ក្រុមប្រឹក្សាសកម្មភាពជនពិការ
DISABILITY ACTION COUNCIL

United Nations
Educational, Scientific and
Cultural Organization

Malaysia
Funds-in-Trust

PROMOTING SOCIAL INCLUSION IN CAMBODIA

Final Report

Disability Action Council
(Cambodia)

Date : January 2017

This project was made possible with the generous support of the Government of Malaysia.

Strengthening ASEAN Community 2015 through South-South Cooperation, Foresight and Capacity-building on Inclusive Policy Development

The Project Team included Ms Tessy Huss and Professor Malcolm MacLachlan from Trinity College Dublin; Dr Hasheem Mannan and Professor Eilish McAuliffe, from University College Dublin; Dr Zhang Yanghong, Mr Sean Lovell and Ms Sharita Serao from the United Nations Economic and Social Commission of Asian and the Pacific; and Mr Alexander Hauschild, independent expert, with support from Dr Sue Vize of the United Nations Educational, Scientific and Cultural Organization Bangkok.

This report was written by Dr Sue Vize (UNESCO) and Mr Simsok Charouen (DAC) with inputs from all the project team members.

Contents

Abbreviations

DAC	Disability Action Council
EquIPP	Equity and Inclusion in Policy Processes
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
MoSVY	Ministry of Social Affairs, Veterans, Youth Rehabilitation.
MoH	Ministry of Health
ESCAP	United Nations Economic & Social Commission for Asia and Pacific
NDSP	National Disability Strategic Plan
UNESCO	United Nations Educational Scientific and Cultural Organization
MOST	Management of Social Transformations Programme of UNESCO
PwD	Person/People with Disabilities
CSO	Civil Society Organization
DPO	Disability People Organization
UNDP	United Nations Development Program

Acknowledgments

As the National Implementation partner, the Disability Action Council would like to thank the following individuals, organisations and institutions for your kindness supports and corporation to participate in the workshop program here.

- The Ministry of Social Affair, Veterans, and Youth Rehabilitation
- UNESCO
- UNDP
- WHO
- HI (Handicap international)
- NCDP (National Centre of Disabled Persons)
- EPC
- VIC (Veterans international Cambodia)
- UNICEF
- ADD (Action on Disability and Development international)
- CDMD
- ICRC (International Committee of Red Cross)
- PPCIL (Phnom Penh Centre for Independent Living)
- CDPO (Cambodian Disabled's People Organization)
- HHC
- CCAMH (the Centre for Child and Adolescent Mental Health)
- KT (Kroussa Thmey)
- KPF (Komar Pikar Foundation)
- Ministry of Woman Affiar
- Ministry of Industry and handicraft
- Ministry of Planning
- Ministry of Health
- Ministry of Tourism
- Ministry of Labour and vocational training
- Cambodian Red Cross
- CNCC (Cambodia National Council For Children)
- Ministry of Public and transportation
- Ministry of social affairs, Veterans, and youth rehabilitation
- Administration Rights for person with disability

We would like to express our deepest thanks for your time, and efforts to make a different change for the social inclusion in Cambodia, and for a better living of People with disabilities. Your spirit of solidarity would exist to help them surviving in a better condition, dignity, and equal rights.

Introduction

Striving for a world that is just, equitable and inclusive has long been a need and a commitment of the international community. From the 1995 World Summit for Social Development in Copenhagen, where social inclusion was affirmed to be a part of key social development goals, to current international deliberations, which call for inclusive social development and equity to be placed at the heart of the post-2015 development framework, this concern has only strengthened, gradually taking center stage of debates at all levels. The report to the UN Secretary-General recommending possible post-2015 goals, calls for inclusive social development to become one of four key dimensions of the new agenda.

The design of policy responses that meet such expectations requires a better understanding of what makes policies inclusive and how well current policies put this into practice. Improving the way data is developed, collected, analysed, stored, updated and used for effective policy making will more enable more effective contribution to the policy design and formulation, and enhanced promotion of implementation that effectively bridges research-policy-practice gaps.

The rationale of the project is to bring closer social science research and policy making, to stimulate public-driven policy innovations, and to support evidence-based and inclusive policy design in the select countries in South-east Asia. The project is developed for the direct benefit of policy communities working on inclusive policy analysis and agenda setting, including government, social science and communities, and focuses on strengthening national capacities to assess and revise social policies to increase inclusiveness and ensure the equal enjoyment of human rights by all, including the disadvantaged and vulnerable segments of population.

Social Inclusion in the Cambodian Context

The Cambodian National Strategic Development Plan 2014-2018 places significant emphasis on raising the socio-economic status of the nation's people, in particular with an emphasis on poverty reduction. The country has made significant progress in reducing poverty, including rural poverty, since the 1990s. Although social inclusion is not mentioned in the Plan, development of a social projection system, along with education, health and gender equality, make up the components of the Capacity Building and Human Resources Development sub-component.

Groups receiving attention under the Plan include "the vulnerable and poor" including homeless families, victims of trafficking and those experiencing domestic violence; children and youth; persons with disabilities; elderly; civil servants; and veterans. The emphasis on the poor and vulnerable shows that social inclusion is a priority for the government, though perhaps the terminology is new.

Actually, the term, social inclusion is a completely new concept to people here in Cambodia, as are the words used to describe it. There are many possible translations that could be used for this term in Khmer, according to the context and reflection. Because normally, legal documents in the country use technical word which originated from Khmer terms, it is very difficult to clearly communicate the concept locally, especially to groups who do not experience specific vulnerabilities. The people who do have experience of vulnerability come with many terms because we have to use it in different kinds of contexts in order to realize the meaning of the term in a range of situations. However, if we do compare them with English term, all of those words have the same meaning to what we reflect with the real usage in other documents. STo improve understanding and awareness of such technical words in Khmer, it is important that the government provides an official term defined by legal document with a supported explanation.

Social Inclusion and Disability in Cambodia

Cambodia's recent history, including war, genocide and widespread poverty, resulted in a significant number of persons with disabilities. Continuing issues with land mines, traffic and other accidents, old age, poor nutrition and rising non-communicable diseases results in the continuing vulnerabilities of the population. Persons with disabilities have not always been included in all aspects of life: sometimes due to physical restrictions, sometimes policy barriers and other times due to discrimination and lack of understanding.

The Cambodian government has made a commitment to addressing this by responding to the global agenda on persons with disabilities. The country ratified the Convention on the Rights of Persons with Disabilities in 2012, adopted the Incheon Strategy in 2013 and has been one of the first to develop a comprehensive national strategy on disability, recognising the equal rights of people with disabilities. Led by the Disability Action Council (DAC), a quasi-government organisation, the National Strategic Disability Plan (NDSP) was launched in 2014. The DAC is responsible for coordination across actors supporting disability, though the line ministries remain the mandated service providers, supplemented by many NGOs.

With a vision to ensure persons with disabilities and their families have a high quality of life, participate actively, fully and equally in society, and are included across all sectors, the NDSP 2014-2018 outlines 10 key strategic objectives. The strategic objectives cover all areas of life from health and education, through employment and participation in political life, with an emphasis on reducing poverty, ending discrimination and realising equal rights for all people.

The NDSP is designed in a very good manner with the purposes to protect the PwDs in term of promoting their dignity and rights to access as what normal people have in public. However, the problem is about the implementation of the policy themselves, and the awareness of this policy to people in public, especially, PwDS themselves whom is not really clear about how to attract the benefits from it. In addition, although the government does best to promote and disseminate this, there are still many needs to advocate, educate and explain them what they can do to provide beneficiary to them. Hence, to make it more useful, government has to put some interventions towards every organization in implementing it.

Lives of people with disability in Cambodia

The World Health Organization (WHO) and World Bank's World Report on Disability (2011) estimates that 15 per cent of the world's population have a disability of whom 2.2 per cent have very significant difficulties functioning. In Cambodia, this equates to over 2 million people with disability (difficulties functioning) and over 320,000 people with very significant difficulties. Official statistics on people with disability in Cambodia are not considered reliable.

With a predominantly Buddhist population, it is often thought that disability is seen as a result of a sin in a past life. There are however, other cultural norms that impact on people's perception of disability.

As a post-conflict country, Cambodia plays host to a number of risk factors which can lead to high prevalence of psychosocial impairments. For example, the prevalence of post-traumatic stress disorder is substantially higher than the global average. A Little is being done to address this challenge with just 0.2 per cent of the total health budget spent on mental health.

The lack of access to appropriate, quality and affordable health, rehabilitation and disability services has a significant impact on the well-being and participation of people with disability in Cambodia. The lack of early identification, intervention and support for young children with disability can reduce their ability to enter school on time and learn effectively.

Issues preventing children with disability attending school include social discrimination, lack of transport, lack of assistive devices, physical barriers, teachers' lack of skills in appropriate teaching methodologies and the need for children to help with housework. The recent Global Partnership for Education study found that 10.1 per cent of Cambodian children had a disability, with cognitive and speech impairments the most common.14 In Cambodia, children with intellectual disability and their families face significant stigma and discrimination, with very few organizations providing services and support.

People who are deaf or have a hearing impairment are particularly marginalised. It is estimated there are over 50,000 people who are deaf in Cambodia and 500,000 with hearing impairment; however just 1,800 people who are deaf have been taught sign language.

A recent Cambodian study examined prevalence of violence against women with disability compared to their peers without disability. It found that when compared to their peers without disability, women with disability: Experienced significantly higher rates of emotional, physical and sexual violence by household members (other than partners); Were considered less valuable and more burdensome within the household; Were 2.5 times more likely to require permission from a partner to seek healthcare; and, Experience higher rates of psychological distress (as a result of partner violence) and are less able to disclose family violence or seek appropriate support (often because communities/non- government organizations (NGOs) do not seek to include them in prevention/support programs).

Government and people with disability

The RGC's commitment to improving the lives of people with disability through recognition of their rights was demonstrated through ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in 2012.

Following recommendations from a National Task Force on Disability established in the early/mid 1990's, the Disability Action Committee was established in 1996 and then recognised as a semi- autonomous body by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) in 1999. At that time the name was changed to the Disability Action Council (DAC).

Following the adoption of the Law on the Promotion and the Protection of the Rights of Persons with Disabilities in 2009 (herein referred to as the 'Disability Law'), DAC became an RGC entity. This change emphasised DAC's role as the national coordination and advisory mechanism on disability.

At the time of writing, further changes to the DAC Secretariat are in train through a new Sub- Decree, including elevating the status of the Secretariat to a General Secretariat.

The Department of Welfare for Persons with Disabilities (DWPWD), within MoSVY, is the responsible entity for development of national policies and laws relating to disability and rehabilitation (i.e., the DAC Secretariat and other RGC bodies can provide input, but are not authorised to lead on policy and legislative development).

Article 46 of the Disability Law established the Persons with Disabilities Fund (a public administration institution). The Fund is now known as the Persons with Disabilities Foundation (PWDF). The PWDF is responsible for:

1. Funding services for people with disability such as health, rehabilitation, and education.

2. Promoting and enhancing the welfare of people with disability, including in particular those who are poor and who do not receive services and support; and

3. Providing loans and credits for reasonable accommodation of disability.

In 2005, the Anti- Personnel Mine Ban Conventions' Standing Committee on Victim Assistance and Socio-Economic Reintegration developed a framework to assist the most-affected countries, including Cambodia, develop victim assistance plans. The DAC started the process of the development of the National Plan of Action for Persons with Disabilities, including landmine/ERW Survivors (NPA) in 2007 and it was finalized in 2009 covering the period to 2011.

While the NPA included all people with disability, it was still guided by the framework for victim assistance as set out in the five priority areas adopted by the states parties to Anti- Personnel Mine Ban Convention: emergency and continuing medical care; physical rehabilitation; psychological and social support; economic reintegration; and laws, public policies and national planning.19 A National Disability Coordination Committee (NDCC) which comprised largely the same membership as the DAC was established to support implementation of the NPA. The 2011 review report of the NPA noted that just 12 of 27 objectives had been met.

The Disability Law provides that: "In the case of any provisions that contradict the provisions of this law, the provisions of those international treaties shall be considered as the principle provisions" (Article 49). While this positively addresses areas where the Law is not aligned to the CRPD, (for example, several references to primary prevention), or where there are gaps, (such as no mention of access to justice), the Law provides little in the way of practical guidance for how the CRPD might be implemented.

There are several key challenges facing the RGC in implementing the CRPD: The lack of clear division of roles and responsibilities for the multiple government units with disability responsibilities; □ Low levels of knowledge and experience within these Government units; Limited commitment to ensure the meaningful participation of disabled people's organizations (DPOs) and civil society organizations (CSOs); □ Challenges facing MoSVY in facilitating coordination with other Ministries (MoSVY has less resources than other Ministries); and, Relatively low levels of RGC funding for government units with disability responsibilities.

Objectives and Nature of the Social Inclusion Project

The overall objective of the project is to strengthen national capacity in Cambodia to assess and reform social policy and regulatory frameworks to increase their inclusiveness and ensure the equal enjoyment of human rights by all, including disadvantaged and vulnerable groups. More specifically, the purpose of the project is to achieve two inter-related expected results in Timor-Leste:

1. Enhanced capacity and collaboration among stakeholders in the national government, the academic community and civil society to promote inclusive public policies, both in terms of policy process and policy content; and

2. Establishment of better data practices for inclusive social policies.

Participants of the project

The project involved engagement of a group of international policy partners and the in-country partners in Cambodia. The international policy partners (see list in Appendix 3) were engaged to support and monitor the progress of policy assessment carried out by the national implementing team and the working group. International partners provided support for different components, coinciding with their area of expertise (i.e. data issues, macro and micro level assessment methodologies).

The in-country partners, led by the Disability Action Council as the National Implementing Partner, including a steering committee consisting of key DAC members and other organisations involved in supporting the disability sector, participated in a series of capacity building exercise that worked through the process of analysing social inclusion in the NDSP. As the National Implementing Partner, the DAC facilitated and coordinated the work throughout the project, and acted as the main interlocutor for the international partners. Appendix 2 provides a working list of the steering committee members.

Framework of project implementation

The collaborative effort of the national stakeholders and international partners worked through a series of exercise (common to the pilot exercises in Malaysia and Timor Leste). This framework for project implementation consisted of 5 stages:

A *Preparation stage* in which the steering committee was established.

Policy Initiation Workshop in October 2016. The aim of this workshop was to introduce the project to a wide range of disability stakeholders and provide capacity building on the need for strengthening social inclusion in policy processes.

The *Policy assessment and revision stage* took place over a period of three months (October-December 2016) during which the steering committee and the international partners engaged in the policy assessment process through a series of training workshops:

- Mid-term visit on the Analytical Framework for Inclusive Policy Design (October 2016).

- Mid-term visit on the EquiFrame and EquIPP methodologies (December 2016).

The *Conclusion Workshop/National Policy Dialogue* at which the main results of the policy revision process were presented to a broad audience of stakeholders and discussed (January 2017).

The *Follow-up* or post-project phase will focus on scaling-up, systematizing, disseminating project outputs and results, and will happen after the conclusion of the preliminary project.

Preparatory stage

Based on the policy dialogue processes carried out in 2014 and 2015 and further consultation with the key national stakeholders, the *National Disability Strategic Plan* (NDSP) was selected as focal policy for the purposes of the pilot project.

During the preparatory stage, UNESCO together with the National Implementing Partner, identified the key national stakeholders, and worked with them to prepare the ground for the Policy Initiation Workshop (project launch).

Policy Initiation Workshop Activity

The Policy Initiation Workshop themed *Promoting Social Inclusion through Public Policies in Cambodia* was the first official event of the project and was conducted over two days in October 2016 at the Tonle Bassac Restaurant II in Phnom Penh. The event was organised by the DAC in close collaboration with UNESCO. The draft program of the event is provided in Appendix 4.

This workshop convened national stakeholders to be introduced to the project concept, and for the members of the steering committee to participate in the first training sessions conducted by the international partners. The event was opened by His Excellency E M Chan Makara, Secretary-general of the Disability Action Council, with opening remarks by His Excellency KEO Remy, Secretary-general of Cambodia's Human Rights Council and welcoming remarks from Ms Anne Lemaistre, Director of the UNESCO office in Phnom Penh and representative of UNESCO to the Government of Cambodia. Over 100 people gathered for the event, including provincial representatives, government agencies responsible for disability services, civil society organisations and local UN staff working in the disability sector.

Workshop participants were introduced to UNESCO's *Analytical Framework for Inclusive Policy Design* and Trinity College Dublin's two policy assessment methodologies, *EquiFrame* and *EquIPP*. ESCAP engaged participants in discussions on data for effective inclusive policy making. Participants worked in groups to identify barriers and challenges to accessing equitable service provision for persons with disabilities in Cambodia.

Policy assessment and revision

In this next phase of the project, a participatory policy assessment process was initiated, which benefitted from sustained guidance and technical assistance from the international expert team. Mid-term meetings were organised to help support the steering committee to understand and use a range of tools available to support policy analysis. The content and outcomes of the mid-term workshops are discussed in detail in the body of the report.

The mid-term workshop preparations included translation of the key documents into Khmer to ensure that the group could engage in productive discussions and initiate the assessment process, circulation of the NDSP and related policy documents such as the *Law on the Protection and the Promotion of the Rights of Persons with* Disabilities (both available in Khmer and English) and hosting two training workshops.

Conclusion Workshop/National Policy Dialogue

The Policy Conclusion Workshop was the event of the project, allowing a wider group of stakeholders to hear and discuss the conclusions from the policy analysis work undertaken, and to jointly discuss ways in which this preliminary work could continue to move forward after the conclusion of the pilot project. The major findings of the international experts and the steering committee were presented to a broad audience of national stakeholders, policymakers, the academic establishment and the media. The workshop participants had an opportunity to discuss these findings and identify key actions for moving forward beyond the pilot stage of the project.

Again the workshop attracted a large group with over 100 at the opening and a continued presence of around 60 participants in the discussions following.

Follow-up

The project presents two key areas for follow up. The first of these is in the use of the results of the policy analysis processes to strengthen and improve the NDSP. The second is to continue to strengthen national capacity to understand social inclusion and use social inclusions tools such as those presented to improve other policies in the country. This will also be discussed in more detail in the body of the report.

Key Findings

The NDSP was analysed using three tools, each highlighting different aspects of social inclusion in the process and content of developing and implementing a policy. These were:

- EquiFrame: A framework for analysis of the inclusion of human rights and vulnerable groups in heath policies
- EquIPP - Equity and Inclusion in Policy Processes
- UNESCO's Analytical Framework for Inclusive Policy Design

The findings arising from the use of each methodology will be presented separately followed by discussion of the outcomes.

The final component of the pilot project was the development of data tool to assist policy makers integrating data need sin their policy process. To make this of wider use to on-going needs of the Cambodian government, this was contextualised within the framework of the Sustainable Development Goals, part of the government's commitment to national development.

Analytical Framework for Inclusive Policy Design

UNESCO's Analytical Framework for Inclusive Policy Design is a set of six dimensions that describe social exclusion and inclusion. The dimensions put us in the position to understand and somewhat measure social inclusion in our societies. The six dimensions explain that social inclusion and exclusion are complex issues that can only be addressed by cross-cutting, multi-disciplinary, and long-term policies.

The six dimensions of social inclusion and exclusion are:

1. **Multi-dimensional dimension:** Five dimensions in our societies determine whether an individual or group is included or excluded. This explains why there can be no single policy solution to social exclusion. Social inclusion is a crosscutting issue that seeks a multi-disciplinary approach to implement meaningful solution for the inclusion of those who living on the fringes of society.
2. **Relational dimension:** Social exclusion has negative influence on the development of an individual or group. This influence becomes measurable when one compares: (i) The level wellbeing of an individual or group in relation to the wellbeing of mainstream society, and (ii) The level wellbeing of an individual or group in relation to its individual potential.
3. **Group based or individual dimension:** Successful removal of barriers - barriers that keep individuals or groups of society from participating and enjoying the same right, freedoms and obligations as mainstream society - are best approached through a combination of group and individual interventions. Group interventions are suitable to create impact for the majority of members of society but not all. Therefore individual interventions are necessary for those who are left behind or not thoroughly attended by group interventions. Individual interventions are very time consuming and cost intensive, however have the potential to reach those who are left behind from group approaches.
4. **Dynamic dimension:** (i) **A person's inclusion status is never static.** Changing environments can (i) expose persons to new drivers of exclusion or (ii) increase or reduce the impact of existing divers of exclusion. (ii) Social inclusion is a **process** that implements **interventions** to bring

people who are at the margins of our societies back to the centre of society. (iii) Social inclusion is an Ultimate Goal: A society where all its members are included, have the same rights, same freedoms, and equitable opportunities for human development.

5. **Level and contextual dimension:** Social exclusion happens at all levels of our societies: macro level, meso level and micro level. A meaningful policy that favours social inclusion must address issues at all levels of society.
6. **Participatory dimension:** Participation of those who are excluded is crucial to achieving meaningful and effective policies. Policy makers only get first hand evidence as well as information about needs, challenges, and solutions to challenges if they consult those who are socially excluded. Therefor participation is about involving those who are excluded in the policy development, budgeting, implementation, and monitoring process.

Within the analytical framework, **markers or indicators** have been developed to measure the level of achievement of each dimension within a policy. Each maker is accompanied by a couple of design ideas for inclusive policy design.

Multi-dimensional characteristic

Situation in Cambodia

Economic processes

- Private sector has limited understating on persons with disabilities.
- Persons with disabilities cannot access bank loans to conduct business or support their living.

- The vast majority of persons with disabilities that graduated from university are not able to find job because they do not have equitable access to the labour market.
- The government has developed quotas for the employment of persons with disabilities in public and private offices. These quotas are far from being reached.
- It is very challenging for persons with disabilities to get enrolled in an internship program. Most internship programs demand in the terms of reference a healthy body, which includes the absence of a disability in the understanding of the employer.

Political processes

- The government lacks offering accessible services to persons with disabilities. Challenges include:
    - No access to welfare programs
    - No 'poverty card' for persons with disabilities that enables them to get access to social security assistance
    - Many doctors are not aware of disability related conditions and show a lack of interested in treating persons with disabilities.
- There is no supply of support materials for the inclusion of persons with disabilities. Specialised assistive devices are not available.
- Documents in Braille are not available.
- The government budgeting and spending for the inclusion of persons with disabilities is not transparent.

Social processes

- Persons with disabilities are discriminated within society. Stigma and prejudices are widespread.
- Therefore persons with disabilities are not encouraged to participate in community events. Society does not encourage them to participate.
- The local authorities do not sufficiently create awareness about persons with disabilities, their needs and possible contribution in mainstream society.
- Persons with disabilities lack access to any kind of assistance mechanisms in local communities.

Civic processes

- Persons with disabilities do not proactively seek support from the government or inform the government about their needs. This is due to the treatment they experience and the low esteem they develop.
- As a result persons with disabilities experience limited access to public services, e.g. public transport, general accessibility of public services
- Persons with disabilities have no representation in local governments.
- There is no coherent and comparable data on persons with disabilities within local governments or the national government.

Cultural processes

- There is still a widespread believe among persons with disabilities that they experience an impairment due to misdoings in previous lives.

- Children with disabilities experience less support from their parents than their peers without disabilities.
- Many parents do not send their children with disabilities to school because they fear that bullying will harm their children.
- Persons with disabilities get fewer years in education than their peers without t disabilities.
    - The law gives children the right to education except for children with disabilities.
    - Persons with hearing impairment lack access to hearing aids and Sign Language interpretation.
    - Persons who are blind to not have access to Braille books or other audio devices.
- A school will only setup a special class for children with disabilities if their number is at least five children. If the number is lower than five children with disabilities they will be rejected.

Policy markers

Is social inclusion an overarching goal?

Social inclusion is an overarching goal in the disability policy. It cover processes related to

i. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of person;
ii. Non-discrimination;
iii. Full and effective participation and inclusion in society;
iv. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
v. Equality of opportunity;
vi. Accessibility;
vii. Equality between men and women;
viii. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities;
ix. Protect the right and freedom of persons with disabilities;
x. Protect interests of the persons with disabilities;
xi. Prevent, reduce and eliminate discrimination against persons with disabilities; and
xii. Provide physical, mental and vocational rehabilitation to ensure habilitation for full and equal participation of persons with disabilities in society.

Coordination of interventions

- The DAC is the coordinating body for the implementation of the National Disability Strategic Plan 2014-2018.
- The DAC cooperates with working groups established within corresponding ministries.
- Ministries have their own way of implementing the National Disability Strategic Plan 2014-2018. This is not always in coherence with the strategic plan.
- Implementation should be better monitored. There seems to be not much implementation in the field.
- The strategic plan does not identify any body that is responsible for monitoring and evaluation of the implementation of the policy.

Public sector innovation

- The National Disability Strategic Plan 2014-2018 has not been sufficiently socialized.
- There are no plans to revise the National Disability Strategic Plan 2014-2018.
- The DAC and the Ministry of Social Affairs, Veteran and Youth Rehabilitation developed the National Disability Strategic Plan 2014-2018 with support from DFAT.

Data collection

- There exist multiple sources of data on disability but such data suffer from inconsistency in definitions and lack of analysis an dissemination.
- Public sector collects data about veterans but not about persons with disabilities in general.

Relational character

Situation in Cambodia

- The government has a clear policy on the employment of persons with disabilities:
    - Public offices must recruit at least 2% persons with disabilities of their entire work force.
    - Private companies must recruit 1 %.
- Ministries would like for persons with disabilities to apply for jobs but they have no means to accommodate their needs.
- Persons with disabilities and other people have religious, political and economic rights and freedom as well as access to support. The government does not forces them into religious or political believe of any kind.
- There are no educational services for children with disabilities.
- The government has not developed and enforced guidelines on accessible design and construction.
- Necessary support services for persons with disabilities are not available.
- Many persons with disabilities are living in poverty.

Policy markers

Opportunities for those who are excluded

The ten strategic objectives of the strategic plan have the potential to have a huge impact on the lives of persons with disabilities.

- Strategic Objective 1: Employment
- Strategic Objective 2: Heath services including physical and mental rehabilitation
- Strategic Objective 3: Access to justice
- Strategic Objective 4: Freedom, security and disaster risk reduction
- Strategic Objective 5: Education
- Strategic Objective 6: Freedom of expression
- Strategic Objective 7: Culture, religion, and sport
- Strategic Objective 8: Accessible environments and transportation
- Strategic Objective 9: Gender equality
- Strategic Objective 10: Cooperation from international to sub-national level

Provision of and access to services

- There are no specialised services for persons with disabilities.
- Mainstream services are not accessible.

Redirection of resources

- Programs for the inclusion of persons with disabilities are underfinanced.
- There is strong stigma and prejudices within mainstream society towards persons with disabilities.

Relation between mainstream and socially excluded

- There is no dialogue between mainstream society and persons with disabilities.
- Mainstream laws do not respect the rights and needs of persons with disabilities.
    - E.g. children with disabilities do not have the right to education according to the education law.

Group based and individual character

Situation in Cambodia

- Individual interventions are limited, because service providers do not know how to provide individual interventions.
- Individual interventions have a discriminatory character because they are based on faith or political views.
- Persons with disabilities often choose to isolate themselves because of stigma, prejudices and bullying in mainstream society.
- Many INGOs support persons with disabilities. These INGO do not work with the government and do not share information.

Policy markers

Discussing risks for exclusion – traditionally excluded groups and individual characteristics

The strategic plan promotes the establishment of disability prevention programs through maternal health care and follow-up medical services.

Detection and removal of institutionalised drivers of exclusion

The policy has a crosscutting issue of making government services more accessible and reducing stigma and prejudices in society at all levels.

Bread and depth of interventions

The strategic plan consists of 10 strategic objectives:

- Strategic Objective 1: Employment
- Strategic Objective 2: Heath services including physical and mental rehabilitation
- Strategic Objective 3: Access to justice
- Strategic Objective 4: Freedom, security and disaster risk reduction
- Strategic Objective 5: Education
- Strategic Objective 6: Freedom of expression
- Strategic Objective 7: Culture, religion, and sport
- Strategic Objective 8: Accessible environments and transportation
- Strategic Objective 9: Gender equality
- Strategic Objective 10: Cooperation from international to sub-national level

A list of government bodies from national to sub-national level has been assigned for the implementation of each strategic objective.

Differentiated effect of the strategic plan

The policy seems to view persons with disabilities as a homogenous group with similar needs and abilities.

Interventions tailored to the needs of the excluded

There seems to be no motioning of tailored interventions.

Dynamic character

Situation in Cambodia

The ten strategic objectives of the National Disability Strategic Plan 2014-2018 set the goal of inclusion of persons with disabilities in many aspects of live:

- Strategic Objective 1: Employment
- Strategic Objective 2: Heath services including physical and mental rehabilitation
- Strategic Objective 3: Access to justice
- Strategic Objective 4: Freedom, security and disaster risk reduction
- Strategic Objective 5: Education
- Strategic Objective 6: Freedom of expression
- Strategic Objective 7: Culture, religion, and sport
- Strategic Objective 8: Accessible environments and transportation
- Strategic Objective 9: Gender equality
- Strategic Objective 10: Cooperation from international to sub-national level

A detailed action plan to coordinate and monitor the implementation of the National Disability Strategic Plan 2014-2018 under formulation and is not yet available .

Policy markers

Policies must consider the historical causes for exclusion

- The policy does not address and examine historical or traditional reasons for social exclusion.

Policies must be long-term

The policy is for a five 5 year term.

Policies must have pro-active preventive early intervention mechanisms as well as reactive mechanisms

The policy focuses on reactive mechanisms.

Level and contextual character

Situation in Cambodia

Individual and family level

- Persons with disabilities have low self-esteem.
- Nobody encourages persons with disabilities to do anything.
- Parents of children with disabilities are over protective.

- Families are ashamed of their members with disabilities.
- Persons with disabilities are being hidden by their family members.
- Children with disabilities do not get the same opportunities as their siblings without disabilities:
    - Financial, money is spent on development of children without disabilities.
    - Children with disabilities are overlooked in inheritance situations.

Meso level / neighbours

- Neighbours do not appreciate persons with disabilities within the neighbourhood.
- Many prejudices.
- Village activities do not include persons with disabilities.

Macro level

- Laws, policies and international laws that have been adopted.
- International organizations are active in Cambodia.
- There is a need for a national regulation to control budget spending.

Policy markers

Coordination and coherence on all levels

Each of the ten strategic objectives includes a list ministries and government agencies on all levels to implement it.

Regional coordination and cooperation

Strategic objective 10 focuses on cooperation from international to sub-national level.

Participatory character

Situation in Cambodia

There seems to be no participation in development, planning, budgeting, implementation and monitoring of the National Disability Strategic Plan 2014-2018 from persons with disabilities.

Policy markers

Meaningful participation

One of the three overall goals of the strategic plan is to empower persons with disabilities in decision-making and political life.

Transition towards full and regular participation of the excluded

The DAC seems to be the body through which persons with disabilities can achieve regular participation.

EquiFrame and EquIPP

EquiFrame Analysis


EquiFrame provides a standardized formulation and measurement tool to develop and analyze public policies within a human rights framework (Amin et al 2011, Mannan et al, 2014): it assesses the extent to which 21 pre-defined Core Concepts (CCs) of human rights (Table 1) and 12 Vulnerable Groups (VGs) (Table 2) are incorporated in public policy documents (see Mannan et al, 2014). An EquiFrame analysis is a structured content analysis, documenting how many and how often Core Concepts and Vulnerable Groups are explicitly mentioned within a given policy document. As such, EquiFrame permits rating the inclusiveness of policy content.

EquiFrame was designed, in a first instance, to assess health policies. As an analytical tool, however, its application is not limited to the health realm; EquiFrame is applicable to social polices and may be adapted to many different policy areas, political and cultural contexts. EquiFrame is a flexible analysis tool, in that Vulnerable Groups (VGs) and Core Concepts (CCs) may be added or removed depending on a particular context and the policy under consideration. EquiFrame has been used to assess a variety of policies within a number of settings, including national disability policies (MacLachlan et al, 2016).

Table 1: EquiFrame Core Concepts, Key Questions and Key Language (Mannan et al, 2014)

No.	Core Concept	Key Question	Key Language
1.	Non-discrimination	Does the Policy support the rights of vulnerable groups with equal opportunity in receiving health care?	Vulnerable groups are not discriminated against on the basis of their distinguishing characteristics (i.e. Living away from services; Persons with disabilities; Ethnic minority or Aged).
2.	Individualized services	Does the Policy support the rights of vulnerable groups with individually tailored services to meet their needs and choices?	Vulnerable groups receive appropriate, effective, and understandable services.
3.	Entitlement	Does the Policy indicate how vulnerable groups may qualify for specific benefits relevant to them?	People with limited resources are entitled to some services free of charge or persons with disabilities may be entitled to respite grant.
4.	Capability-based services	Does the Policy recognize the capabilities existing within	For instance, peer-to-peer support among women- headed households or

No.	Core Concept	Key Question	Key Language
		vulnerable groups?	shared cultural values among ethnic minorities.
5.	Participation	Does the Policy support the right of vulnerable groups to participate in the decisions that affect their lives and enhance their empowerment?	Vulnerable groups can exercise choices and influence decisions affecting their life. Such consultation may include planning, development, implementation, and evaluation.
6.	Coordination of services	Does the Policy support assistance of vulnerable groups in accessing services from within a single provider system (inter-agency) or more than one provider system (intra-agency) or more than one sector (inter-sectoral)?	Vulnerable groups know how services should interact where inter-agency, intra- agency, and inter- sectoral collaboration is required.
7.	Protection from harm	Vulnerable groups are protected from harm during their interaction with health and related systems	Vulnerable groups are protected from harm during their interaction with health and related systems
8.	Liberty	Does the Policy support the right of vulnerable groups to be free from unwarranted physical or other confinement?	Vulnerable groups are protected from unwarranted physical or other confinement while in the custody of the service system/provider.
9.	Autonomy	Does the Policy support the right of vulnerable groups to consent, refuse to consent, withdraw consent, or otherwise control or exercise choice or control over what happens to him or her?	Vulnerable groups can express “independence” or “self-determination”. For instance, person with an intellectual disability will have recourse to an independent third party regarding issues of consent and choice.
10.	Privacy	Does the Policy address the need for information regarding vulnerable groups to be kept private and confidential?	Information regarding vulnerable groups need not be shared among others.
11.	Integration	Does the Policy promote the use of mainstream services by vulnerable groups?	Vulnerable groups are not barred from participation in services that are provided for general population.
12.	Contribution	Does the Policy recognize that vulnerable groups can be productive contributors to society?	Vulnerable groups make a meaningful contribution to society.
13.	Family resource	Does the Policy recognize the value of the family members of vulnerable groups in addressing health needs?	The policy recognizes the value of family members of vulnerable groups as a resource for addressing health needs.
14.	Family support	Does the Policy recognize that individual members of vulnerable groups may have an impact on the family members, requiring additional support from health services?	Persons with chronic illness may have mental health effects on other family members, such that these family members themselves require support.
15.	Cultural	Does the Policy ensure that services	i) Vulnerable groups are consulted on

No.	Core Concept	Key Question	Key Language
	responsiveness	respond to the beliefs, values, gender, interpersonal styles, attitudes, cultural, ethnic, or linguistic aspects of the person?	the acceptability of the service provided ii) Health facilities, goods and services must be respectful of ethical principles and culturally appropriate, i.e. respectful of the culture of vulnerable groups
16.	Accountability	Does the Policy specify to whom, and for what, services providers are accountable?	Vulnerable groups have access to internal and independent professional evaluation or procedural safeguard.
17.	Prevention	Does the Policy support vulnerable groups in seeking primary, secondary, and tertiary prevention of health conditions?	/
18.	Capacity building	Does the Policy support the capacity building of health workers and of the system that they work in addressing health needs of vulnerable groups?	/
19.	Access	Does the Policy support vulnerable groups – physical, economic, and information access to health services?	Vulnerable groups have accessible health facilities (i.e., transportation; physical structure of the facilities; affordability and understandable information in appropriate format).
20.	Quality	Does the Policy support efficiency by providing a structured way of matching health system resources with service demands in addressing health needs of vulnerable groups?	Vulnerable groups are assured of the quality of the clinically appropriate services.
21.	Efficiency	Does the Policy support efficiency by providing a structured way of matching health system resources with service demands in addressing health needs of vulnerable groups?	/

Table 2: Vulnerable Group Definitions (Mannan et al, 2011)

Vulnerable Groups	Definition
Limited Resources	Referring to poor people or people living in poverty
Increased risk for Morbidity; Ischaemic heart disease, LRTI, CVD, Perinatal conditions, COPD, Diarrhoeal Disease, TB, HIV/AIDS, RTA, Self- inflicted harm.	Referring to people with one of the top 10 illnesses, identified by WHO, as occurring within the relevant country
Mother- Child Mortality	Referring to factors affecting maternal and child health (0-5 years)
Women-headed Households	Referring to households headed by a woman
Children (with Special Needs)	Referring to children marginalized by special contexts, such as orphans or street children
Aged	Referring to older age

Vulnerable Groups	Definition
Youth	Referring to younger age without identifying gender
Ethnic Minorities	Referring to non-majority groups in terms of culture, race or ethnic identity
Displaced Populations	Referring to people who, because of civil unrest or unsustainable livelihoods, have been displaced from their previous residence
Living away from Services	Referring to people living far from health services, either in time or distance
Suffering from Chronic Illness	Referring to people who have an illness which requires continuing need for care
Disabled	Referring to persons with disabilities, including physical, sensory, intellectual or mental health conditions, and including synonyms of disability

Scoring

In order to evaluate policies within a human rights framework, EquiFrame uses a particular scoring system. Core Concepts referenced within policy documents are rated on scale from 1 to 4, with the score indicating the quality of commitment to individual core concepts. As such, a CC receives a score of:

1 if the concept was only mentioned;

2 if the concept was mentioned and explained;

3 if specific policy actions can be identified in relation to a CC;

and 4 if the policy specifies an intention to monitor a Core Concept.

If a Core Concept was not deemed relevant to the policy under consideration, it is marked as non-applicable. The number of VGs identified in the document yield a score for Vulnerable Group coverage.

The 4 summary indices of EquiFrame are outlined below:

Core Concept Coverage: A policy is examined with respect to the number of Core Concepts mentioned out of the 21 Core Concepts identified; and this ratio is expressed as a rounded-up percentage. In addition, the actual terminologies used to explain the Core Concepts, within each document, are extracted to allow for future qualitative analysis and cross-checking between raters.

Vulnerable Group Coverage: A policy is examined with respect to the number of Vulnerable Groups mentioned out of the 12 Vulnerable Groups identified: and this ratio is expressed as a rounded-up percentage. In addition, the actual terminologies used to describe the Vulnerable Groups were extracted to allow for qualitative analysis and cross-checking between raters.

Core Concept Quality: A policy is examined with respect to the number of Core Concepts within it that were rated as 3 or 4; that is, as either stating a specific policy action or intention to monitor that action. When several references to a Core Concept are found to be present, the top quality score received is recorded as the final quality scoring for the respective Core Concept. Each document is given an Overall Summary Ranking in terms of being of Low, Moderate or High standing according to the following criteria:

(i) High = if the policy achieved ≥50% on all of the three scores above.

(ii) Moderate = if the policy achieved ≥50% on two of the three scores above.

(iii) Low = if the policy achieved <50% on two or three of the three scores above.

Results

The Working Group was divided into four groups, and each group was asked to analyze 8 pages of the Khmer version of the strategic plan. Participants did not carry out a full analysis and were only asked to identify the number of times each core concept was mentioned; participants did not rate the core concept quality.

The groups then presented their analyses and the counts for individual Core Concepts were added. The results from the Working Group analysis are presented in Table 3.

Table 3: Results from the EquiFrame analysis

No.	Core Concept	Key Language of the National Disability Policy	Analysis frequency count	Working Group frequency count	Analysis Quality rating	CC mentioned in relation to Vulnerable Groups
1	Non-discrimination	"Monitor activities to reduce discrimination against persons with disabilities" (p.37; section M&E)	6	21	4	Girls with disabilities (10); women with disabilities (1)
2	Individualized Services	0	0	13	0	No specific groups identified
3	Entitlement	**"**Encourage persons with disabilities to create self-employment such as jobs in agri-business; small, medium and large business, individual or collective businesses through providing loans at low or zero interest rate; concessions for employment or through provision of tax reduction and other legal incentives according to the law" (p. 12, point 1.7); "promote delivery of policy on support for persons with disabilities who have severe disabilities, are very poor and have no support; access to rehabilitation	13	19	3	Persons with disabilities who have severe disabilities (1); very poor (1); those with multiple, extensive and diverse disabilities (1); women with disabilities (1); young girls with disabilities (1)

No.	Core Concept	Key Language of the National Disability Policy	Analysis frequency count	Working Group frequency count	Analysis Quality rating	CC mentioned in relation to Vulnerable Groups
		services at government facilities including provision of cash support for food during rehabilitation, cash disbursement and cash to cover the cost of transportation to the rehabilitation facilities" (p.15, point 2.5)				
4	Capability Based Service	"Persons with disabilities and children with disabilities have sufficient capability to overcome constraints on their own, it is therefore their inclusion across all sectors based on the principle of equal rights that will improve the quality of their life and the lives of their families" (p.4, Section 5 – Strategic framework)	1	1	1	PwDs (1) and children with disabilities (1)
5	Participation	"Promote the participation of persons with disabilities to vote … ensure that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use for persons with disabilities" (p.22, point 6.1 & 6.3)	8	12	1	Children (2)
6	Coordination of Services	"Enhance coordination for the disability sector at the national and subnational levels" (p. 33); "All relevant ministries and institution will be asked to consider links with other sectors when developing their action plans, and the Secretariat General of DAC will provide dedicated support to review these links" (p.36, Building on	3	11	3	No specific groups identified

No.	Core Concept	Key Language of the National Disability Policy	Analysis frequency count	Working Group frequency count	Analysis Quality rating	CC mentioned in relation to Vulnerable Groups
		sectoral ministries and institutions strategy)				
7	Protection from Harm	"Ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters" (p.18, point 4.2)	5	7	1	No specific groups identified
8	Liberty	"Ensure the protection of persons with disabilities; that they are not deprived of their liberty unlawfully or arbitrarily and that any deprivation of liberty is in conformity with the law and that the existence of a disability shall in no case justify a deprivation of liberty" (p.18, 4.1)	2	4	1	No specific groups identified
9	Autonomy	"Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of person" (p.4, point 5.1)	3	4	1	No specific groups identified
10	Privacy	"Ensure the protection of the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation and to stand for elections" (p. 22, point 6.4)	1	3	1	No specific groups identified
11	Integration	"Encourages all Development Partners (DPs) to include persons with disabilities in their development projects aimed at integrating persons with disabilities in the national and	1	3	1	No specific groups identified

No.	Core Concept	Key Language of the National Disability Policy	Analysis frequency count	Working Group frequency count	Analysis Quality rating	CC mentioned in relation to Vulnerable Groups
		international community" (p.2, point 5)				
12	Contribution	"An encouragement an obligation to all ministries, institutions, private sector, and NGOs to employ and utilize the potential presented by persons with disabilities in their respective actions" (p.2, point 5)	1	3	3	No specific groups identified
13	Family Resource	"provide training to families whose members are disabled, persons with disabilities and volunteers on methodologies of care-taking and rehabilitation for specific types of disabilities to enable persons with disabilities and their families in the rehabilitation of persons with physical and mental disabilities" (p.14, point 2.2)	1	0	3	No specific groups identified
14	Family Support	"The Persons with Disabilities Foundation is also an institution to promote and enhance the welfare of persons with disabilities, particularly … the families of poor persons with disabilities who are dependent on the person with disabilities" (p.9; section the Persons Disability Foundation)	3	1	3	Families of poor persons with disabilities (1); families themselves as vulnerable group
15	Cultural Responsiveness	0	0	1	0	No specific groups identified
16	Accountability	"The framework provides an approach for measuring to what extent resources have been efficiently and effectively used to achieve the targets set in policies	1	4	3	No specific groups identified

No.	Core Concept	Key Language of the National Disability Policy	Analysis frequency count	Working Group frequency count	Analysis Quality rating	CC mentioned in relation to Vulnerable Groups
		and action plans, thus improving accountability towards the public, state institutions, civil society and development partners" (p.38, Section 8.1 – bullet point 2)				
17	Prevention	"Increase the number of health and rehabilitation specialists through provision of technical primary and continuing education, and enhance knowledge on use of assistive devices and include the necessary parts at every hospitals, health centres, private clinics and rehabilitation centres etc in order to prevent patients from becoming disabled" (p. 14); "increase availability of assistive devices and technologies for persons with disabilities in preparing for and responding to disasters" (p.19; 4.5)	3	22	3	No specific groups identified
18	Capacity Building	"Promote appropriate training for those working in the field of administration of justice, including police and prison staff" (p.17); "provide disability-inclusive training for all relevant service personnel including persons with disabilities for disaster risk-reduction" (p. 18, point 4.4)	7	8	3	No specific groups identified
19	Access	"Increase prioritization of jobs and create reasonable accommodation for persons with disabilities to access employment through promotion of	27	5	4	Women with disabilities (1); girls with disabilities (1); older persons

No.	Core Concept	Key Language of the National Disability Policy	Analysis frequency count	Working Group frequency count	Analysis Quality rating	CC mentioned in relation to Vulnerable Groups
		implementation of the Sub-decree on employment of persons with disabilities in government ministries and institutions" (p.12; point 1.9)				with disabilities (1); children (2)
20	Quality	"Develop minimum standards or guidelines for the accessibility and services open or provided to the public, including religious, markets, health, recreational, parking, toilets and other facilities to be modified to facilitate access by persons with disabilities" (p.26; 8.1)	1	5	3	No specific groups identified
21	Efficiency	"The framework provides an approach for measuring to what extent resources have been efficiently and effectively used to achieve the targets set in policies and action plans" (p.38; section 8.1 bullet point 3)	2	12	4	No specific groups identified

The results from the two analysis were markedly different; the Working Group for example encountered the concepts of "non-discrimination" and "individualized services" 21 and 13 times respectively, whereas the second analysis counted "non-discrimination" 6 times and found the concept of "individualized services" to be entirely absent from the NDSP. Similarly, the core concept of "access" was encountered 27 times by the junior consultant, yet only 5 times by the Working Group. The frequency was discordant for 20 Core Concepts in total; only in relation to "capability based service", did both analyses find the number of references match. Given the large difference between the analyses, the Core Concept Coverage was not calculated as rounded-up percentage.

Discussion

Potential explanation for the differences in scores

Given that the dissimilarity of scores was so pronounced, a discussion ensued to understand why this had happened. For one, the Working Group performed the analysis on the Khmer version of the strategic plan whilst the second analysis by the consultant was performed on the English version of the plan. Given that the translation from English into Khmer (and vice versa) was not a literal translation, naturally such differences would arise. Moreover, participants made the point that many of the Core Concepts did not

exist as such in Khmer and had to be added to the vocabulary. Participants highlighted that this made it difficult to recognize certain concepts. Similarly, participants noted that many government departments have their own vocabulary, with many words similar or equivalent to many of the Core Concepts. The Khmer translation of the EquiFrame tool, however, prompted participants to look for very different content. Lastly, given that participants were not as familiar with the use of EquiFrame, they felt that they may have misinterpreted sections of the strategic plan and they may not have been as strict in their analysis.

Vulnerable Group Coverage

The Working Group and the consultant identified the same number of vulnerable groups in relation to individual Core Concepts. The Vulnerable Groups identified in the NDSP are outlined in the last column of Table 3. Many of the groups identified in the analysis did not exactly correspond to the original groups presented in EquiFrame. Examples include 'women with disabilities' and 'those with multiple, extensive and diverse disabilities'. Given that these groups were specifically referenced in the NDSP, they were identified as vulnerable groups for the purpose of analysis. The group concluded that in a revision of the NDSP, the number of Vulnerable Groups should be revaluated and consideration should be paid to the inclusion of additional groups specific to the Cambodian context.

The group identified the following additional vulnerable groups, as they should be acknowledged in the Cambodian context.

Table 4. Vulnerable groups in Cambodia

LGBT	Orphans	Street children
Children using illegal drugs	Children whose parents move abroad for employment	Young girls
Women with disabilities	Abused or exploited children	Prisoners (in crowded conditions)
Elderly	Elderly people who survived the war	People living in rural areas
People living on the border	Especially older people and their children who live abroad	People in debt
Soldiers at the border	Veterans	Rural areas

It is essential to adapt the list of Vulnerable Groups to the context within which it is being used. In a discussion on intersectionality of vulnerabilities, the group acknowledged that people with disabilities who also belonged to other vulnerable groups may be further disadvantaged in society.

Equity and Inclusion in Policy Processes (EquIPP)

Participants worked with the EquIPP instrument to identify barriers and facilitators to the promotion of equity and inclusion for people with disabilities in policy processes. This allowed gaining a more in depth understanding of the feasibility of implementation of the 17 Key Actions in the Cambodian context. This information is summarized and included in the EquIPP analysis of the NDSP.

EquIPP: a brief overview

EquIPP (Equity and Inclusion in Policy Processes) is a framework for an inclusive policy process, developed to support policies promoting equity and inclusion (Huss & MacLachlan, 2016). An inclusive policy process creates experiences of inclusion for vulnerable groups who usually remain marginalized in policy processes; it does this by according them a more central role in policy processes, to ensure that their interests and concerns are adequately represented throughout such processes. EquIPP is an inventory of 17 Key Actions (KAs) and forms a blueprint for an equitable and inclusive policy process. It is concerned with the formulation, planning and budgeting, implementation, monitoring and evaluation as well as the dissemination of policies. All 17 Key Actions and a brief description for each are outlined in Annex 2. EquIPP also functions as an assessment tool to evaluate the inclusiveness of the policy process overall.

Scoring

A 7-point scale was developed to rate the level of engagement with the 17 Key Actions presented above. The assessment can be conducted in 'real time' as processes unfold, or retrospectively. For the purpose of this analysis, the highest possible score is 5 as Process and Outcome evaluations were not performed. The associate consultant (TCD) assigned the initial scores.

Table 5: Policy Engagement Key Action Scale (PEKAS) (Huss & MacLachlan, 2016)

	Rating
Absent – no evidence it has been considered	0
Recognition – evidence of awareness but no associated action	1
***Minor* action** – evidence of token or minimal efforts to engage	2
***Moderate* action** – evidence of clear but incomplete or partial engagement	3
***Comprehensive* action** – evidence that all reasonable steps to engage have been taken	4
Policy evaluation – reference to Key Action in core document(s) [1]	5
Process Evaluation – evidence gathered from diverse stakeholders of satisfaction with the process of engagement [1]	6
Outcome Evaluation - evidence gathered from diverse stakeholders of satisfaction with the outcomes of engagement [1]	7

1 **Score at a higher level assumes fulfillment of lower level requirements**

It was difficult to conduct a full EquIPP analysis as crucial documentation does not exist or could not be retrieved, despite the fact that the Strategic Plan makes reference to these documents. Participants at the workshop provided anecdotal information to supplement and support the analysis. All evidence was reviewed and summarized. The scores assigned as part of the analysis below are preliminary and should be reviewed by the Working Group to ensure agreement with the scores. The next section discusses the findings from a preliminary analysis applied to the National Disability Strategic Plan (2014-2018), and integrates evidence

on the barriers and facilitators to the implementation of the 17 EquIPP KAs.

EquIPP Findings

Key Action 1: Score 5

Evidence

The process of developing the National Disability Strategic Plan 2014-2018 (NDSP) relied on a consultative and participatory process. In fact, in the strategic plan, the consultation process that took place is outlined on page 2 and 3 of the plan.[1] Efforts were made to engage civil society and particularly people with disabilities in the development of the NDSP. As such, two regional consultative workshops were held; in November 2013, workshops were held in Siem Reap and Sihanouk Ville. A national consultative workshop was organized in the capital Phnom Penh in December 2013, and representatives of different ministries, civil society organizations, and persons with disabilities attended this meeting. Additional consultative meetings were held to finalize the Strategic Plan.

Barriers and Facilitators

While the process of developing the NDSP appears to have been participatory in nature, the members of the Working Group felt that in general the barriers to participation in policy making pertained to the fact that oftentimes the information on opportunities for participation are not disseminated properly. Persons with disabilities (PwDs) and other marginalized groups remain unaware about many policy dialogues underway. Similarly, the Working Group noted that members of vulnerable groups might be discouraged from participating for fear of further discrimination. The Working Group felt that education, additional training and cooperation with local authorities could motivate members of vulnerable groups to join policy dialogues.

Process consideration	**Description of engagement**	**Level of policy engagement**
Key Action 1: Set up inclusive and participatory mechanisms	2 regional consultative workshops 1 national consultative workshop additional consultative workshops (as outlined in the NDSP on p.2-3)	Evidence that all reasonable steps to engage have been taken + reference to Key Action in core document

Key Action 2: Score 3

Evidence

Through the Disability Action Council (DAC), PwDs are well represented in the Cambodian government structure. The role of DAC is limited to the provision of technical advice, and assistance with the implementation as well as the monitoring and evaluation of the NDSP. The strategic plan also specifies

[1] The page numbers referenced in this activity report relate to the English version of the NDSP and do not correspond to page numbers in the Khmer version of the Strategic Plan.

that DAC may propose revision of the strategic plan. It is unclear, however, when such revisions can be proposed and whether they must be acted upon and by whom.

According to a sub-decree to the Law on the Protection and Promotion of the Rights of Persons with Disabilities, issued by the Cambodian government, "at least 2% of the public sector workforce, including schools, hospitals and government departments with more than 50 employees, should be comprised of people with disabilities" (South East Asia Globe, 2016). The Working Group repeatedly cited this intervention as crucial to empowering PwDs within decision-making and policy processes more generally. It would appear that this target is close to being met in Phnom Penh, though progress has been very slow in provincial areas (South East Asia Globe, 2016). The sub-decree specifies that the Disability Rights Administration (DRA) will impose fines on bodies failing to implement the 2% quota. To date, however, no such fines have been imposed, thereby weakening this specific provision.

Barriers and Facilitators

The Working Group felt that the barriers to KA2, and more meaningful participation in general related to a widespread reluctance of PwDs (and indeed other marginalized groups) to participate in workshops or training unless certain benefits are provided. Similarly, the group noted that participation is often inconsistent; key individuals selected or invited to participate and represent certain interests often do so by proxy. Similar to KA1, the Working Group felt that PwDs could access decision-making structures if they also had access to education and training, and through advanced cooperation with local authorities.

Process consideration	Description of engagement	Level of policy engagement
Key Action 2: Ensure the highest level of participation	PwDs are represented through DAC at national and regional level 2% quota for PwDs in public sector employment is not always met	Evidence of clear but incomplete or partial engagement

Key Action 3: Score 3

Evidence

Strategic Objective 10 is entirely devoted to matters of cooperation, between disability stakeholders at the international, national and sub-national levels. DAC is responsible for the overall coordination of the policy, and tasked to support ministries in building links with other relevant sectors. Moreover, the NDSP states that "government institutions will be encouraged to engage all relevant partners in the development of their action plans and to identify partnerships in implementing their action plans" (p.36).

Various ministries indicated that they worked or consulted with DAC and a variety of NGOs in developing action plans or disability related activities. Similarly, NGOs present at the workshop indicated that they worked with various line ministries in developing and implementing disability related activities.

Barriers and Facilitators

The Working Group noted that ministries and other relevant sectors were currently not very cooperative, nor were they engaged in a manner that would allow the disability agenda to move forward. Similarly, the group noted that ministries did not provide enough support or training that would allow staff to better understand how to cooperate with other actors. The group felt that there should be repercussions for ministry staff and heads of departments when they failed to attend inter-ministerial meetings.

Process consideration	Description of engagement	Level of policy engagement
Key Action 3: Strengthen cross-sectoral cooperation	Awareness of the importance of partnerships and promotion of partnerships in NDSP Evidence that cross-sector cooperation occurs to some extent	Evidence of clear but incomplete or partial engagement

Key Action 4: Score 3

Evidence

The DAC is represented at provincial and municipal levels throughout the country. In fact, the Strategic Plan states that "DAC at municipal and provincial levels and Disability Action Working Groups (DAWG) in line ministries and institutions have the roles and duties to assist the DAC to achieve its mandate stated above" (p. 8). The specific roles and responsibilities of DAC at these lower levels remain unclear. DAC at lower levels and DAC at central level meet once or twice a year.

The Strategic Plan states that "at the sub-national administration levels, guidelines on development in the context of disability inclusiveness were launched in July 2014, under the leadership of DAC" (p.35). These guidelines include recommendations on collaborations at the sub-national level pertaining to the access of technical expertise on disability. While these guidelines do not seem to be publically available, their development would nonetheless suggest awareness of the importance around KA4.

Barriers and Facilitators

The Working Group noted that a lack of communication between the different levels of government constitutes a big impediment in terms of intergovernmental cooperation. Similarly, the group noted that the partnerships are in flux, which again, renders inter-governmental cooperation difficult. Generally little is known on whether and how different levels of government work together and this is evidenced by the lack of activity reports.

The Working Group was concerned about the absence of communication between various levels of government and saw this as impeding the promotion of the disability agenda. Similarly, they felt that a lack of sustainability or consistency weakened any partnership frameworks. Moreover, the group noted that the lack of reporting on intergovernmental activities is a testimony to the difficulties faced in implementing KA1. The group felt that communication between various levels of government could be facilitated if a specific budget was made available for this very purpose.

Process consideration	Description of engagement	Level of policy engagement
Key Action 4: Strengthen inter- governmental cooperation	DAC operates at central and provincial levels Guidelines for disability inclusion Non-continuous partnerships	Evidence of clear but incomplete or partial engagement

Key Action 5: Score 2

Evidence

Whilst there are no specific references within the Strategic Plan in relation to needs-based planning, various representatives from ministries have indicated that they work with disability stakeholders in developing sectoral plans or disability related programmes. The Ministry of Health, as well as the Ministry of Education, Youth and Sport indicate that they work with NGOs and DAC. It is unclear with whom other ministries consult to inform the planning of their disability related activities.

Barriers and Facilitators

Ministry representatives on the Working Group noted that vulnerable groups or the organizations that represent them do not join discussions as frequently as planned and this, they felt, made it difficult for them to fully understand the issues and needs of PwDs. The Working Group also felt that the lack of data (particularly in rural areas) prevented ministries from accurately assessing the situation. They also lamented the lack of cooperation from local chiefs who are often suspicious of government. In terms of facilitators, the group felt that improved data collection would facilitate more targeted and better planning.

Process consideration	Description of engagement	Level of policy engagement
Key Action 5: Plan according to need	Awareness of the need for better data Anectotal evidence of engagement	Evidence of token or minimal efforts to engage

Key Action 6: Score 2

Evidence

While some ministries have produced disability action plans for inclusion in the NDSP, others have not, even though ministries are required to develop such plans. While these plans are not supposed to be stand-alone plans, they are instead supposed to be integrated "within the standard planning and management arrangements of relevant ministries and institutions" as this would ensure their consideration in budget cycles (p.36).

None of the ministries represented at the meeting had developed an action plan. Several ministries, however, noted that they were running programmes specifically aimed at PwDs and children with disabilities (Ministry of women; Ministry of Education, Youth and Sport; Ministry of Labor, Vocational Training skills; Ministry of Social Affairs, Veterans and Youth Rehabilitation), but that such programme based activities were not formally part of an action plan.

Barriers and Facilitators

The Working Group noted that a lack of a dedicated budget for disability related activities acted as a barrier to the fulfillment of the actions outlined in the NDSP. Similarly, members expressed that a general lack of information prevented PwDs from participating in certain programmes as they were not aware of the latter. Consequently, the group felt that by creating more awareness around the programmes of specific ministries, they could increase programme participation.

Process consideration	Description of engagement	Level of policy engagement
Key Action 6: Specify actions by which social needs will be addressed	Lack of clarity about disability programmes currently implemented by line ministries Unclear about which ministries are 'active' and which ones are not Activities not formally outlined in action plans	Evidence of token or minimal efforts to engage

Key Action 7: Score 1

Evidence

Under strategic objective 1.1 in the NDSP, ministries are encouraged "to develop policies and annual budgets to help persons with disabilities, particularly to ensure that persons with disabilities living in situations of poverty can access assistance from the State with disability related expenses" (p.11). None of the ministries present at the workshop indicated costing disability related activities; this impedes their inclusion for consideration in budget cycles.

Barriers and Facilitators

Members of the Working Group indicated that the inclusion of disability related activities in budgets is difficult, as budgets tend not to change much from one year to the next. The working group felt that it would be necessary to engage in advocacy to promote increased funding for disability related activities.

Process consideration	Description of engagement	Level of policy engagement

Key Action 7: Build equity considerations into budgets	Disability related activities are not costed No information on disability specific expenditures	Evidence of awareness but no associated action

Key Action 8: Score 1

Evidence

The NDSP specifies that "all relevant ministries and institutions will develop prioritized action plans and estimate the cost to implement the NDSP 2014-2018, with technical support from the Secretariat General of DAC" (p.35). Consequently, the NDSP foresees that disability related activities are included in the budget process. It is unclear to what extent disability related expenditures are tracked and audited.

Barriers and Facilitators

The Working Group felt that the implementation of KA8 was hindered by the fact that high-level approval was needed for the planning of any activities, which often delayed their inclusion in budget processes. Similarly, the group highlighted that much of government spending occurred without accountability. The group felt that regular reports should be produced to detail spending by relevant entities.

Process consideration	Description of engagement	Level of policy engagement
Key Action 8: Minimize gaps between real and planned budgets	No information on budget execution (disability specific expenditures) No audits have been performed	Evidence of awareness but no associated action

Key Action 9: Score 1

Evidence

The NDSP foresees that all concerned ministries and agencies develop "prioritized action plans" and that these plans are broadly aligned with relevant sectoral plans (p. 35). The Ministry of Health, the Ministry of Education, Youth and Sports, the Ministry of Labor and Vocational Skills Training and the Ministry of Social Affairs, Veteran and Youth Rehabilitation all indicated that they have a Disability Action Working Group (DAWG) within their respective ministries tasked with assisting the DAC to achieve its mandate. At the time of the meeting, it was unclear which ministry had developed a formal action plan, as outlined in the NDSP.

Barriers and Facilitators

The NDSP identifies institutions and organizations responsible for the implementation of every strategic objective included in the plan. However, the plan does not further detail specific roles and responsibilities for key implementers. Moreover, the NDSP does not set timeframes within which specific objectives and

sub-targets have to be met. The shortcoming on KA9 is further compounded by that fact that no ministries produced action plans.

The Working Group felt that the main barrier to the execution of KA9 was the complex and bureaucratic nature of Cambodian political administration. Similarly, the Working Group felt that many decision-makers remain unaware of the real situation on the ground.

Process consideration	Description of engagement	Level of policy engagement
Key Action 9: Devise a responsive and flexible implementation plan	Awareness of requirement to develop prioritized action plan Lack of timeframes within NDSP Implementation framework outlined in NDSP is not sufficiently detailed	Evidence of awareness but no associated action

Key Action 10[2]: Score

This KA is applicable to a subset of activities or objectives of the NDSP only. Given that the NDSP focuses exclusively on PwDs and disability inclusion, a targeting approach is implicit in the NDSP. Nonetheless, the Working Group felt that the implementation of this KA was hindered by a more general lack of accessibility of policy benefits, often linked to budgetary constraints.

Process consideration	Description of engagement	Level of policy engagement
Key Action 10: Adopt the most inclusive selection methodology	NA	NA

Key Action 11: Score 3

Evidence

Three of the NGOs present at the workshop indicated that they worked with ministries in implementing disability related activities. The NDSP lists individual agencies, non-governmental organizations, international organizations and donors as part of its implementation framework. As mentioned earlier, the NDSP does not list specific roles and responsibilities for individual entities.

Barriers and Facilitators

The Working Group noted that one of the barriers to KA11 pertained to the lack of coordination among implementing partners (often non-governmental organizations). They felt that differences in

[2] N.B. This KA does not apply to all sectoral strategies; it is most relevant in the instance of social assistance grants and benefits.

development philosophies linked to particular religious affiliations often means that actors on the ground work in parallel rather than with one another. Similarly, the group felt that the selection of implementing partners was a political matter and often closely related to particular financial incentives thus hindering the most appropriate implementation partners from doing their work. The group, however, felt that the role of the DAC could be crucial in working with implementing partners in various areas for the overall coordination of the policy.

Process consideration	Description of engagement	Level of policy engagement
Key Action 11: Select the most appropriate implementation partners	NDSP lists agencies and organisations as part of an implementatio framework Indications that agencies/organisations may work in paraellel rather than together	Evidence of clear but partial or incomplete engagement

Key Action 12: Score 2[3]

Evidence

The NDSP is very encouraging of partnerships between different line ministries, agencies, donors and other sectoral stakeholders. The NDSP acknowledges the importance of partnerships in meeting its objectives: "it is important to recognize that development partners, national and international NGOs, the private sector, self-help groups and other civil society groups are important actors in the implementation of NDSP 2014-2018" (p.37).

Barriers and Facilitators

The group felt that donors were in charge of implementation and that locally, implementers simply did not have the flexibility to do things by themselves. The group felt that all relevant stakeholders needed to work with or through DAC on the implementation of the policy.

Process consideration	Description of engagement	Level of policy engagement
Key Action 12: Encourage cooperation between agencies and service providers	Awareness and recognition within the NDSP of the importance and added value of partnerships for implementation	Evidence of token or minimal efforts to engage

[3] Not much information could be retrieved in relation to this KA. Reports could not be retrieved and the Working Group did not provide any examples or anecdotes warranting a higher score.

Key Action 13: Score 3

Evidence

Section 8 is dedicated to the monitoring and evaluation of the strategic objectives outlined in the NDSP. The plan specifies that disability related activities should be evaluated as part of routine M&E procedures within ministries. Furthermore, the NDSP foresees a mid-term and final evaluation of the policy; none of those evaluations had been or were scheduled to be performed at the time of the mid-term evaluation. The Secretariat General of DAC is responsible for the development of annual progress reports of the NDSP. DAC members indicated that annual progress reports have been produced and that these are informed by progress reports submitted to DAC by active ministries. At the time of the meeting it was unclear which ministries regularly submitted such reports. Similarly, the NDSP specifically outlines that "regular meetings with civil society will be organized to monitor and report on the progress of implementation of the NDSP" (p.40). It was unclear to what extent civil society had been involved for this very purpose to date.

Barriers and Facilitators

Members of the working group indicated that the lack of specific M&E budgets prevented routine evaluations of disability related activities in the framework of the NDSP. They noted that a lack in terms of technical skills for the performance of routine M&E activities also prevented comprehensive monitoring or evaluation of the NDSP. The group felt that the ministry of planning should facilitate this as the responsibility for M&E generally sits with them.

Process consideration	Description of engagement	Level of policy engagement
Key Action 13: Collect qualitative and quantitative data	Recognition of the importance of data collection for the monitoring and evaluation of various elements of the NDSP DAC produces annual progress reports Ministries regularly report to DAC on their progress	Evidence of clear but partial or incomplete engagement

Key Action 14: Score 2

Evidence

Under Section 8.3 the NDSP outlines the basic infrastructure of a data collection system, which puts the onus on all ministries with a role and responsibility in the national response on disability (p.39). Within this, the need for disaggregated data by sub-group is highlighted.

Barriers and Facilitators

The Working Group felt that at the moment, reporting was not accurate, nor timely. Similarly, much of the current reporting on elements related to the NDSP was not in response to what members of the Working Group and other relevant stakeholders deemed important. The group felt that DAC was well

positioned to coordinate the development of a data infrastructure for the purpose of monitoring and evaluation. They felt that DAC could request necessary data from relevant ministries.

Process consideration	Description of engagement	Level of policy engagement
Key Action 14: Integrate, aggregate, disaggregate and share data	NDSP acknowledges the need to disaggregate data to allow for more disability-specific monitoring of the NDSP Various ministries colllect data on PwDs, but unclear what these 'databases' contain and how they work together	Evidence of token or minimal efforts to engage

Key Action 15: Score 1

Evidence

The NDSP specifies that "a set of indicators for inclusion in the NDSP 2014-2018 will also be defined" (p.39). It was unclear whether an indicator framework has been developed or remains in the process of development. However, the fact that no evaluation/review had been undertaken at the mid-point of the policy cycle, it stands to reason that the indicator framework is not likely operational as of yet.

Barriers and Facilitators

The Working Group identified a number of barriers to implementing KA15. Specifically, the group felt that those designing indicator frameworks often do not have the necessary and relevant experience for this task. This, they felt was indicative of a more general lack in human resources and technical skill. They also felt that the everyday language of Cambodians and various cultural elements might be incompatible with the M&E culture promoted through international development. The group felt that the implementation of KA15 could be facilitated if the technical expertise could be mobilized. Similarly, the group argued that participation from a variety of stakeholders and partners would be needed in developing appropriate frameworks that would be fit-for-purpose.

Process consideration	Description of engagement	Level of policy engagement
Key Action 15: Select appropriate indicator dimensions	Recognition that indicator framework needs to be developed to monitor various elements of the NDSP It appears that the indicator framework has not been developed as of yet	Evidence of awareness but no associated action

Key Action 16: Score 2

Evidence

The NDSP specifies that the Disability Rights Administration (DRA) is responsible for the dissemination of the policy. No additional information, is however, provided as to what exactly this entails and how the information about the policy could be shared at the local level. The dissemination of the policy is also integrated into specific strategic objectives and is deemed critical to meeting several overarching objectives. Under objective 1.8, the policy states the importance for the necessity to "increase collaboration with media agencies and widely disseminate information on job opportunities for persons with disabilities through mass media". Similarly, objective 3.2 intends to "promote awareness on equal rights, freedom and personal security of persons with disabilities through disseminations of policies, laws, national plans, and regulations related to disability issues" (p.16).

Barriers and Facilitators

The Working Group noted that the dissemination of the policy remained problematic. They felt that not enough awareness-raising took place at the local level, and that PwDs were often not aware of the existence of the policy.

Process consideration	Description of engagement	Level of policy engagement
Key Action 16: Share information with policy beneficiaries	Awareness of potentially effective communication channels At a local level, PwDs are not aware of the existence of the policy and activities related to it	Evidence of token or minimal efforts to engage

Key Action 17: Score 1

Evidence

The NDSP does not provide any information on how the policy is disseminated at the provincial and local level. DAC maintains a network at the municipal level, presenting a unique opportunity to disseminate the policy at the local level.

Barriers and Facilitators

The working group noted that information about the NDSP remained at a ministerial level and was not passed down to the general public and PwDs.

Process consideration	Description of engagement	Level of policy engagement
Key Action 17: Share information with the policy community	Absence of communication plan and dissemination strategy	Evidence of awareness but no associated action

Discussion of EquIPP Findings

The mid-term meeting provided the Working Group with a summary of both assessment methodologies: EquiFrame and EquIPP. The group used the methodologies to assess the inclusiveness of the National Disability Strategic Plan (2014-2018). Albeit preliminary, the two analyses highlighted some issues for attention in the NDSP and associated processes.

In a future revision of the NDSP it would be worth referencing *additional Vulnerable Groups*, that clearly exist in Cambodia today. Moreover, the *Core Concept coverage is not sufficiently comprehensive*. It would be worth re-assessing to what extent additional concepts could be referenced within the policy document in order to render the NDSP more socially inclusive.

The EquIPP analysis demonstrated that very little consideration is currently being paid to the *dissemination of the policy*. While the policy has been in existence for a while, PwDs at the local level do not seem to be aware of this. None of the KAs scored zero, indicating an awareness of the importance of all Key Actions. KA1 was awarded a preliminary score of 5, indicating that the development of the NDSP was participative and consultative. While none of the remaining KAs scored as highly, this can be explained by the fact that *very few line ministries are actively involved* in the operationalization of the NDSP. This is further evidenced in the fact that *no progress or monitoring/evaluation reports have been produced* as of yet. Once line ministries start including disability related activities as part of their routine business, then KAs should be awarded higher scores in future analyses.

Data and statistics

Strong demands for disability-relevant data and statistics

Participants of the initiation and conclusion workshops have shared their experiences in using disability-relevant data and statistics, including the importance of reliable, timely and accurate statistics as well as the challenges they encountered. They also shared expectations of the improvements in the availability and quality of such data and statistics.

In Cambodia, requirements from disability-relevant statistics arose from mainly three sources. The first one is to inform the implementation of the National Disability Strategic Plan (2014-18). UNDP has directed and supported the drafting of a monitoring and evaluation (M&E) framework for NDSP, which is under consideration as part of the midterm review of the NDSP.

Second, Cambodia has made good progress in formulating a set of indicators for national implementation of the SDGs. A draft of such indicators has been circulated to various government agencies for review and comments. In alignment with the spirit of "leaving no one behind", it is necessary to ensure that the indicators contain disaggregation by disability status. Such indicators can be a sub-set of the indicators for the NDSP. Inclusion of disability-related disaggregation will give bring about political, institutional and financial support to efforts to improve disability-relevant data and statistics in Cambodia.

Third and last, at the regional level, the Incheon Strategy requires that countries provide baseline data in 2017. ESCAP had provided support to DAC to map out the data availability for the indicators of the Incheon Strategy and formulated an action plan to improve the availability and quality of data and statistics underpinning these indicators.

It is necessary that one harmonized plan of action is formulated to address demands from these three sources. The plan can anchor on the M&E framework for NDSP since it is the most comprehensive in the scope of issues and indicators. Therefore, DAC is the national body to coordinate and steer the development and implementation of the M&E framework, with methodological support and advice by the national institute for statistics. The leadership role of DAC in this process ensures the political and institutional support.

Multiple sources of data

The government of Cambodia, mainly through the National Institute of Statistics, has invested in efforts and resources in collecting data and statistics on disability. As a result, at present there are quite a number of reliable sources of official statistics on disability. They include: the periodic Inter-Censal Population Survey in Cambodia (CIPS 2013), Cambodian Socio-Economic Survey (CSES 2013) and the Demographic and Health Survey (CDHS 2014). The results of these surveys have been tabulated and disseminated through reports. Aside from these surveys, there is consideration of conducting a survey dedicated to disability issues.

Disability-relevant data are also collected through several administrative sources, including the Commune Database and the Cambodia Mine/ERW Victim Information System. Additional data collection

vehicles include the Cambodia Childhood Disability Survey, UNICEF Social Service Mapping Tools, Model Disability Survey, Physical Rehabilitation Centre Records, etc.

Improvements in several aspects can be made regarding the increased availability and quality of disability-relevant data and statistics. The first is harmonized definitions and methodologies. The need is highlighted by the wide range of estimates of prevalence of disability in Cambodia. For instance: disability prevalence estimates in Cambodia ranges from 2.1 percent (CIPS 2013) and 4.0 percent (CSES 2013), to 9.5 percent (CDHS 2014). On the other hand, the analysis of the Global Burden of Disease 2004 data estimates that 15.3% of the world population had "moderate or severe disability", while 2.9% experienced "severe disability." This variation partly results from the different definitions used for disability. The different estimates ultimately cause confusion among the stakeholders and could undermine the credibility of official statistics.

The second aspect of improvement can be stronger links between statistical production and dissemination on the one hand, and policy/programme formulation and implementation on the other. Part of the difficulty of having strong links is, until the time of drafting this report, the lack of a monitoring and indicator framework on disability to set the scope for statistical work. The M&E framework, once completed will provide the guide for setting such scope. The M&E framework can also be used as the link between data and policy. For the link to be established and functional, it is important that arrangements be agreed up and made regarding the roles and responsibilities of key stakeholders of the NDSP. For instance, DAC has the natural role to lead and steer the implementation of the M&E framework, while the National Institute for Statistics provide methodological and technical guidance, with other agencies providing data.

The third aspect of improvement is the formulation and implementation of a costed and budgeted plan to improve availability and quality of data and statistics. Anchoring the plan on the M&E framework of NDSP is the first step for secure its political, institutional and financial support that is required. For this purpose, it is critically important that, while discussing the M&E implementation, such details as the frequency of reporting, format and audience of reporting, etc be clarified.

The fourth aspect is increased use of existing data. Despite issues with existing data, much of such data is not analysed and interpreted. Only through using such data, will stakeholders understand their merits and constraints, and gain insights for improvements. It was suggested that a regular progress report for the NDSP be developed by drawing on existing data and statistics. The National Institute of Statistics can provide the technical and methodological leadership, with support by development partners such as ESCAP. However, DAC must provide the overall coordination and steering of this type of work.

As part of the project implementation, ESCAP is developing a toolkit to support the leadership and senior management of national statistical systems to engage key policy counterparts to identify statistical information needs to promote social inclusion. More specifically, the toolkit would address the following three issues: 1) identifying population groups and issues to target intervention to achieve social inclusion; 2) developing a monitoring and indicator set for policies and programmes that incorporate the population groups and issues for target intervention; and 3) formulating and implementing a plan of statistical production and dissemination underpinning the monitoring and indicator framework.

Enhanced partnership

Improved availability and quality of disability-relevant statistics in Cambodia would require the efforts by a multitude of stakeholders. These include the National Institute of Statistics and other government and non-government agencies engaged in the collection and dissemination of data and statistics. But they also include the policy departments whose support -- political, institutional and financial – would be key for the statistical community to fulfil its mandates. In addition, responsible use of data and statistics for evidence-based decision-making is demonstration of such commitment and support to sustained production and dissemination of high quality statistics.

The current Disability Data Group has played a very important role in promoting the awareness of various issues about disability-relevant data and statistics in Cambodia. It is important that this partnership be strengthened. For instance, there is on-going discussion on the formation of an inter-agency technical working group for disability data at the national level, which can be encouraged and supported.

Discussion and Recommendations

The outcome of the three policy analysis processes and the subsequent discussions at the national dialogue show that the NDSP is an excellent policy document that is comprehensive, well thought out and puts human rights at its centre. Social inclusion is clearly an overarching goals of the document. Some areas that were identified[4] for strengthening in the future process of policy revision are as follows:

1. Definition and identification of vulnerable groups could be strengthened
2. Differing individual needs of PWDs is not often apparent with PWDs often treated as an homogenous group
3. Need for actions to support the needs of the severely disabled
4. Limited participation of PWDs in planning, budgeting and implementation
5. Need to establish clear goals (indicators) from the outset of the project
6. Lack of clear responsibilities for each action and coordination mechanisms has resulted in uneven implementation and at times a disconnect between the plan and the implementation
7. Historical or traditional reasons for social exclusion are not examined or addressed
8. There is a focus on reactive actions
9. Strengthen targeting of actions for provincial/rural areas through both the strategy and implementation
10. Data gaps were significant at the time the NDSP was prepared and there is a need for a refined monitoring framework, together with indicators, for the NDSP and a data development plan to address this
11. Insufficient socialization of the NDSP has occurred, both with PWDs and between PWDs and wider society
12. The dissemination and understanding of the NDSP is quite limited, even within many of the partner agencies responsible for delivery of actions under the NDSP, especially new standards and guidelines such as the accessibility guidelines, which have not been widely adopted
13. The responsible agencies have not integrated the NDSP into their own ministerial/organisational strategies and action plans
14. There is a need for more specialized capacity building in the education sector to enable teachers to provider greater support to students with disabilities and their families

Numbers 1-8 are policy recommendations that can be up-taken through the next policy review process. Numbers 9-14 are recommendations about approving implementation shortcomings (though 1-9 also have some implementation relevance).

Vulnerable groups

The steering committee discussed vulnerability and agreed a list of vulnerable groups that should be included in implementation and future policy design. In addition, children of parents with disabilities have been identified as a specific group that should be covered by the NDSP.

[4] These recommendations are compiled list including from the experts, the steering group and the wider discussions at the national dialogue

Differentiation of PWDs

The needs of persons with disabilities vary greatly depending on the nature of their disability, their family situation, their socio-economic situation and the region where they live. The NDSP has the tendency to treat PWDs as one group, thus failing to recognise that these needs differ greatly. The revision of the NDSP should specifically address this.

Severely disabled

As a group within PWDs, those with severe disabilities are especially vulnerable. Their support needs are higher and often highly specialised. Many of the strategies and actions implemented to date are not specific enough to provide support to this group. The revision of the NDSP should specifically address this.

Participation of PWDs

There have been significant commitment form civil society organisations, especially DPOs to the process of developing and implementing the NDSP, however, PWDs themselves have not always been part of the process. A very inclusive process would involve PWDs at all stages of the policy cycle as well as in certain activities being implemented. This can be addressed immediately by inviting PWDs to acitivies of all types and through the policy revision process by ensuring the participation of PWDs from the beginning of the next policy cycle.

Framework for M&E

The lack of clear ways to measure success of implementation through a monitoring and evaluation framework, means it is difficult to evaluate the success of many of the policy actions. Though this is currently being addressed through the proposed M&E Framework currently under establishment in partnership with the UN, setting clear objectives at the commencement of the implementation would have been of value.

Clear responsibilities

Each of the 10 strategic objectives lists many responsible agencies (sometimes more than 10). This makes sense as each objective has relevance to several ministries and, in some cases, civil society organisations and others. This can result in no one taking responsibility for ensuring that the actions to reach the objective are being implemented. It is proposed that each objective should have a lead responsible agency. This could be identified now for the remaining implementation period but included from the beginning in a new policy cycle.

Individual actions under each strategy may also have lead responsible agencies identified. This would be especially useful where the agency responsible for a specific action is not the lead agency responsible for the overall objective.

Similarly, the mechanisms for coordination between the responsible agencies seem to have been developed only informally. The clarity around this may vary depending on how implementation has proceeded. It is recommended that the lead agency should set the coordination mechanisms and communicate it to all responsible agencies.

Historical and cultural reasons for social exclusion

In order to promote social inclusion of PWDs, it is necessary to understand when and how PWDs are being excluded. In most of the world disability was seen as a social stigma and PWDs viewed as a burden on the

family or community rather than people able to contribute to society. PWDs were often seen as less intelligent and less deserving than others.

Not different from other countries, Cambodia is also one among them to judge PwDs as unnecessary in the family and society. It is vary among the family about their perspectives towards PwDs. Some families think that PwDs is a waste of human resource to support back to the family, and they cannot do anything besides needs the support back to survive. It is very ashamed to have family members as people with disabilities, especially, the serious one or has problem with intellectual disability. Some decided to ban them from the surrounding, or just keep them isolated from their community. They have no rights to participate as like others even public services or education. In short, we can say that Cambodian People haven't got enough knowledge and understanding about disability sector yet. However, even though PwDs earn a degree, they still got discriminated by neither accepted nor recruited. PwDs is a loser already in term of comparing to normal people. So, to promote the awareness of social inclusion is very important for every PwD to claim for their benefits and rights as others because they are also human.

Reactivity

Disability is not a short term thing. It can last for a lifetime or it can affect a person at any stage during their lifecycle. Preparing support for PWDs therefore means anticipating their needs before, during and after the time when disability affects them. Strategies to prevent disability, rather than only responding to it, would be useful in the longer term to reduce the national rate of disability. Including a section in the policy on reducing disability through addressing key issues such as traffic accidents, land mine clearing and lifestyle issues that lead to debility.

Changing attitudes is also a long term process that starts with education and awareness raising, especially with children. It would be worth considering in the policy revision to include a campaign in schools to make children aware that PWDs are just like them and should be treated the same as other people. This would be part of a strategy on socialisation (as below).

Needs of provincial and rural areas

The DAC has developed a strong connection with the provincial administrations to ensure that areas outside the capital understand the NDSP and their responsibilities. The NDSP does not differentiate actions required in rural and urban areas (a policy issue) and responsible agencies have not necessarily included NDSP actions in work plans and budgets at provincial level (an implementation issue). Representatives from provincial departments of social welfare mention the lack of human and financial resources for supporting the needs of PWDs.

Data development plan

It was clear that there were a number of data gaps at the time the NDSP was prepared, and that several of these gaps still exist. This is compounded by the different definitions and concepts related to disability used by the national statistical office and other line ministries. It was proposed that in the short term the DAC should lead the finalization of the M&E framework for NDSP with technical and methodological support by the National Institute of Statistics. This should be followed by the formulation of a data development plan , in consultation with the National Institute of Statistics and other relevant agencies. The plan should anchor itself on the M&E framework. This will help in both the next policy review process (by hopefully filling the gaps early in the policy process) and in current implementation issues.

In addition, a number of longer term proposals were made including for improved data collection through the census, inter-censal population surveys, other appropriate household surveys; through integration of data from various sources; designing a specific national disability survey; and the use of other targeted research and surveys as required; as well as the development of a periodic country report on disability. In addition, the DAC may consider development of a regular progress report for the NDSP.

Socialisation

People are naturally challenged by the unknown and the unfamiliar. As many people have never met any PWDs, socialisation is needed for understanding and empathy to develop. Creating opportunities for PWDs from different backgrounds to come together to identify common issues, but also PWDs with their communities and the wider society. The UN "How Abnormal?" campaign is an example of a socialisation campaign aimed at schools and communities is a good example of how stereotypes can be challenged and addressed.

Dissemination

The NDSP does not seem to have been read widely, even by some staff from the implementing agencies. This is an on-going challenge, as the document itself is not easy for everyone to take in. Similarly products developed through implementing the plan, are often not widely known. An example is the accessibility guidelines, which were recently developed. In order to have a strong consultation progress, and ultimately to ensure the guidelines are adopted, there needs to be a concerted campaign, with targeted components for responsible agencies, and general components for the wider public. This is an on-going implementation issue that will arise throughout the life of the NDSP.

Integration in Sector Plans

As the NDSP is a strategy implemented by a large number of different agencies, most of whom have several other activities in their portfolios, it is important that their responsibility for implementation are formally recognised and included in their operational budgets. The lack of budget for adequate implementation was raised a number of times in several different contexts.

In order for each agency to integrate the implementation actions into its work plans and budgets it would be useful that each of them includes the relevant actions in their own sectoral/agency work plans. This could be done in the next annual planning cycle.

Teacher training

Central to improving the life of PWDs is improving their socio-economic opportunities through better health and education. Whilst the health sector provides some level of professional training for staff dealing with different medical aspects of disabilities, the education sector provides limited specialised professional development. Teachers and education staff are now asked to integrate children with disabilities in mainstream school settings. They may have little exposure to PWDs, have limited understanding of the limitations or learning difficulties of these children, not teaching strategies to support them. In order for the NDSP's educational objectives to me fully met, a capacity building course for teachers need to be developed and provided to teachers currently working with children with disabilities, and in the longer term, all teachers in the system.

Moving Forward

Four strategies are proposed for follow up after the following pilot project period.

UN Disability Data Group

The Disability Rights Initiative Cambodia currently has an on-going project that includes development of a Monitoring and evaluation frameworks for the NDSP. This framework will help to establish a baseline for the existing data sets and identify gaps. This will be a key requirement for the development of a data management plan. Technical support will be provided by project partners to the extent possible as well as the DRIC coordination tea, in Phnom Penh.

NDSP review and revision

The NDSP is due to be renewed in 2019, which means that the revision process should commence in 2018. The findings of this report provide recommendations on both the process of policy development/revision and on content areas for consideration in the new NDSP. The DAC should consider using aspects of social inclusion learned from the tools during the policy development process. UNESCO will be provide on-going technical support and UCD has on-going projects in Cambodia that will enable them to provide some follow up advice and support.

Addressing implementation issues

Implementing issues were raised throughout all discussions in every workshop. Some of these may be addressed through short term actions, others will require longer term planning and investment to be adequately addressed. Priority actions should be identified through the DAC's annual planning process (still underway for 2017) and included in the plan.

The United Nations Partnership on the Rights of Persons with Disabilities Multi-donor Trust Fund

Consideration should be given to developing a funding proposal under the UNPRPD in partnership with the local UN Country Team. This requires further discussion with the UN Country Team and other partners.

References

1. Amin, M., MacLachlan, M., Mannan, H., El Tayeb, S., El Khatim, A., Swartz, L, Munthalim A., van Rooy, G., McVeigh, J., Eide, A., Schneider, M. (2011) EquiFrame: A framework for analysis of the inclusion of human rights and vulnerable groups in health policies. Health & Human Rights 13 (2), 1-20.
2. DRIC (Disabilities Rights Initiative Cambodia)
3. Huss, T. & MacLachlan, M. (2016) Equity and Inclusion in Policy Processes (EquIPP): A Framework to support Equity & Inclusion in the Process of Policy Development, Implementation and Evaluation. Dublin: Global Health Press.
4. MacLachlan, M., Mannan, H., Huss, T., Munthali, A. and Amin, M. (2015). Policies and processes for social inclusion: using EquiFrame and EquIPP for policy dialogue: Comment on "Are sexual and reproductive health policies designed for all? Vulnerable groups in policy documents of four European countries and their involvement in policy development." International Journal of Health Policy Management. 4(x):1–4
5. Mannan, H., Amin, M., MacLachlan M. & the EquitAble Consortium (2014) (2nd Edition). The EquiFrame Manual: A tool for Evaluating and Promoting the Inclusion of Vulnerable Groups and Core Concepts of Human Rights in Health Policy Documents. Dublin: Global Health Press & Lyon: Handicap International (English & French).
6. National Disabilities Strategic Plan (2014-2018)
7. National Strategic development plan 2014-2018
8. South East Asia Globe (2016). http://sea-globe.com/lack-enforcement-cambodia-disabled-law/. Last accessed: 08 December 2016.
9. United Nations (2006). Convention on the Rights of Persons with Disabilities. Retrieved June 16, 2016, from http://www.un.org/disabilities/convention/conventionfull.shtml.
10. WHO and World Bank, World Report on Disability. 2011.