem Reap, and Takeo. Each is run in coordination with the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSAVY) and either International Committee of the Red Cross (ICRC), Cambodia Trust (CT), Veterans International (VI), or Handicap International. In addition to these, there is a large range of other services offered by national Cambodian organizations and non-governmental organizations for people with disability. Some provinces such as Phnom Penh and Siem Reap, and to some extent even Battambang have a wide variety of organizations providing these services. Others, such as Rattanakiri and Mondul Kiri have limited to none. Complicating this, are provinces that have large numbers of survivors and people with disability such as Banteay Meanchey, Oddar Meanchey, and Preah Vihear, but have severely limited services, meaning that people have to travel long distances to Siem Reap or Battambang – which is difficult when villages are remote, poverty is prevalent, and transportation is limited.

VILLAGE ACTION

The structured interview also served to inform village action. Because parts of the questionnaire asked about interactions between people with disability and their community, as well as their participation in village social events and politics, the questionnaire provides some insight to village dynamics. During follow-ups with village leaders after all interviews with people with disability were completed, the questionnaires indicated how much the National Disability Law and CRPD were being implemented and respected.

What the SNP project achieved through the structured interview and encounters with people with disability will be discussed in conjunction with the Quality of Life survey at the end of the next chapter.

CHAPTER FOUR: ASSESSING OUR OWN QUALITY OF LIFE (PWD)

The Quality of Life (QL) questionnaire (see Annex 2 on page 40) was developed by the Survivors Network Project in collaboration with consulting experts and drawing upon instruments used by the World Health Organization (WHO). It is a very simple instrument that helps people with disability reflect on their own life and become even more proactive on improving its quality.

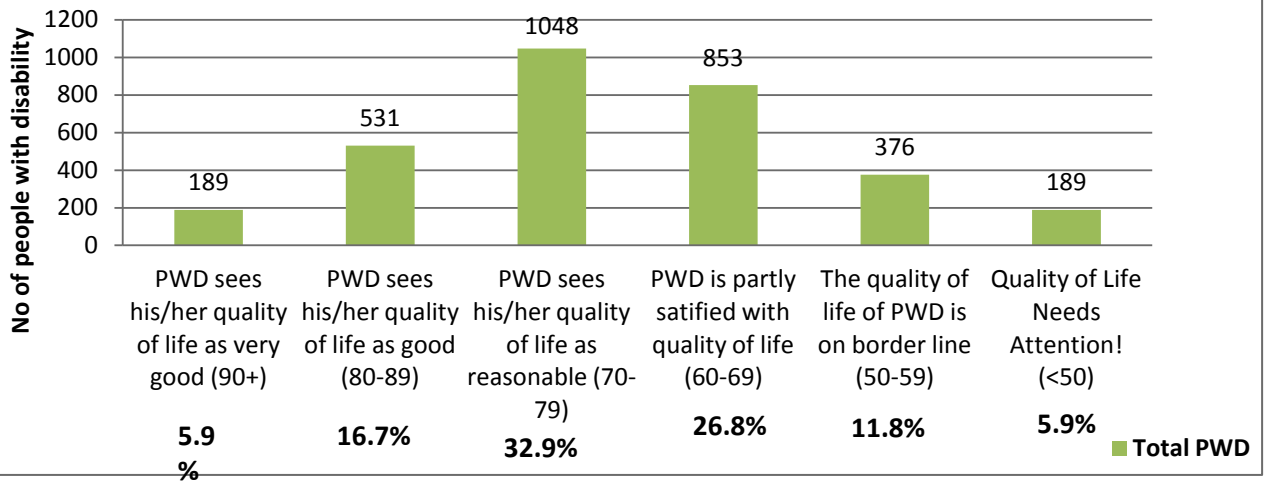
It was our second way of gathering information from people with disability through the survivor network. The QL survey was distributed for people to complete and score themselves. People with poor literacy were assisted orally by our team.

An important purpose of the Quality of Life was to identify individual need for people with disability that could then be put towards a personalized plan for action.

3186 people with disability (PWD) completed this questionnaire in 373 villages, 126 communes, 62 districts and 21 provinces. The following table shows the results of this survey with their score (5= strongly Agree, 4= Agree, 3= Average, 2=Disagree, 1=Not at all).

No	Questionnaires	Strongly agree	Agree	Average	Disagree	Not at all	Average Score
01	I feel I have good friends that I can trust.	608	818	1077	129	554	3.25
02	I feel I have enough food to eat.	229	401	1672	424	460	2.85
03	My family likes me.	1329	883	854	65	55	4.06
04	I am happy with my shelter.	1193	923	864	139	67	3.95
05	I am satisfied with the physical access around my home and public places.	877	990	1048	182	88	3.76
06	I have enough income to live with dignity.	142	274	1102	613	1054	2.32
07	I feel my rights are respected.	499	1028	1307	180	171	3.47
08	I am satisfied with my access to rehabilitation	840	779	637	146	783	3.24
09	I feel healthy.	240	367	1555	551	473	2.80
10	I am satisfied with my access to education/training.	895	1099	731	197	264	3.68
11	I am happy I am alive.	1647	739	657	85	58	4.20
12	I feel included in my community's decisions.	680	1087	1069	156	194	3.60
13	I feel my opinion is respected in public.	405	840	1437	242	262	3.28
14	I respect the rights of others.	1072	1228	753	73	60	4.00
15	I try to help others in my community.	665	1318	889	168	146	3.69
16	I enjoy taking part in community activities.	722	1187	1000	142	135	3.70
17	I like to learn new things.	825	1066	866	185	243	3.65
18	I feel safe in my community.	854	995	1063	130	144	3.72
19	I have things to do in my free time.	632	872	1252	168	262	3.45
20	When I work I enjoy the work	913	895	1005	144	229	3.67

Number of People with Disability with Score for Quality of Life



ANALYSIS OF RESPONSE

> 4.5:	Very Good QL	3 - 3.5: Partly Satisfied QL
4 - 4.5:	Good QL	2.5 – 3: Unsatisfied/Borderline QL
3.5 – 4:	Reasonable QL	<2.5: Bad QL

TOP SCORE:

11) I AM HAPPY I AM ALIVE - 4.5 – Very Good
 1647 (52%) scored themselves above 4.5
 85 (3%) scored themselves below 2

RUNNERS UP:

3) MY FAMILY LIKES ME - 4.6 – Very Good
 14) I RESPECT THE RIGHTS OF OTHERS – 4 – Good
 A follow up with some villages could check if the other villages of the community agree.

LOW SCORE:

The three areas in which respondents gave the lowest scores were:

2. I FEEL I HAVE ENOUGH FOOD TO EAT	2.85	Unsatisfied
6. I HAVE ENOUGH INCOME TO LIVE IN DIGNITY	2.32	Bad
9. I FEEL HEALTHY	2.80	Unsatisfied

ATTENTION PLEASE !

ON THE ISSUE OF RIGHTS, ACCEPTANCE AND DISCRIMINATION:

7. I FEEL MY RIGHTS ARE RESPECTED	3.47	Partly Satisfied
12. I FEEL INCLUDED IN MY COMMUNITY’S DECISIONS	3.6	Reasonable
13. I FEEL MY OPINION IS RESPECTED IN PUBLIC	3.28	Partly Satisfied
14. I RESPECT THE RIGHTS OF OTHERS	4.00	Good

RELATIONSHIPS:

1. I FEEL I HAVE GOOD FRIENDS THAT I CAN TRUST	3.28	Partly Satisfied
3. MY FAMILY LIKES ME	4.06	Good
15. I TRY TO HELP OTHERS IN MY COMMUNITY	3.69	Reasonable
18. I FEEL SAFE IN MY COMMUNITY	3.72	Reasonable

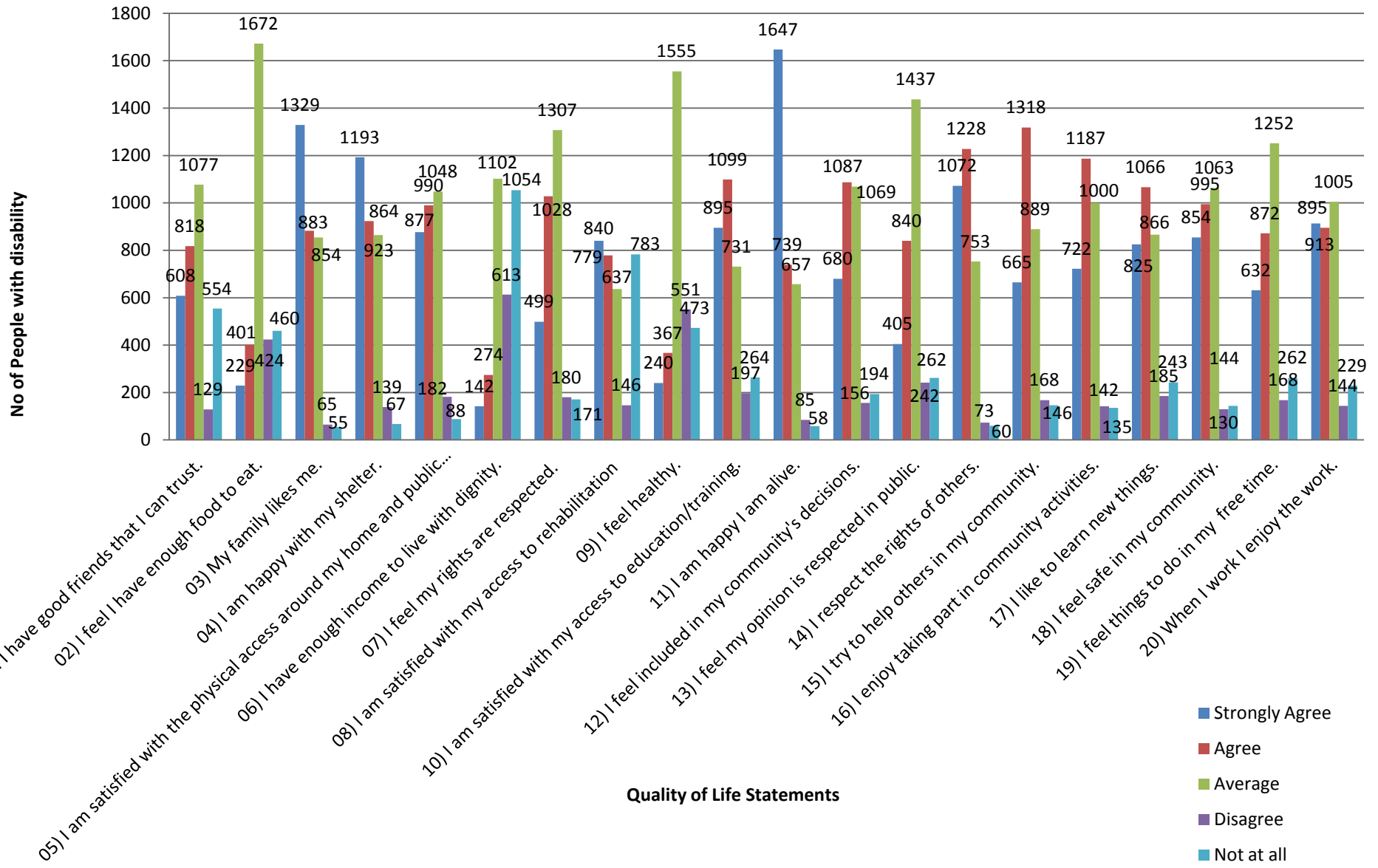
ACTIVITIES:

16. I ENJOY TAKING PART IN COMMUNITY ACTIVITIES	3.70	Reasonable
17. I LIKE TO LEARN NEW THINGS	3.65	Reasonable
19. I HAVE THINGS TO DO IN MY FREE TIME	3.45	Partly Satisfied
20. WHEN I WORK I ENJOY THE WORK	3.67	Reasonable

SPECIFIC SERVICES:

5. I AM SATISFIED WITH THE PHYSICAL ACCESS AROUND MY HOME AND PUBLIC SPACES	3.76	Reasonable
8. I AM SATISFIED WITH MY ACCESS TO REHABILITATION SERVICES	3.24	Partly Satisfied
10. I AM SATISFIED WITH MY ACCESS TO EDUCATION/TRAINING	3.68	Reasonable
4. I AM HAPPY WITH MY SHELTER	3.95	Reasonable

Scored Responses to Quality of Life Statements



If we look at the spread of answers we can see that there is still much to be addressed. The focus has to be on the most vulnerable, particularly in [the socio-economic areas](#).

Q2. I feel I have enough food to eat: 460 people (14%) said they had no food to eat. 424 (13%) more said they had very little food.

Q4. I am happy with my shelter: 206 people (6%) said their place of shelter was unsatisfactory or worse.

Q6. I have enough income to live in dignity: 1667 people (52%) said they did not have enough income to live in dignity.

Q20. When I work I enjoy the work: 1808 people (57%) said that when they worked they enjoyed the work, 1005 (32%) found it partly satisfying, and only 373 (12%) disagreed.

Food security needs attention *for many*. Determining jobs and activities with sufficient income to live in dignity requires creative action.

[In the psycho-social area](#)

Q1. I feel I have good friends that I can trust: 683 (21%) said they did not have good friends they could trust.

Q3. My family likes me: Most families were supportive with only 120 respondents (4%) feeling there were not liked by their families.

Q11. I am happy I am alive: Top score, but 143 (4%) were not happy to be alive.

Q19. I have things to do in my free time: 430 (13%) do not have things to do in their free time.

This suggests personal follow-up and may indicate the need for expert psychological counseling. A mobile psychological clinic could be the first step.

[In the feeling included/participation section:](#)

Q12. I feel included in my community's decisions: 350 (11%) did not feel included in community decisions.

Q15. I try to help others in my community: 314 (10%) disagreed, 1983 (62%) agreed, with 28% in the middle

Q16. I enjoy taking part in community activities: 277 (9%) disagreed.

People with disability need to be invited to participate in activities and encouraged to respond and even initiate these.

[With regards to rights:](#)

Q7. I feel my rights are respected: 351 (11%) disagree.

Q13. I feel my opinion is respected in public: 504 (16%) disagree.

Q14. I respect the rights of others: Respondents scored themselves highly with 13 (4%) saying they do not.

Continue monitoring and check any abuse of rights by community or survivors.

Education

Q10. I am satisfied with my access to education/training: 461 (14%) did not feel satisfied with their access to education and training.

Q17. I like to learn new things: 86% like to learn new things.

Negative responses to **Q10** require individual follow-up by survivor liaison personnel. The ongoing SNP project could explore seminars or training sessions for groups of people in different geographic areas.

The structured interview question on literacy revealed that 44% of respondents could not read or write. This number is analysed by age, gender and province in the next chapter. 63% of men were literate and only 39% of women. New ways of helping people, especially women, with becoming literate need reflection by the SNP team and education experts. In the meanwhile libraries in bags have been distributed in some villages.

Health

Q9. I feel healthy: We recognize that responses to this question could mean that people are actually not healthy, or that they do not feel healthy (perhaps because they have a disability). In the age analysis discussed later, *64% of respondents under 15 said they did not feel healthy*. This needs further follow-up and accompaniment of individuals.

Physical Rehabilitation/Access

Q5. I am satisfied with the physical access around my home and public places: 270 (8%) of people were not satisfied with the physical access around home and public places.

Home access could be a community-driven solution. Public space access needs more information.

Q8. I am satisfied with my access to rehabilitation: 929 (29%) were not satisfied with their access to physical rehabilitation services.

Issues here like outreach services, transport costs, immobility, need to be looked at for individuals and for particular geographic locations. A circuit physiotherapist accompanying SNP liaisons on different provinces to give exercises and related services could partly address some issues.

The Quality of Life Questionnaire reveals interesting information, which a number of young PhD and Master's thesis writers have offered to analyze more fully. SNP welcomes this interest.

CONTEXTUALIZING THE SURVEY: HAPPINESS

There has been increased interest in UN circles regarding Bhutan’s national measure of wellbeing: the Gross National Happiness (GNH) scale. In many ways, our report replicates this idea: in Bhutan the purpose of the survey is to have people ask themselves “How happy am I? How can I be happier?” The SNP Quality of Life survey also asks people “What has made your life happier and easier in the last 5 years? How can you improve your quality of life?” In doing so, it encourages people to determine if the life they are living is fulfilling, and what can be done to improve it – both personally, but also at the village, district, provincial and national levels.

Bhutan uses nine domains of happiness – psychological wellbeing, health, time use, education, cultural diversity and resilience, good governance, community vitality, ecological diversity and resilience, and living standards. Each of these is determined by indicators: for example psychological wellbeing is determined by life satisfaction, emotional balance, and spirituality, while community vitality is determined by social support, community relationships, family, and levels of crime. Living standards rely on indicators of household income, assets, and housing quality.

The value of this type of analysis as opposed to traditional measures of wealth is that it makes space for improvement: in Bhutan, the goal of progress is to ensure that people who are unhappy are able to become happier. This is done through personal life changes, but it also relies on the rest of the community or country to understand why some values are more diminished than others, and how mutual improvement of these factors can lead to greater overall happiness for people.

The Quality of Life survey shares this fundamental similarity with Bhutan’s Happiness project. Increasing capacity for happiness or general wellbeing at the village level will ensure that the general quality of life increases across the country. Many of the factors included in our survey are similar to Bhutan’s domains and indicators, and resonate in our question themes: such as the focuses on psychosocial indicators, socioeconomic statuses, and rights.

To achieve happiness for all, a level of well-being and quality of life must be maintained in which all people have access to basic needs, but further, they have the means to control their own lives and increase their own capacity.



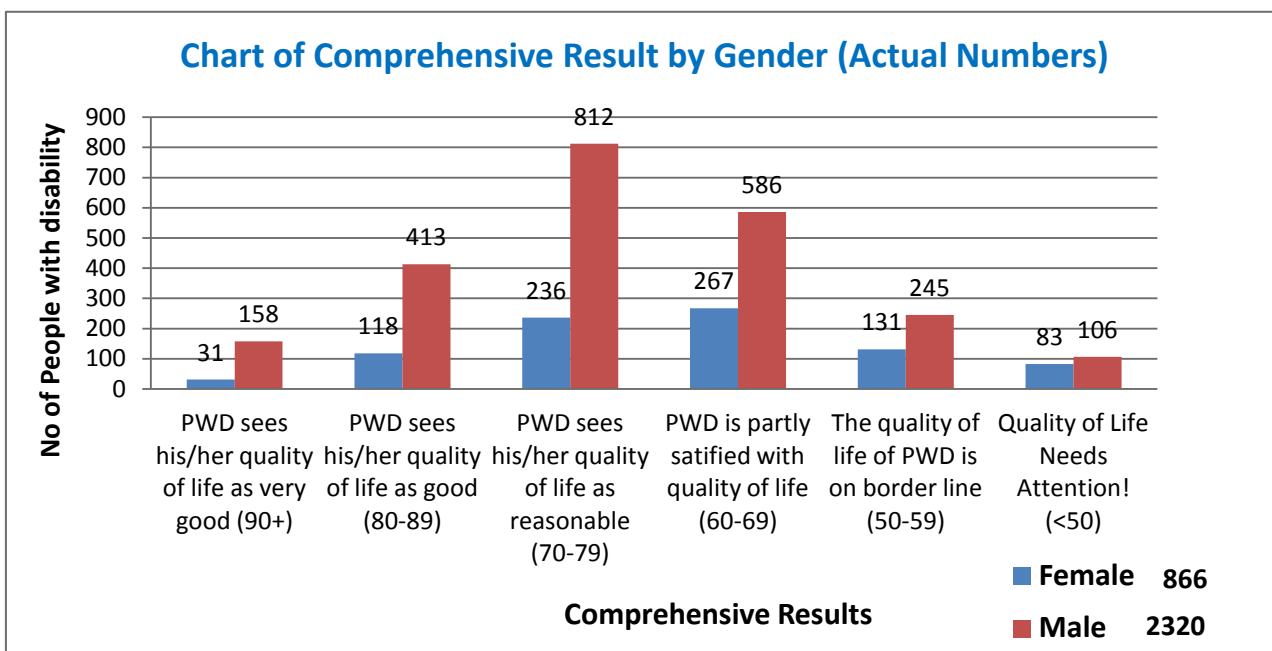
SCORING THE SURVEYS

If we make a simple average score for each person (one person's average to all of the questions), then the results of the 3186 individuals are as below. Each person will score as follows:

- Average score of 90+ rates his/her QL as Very Good.
- Average score between 80-89 rates his/her QL as Good.
- Average score between 70-79 rates his/her QL as Reasonable.
- Average score between 60-69 rates his/her QL as Partly Satisfied.
- Average score between 50-59 rates his/her QL as Satisfactory/Borderline.
- Average score lower than 50 rate his/her QL in Need of Attention.

COMPREHENSIVE RESULTS OF QUALITY OF LIFE SURVEY (answered by 3186 respondents)

Results	Female %	Male %	Total %
PWD sees his/her quality of life as very good (90+)	31(3.58%)	158(6.81%)	189(5.93%)
PWD sees his/her quality of life as good (80-89)	118(13.63%)	413(17.80%)	531(16.67%)
PWD sees his/her quality of life as reasonable (70-79)	236(27.25%)	812(35.00%)	1048(32.89%)
PWD is partly satisfied with quality of life (60-69)	267(30.83%)	586(25.26%)	853(26.77%)
The quality of life of PWD is on border line (50-59)	131(15.13%)	245(10.56%)	376(11.80%)
Quality of Life Needs Attention! (<50)	83(9.58%)	106(4.57%)	189(5.93%)
Total	866(27.18%)	2320(72.82%)	3186(100%)



After our initial survey work was done, an action sheet was devised by the SNP teams for each village which included a follow-up plan for each person with disability in the village. This would inform the follow-ups that the team will be conducting in the coming year. The action plans suggested in which areas interventions for individuals should be made. These areas are: psycho-social support, rehabilitation, supporting structures (toilets, wells, and houses), education/vocational training, income generating or jobs, health, and improvement of rights (if people felt their rights were being infringed upon). In addition, the plan for each village notes action that needs to be taken by the community and leader in regards to identity cards, notification for the allocation and titling of land, and accessibility of the village school.

WHAT THE SNP PROJECT ACHIEVED THROUGH THE STRUCTURED INTERVIEW AND QUALITY OF LIFE SURVEY

- Peer support through listening to the story of individual persons with disability
- An assessment of the individual situation of each person with disability
- Providing an instrument for people to reflect on their own quality of life
- Devising individual follow-up action sheets for each individual in the context of their own village
- Information that can be shared for the making of **the National Strategic Plan on Disability**



CHAPTER FIVE: AN ANALYSIS OF SOME RESPONSES BY PROVINCE, GENDER, AGE

In addition to the reflections already made by the team, we did an analysis by province, gender, and age on eight issues/questions, mainly:

1. Do you have an ID card?
2. Can you read and write?
3. Do you have enough to eat?
4. Do you have a land title?
5. I have enough income to live in dignity.
6. I feel healthy.
7. I am happy I'm alive.
8. I am satisfied with my access to rehabilitation.

BY PROVINCE

This chapter's analysis will focus on 14 provinces: **Battambang, Banteay Meanchey, Kandal, Koh Kong, Kompong Cham, Kompong Chhnang, Kompong Speu, Kompong Thom, Oddar Meanchey, Pailin, Preah Vihear, Pursat, Siem Reap, and Takeo** where there were responses from more than 100 people with disability.

Analyzing trends by province can give us some insight into the effectiveness of implementation of rights and national action plans for disability. The majority of people who are landmine survivors (74-83%) are in the provinces of Banteay Meanchey, Pailin, and Oddar Meanchey. Provinces that have the least number of people with disability due to landmines are Takeo, Kandal, and Kompong Cham. Some of the CMVIS data collectors know very well the survivors of ERW. Ongoing visits to some villages may well reveal other people with disability.

Of the provinces selected for analysis, Kompong Thom was hungriest and least literate. Siem Reap scored low in multiple categories, indicating that PWD there face chronic hunger, are unlikely to have land titles, have some of the lowest literacy rates, and do not feel they had enough income to live in dignity. Few people have ID cards, only 16-25% in Takeo, Banteay Meanchey, and Koh Kong, though interestingly Oddar Meanchey is among the top two provinces with ID card holders at 62%.

Many people with disability live in poverty, replying to the statement "I have enough income to live in dignity" very negatively, and only Koh Kong scoring above 3. We assessed participation by asking whether people with disability spoke at village meetings or at higher levels of government (provincially, nationally, or internationally). Pailin had strong levels of engagement, with 75% of people interviewed stating they spoke at a village level about disability. Pursat and Banteay Meanchey were also provinces with strong political participation (over 50%) by people with disability. The lowest levels of involvement were in Takeo, Kompong Thom, and Kandal, with less than a quarter of people interviewed expressing any involvement in village decisions. Numbers were lower when addressing whether people spoke at a provincial, national, or international level on disability, but there was still some participation. The highest scoring province was Pursat with 13%, and the lowest Takeo with 3%.

*Results for each province for each question can be obtained from the SNP database. Many have already been distributed to village leaders.

Some results from the structured intervention:

Provinces where PWD have the least ID cards: Takeo, Banteay Meanchey, Koh Kong (16 – 25%)

Provinces where PWD have the most ID cards: Oddar Meanchey, Preah Vihear (62-79%)

Most literate provinces: Koh Kong, Kandal, Pailin (66-80% literacy)

Least literate provinces: Kompong Thom, Siem Reap, Banteay Meanchey (38-46% literacy)

Hungriest: Kompong Thom ,Pailin, Siem Reap. (16-32% had enough food)

Had enough to eat: Kandal, Koh Kong, Takeo (70-76% had enough)

Least land titles: Siem Reap, Preah Vihear, Oddar Meanchey (15-31%)

Most land titles: Kompong Chhnang (71%)

BY PROVINCE	TOTAL		ENOUGH FOOD		LAND TITLE		LITERACY		ID CARDS	
	Count	%	Count	%	Count	%	Count	%	Count/Total	%
BATTAMBANG	494	15%	286	58%	178	36%	265	54%	133/430	31%
BANTEAY MEANCHEY	166	5%	102	61%	95	57%	77	46%	40/161	25%
KANDAL	360	11%	279	76%	181	50%	276	77%	144/328	44%
KOH KONG	88	3%	65	74%	37	42%	58	66%	21/84	25%
KOMPONG CHAM	106	3%	67	63%	41	39%	59	56%	40/100	40%
KOMPONG CHHNANG	157	5%	92	59%	112	71%	100	64%	75/147	51%
KOMPONG SPEU	185	6%	117	63%	76	41%	112	61%	50/168	30%
KOMPONG THOM	201	6%	33	16%	65	32%	77	38%	95/176	54%
ODDAR MEANCHEY	461	14%	184	40%	144	31%	230	50%	346/440	79%
PAILIN	142	4%	30	21%	70	49%	113	80%	82/138	59%
PRAEH VIHEAR	174	5%	91	52%	53	30%	87	50%	94/152	62%
PURSAT	219	7%	90	41%	96	44%	118	54%	86/208	41%
SIEM REAP	299	9%	96	32%	46	15%	136	45%	124/274	45%
TAKEO	158	5%	111	70%	62	39%	78	49%	22/139	16%

Some results from Quality of Life Survey:

(6) I have enough income to live in dignity:

Four provinces (Kompong Thom, Oddar Meanchey, Preah Vihear, Takeo) scored below 2, and another 5 still below the 2.5 “bad” range (Battambang, Kompong Chhnang, Kompong Speu, Pailin, Siem Reap). This means that many people with disability right across the country feel they are living in extreme poverty. The highest scoring province was Koh Kong with 3.23, still only in the partly satisfied range, while the rest of the provinces were all below 3 (unsatisfied/borderline).

Comparison with other research on general levels of poverty in the various provinces could illustrate whether people with disability are in the lowest percentiles of poverty.

(9) I feel healthy:

Battambang scored below 2.5 in the “bad” range of this answer. None scored over 3.5 into the “reasonable” range, meaning people generally feel unsatisfied with the quality of their health. The highest scores and only five provinces scored above 3 – Banteay Meanchey, Kompong Cham, Kaompong Speu, Kandal, and Koh Kong.

(11) I am happy I am alive.

Despite the generally negative answers to many of the questions in this questionnaire, people answered positively to this question across the country. Only four provinces scored below 4, and then they were all in the reasonable range but for one (off by .01). Kompong Chhnang, Oddar Meanchey, Preah Vihear, Pursat all scored above 4.5 in the “very good” range. This is an interesting observation as provinces like Oddar Meanchey, Preah Vihear, and Pursat score consistently low throughout all of the surveys and data; have some of the highest rates of people with disability from landmines or other ERW.

(8) I am satisfied with my access to rehabilitation services:

The highest scoring provinces were Banteay Meanchey (3.79), Pailin (3.78) and Kompong Speu (3.70) – all of which are in the reasonable range of responses. Of these three provinces, only Kompong Speu actually has a provincial rehabilitation centre (PRC). People in need of services in Banteay Meanchey and Pailin must travel to Battambang, where the PRC is run in collaboration with the ICRC. The lowest scoring provinces were, interestingly, Battambang (2.58), Kompong Chhnang (2.76), and Oddar Meanchey (3.05), in the partly satisfied, or just above range. It should be noted that Battambang also scored lowest on the statement “I feel healthy.” This is despite the fact that both Battambang and Kompong Chhnang have PRCs. People from Oddar Meanchey must travel to Battambang or Siem Reap for rehabilitation services.

GENDER ANALYSIS

Women with disability in Cambodia scored consistently lower than men on the surveys. According to our survey questions, women are less likely than men to have enough food (only 50%), have land titles (only 35%), be literate (39%), or have ID cards (36%). Women scored 2.19 to the statement “I have enough income to live in dignity”, in the “bad” category, and below men who scored 2.37. To the statement “I feel healthy” women scored 2.69 – in the “unsatisfied” category, below men who scored 2.84 (also unsatisfied). The only question that women scored an average score above 4 was “I’m happy I’m alive.” This is a positive point of interest, but in comparison men scored over 4 on four questions, including “my family likes me,” “I am happy with my shelter,” and “I respect the rights of others” as well being happy to be alive. Women scored 3.02 (partly satisfied) to the statement “I am satisfied with my access to rehabilitation,” compared to the average male response of 3.32.

Women are also more likely to have disability from reasons other than landmines/ERW – survivors only make up 17% of the women surveyed. On some of the more political questions, the trend continued. Between men and women, just under a quarter of women questioned said they participate in speaking at a village level, while only 4% are involved at a higher political level. Men scored marginally better, just under half speak in the village, but still only 8% have a provincial, national, or international role.

From the quality of life survey, women scored lower than men on *every single question*. This is alarming, as it shows a large disparity between the genders. Men and women scored closest on the only question that both averaged under 2.5 (the lowest, a “bad” rating) on– that they had enough income to live in dignity. The most women scored in the “partly satisfied” rating, followed closely by the next increasing category “reasonable.” The largest majority of men scored “reasonably” on half the questions.

Almost three-quarters of the people surveyed for this analysis were male. According to CMVIS statistics, the majority of landmine and ERW casualties are male – over the course of our project, CMVIS reported that only 20% of new accidents happened to females. The unbalanced nature of our male/female ratio is a reflection of the reality of disability in parts of Cambodia visited by SNP teams.

The reasons why women scored lower than men on every question requires further investigation. There are multiple other factors regarding families and community dynamics that could contribute to this. We would recommend a thorough follow-up for deeper understanding into these issues.

AGE ANALYSIS

In conducting the age analysis, we divided people into 7 groups: 15 and younger, 16-20, 21-30, 31-40, 41-50, 51-65, and older than 65. The largest group of people we spoke to with disability were between 51-65 years old (39.1% of our sample). Less than 20% of people we spoke to were under 30.

In the QL survey, there was a trend in our samples. Everyone scored below 2.5 (bad) in response to “I have enough income to live with dignity.” Only one other question scored so low, and it was with one group: people under fifteen answered “bad” to the statement “I feel healthy.” This is a worrying statistic. It could show that children with disability feel unhealthy because they have a disability, but it could also show chronic hunger – only 37% of those under the age of 15 said they had enough food to eat. Under 21 scored lowest in their satisfaction to their access of rehabilitation (averaging 2.75 collectively), in the “unsatisfied” category. Most of the other age groups scored between 3.26 to 3.32, with the over 65 scoring slightly lower with 3.01.

None of the groups scored above 4.5 to any of the statements. However there were a few questions that scored over 4 by some groups: all except the under-15s scored over 4 to be happy to be alive, and all except the same group and the 51-65 group scored over 4 to “My family likes me.” Groups over the age of 41 scored over 4 to “I am happy with my shelter” and all the groups older than 31 scored over 4, saying they respect the rights of others.

Groups over the age of 21 were more likely to score in the “Reasonable” range for most questions, though the numbers to decrease as groups get younger. The 16-20 group was most likely to score in the “Partly Satisfied” range, and the under-15 group scored mostly in the “Unsatisfied/Borderline” area.

<15 – 5.2%, 16-20 – 3.4%, 21-30 – 9.8%, 31-40 – 11.1%, 41-50 – 24.6%, 51-65 – 39.1%, over – 6.9%

REMARKS

This breakdown by province indicates the areas of particular attention that are needed in each province. A meeting between the SNP team and provincial authorities including Ministry of Social Action, Ministry of Women’s Affairs, Ministry of Land, Ministry of Education, Ministry of Health, the Planning Department and civil society could well result in a coordinated approach to some of these issues. Province-based seminars for women with disability have shown the possibility that sharing stories with one another encourages self-esteem, hope, and greater awareness of rights. The quality of life for people under 15 requires more research. Though we have noticed an increase in project studying education for children with disability, it appears in our research that this must be extended to take into account their psycho-social health, family relationships, and access to food.



CHAPTER SIX: RECOMMENDATIONS AND CONCLUSIONS

We can draw some conclusions from the results of the Survivor Network Project, much of which has been discussed in the previous chapters.

To continue some of the work started in this project, we believe that the government's decision to name a delegate from each commune as a representative for disability issues and to arrange meetings between village leaders, commune leaders, and survivors should be immediately implemented. Secondly, it is imperative that this work to continue data collection by the SNP team and CMVIS/CMAA is supported, and follow-ups conducted for people with disability who have already participated in the project. Only in this way can we witness indicators for change, and identify which areas are improving, and which still need careful attention and support.

In 2013, landmine survivor and ICBL youth ambassador Song Kosal gave a presentation for the Victim Assistance Parallel Program on Accessibility in Cambodia. In it, she highlighted important aspects of VA that can be improved: accessibility and education. Firstly, she indicated that financial support to infrastructure spending should be a priority, and that provincial rehabilitation centres should continue to reimburse travel costs for the vulnerable. Secondly, she emphasized the education needs to be accessible for people with disability, in three particular ways: for the Ministry of Education to award five university scholarships every year to people with disability, for graduated survivors to accompany scholarship winners to raise awareness on PWD, and for increased collegiate assistance for PWD who want to continue secondary school. Finally, Kosal emphasized the *ability of survivors*.

CONCLUSIONS

From the work of the SNP team in 393 villages scattered throughout Cambodia we learned much about the life of people in remote villages, attitudes towards people with disability, about how people perceive their own quality of life.

The findings from the structured interviews and the quality of life questionnaire provide important data for **the National Strategic Plan for Disability 2014-2018**. We suggest the following may need to be considered.

- Identity cards for people with disability
- Literacy catch-up for people with disability and provision of small village libraries, and children with disability to access education beyond Grade 6
- Accessible schools/universities/public buildings/public places
- Food security for villages including people with disability
- Particular attention to the lower quality of life scores of women
- Land titles for people with disability who have land, and addressing landlessness among people with disability (concession land with no title does not give security)
- Quality and extent of services in provincial rehabilitation centres (PRC)
- Transport and access to PRC
- Mobile outreach services of physiotherapists/psycho-social supporters

- Data collection at the village level that is used to address real issues
- Access to affordable health care
- Encouraging people with disability to improve their own quality of life
- Training commune and village leaders to encourage participation of people with disability in community action and meetings – and the collaboration of people with disability in this training
- Business, government, NGO employment of people with disability
- Income generating grants/loans fund
- Monitoring rights

IN ADDITION, AT THE NATIONAL LEVEL WE RECOMMEND

- The use of the 2018 census for gaining country-wide information on people with disability
- That Cambodia becomes a States Party to CCM
- Monitor implementation of Disability and Disarmament Conventions
- Disability Action Council (DAC) conducts yearly visits to provinces to maintain contact with rural survivors

AT PROVINCIAL LEVEL

- Quality of rehabilitation services at Provincial Rehabilitation Centres (PRC) is improved
- Monitoring of free health services for the vulnerable, including people with disability.
- Ministry for Social Affairs, Veterans, and Youth Rehabilitation (MoSAVY) budgets for outreach activities from PRC/Survivor Network Liaisons
- Provision of a provincial fund for emergency needs of people with disability and other poor villagers
- Low literacy level of people with disability is addressed

AT COMMUNE/VILLAGE LEVEL

- Continue data gathering so that every village knows situation of people with disability
- Encourage dialogue between village survivor liaisons, survivors
- Follow-up the response plan devised by the Survivor Network Project (SNP) in each village
- Ensure all village schools are accessible
- Monitor that all children with disability have access to education
- Rights of people with disability are upheld in a practical way
- Research the need for identity cards at the village level

THE EMPHASIS ON DISABILITY ISSUES IN THE 2013 ELECTION PLATFORMS OF MAJOR POLITICAL PARTIES SUGGESTS THAT OUR WORK THROUGHOUT THE COUNTRY HAS HAD A STRONG IMPACT. OUR HOPE IS THAT THESE PLATFORMS ARE IMPLEMENTED.

- This project has enabled good co-operation between the CCBL, the Survivor Network Project team, and the government body CMAA with its CMVIS data gatherers in the field, which all parties wish to continue. Funds should be made available for this continuing activity.
- The help of some NGOs was invaluable

- The project has resulted in greater awareness of disability rights and the challenges, needs, and contributions of survivors and other people with disability in 393 villages in 20 provinces of Cambodia
- It has enabled 3399 PWD to meet in a structured way with 393 village leaders or their deputy
- It has begun the process of survivor/PWD liaison persons in villages

In conclusion we wish to thank all who contributed to the success of this year-long project. First we thank the people with disability and the village leaders who participated cheerfully. We also thank the data collectors, Kheum Khoeurn, Kong Som Art, Sorn Bun Chhoeurt, Nhaem Thoeurn, Kaev Norn, Kouk Yean, Ok Pon, Thim, Urng Sambat, Prak Shoern, Ounly Hong, Neak Thy, Maen Porn, Sang Moa, Thun Sothea, Loeurng Chanthou and her team, Seng Cheata and his team .

We especially thank CMAA, Excellency Prak Sokhonn for his support, the CMAA teams of Ny Nhar, Lay Chanthorn, H.E Chan Rotha, and their colleagues for their wonderful collaboration and encouragement and Mr. Chiv Lim of the data collection.

The hardest work of all was done by the CCBL/JRS team led by Tun Channareth and Sak Sopheak. Its members included Song Kosal, Phan Chaeng, Keth Bunthouen, Thy Dara, Chan Men, Pros Pheareth, Him Sue, Keo Sophea, Sok Chet, Choi Sokha, Koet Reaksmey, Mean Sopheap, Sout Soki, Devin Morrow, Doeun Y, Joe Van Troost, Kafia Yusuf, Denise Coghlan. The excellent database was designed and set up by Sak Sopheak.

OUR HOPE IS OUR GOAL: That people with disability live with a better quality of life, feel included, and have their rights upheld as a result of our work. In addition, we hope CAMBODIA becomes a model for the quality of life of its people and a leader in all aspects of disarmament issues.

The best reward for our work would be to hear that Cambodia joins the Convention on Cluster Munitions; that this book contributes to the formulation of the National Strategic Plan 2014-2018. And most importantly the life of the people we met improves.



ANNEX 1: VILLAGE QUESTIONNAIRE

Village Name:.....**Surveyor:**.....**Date:**...../...../.....

1) **Short History:** **Commune:**..... **District:**..... **Province:**.....

2) **Population of Village:**

Number of Families:.....

Male (Including Children)	Female(Including Children)
Total	

This total includes.....children eighteen years or younger.

- How do people earn a living in this village?.....
.....
.....

3) **People with Disability in the village:**

Name	Year of Birth	Disability	Date of injury	Cause	Nº of Child.	Married	M/F	Extremely Vulnerable

Please add extra names on back of sheet.

Name of Village leader:.....**Phone Number:**.....

- 1) Does village leader know about Disability Law? Yes No (✓)
 2) Did you take more than 30 minutes to talk with him about it? Yes No

Why?.....

*Describe remarks that you heard about people with disability in village (Do not ask)

- None
- Complimentary How many?.....
- Negative How many?.....
- Discriminatory How many?

How does village community try to uphold the rights of disabled and meet the needs of the most vulnerable?

.....

ANNEX 2: QUALITY OF LIFE QUESTIONNAIRE

Life with Dignity Assessment (Quality of Life Measure)

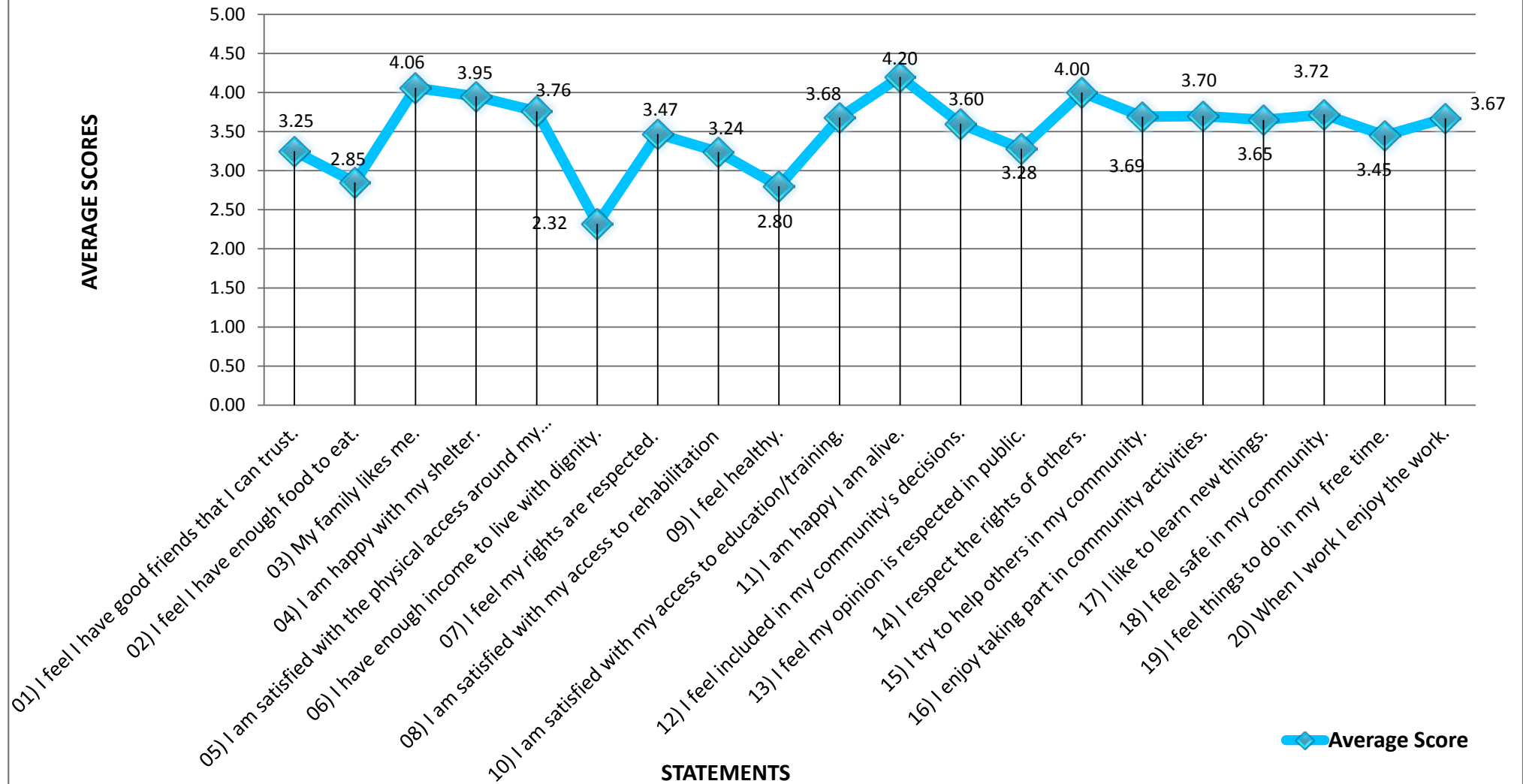
Name of survivor:..... Village:..... DOB:..... Sex:..... Disability:.....
 Date of Injury:..... Cause:..... Nº of child:.....
 Phone Number:..... ID Nº:.....

Please tick(✓)the value that you think is right for you.

Description	Strongly Agree	Agree	Average	Disagree	Not at all
1. I feel I have good friends that I can trust.					
2. I feel I have enough food to eat.					
3. My family likes me.					
4. I am happy with my shelter.					
5. I am satisfied with the physical access around my home and public places.					
6. I have enough income to live with dignity.					
7. I feel my rights are respected.					
8. I am satisfied with my access to rehabilitation services.					
9. I feel healthy.					
10. I am satisfied with my access to education/training.					
11. I am happy I am alive.					
12. I feel included in my community's decisions.					
13. I feel my opinion is respected in public.					
14. I respect the rights of others.					
5. I try to help others in my community.					
16. I enjoy taking part in community activities.					
17. I like to learn new things.					
18. I feel safe in my community.					
19. I have things to do in my free time.					
20. When I work I enjoy the work.					

ANNEX 3: AVERAGE SCORED RESPONSES TO QUALITY OF LIFE QUESTIONNAIRE BY PROVINCE	Banteay Meanchey	Battambang	Kampong Cham	Kampong Chhnang	Kampong Speu	Kampong Thom	Kandal	Koh Kong	Oddar Meanchey	Pailin	Preah Vihear	Pursat	Siem Reap	Takeo
1. I feel I have good friends that I can trust.	3.98	3.52	3.44	3.13	3.98	1.8	3.62	3.74	3.21	3.51	1.51	2.9	3.19	3.49
2. I feel I have enough food to eat.	3.12	2.62	3.05	2.85	2.91	2.1	3.37	3.28	2.93	2.58	2.25	2.93	2.58	2.97
3. My family likes me.	4.17	2.62	4.04	4.76	4.17	3.99	3.93	4.31	3.63	4.12	4.35	4.53	4.28	4.26
4. I am happy with my shelter.	3.99	3.6	3.75	4.25	4.2	3.72	3.77	4.09	4.31	3.5	3.96	4.3	3.89	4.14
5. I am satisfied with the physical access around my home and public places.	3.85	3.34	3.66	4.04	4.04	3.32	3.51	3.83	4.19	3.43	3.57	4.2	3.61	4
6. I have enough income to live with dignity.	2.8	2.12	2.75	2.33	2.48	1.98	2.94	3.23	1.66	2.29	1.75	2.89	2.35	1.92
7. I feel that my rights are respected.	3.93	3.25	3.5	3.05	3.58	3.04	3.34	4.15	3.46	3.44	3.5	3.99	3.77	3.13
8. I am satisfied with my access to rehabilitation services.	3.79	2.58	3.44	2.76	3.7	3.54	3.58	3.23	3.05	3.78	3.65	3.37	3.36	3.28
9. I feel healthy.	3.33	1.85	3.14	2.79	3.02	2.73	3.27	3.32	2.97	2.53	2.94	2.88	2.85	2.89
10. I am satisfied with my access to education/training.	3.49	2.95	3.54	3.63	3.92	3.87	3.88	4	4.04	3.25	3.84	4.33	3.63	3.54
11. I am happy I am alive.	4.5	3.49	3.97	4.71	4.34	4.01	3.95	4.46	4.64	4.09	4.77	4.52	4.3	4.03
12. I feel included in my community's decisions.	3.71	3.13	3.34	3.74	3.78	3.32	3.39	4.19	4.13	3.49	3.38	3.85	3.73	3.23
13. I feel my opinion is respected in public.	3.57	2.79	3.39	2.23	3.62	2.94	3.31	4.11	3.37	3.34	3.42	3.62	3.49	3.25
14. I respect the rights of others.	4.16	3.59	3.87	3.91	4.1	3.53	3.9	4.25	4.38	3.96	3.94	4.5	4.39	3.59
15. I try to help others in my community.	3.87	3.26	3.5	3.71	3.88	3.2	3.69	4.17	3.94	3.68	3.46	4.21	3.89	3.36
16. I enjoy taking part in community services.	3.78	3.3	3.53	3.49	3.94	3.38	3.64	4.16	4.01	3.69	3.34	4.21	3.87	3.41
17. I like to learn new things.	3.53	3.03	3.48	3.43	4.06	3.96	3.79	4.17	3.72	3.47	3.19	4.31	3.8	3.59
18. I feel safe in my community.	4.16	3.35	3.63	3.31	3.69	3.37	3.61	4.23	4.12	3.54	3.33	4.36	3.82	3.28
19. I have things to do in my free time.	3.95	2.89	3.4	3.46	3.85	3.1	3.68	4.17	3.45	3.46	3.03	3.72	3.68	3.22
20. When I work I enjoy the work.	3.95	3.04	3.59	3.66	3.94	2.66	3.95	4.26	3.63	3.73	4.39	4.07	3.82	3.36

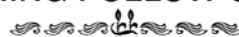
Average Score of Quality of Life Questionnaire by statement



ANNEX 5



PLANNING FOLLOW UP SHEET



Printed: 8/5/2013 11:19:08 AM

ProvinceName: _____

Date of follow up: _____

Code: _____

Village: _____

Commune: _____

District: _____

- This village has accessible school. Yes No No school
- No of children with disability in school:
- This village helps vulnerable PWD. Yes No Partly
- This village upholds Disability Rights. Yes No Partly
- This village includes PWD in decisions/activities Yes No Partly

Village leader: _____

Liaison Person: _____

JRS: _____

CMVIS/CMAA: _____

Other: _____

No	Name	Sex	Birth	Asistance Given up to 2012	FOLLOW UP NEEDED *							Who	When	Completed Yes/No	
					1	2	3	4	5	6	7				Other
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															

* Code: 1) Visit- Psycho/Social | 2) Rehab | 3) Construction - House/well/toilet | 4) Education | 5) Income Generation | 6) Medicals | 7) Rights

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ANNEX 6

No	SURVEYOR	AGENCY	LOCATION
1	Buch Yan	Government	Phnom Penh
2	Chan Men	JRS	Kompong Cham, Oddar Meanchey, Siem Reap, Preah Vihear
3	Chan Thorn	CMAA/CMVIS	Prey Veng, Ratanakkiri
4	Chat Kosal	CMVIS/CMAA	Battambang
5	CMAA/CMVIS	CMAA/CMVIS	Steung Traeng
6	Doeun Y	Survivor Liaison	Kampong Cham
7	Duch Chantha	Village Leader	Kandal
8	Heng Son	Government	Kandal
9	Hol Bros	JSC	Siem Reap
10	Kaev Norn	CMAA	Koh Kong
11	Keo Sophea	Student	Kandal
12	Keth Bunthoern	JRS	Kandal, Kompong Cham, Kompong Speu, Takeo
13	Kheum Khoeurn	CMVIS/CMAA	Battambang
14	Khout So Pheak	Arrupe	Battambang
15	Kong Som Art	CMVIS/CMAA	Banteay Meanchey, Pailin
16	Kou Vorn	CMVIS/CMAA	Battambang
17	Kouk Yean	Survivor Liaison	Kompong Chhnang
18	Lay Chann Thorn	CMVIS/CMAA	Banteay Meanchey, Kompong Cham, Kompong Speu, Kep, Kratie, Prey Veng, Svay Rieng
19	Loeurng Chanthuo	Arrupe	Battambang
20	Loy E	CMAA/CMVIS	Kompong Thom
21	Maen Phorn	CMAA/CMVIS	Pursat
22	Mean Sopheap	Survivor Liaison	Kompong Speu, Kandal
23	Neak Thy	CMAA/CMVIS	Pailin
24	Nhaem Theoun	CMAA	Kep
25	Ny Nhar	CMAA	Koh Kong, Kompong Cham, Kompong Speu, Pailin, Svay Rieng
26	Ork Pon	CMAA/CMVIS	Kompong Thom
27	Ou Vorn	CMVIS/CMAA	Battambang
28	Oun Lyhong	CMAA	Oddar Meanchey
29	Phan Chaeng	Survivor Liaison	Kompong Speu, Takeo, Kandal
30	Pich Sivutha	Banteay Prieb (JSC)	Kandal
31	Prak Shoeurn	CMAA	Oddar Meanchey
32	Pros Pheareth	JRS	Siem Reap
33	Ry Sokun	Village Leader	Kandal
34	Ry Theara	Arrupe	Battambang
35	Sak Sopheak	JRS	Kompong Cham, Siem Reap
36	Sang Mao	CMAA/CMVIS	Preah Vihear
37	Sao Sothea	CMAA	Banteay Meanchey
38	Say Him	CMAA/CMVIS	Kompong Thom
39	Seng Cheatta	Jesuit Service Cambodia (JSC)	Kandal, Kompong Chhnang, Kompong Speu

40	Sok Chet	JRS	Siem Reap, Preah Vihear
41	Sok Bory	JSC	Siem Reap
42	Som Mich	Government	Kandal
43	Song Kosal	JRS	Kandal, Takeo
44	Sorn Bun Chhoeurt	CMVIS/CMAA	Banteay Meanchey
45	Sout Soki	Survivor Liaison	Kandal
46	Tao Tang	JSC	Oddar Meanchey, Siem Reap
47	Thim	JSC	Kompong Thom
48	Thun Sothea	CMAA/CMVIS	Preah Vihear
49	Thy Dara	JRS	Kompong Cham, Preah Vihear, Siem Reap
50	Tun Channareth	JRS	Kompong Cham, Oddar Meanchey, Siem Reap, Preah Vihear
51	Urng Som Bat	CMAA/CMVIS	Kratie
52	Yong Su Van	Arrupe	Battambang
53	And other friends		