

Briefing Paper:

Disability facts in Cambodia

March 2009, Handicap International France



1. General Facts

Prevalence rate¹

- ❖ The most reliable statistic is that 4.7%² of the population has one or more impairment (Cambodian Socio-Economic Survey (CSES), 2004 adjusted by Knowles, 2005 to make it an accurate annual rate).
- ❖ The Royal Government of Cambodia (RGC) is officially using 4% prevalence rate (from CSES 2004 but not adjusted for an annual percentage).
- ❖ The 2008 Census shows the total population in Cambodia is 13,388,910 people, thus there are an estimated minimum of 629,279 people with disabilities living in Cambodia³.
- ❖ The percentage of women with impairments is slightly higher (4.9%) than for men (4.5%) (CSES, 2004 analysed by Knowles, 2005).
- ❖ Higher numbers of people with impairments tend to be living in rural areas of Cambodia (5.0%) than in Phnom Penh and other urban areas (3.3% and 4.1% respectively) (CSES, 2004 analysed by Knowles, 2005).
- ❖ It has to be noted that if enumerators for statistic collection are not trained sufficiently on identification and as the classification has drawn criticism from UN ESCAP as well as other disability researchers, the result can not be totally reliable. We may expect a much higher total⁴. A national disability survey would give more accurate figures.

¹ See MRTC (2009) for more statistical information and figures related to impairment and disability in Cambodia.

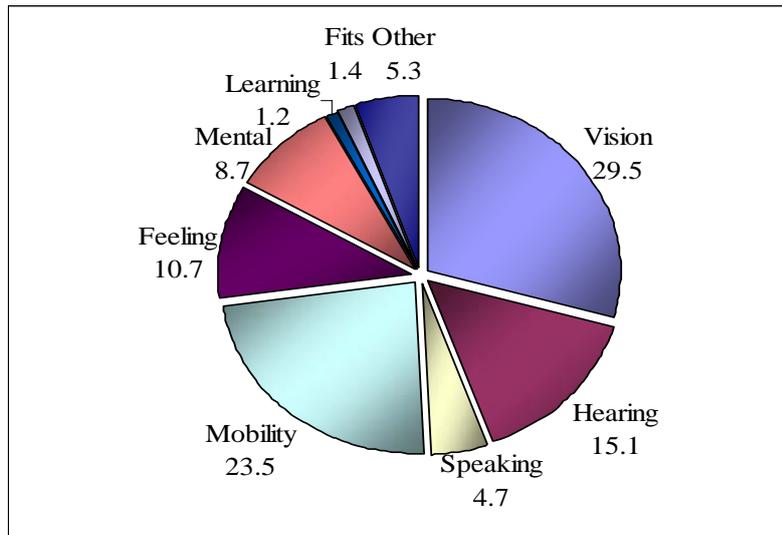
² This is an impairment prevalence rate because the RGC's 9 point classification system does not capture sufficient information on the level of participation or exclusion in society.

³ This is calculated by using the 2008 population which is estimated at 13,388,910 – NIS (August 2008) *General Population Census of Cambodia 2008: Provisional Population Totals*. However, this is likely to be an underestimate as the CSES did not cover the whole population including people living in institutions.

⁴ The WHO estimates that 10% of people living in developing countries are disabled.

Types and causes of impairment⁵

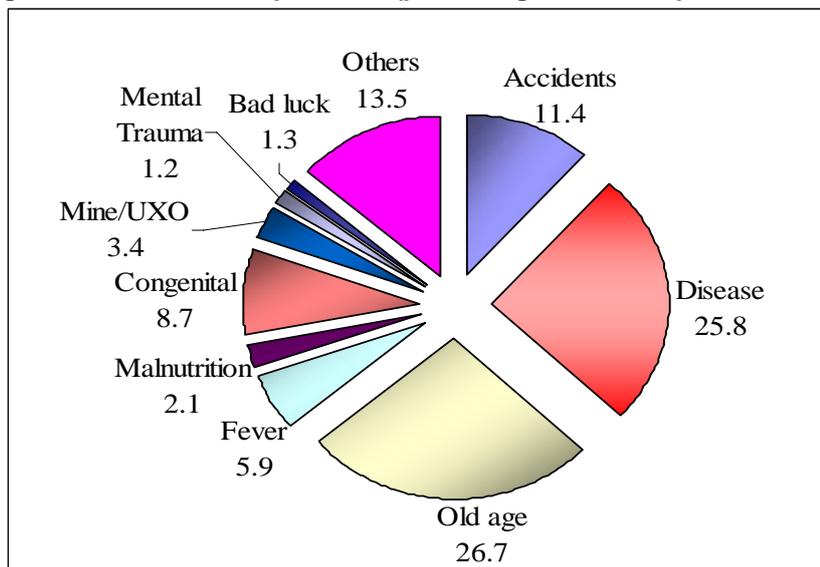
Figure 1: Type of impairment (% of total reported impairments)



Source: MRTC (2009) developed with data from 2004 CSES & Knowles (2005).

- ❖ The highest percentage of reported impairments are seeing difficulties (30%), followed by moving difficulties (23.5%) and hearing difficulties (15%) (see Figure 1)
- ❖ This data has to be taken with caution since this is not the average distribution seen globally, where physical impairments are usually presenting the majority of impairments, followed by intellectual impairments.

Figure 2: Causes of impairment (percentage of total reported causes)



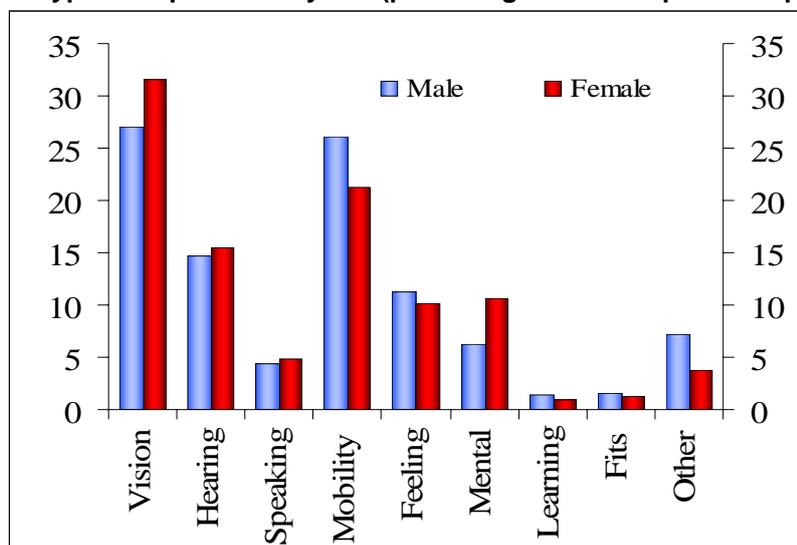
Source: MRTC (2009) developed with data from CSES 2004, Knowles report 2005.

- ❖ The most significant cause of impairment is old age (26.7%), followed by disease (25.8%), accidents (11.4%) and congenital (from birth – 8.7%).

⁵ Figures taken from MRTC research (2009).

- ❖ The same caution as mentioned above applies here for the attribution of causes, if enumerators are not trained to identify well, the causes have to be taken with some caution.

Figure 3: Type of impairment by sex (percentage of total reported impairment)



Source: MRTC (2009) developed with data from 2004 CSES, Knowles report 2005.

- ❖ Men are more likely to become physically impaired when they are young and active age between 25-54 years of age than women (CSES, 2004 analysed by Knowles, 2005); mine/UXO injuries and traffic accidents are reported more among them⁶.
- ❖ There are higher reported rates for visual and mental health impairments among women population than for men (See Figure 3). Diseases and old age are more reported among women as causes of impairment.

Disability definition used by RGC

According to Article 4 of the draft law on “Protecting and Promoting Rights of Persons with Disabilities” (RGC, 2008):

“person with disabilities refers to any person who lacks, loses or have ruined physical organs or who suffers any mental impairment, which causes decent restriction on daily life or activities such as organ, visual, hearing, mental, and psychological impairments and other impairments, which result abnormal states”

This definition relates more to explaining impairment than disability as no mention is made of the social cause of disability.

⁶ According to the HIB (2007) *Cambodia Road Traffic Accident & Mine/UXO Victim Information System Annual Report*, men account for 73% of road casualties and 86% percent of total reported landmine/ERW casualties in 2007.

Disability classifications used by RGC

- ❖ Currently for data collection purposes there are many different disability classification systems being used in Cambodia.
- ❖ *MoSVY/MoH Official Classification*: The Ministry of Social Affairs, Veterans and Youth (MoSVY)⁷ has developed the RGC's official classification system with the Ministry of Health (MoH) and other disability stakeholders in 2003. It has nine different types of impairment:
 1. Seeing difficulties or seeing impairment
 2. Hearing difficulties or hearing impairment
 3. Speaking difficulties or speaking impairment
 4. Moving difficulties or moving impairment
 5. Feeling difficulties or feeling difficulties
 6. Psychological difficulties
 7. Learning difficulties
 8. People who have fits
 9. OthersHowever, this classification does not capture information on the degree of participation of that person in society.
- ❖ *MoH Cambodian Demographic Health Survey (CDHS)*: Uses questions on physical impairment only.
- ❖ *MoEYS Education Information Management System (EMIS)*: Ministry of Education, Youth and Sport (MoEYS) uses the basis of the MoSVY/MoH classification but slightly altered (without the 9th category)
- ❖ *National Institute of Statistics (NIS)*: In previous census data collection used 5 categories of impairment.
- ❖ DAC are currently working with MoSVY and NIS to review the classification system for Cambodia to ensure that it is in-line with international best practice.

Statistics & data collection

- ❖ To date no national survey on disability.
- ❖ Cambodian Socio-Economic Survey (CSES) has most reliable data but not covering the whole country and does not include people living in institutions.
- ❖ Disability included in the Census 2009 for the first time.
- ❖ MoEYS collecting data of children with disabilities in primary school through school registers collected by teachers (not the most reliable method, see MRTC, 2009).
- ❖ NIS is working with UNESCAP on improving disability data collection.

⁷ MoSVY has overall responsibility for PWDs in Cambodia.

2. Towards full social participation

- ❖ Key problems raised by people with disabilities (PWDs) and Disabled People's Organisations (DPOs) in Cambodia are:
 - Lack of access to employment/livelihoods;
 - Lack of access to education;
 - Lack of access to health care;
 - Pending Protection under the law through adoption of the draft Law on the Protection and Promotion of the Rights of Persons with Disabilities and ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

Disability & Poverty

- ❖ Cambodia ranks 136 out of 179 countries in the UN's Human Development Index; this is the lowest in South-East Asia.
- ❖ CSES 2004 shows 35% of Cambodians live below the national poverty line (World Bank Poverty Assessment, 2006). Overall rates of poverty rates have reduced from 47% a decade earlier, but poverty is still experienced most among the majority rural population.
- ❖ No national data on the nature and depth of poverty experienced by disabled people as compared to non-disabled people.
- ❖ World Bank considers that in Cambodia people with impairments have roughly the same likelihood to be poor as other non-disabled people.
- ❖ World Bank assumption is not adjusted to the extra expenses that people with disabilities have to be able live a good quality of life (such as transport, medical care and assistive devices costs).
- ❖ CSES (2004) data shows that household wealth of people with disabilities is about half of that of non-disabled people (MRTC, 2009).

Education

- ❖ UNESCAP (2002) collected evidence⁸ that suggests that less than 10% of children and youth with disabilities have access to any form of education.
- ❖ MoEYS EMIS statistics show the total number of children with one or more type of impairment enrolled at public primary schools nationwide was 70,870 in 2006-2007 (about 3% of the total children enrolled at school⁹).
- ❖ A small scale study in Kandal province, the data shows that 43% of people with disabilities are illiterate compared to only 9% of non-disabled people (ADD, 2007).
- ❖ Main barriers to equal access to education for children with disabilities in Cambodia are based on small scale research¹⁰:

⁸ From the progress made during the first Asian and Pacific Decade of Disabled Persons 1993-2002.

⁹ However EMIS data is fairly unreliable as it is collected by teachers who are not adequately training in identification of children with disabilities (see MRT, 2009).

¹⁰ Based on MRTC research (2009) using data from ADD (2006) *Research on Community Children with Disabilities Barriers to access education* and World Vision (2004) *Disability Report Cambodia*.

Education (contd.)

- Not supported to go to school by parents and community as no value seen in educating children with disabilities.
- Face discrimination from teachers and principles to go to school and from other children;
- Teacher are unprepared and unsupported to adapt lessons to provide a quality of education for many children with disabilities;
- School facilities are not physically accessible
- Teacher methods and communication techniques are not adapted for children who are deaf and blind especially.
- High levels of poverty, distance to travel to school and difficulties in finding accessible transport are also key barriers to education.

Health

- ❖ 11 Provincial Rehabilitation Centres managed by 5 International Organisations are not covering all impairment related health needs, especially for PWDs living in remote areas and those provinces not covered are facing barriers to access rehabilitation services
- ❖ No available national level data from the RGC on access to health care for PWDs.
- ❖ MoH issued a parkas for free health care for PWDs (2004). However, small scale research found that 77% health centre staff knew about this prakas but only 8% of PWDs interviewed received free health care (ADD, 2007)
- ❖ Main barriers to health care that PWDs faced are based on small scale research¹¹:
 - Lack of physically accessible facilities;
 - Lack of accessible communication materials (i.e. HIV/AIDS and other);
 - Discrimination experienced from health centre staff;
 - Health centres too far away so need to pay for transport costs.

Livelihoods & Employment¹²

- ❖ Cambodian Socio-Economic Survey (2004) shows that although the levels of formal employment are not high, PWDs are less represented than non-disabled people (PWDs 7% compared to 14% for general population).
- ❖ PWDs on average earn 65% less than people without disabilities (CSES, 2004)
- ❖ Household wealth for PWDs is about half of that of the general population (CSES, 2004)

¹¹ ¹¹ Based on MRTC research (2009) using data from ADD (2007) *Accessibility of Persons with Disabilities to Health Care Services*; HIB, (2007) *Secondary Prevention of Disabilities in the Cambodian Provinces of Siem Reap & Takeo: Perception of and use of the health system to address health conditions associated to disability in children*.

¹² Data from CSES 2004 from Knowles 2005 and analysed by MRTC, 2009

Political participation

- ❖ 2008 Elections saw for the first time some accessibility measure for people with visual impairments, but not covering the whole country.
- ❖ There is no quota system for representatives in the National Assembly or in Political Parties.
- ❖ No national conclusive data is currently available but according to PWDs representative there is widespread exclusion felt for full political presentation.

3. Legislation, policies and plans

General

- ❖ RGC have signed the UNCRPD (in 2007) – awaiting ratification.
- ❖ RGC drafted the *Law on the Protection and Promotion of Rights of Persons with Disabilities* (final version 2008) – awaiting adoption.
- ❖ RGC drafted the *National Plan of Action on Persons with Disabilities and Landmine/ERW Survivors* (MoSVY/CMAA, final version 2008) - awaiting adoption.
- ❖ RGC ratified Convention on the Rights of the Child (CRC) (1992) – includes the rights of children with disabilities in article 25.

Poverty reduction:

- ❖ National Strategic Development Plan (2006-2010/2013) states that:

*"Accordingly, RGC is committed to pursue strategies and actions that will... Target the most needy and least served people, including those with **disabilities** and indigenous people, and areas to help rapidly reduce poverty."*

- Significant corresponding strategies, targets and indicators not identified for PWDs in NSDP¹³.
- PWDs mentioned in employment and job creation (related to vocational training and labour database); social safety nets (rehabilitation and pensions) and in education.

Education:

- ❖ Education Law (2007) – includes PWDs in articles 31, 38 and 39.
- ❖ Policy on Education for Children with Disabilities (2008) – to guide inclusive education for children with disabilities to attend mainstream schools.
- ❖ Education for All Plan 2003-2015 mentions education for disabled learners.
- ❖ Education Strategic Plan 2006-2010 mentions education for disabled learners as a cross-cutting issue.

¹³ See Handicap International (France) (2007) *Situation analysis: PRSP and Disability in Cambodia*.

