

Victim Assistance in Cambodia: then and now

Cambodia	1	2	3	4	5	6
According to original study						
According to LM 2002						•
According to LM 2003						•

Key Developments (LM 2002): The Cambodia Landmine Impact Survey was completed in April 2002 and revealed that nearly half of all villages are either known or suspected to be contaminated by mines or UXO. In 2001, a total of 21.8 million square meters of land was cleared, including 29,358 antipersonnel mines. In 2001, there were 813 mine and UXO casualties. Thousands of stockpiled mines continue to be discovered and destroyed.

Indicator 1: The extent to which information on mine victims' demographics and needs is available.
According to original study:

The Mine Incident Database Project (MIDP), coordinated by the Cambodian Red Cross, MAG, HI and UNICEF was started in 1996 and is integrated into CMAC's mine action database. Since end 1998, the MIDP has been issuing a Monthly Mine Incident Report. LM 2000 reports at least 1,012 people were hurt or killed by landmines in 1999, a decrease of 41% from the previous year. Most new mine incidents occurred in the provinces of Battambang (31%) followed by Banteay Meanchey (19%), Oddar Meanchey(9%), Krong Pailin(7%), Siem Reap(7%), Preah Vihear(7%) and Pursat (5%). Of the 1,012 injured in 1999, 91% were civilians. There were 417 mine casualties reported in the first five months of 2000. Information on mine victims treated at the ICRC hospital Khao I Dang (on the Cambodian border of Thailand) is fed into the ICRC War Wound Surgical Database.

The Disability Action Council (DAC) plans to use pilot studies to try to assess the number of disabled people in Cambodia, and the cause of their disability. As well, the DAC has established a Mine Victim Database to assist in the creation of provincial databases for coordination of government agencies and NGOs involved in the rehabilitation of disabled persons, including mine victims. There are also plans to establish a WHO/ICRC Strategic Framework for Planning Integrated Mine Victim Assistance Programmes in Cambodia, which would include the development of a system for the monitoring and surveillance of mine injuries.

According to LM 2002:

The Cambodia Mine UXO Victim Information System implemented by the Cambodian Red Cross (CRC) and Handicap International Belgium provides statistics on landmine incidents. Mine casualties in Cambodia decreased slightly in 2001, but people are still injured or killed at a rate of more than two each day.⁶⁰

In 2001, 813 people were injured or killed in mine/UXO incidents, a decrease of 34 (4%) from the previous year. Ninety-five percent of the casualties were civilians. Two hundred and thirty-two were children (28%), 516 were men (64%), and 65 were women (8%). Of the total, 173 people were killed and 640 were injured during 2001.⁶¹ Casualties continue to occur in 2002, with 343 killed or injured between January and April 2002.⁶²

Activities at the time of civilian mine/UXO incidents in 2001 were: tampering 39%, farming 20%, traveling 18%, collecting wood 8%, collecting food 3%, fishing 3%, herding 2% and other 7%. However, 56% of incidents involving children were caused by tampering.⁶³

The location of the mines/UXO that caused injury in 2001 were in forests 26%, in fields 16%, on roads 7%, in villages 35%, on mountains 3%, near rivers 9%, and near military bases 4%.⁶⁴ Most new mine/UXO casualties occurred in the province of Battambang (24%) followed by Banteay Meanchey (17%), Oddar Meanchey (8%), Preah Vihear (6%), Krong Pailin (7%), Kompong Cham (6%) and Siem Reap (4%). A month-by-month, province-by-province breakdown of casualties is available.

Mine/UXO Casualties in Cambodia⁶⁵

Year	Recorded Mine/UXO Casualties	Monthly Average	Every Day
1996	4,151	346 people	11 people
1997	2,170	180 people	6 people
1998	2,096	174 people	5 people
1999	1,137	95 people	3 people
2000	847	70 people	2 people
2001	813	67 people	2 people
2002 (4 mths)	343	86 people	3 people

Civilian / Military Casualties

Year	Military	Civilian
1996	60%	40%
1997	45%	55%
1998	41%	59%
1999	14%	86%
2000	7%	93%
2001	5%	95%
2002 (4 mths)	2%	98%

It is difficult to estimate comprehensively the total number of mine survivors alive today in Cambodia. However, available information suggests that from 1979 to March 2002, mines and UXO had injured or killed a total of 52,967 people. Of these casualties, 16,855 were reported as having died between January 1979 and March 2002, thus there may be around 36,000 mine/UXO incident survivors in Cambodia today.⁶⁶

In 2000, 54% of the 847 casualties were recorded as having been caused by a mine, while 46% were recorded as an incident caused by unexploded ordnance. In 2001, 51% of the 813 casualties were recorded as having been caused by a mine while 49% were recorded as being injured or killed by UXO.⁶⁷ In 2001, eight deminers were injured during clearance operations.

These figures are higher than those shown in previous Landmine Monitor Reports as data collection teams now have access to new areas and to information from survivors from earlier years.

According to SC report from Feb 2003:

In 2002, a database on people with disabilities was established and piloted. The information will include socio-economic and demographic factors.

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:

The Cambodia Disability Action Council (DAC) was established in 1997 as a national coordination body of representatives from government ministries, NGOs/IOs and interested individuals. The DAC's mission is to initiate, secure and co-ordinate the services necessary for disabled persons and to ensure their rights to equal opportunities for employment and quality of life.¹ The WHO is planning to begin working with the government during 2000 on the development of a Strategic Framework for Planning Integrated Mine Victim Assistance Programmes in Cambodia.

According to LM 2002:

CMAA is responsible for the coordination and monitoring of assistance to mine victims, however, the Authority has delegated responsibility for coordinating victim assistance activities to the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation, and the Disability Action Council, through Prakas 308/MoSALVY. The Disability Action Council is located within the Ministry of Social Action.⁸¹

The DAC's role is to bring together government, national and international agencies, business, religious groups and local communities, and people with disabilities to initiate and secure the rights and services that ensure disabled persons have equal opportunity and full participation in society. Since its establishment in 1997, DAC has consolidated a national coordinating body and focal point on disability issues for the country and internationally. However, the DAC and the Secretariat in particular, has increasingly found its capacity being stretched to the limit as it tries to respond to all the demands made on it.⁸²

The DAC's new strategic goal will be to secure legislation in favor of people with disabilities by 2004 and to initiate, enable and coordinate affiliate members and partners so that they are capable of delivering integrated and sustainable services for people with disabilities.

In 2001 and 2002, the Disability Action Council developed a Strategic plan for its Secretariat.⁸³ The plan was developed in response to: findings of the DAC External Assessment Report conducted in July 2001; recommendations of the DAC Strategic Planning Workshop held in Phnom Penh during November 2001; discussions between the DAC Secretariat and USAID; and experiences and lessons learned during the past three years. The fact that DAC is still in a process of establishing guidelines in Disability programming were taken into consideration.⁸⁴

According to SC report from Feb 2003:

MSALVA, the DAC and CMAA have three complimentary roles to play in the national coordination and regulation of programs and policies for people with disabilities in Cambodia. In 2002, a detailed five year plan was developed for people with disabilities and their rehabilitation, with eight priority sectors: legislation, physical rehabilitation, vocational training, education, information, disabled women, CBR, and accessibility.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:

LM 2000 reports that poverty and the poor quality of services are significant barriers to the care and rehabilitation of disabled persons in Cambodia. The government has developed a health plan with operational districts, which consist of referral hospitals and health centres, and surgical centres were available at the provincial level for landmine injuries. Military hospitals in Battambang, Siem Reap, and Phnom Penh provide care for military victims of landmines. A special centre for victims of conflict is run by the NGO EMERGENCY in Battambang.

LM 2000 reports that five international organizations are involved in the production and distribution of prosthetics in Cambodia (the American Red Cross, Cambodia Trust, Veterans International, the ICRC, and HI) and operate 15 orthopedic workshops located throughout Cambodia. The Cambodia Trust runs the National School of Prosthetics and Orthotics (NSPO) in Phnom Penh. Three organizations produce wheelchairs (Jesuit Refugee Service Cambodia, Veterans International, and Association of Aid Refugees – Japan) and there is a national plan for wheelchair distribution.

According to LM 2002:

Most assistance to landmine survivors is provided by their families. International and local NGOs provide some specialized and community services, and for those injured as soldiers, the government provides a small monthly pension. Health care services for landmine survivors are available, but are often economically inaccessible for the individual or his/her family. First aid is available in health centers in the provinces, but many injuries require specialized treatment. These services are controlled by the Ministry of Health and are given in government hospitals.

In 2001, most mine-injured people were transported to a provincial or city hospital or to the hospital run by the NGO Emergency in Battambang. However, many casualties cannot afford to pay for medical services in the government hospitals. Emergency Hospital Battambang provides specialist surgery to mine victims. The hospital reports 115 patients with new mine injuries in 2001, and 112 people with old mine injuries needing new surgery. Between 1998 and 2001, 892 mine injury patients were assisted.⁶⁸ The Catholic Relief Service collaborates with Trauma Care Foundation to provide training, material support, and monitoring to village health volunteers in five districts, in order to provide emergency first aid to landmine casualties and to train villagers in first aid.⁶⁹

Medical rehabilitation is available in centers, including the Para-Tetra Rehabilitation Center in Battambang, supported by Handicap International Belgium, which provides rehabilitation services to patients with spinal cord injuries including landmine victims, and Angkor Hospital for Children in Siem Reap providing surgical and medical treatment for children with disabilities.

There are 16 physical rehabilitation centers in 16 of the 24 mine-affected provinces where responsibilities are taken by International Organizations and NGOs in conjunction with the Ministry of Social Affairs, Labour,

Vocational Training and Youth Rehabilitation (MOSALVY), which has no operational budget of its own for physical rehabilitation. Veterans International (VVAf) supports three Physical Rehabilitation Centers; four receive the support of Cambodia Trust (CT); Handicap International Belgium has supported seven Centers; two others receive the support of the ICRC and American Red Cross.

Handicap International Belgium reports that about 130 physical therapists work in hospitals. Each year 15 students are selected for a three-year training program. The Physical Therapy section receives financial support and technical training. Current efforts rely on strengthening local management, and linking networks in Asia that work on Spinal Cord Injury management. The program includes the physiotherapy school, follow-up with physiotherapists, institutional support to the National Physiotherapy Center and the Cambodian Physiotherapists Association, and the integration of physiotherapy in provincial rehabilitation centers.⁷⁰

In 2001, Veterans International provided physical rehabilitation to over 6,000 patients, of which over 1,200 were landmine survivors.⁷¹ The Cambodia Trust assisted 5,043 people, including 1,182 landmine survivors, with physical rehabilitation, psycho-social support and vocational training.⁷²

Several international organizations have taken responsibility for the production and distribution of prosthetics and wheelchairs in Cambodia.⁷³ The total number of prostheses provided in 2001 include: the American Red Cross 573, Cambodia Trust 1,182, Handicap International Belgium 1,868, VVAf 1,212, and the ICRC 6,500. In addition, Handicap International Belgium distributed 2,631 crutches and produced 335 orthopedic feet. The American Red Cross distributed 405 walking aids and 554 orthoses. The American Red Cross reports 40% of persons receiving physical rehabilitation services are mine survivors.⁷⁴ The ICRC produced 7,500 pairs of walking aids.

The total numbers of wheelchairs produced in 2001 include Association for Aid Relief (AAR) 330, Jesuit Service Cambodia 867, and VVAf 455. Of these Handicap International Belgium distributed 234 wheelchairs along with 105 tricycles, Cambodia Trust distributed 183 wheelchairs, American Red Cross distributed 274 wheelchairs, ICRC distributed 166, and Jesuit Service distributed 250.⁷⁵

American Friends Services Committee (AFSC) provides physical therapy and referral services to disabled people and their families. A small percentage of the clients are disabled due to landmine injuries.⁷⁶ In 2001, the NGO, Children Affected by Mines, assisted 184 children, all of whom are mine survivors, in accessing medical care, rehabilitation and psycho-social support.⁷⁷

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:

The UNDP is currently supporting a project by the World Rehabilitation Fund to develop guidelines for the socio-economic reintegration of landmine survivors based on pilot projects in four mine-affected countries including Cambodia.

The LM 1999 reports that persons with disabilities are amongst the poorest in Cambodia. LM 2000 reports that the government provides a small pension to soldiers who become landmine victims. The following organizations operate vocational and skills training centres: Association to Aid Refugees (Japan), Cambodian War Amputees Rehabilitation Social, Jesuit Refugee Service Cambodia, Maryknoll, United Committee of Cambodia, Ministries of Social Affairs, Labour and Veterans Affairs partnered by World Vision.

As well, many organizations perform community-based work with disabled people in Cambodia including: Action on Disability and Development (ADD); Cambodian People's Disabled Organisation; American Friends Service Cambodia; National Center for Disabled People; Social Services for Cambodia (SSC); HI; Servants; Veterans International; Jesuit Refugee Service Cambodia. HI's Program for Economic and Social Rehabilitation has field workers operating in eight provinces.

According to LM 2002:

Accelerated learning for disabled children is provided by Marist Mission Australia. Education for deaf and blind children is provided by Krousa Thmey. Arrupe Centre Battambang, AFSC and Jesuit Service sponsor accommodation and resources for a number of disabled children so they can attend schools. Vocational

Training Centers providing services to survivors include AAR, World Vision International, Cambodian War Amputees Rehabilitation Society (CWARS), Jesuit Service Cambodia, Maryknoll and United Cambodian Community Development Foundation (UCC). Most agencies offer follow-up services after vocational training. World Vision operates a unit for pre-selection of students and follow up with graduates to enhance the student's possibilities for employment after graduation. This unit addresses a variety of issues including student loans, small business skills, and work sites. An Agriculture Unit (VRAU) operates community-based agriculture training in four locations for families with and without disabled persons.⁷⁸

Organizations that help market goods produced by landmine survivors included VVAF, Maryknoll, NCDP, and Jesuit Service.

Agencies addressing psycho-social, developmental and economic needs include Action on Disability and Development (ADD), American Friends Services Committee, Cambodian Disabled People's Organisation, CMI, Handicap International Belgium, Jesuit Service, Maryknoll, Social Service of Cambodia, and TPO. ADD focuses on self-help groups.

The Business Advisory Council project in Phnom Penh, supported by the World Rehabilitation Fund (WRF) and other NGOs, provided training and job placement for 132 persons with disabilities in 2001, of whom a high proportion are landmine survivors.⁷⁹

Agencies search for creative ways to address the real needs expressed by landmine survivors themselves. Generally, these assist reintegration and the development of the whole mine-affected community. MOSALVY has instituted district meeting points in some provinces where disabled people can be referred, but the most vulnerable complain they are unable to reach them.

Some landmine survivors express dissatisfaction that a lot of funding goes to referral groups, and there is not enough for groups that actually provide services that directly benefit the living conditions and other needs of victims.

Various agencies including CARE, NPA, ZOA, LWS, Jesuit Service, World Vision, and Handicap International Belgium address needs of mine-affected communities and are very important in partnering communities after mine clearance is done. In this way survivors benefit along with the whole community. The Capacity Building of Disabled People in the Community (CABDIC) carried out by HIB includes five main activities: capacity building of the parents in children rehabilitation, school integration, disability awareness, development of self-help groups and development of a volunteers network.⁸⁰ NPA has an extensive program in Banteay Meanchey. Jesuit Service through its Metta Karuna teams implements a 12-point plan, compiled by landmine survivors to address the needs of families of survivors. It encompasses housing, water access, emergency food, schooling assistance for children, and access to health services and markets through bridges and roads.

According to SC report from Feb 2003:

In 2002, a program in conjunction with the Ministry of Education, Youth and Sports was conceived.

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.

According to original study:

Article 74 of the Constitution of the Kingdom of Cambodia indicates that the state shall help persons with disabilities and their families. There is no legislation on disability in Cambodia, although a "Draft Law to Protect the Rights of Persons with Disabilities" has been prepared. The draft legislation is based on the principle of equal rights of all citizens to participation in political, economic, social and cultural life. It provides for support and access to services as well as protection against abuse, neglect and discrimination in throughout all public and private sectors.³ The Cambodia Disability Action Council (DAC), a national coordination body of representatives from government ministries, NGOs/IOs and interested individuals, aims to develop, implement, monitor and evaluate a Cambodian Plan of Action for Disability and Rehabilitation sector.

According to LM 2002:

DAC names the passing of disability legislation as its priority for 2002. The draft law is unchanged.⁸⁵

According to SC report from Feb 2003:

The draft law is in its final revision and will soon be sent to the Council of Ministers for their approval.

Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:

Cambodian Disabled People's Organization (CDPO) was established as a result of the First Seminar of Disabled People of Cambodia in September 1994 organized by Disabled Peoples' International. According to its mission statement, 'CDPO is an organization of disabled people whose purpose is to develop the networks of disabled people so as to support, protect, serve and promote their rights, achievements and interests, in order to bring about their fuller participation and equality in society.' The Organization provides advocacy, advice and referral services for disabled people.

The Cambodia Disability Action Council (DAC) was established in 1997 as a national coordination body of representatives from government ministries, NGOs/IOs and interested individuals including persons with disability. The DAC's mission is to initiate, secure and co-ordinate the services necessary for disabled persons and to ensure their rights to equal opportunities for employment and quality of life.

According to LM 2002:

No new information.

Endnotes:

¹ Presentation by the Disability Action Council to the SCE-VASERMA, March 2000, Geneva.

⁶⁰ HIB/CRC Cambodia Mine/UXO Victim Information System (CMVIS), December 2001.

⁶¹ HIB/CRC Cambodia Mine/UXO Victim Information System, March 2002.

⁶² HIB/CRC Cambodia Mine/UXO Victim Information System, April 2002.

⁶³ HIB/CRC Cambodia Mine/UXO Victim Information System, Special report prepared for Landmine Monitor, 28 May 2002.

⁶⁴ Ibid.

⁶⁵ HIB/CRC Cambodia Mine/UXO Victim Information System, March 2002. The reported casualties in earlier years were higher than previously reported by Landmine Monitor as survey teams now have access to new areas and new information, which has been recorded in the database.

⁶⁶ HIB/CRC Cambodia Mine/UXO Victim Information System, March 2002.

⁶⁷ HIB/CRC Cambodia Mine/UXO Victim Information System, December 2001.

⁶⁸ Mr Hyden Lars Ake, Medical coordinator of Emergency, Battambang, 17 January 2002.

⁶⁹ Response from Catholic Relief Service to Landmine Monitor Survivor Assistance Questionnaire, 7 February 2002.

⁷⁰ Pierre Hublet, Handicap International, 11 March 2002.

⁷¹ Larry Warren, Country Representative, VVAF, response to Landmine Monitor Survivor Assistance Questionnaire, March 2002.

⁷² Philip Dixon, Chairman, Cambodia Trust, response to Landmine Monitor Survivor Assistance Questionnaire, 20 February 2002.

⁷³ For additional information see *Landmine Monitor Report 2000*, p. 397-398.

⁷⁴ George Adams, Head of Delegation, American Red Cross, response to Landmine Monitor Survivor Assistance Questionnaire, Phnom Penh, 14 February 2002.

⁷⁵ Information provided by named organizations to Landmine Monitor.

⁷⁶ Answer from Roath Leakhana, country representative of AFSC, 11 January 2002.

⁷⁷ Andrea Crossland, International Adviser, Children Affected by Mines, response to Landmine Monitor Survivor Assistance Questionnaire, 19 April 2002.

⁷⁸ Chhouk Chantha, Mine Programme Coordinator in Training World Vision, Cambodia, March 2002.

⁷⁹ Portfolio of Landmine Victim Assistance Programs, accessed at www.landminevap.org.

⁸⁰ Handicap International Belgium, "Operational Strategy 2003 – 2005," Cambodia, March – April 2002.

⁸¹ CMAA, *2002 Work Plan*, Phnom Penh, December 2001, p. 8.

⁸² Draft *DAC Secretariat Strategic Plan 2002-2005 and beyond*, Phnom Penh, February 2002, p.4.

⁸³ Ibid., p.3.

⁸⁴ Ibid.

⁸⁵ See *Landmine Monitor Report 2000*, p. 399