



SOCIAL PROTECTION- A SITUATIONAL ANALYSIS OF PERSONS WITH DISABILITIES IN CAMBODIA

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Prepared by

**DEVELOPMENT
PATHWAYS**

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This paper is a product of a broader study on the situation of persons with disabilities in Cambodia and the role of social protection in enhancing their wellbeing, which has been commissioned by the Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) programme and funded by the Government of Australia, through DFAT.

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Glossary

Additional costs of disability: The additional costs that persons with disabilities incur due to their disabilities

Disability prevalence: The proportion of the population living with a disability in Cambodia.

Growth incidence curve: A chart that represents change in welfare between two points in time for people from the poorest to the richest. A downward sloping curve from left to right indicates equalising growth.

Head of household: The person who is acknowledged as the head by other members either by virtue of age or social standing in the household. The head often has primary authority and responsibility for household affairs.

Household: Those residents of a house who eat from the same pot of food (including those who have been absent for less than 12 months). A house can include multiple households.

Household consumption: The amount that a household consumes including food, non-alcoholic and alcoholic beverages, tobacco, clothing, energy, durable goods, housing and services, among other things.

Household income: Total income includes the amount that a household receives through wages and salaries, self-employed income (agriculture, non-agriculture, owner occupied house), transfers (including remittances), property income and income from other sources.

Household welfare: A household's standard of living as captured by either income or consumption.

Human capital: A concept used to designate personal attributes considered useful in the production process. It encompasses knowledge, skills, know-how, good health, and education, among others.

National Poverty Rate: The share of individuals living below the national poverty line.

Standard of living approach: A means of measuring the additional costs of disability (see above). This approach makes statistical inferences to estimate the additional income required for a household with a member with disabilities to reach the same standard of living as an otherwise similar household without a member with disabilities.

Welfare distribution: Individual (or household) welfare level after individuals (or households) have been ranked from poorest to richest.

EXECUTIVE SUMMARY

This report presents an analysis of the challenges faced by persons with disabilities across Cambodia, with a particular focus on income security. It was based on quantitative analysis of a range of national datasets, a review of the relevant literature and consultations with key informants across the Royal Government of Cambodia (RGC), organisations of persons with disabilities (OPDs) and development partners. The study has been funded by the Australian Government, through the ACCESS Cambodia programme.

Around 9.4 per cent of Cambodia's population had a disability, with 2.1 per cent experiencing a moderate or severe disability. Over the next 30 years, the number of persons with disabilities is projected to rise significantly, from 1.47 million in 2021 to 2.70 million. Thirty-one per cent of the population live in households including a member with a disability, indicating that disability directly and indirectly affects a high proportion of the population.

Most persons with disabilities – and their households – live on low and insecure incomes. Thirty-five per cent were living on less than KHR10,100 (US\$2.50) per day in 2019, while 78 per cent were living on less than KHR18,000 (US\$4.55). Persons with disabilities also tend to have lower incomes and consumption than their peers without disabilities and are over-represented among the poorest members of the population. In fact, the poverty rate of persons without disabilities is 17.5 per cent, while it is 21.1 per cent among persons with disabilities.

Standards of living among persons with disabilities are often over-estimated due to the additional disability-related costs that they experience – for example, due to higher health, transport and care costs – often not being taken into account when estimating wellbeing. In Cambodia, households with members with disabilities require an additional 18.6 per cent of income to reach the same standard of living of an otherwise similar household with no members with disabilities. Therefore, households with members with disabilities on average income would require an additional of KHR14,000 (US\$3.50) per day to maintain the same standard of living as households without members with disabilities. If the additional costs of disability are taken into account when measuring the poverty rates of persons with disabilities, it would rise to 24.3 per cent.

In recent years, persons with disabilities across Cambodia have fallen behind the rest of society. Between 2014 and 2019, while the consumption of households without persons with disabilities rose by 6 per cent per year, it only rose by 3 per cent among households including persons with disabilities. The COVID-19 pandemic has further worsened the situation for persons with disabilities.

Persons with disabilities experience a range of challenges across the lifecycle, which help explain their lower incomes. Many families with children with disabilities experience significant losses in income if a parent gives up work to care for the children. At the same time, families can experience high costs, for example for health, rehabilitation, education and transport. The higher costs of accessing education also partially explain why only 48 per cent of children aged 6-17 years with disabilities attend school compared to 86 per cent of their peers without disabilities.

Due to the disadvantages that many persons with disabilities of working age have faced during childhood, alongside other factors such as discrimination, working age persons with disabilities can struggle to access higher education or decent work. Labour force participation of persons with disabilities is below that of persons without disabilities, and particularly low for women. Persons with disabilities of working age are also more likely to be in insecure and poorly paid jobs in the informal economy. They are also more likely to be ill, which can affect their ability to earn an income while health care is also costly. If someone requires full-time care, another member of the household may have to give up work, further reducing household incomes. Costs can also be high in other aspects of life, such as transport and assistive devices.

Many older persons with disabilities are unable to earn an independent income due to their impairments: seventy per cent are outside the labour market, rising to 91 per cent among over-80s. Even among those earning a living, their incomes are lower than for older persons without disabilities. Older women with disabilities are in a more challenging position than men. 56 per cent of older women with disabilities are unmarried, compared to 22 per cent of men, so are less likely to have a partner to rely on. Older persons with disabilities also experience high additional costs, particularly for healthcare. The absence of an independent source of income places many working age and older persons with disabilities in a difficult situation as they are unable to contribute to their household's finances and, as a result, are at higher risk of being seen as a burden which could result in social exclusion and discrimination.

Therefore, most persons with disabilities across all age groups in Cambodia would benefit from access to regular and predictable cash benefits. Yet, few persons with disabilities have access to any financial support from the state, even in old age.

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ACRONYMS

ACCESS	The Australia-Cambodia Cooperation for Equitable Sustainable Services Programme
CDPO	Cambodian Disabled People Organisation
COVID-19	Coronavirus Disease 2019
CSES	Cambodia Socio-Economic Survey
DAC-SG	Disability Action Council Secretariat General
DFAT	Australia’s Department of Foreign Affairs and Trade
DHS	Demographic and Health Survey
GIZ	German Society for International Cooperation
HEF	Health Equity Fund
HIV	Human Immunodeficiency Virus
ID	Identity Document
ILO	International Labour Office
IMF	International Monetary Fund
KHR	Cambodian Riel
MEF	Ministry of Economy and Finance
NEET	Not in education, employment, or training
NGO	Non-Governmental Organisation
NSPC	National Social Protection Council
OECD	Organisation for Economic Co-operation and Development
OLS	Ordinary Least Squares
OPD	Organisations of Persons with Disabilities
PRC	Physical Rehabilitation Centre
RGC	Royal Government of Cambodia
SOL	Standard of Living
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UN DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
US\$	United States Dollar
WGSSQ	Washington Group Short Set of Question
WHO	World Health Organisation

1

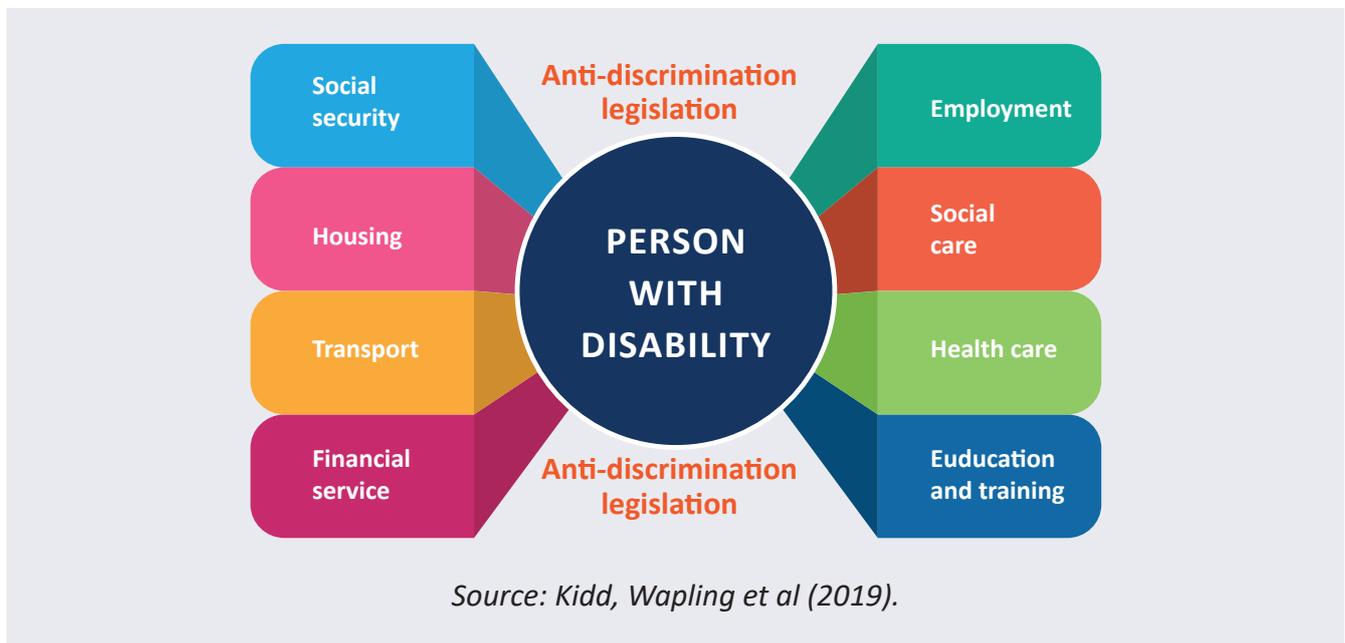
INTRODUCTION

In recent years, Cambodia has seen impressive economic growth, with thriving agricultural, garment and tourism sectors which are the backbone of the country's economy. As a mark of the country's economic success, in 2015 Cambodia reached lower-middle-income status and aims to become an upper middle-income country by 2030. The COVID-19 crisis has set the country back and many of the gains made in recent years have been lost. As the country recovers from the economic crisis caused by COVID-19, it is important that persons with disabilities are not left behind and can enjoy the fruits of economic growth.

Globally, persons with disabilities, and their households, experience a range of vulnerabilities across the lifecycle. Not only do they experience stigma and discrimination, but their standards of living are usually lower than their peers without disabilities. Persons with disabilities, and their family members, can be great resources for their countries, but this can only happen if they are given the opportunities to maximise their skills.

The aim, therefore, of this report is to provide a situational analysis of persons with disabilities in Cambodia. It will demonstrate that persons with disabilities in Cambodia often experience significant disadvantages compared to their peers without disabilities and that, in recent years, they have fallen behind the rest of the population. Consequently, the report will provide evidence that, if persons with and without disabilities are to enjoy the same opportunities and standards of living, the Royal Government of Cambodia (RGC) should increase its investment in and support to persons with disabilities across a wide range of public services, as outlined in Figure 1-1. Further, persons with disabilities should be supported by legislation banning any form of discrimination.

Figure 1-1: Support required by persons with disabilities that can be offered by a range of public services



The study has adopted a mixed-methods approach although, due to the restrictions imposed by the COVID-19 pandemic, it has focused on quantitative analysis of a range of datasets, complemented by an extensive literature review and consultations with a range of key stakeholders, in particular from Organisations of Persons with Disabilities (OPDs) and the RGC.

The study has been commissioned by the ACCESS programme and funded by the Government of Australia, through DFAT. The ACCESS programme works in partnership with the RGC to improve equitable access to support services for persons with disabilities and women affected by gender-based violence.

The paper begins, in Section 2, by providing a brief overview of the methodology used in the study. Section 3 discusses Cambodia’s disability prevalence rates, and compares the standards of living, poverty and welfare between persons with and without disabilities, as well as the vulnerabilities and resiliencies that persons with disabilities experience across the lifecycle.

2

METHODOLOGY

The study used a mix of quantitative and qualitative methods, including the analysis of several national datasets, a literature review, and consultations with key stakeholders. These methodologies are outlined below in more detail.

2.1 Quantitative research

Four datasets were used for the quantitative analysis: the 2019 General Population Census of Cambodia, the 2014 and 2019 Cambodia Socio-Economic Surveys (CSES), the 2014 Demographic and Health Survey (DHS), and the IDPoor database (Table 2-1). The latest available United Nations' Revision of World Population Prospects was also used to estimate how the population with disabilities is expected to grow over the years. Whenever datasets offered similar information, preference was given to more recent and/or more reliable data.

Table 2-1 Data sources

Dataset	Year	Format	Contents	Limitations
General Population Census	2019	Summary tables, and individual level data (10% of the total)	Socio-demographic characteristics of the population, housing conditions, amenities, and assets	No welfare variables

Cambodia Socio-Economic Survey (CSES)	2014 and 2019-2020	Individual level data	Standards of living, spending, and access to social protection	Small sample of persons with disabilities; does not use WG-SS questions
Demographic and Health Survey (DHS)	2014	Individual level data	Maternal and child health	Older data, only covers health; no information on consumption or income
IDPoor	2017-2020	Household level data	Socio-economic characteristics and IDPoor registration	Lack of documentation and issues with data harmonisation

A long list of thematic indicators was identified from each of the datasets, and descriptive statistics produced to draw a comprehensive picture of Cambodia’s demographic and socio-economic structures related to disability. The analysis compared individual and household characteristics of persons with and without disabilities across lifecycle groups (children and young adults, working age adults, older persons) to highlight age-specific challenges.

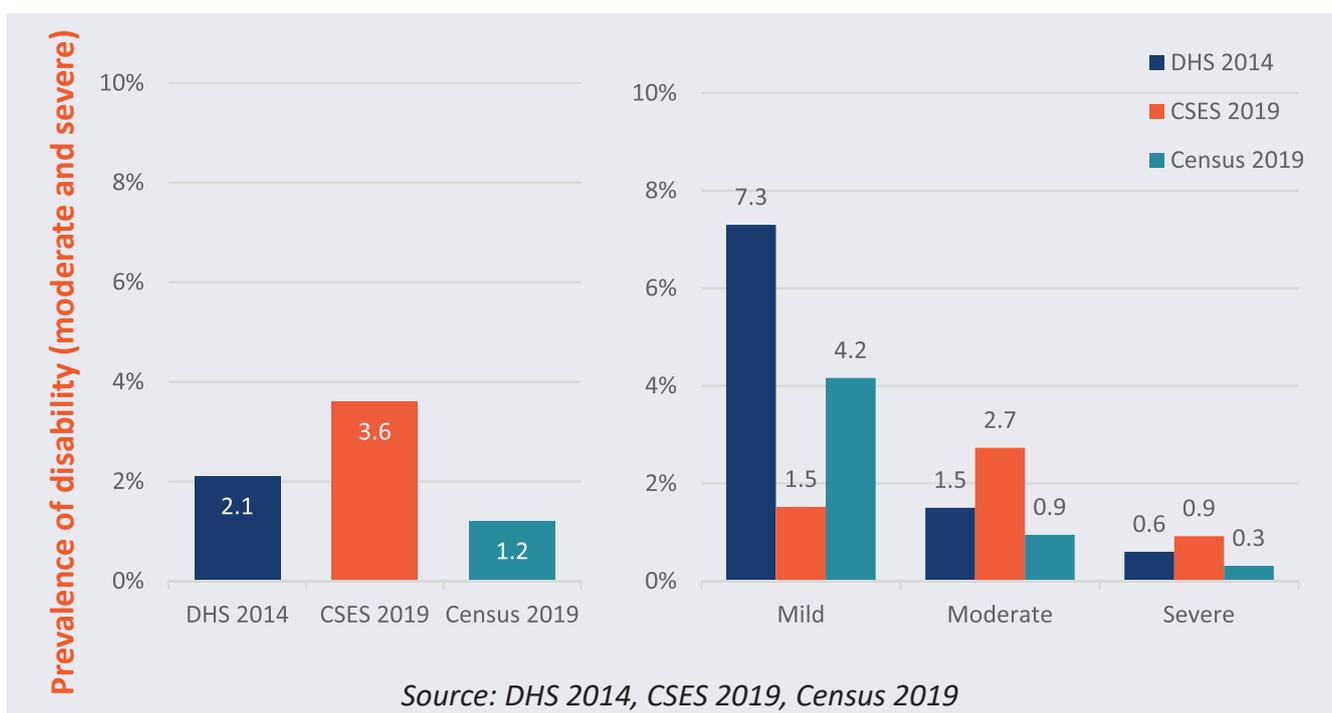
Using data from the 2014 and 2019 CSES, growth incidence curves were produced, which show how living standards changed during the five-year interval for households with and without members with disabilities across the welfare distribution. As a sensitivity check, the share of Cambodians in the bottom quintile of the welfare distributions was tested by using different equivalence scales (Annex 1.3).

Regression analysis using CSES microdata was conducted to establish the odds of a Cambodian household being in the bottom quintile of the welfare distribution when one or more members have a disability (Annex 1.2). The same data was used to estimate the additional cost of disability by applying the regression-based Standard of Living approach (Annex 1.1).

Limitations and challenges with the data analysis

The availability of different data sources allowed to triangulate information on the demographic characteristics of Cambodians, which revealed discrepancies across different areas. Significant inconsistencies were recorded in terms of disability prevalence rates – see Figure 2-1 – proving how disability rates can be challenging to capture and the results influenced by factors such as questionnaire wording and purpose of the survey.

Figure 2-1 Prevalence of disability across datasets



Despite the growing international consensus around the use of the Washington Group (Short) Set of Questions (WGSSQ), a different approach was adopted for the Cambodia Socio-Economic Survey. Respondents were not asked about all the six Washington Group functional domains (vision, hearing, mobility, cognition, self-care, and communication) but rather about their three main domains of disability among the following: seeing difficulties, hearing difficulties, speaking difficulties, moving difficulties, feeling difficulties, psychological difficulties, learning difficulties and fits.

In addition, the CSES sample did not include sufficient persons with disabilities, especially younger persons, to meaningfully disaggregate the data based on relevant demographic characteristics. Hence, despite the CSES being the only source of data on income and expenditure of Cambodian households, other sources (DHS 2014, Census 2019) were preferred to investigate the interaction of disability status with other demographic characteristics (age, sex, household composition, marital status, education, and so on). Further, while the Census asked the WGSSQ, the analysis revealed peculiar patterns in terms of disability prevalence by different functional domains. The analysis therefore relied on disability prevalence rates from DHS 2014, which aligned more closely with empirical evidence from the rest of the world.

Finally, a relevant limitation to the analysis relates to the impact that the COVID-19 is having on Cambodian households' health and welfare. In fact, the effects of the pandemic are likely to be felt across the welfare distribution, with a general reduction in living standards, and vulnerable households tipping over the poverty threshold. To understand these impacts better, key results from UNICEF's COVID-19 impact assessment have also been analysed.

2.2 Literature review

A literature review examined more than 120 documents that were specific to Cambodia. The documents referenced are listed in the bibliography at the end of the report. Literature was obtained through: reviews of bibliographies; web-based searches using keywords; and examinations of the websites of major international and national institutions and the Cambodian government. In addition, literature was provided by ACCESS and other development partners. The literature obtained included journal articles, grey literature and conference and workshop presentations. Although the literature was largely comprehensive, there were several limitations:

- Information, especially regarding services specific to persons with disabilities were sometimes not recent. Although a cut-off time of five years since publication was applied, if gaps in literature were identified, the cut-off timespan increased by 5-year increments. This meant that some literature did not provide up-to-date information
- Important government documents were sometimes not translated into English on the government websites. Unless an unofficial translation was provided by a development partner, the document was not read.
- Limited literature was available on the situation of older persons, especially older persons with disabilities.

2.3 Consultations

Semi-structured Interviews were conducted remotely with 12 OPDs, 5 Development Partners, 3 Government institutions and 2 individual stakeholders (see Annex 2). However, due to time constraints, disability-specific NGOs and the Ministry of Finance were not interviewed.

OPD representatives were interviewed in pairs, with one male and female OPD informant from the same province being interviewed during a consultation. The two informants belonged to different OPDs which represented a range of persons with different disabilities within the province, and the female informant belonged to a female-specific organisation. In addition, the Cambodian Disabled People's Organisation, which represents persons with disabilities nationally, was interviewed. Although simultaneous interpretation was provided during interviews with OPDs, it is likely that an element of accuracy in answers was lost in translation. In addition, technological limitations meant that some interviews with OPDs were cut short.

3

DISABILITY PREVALENCE

Key messages

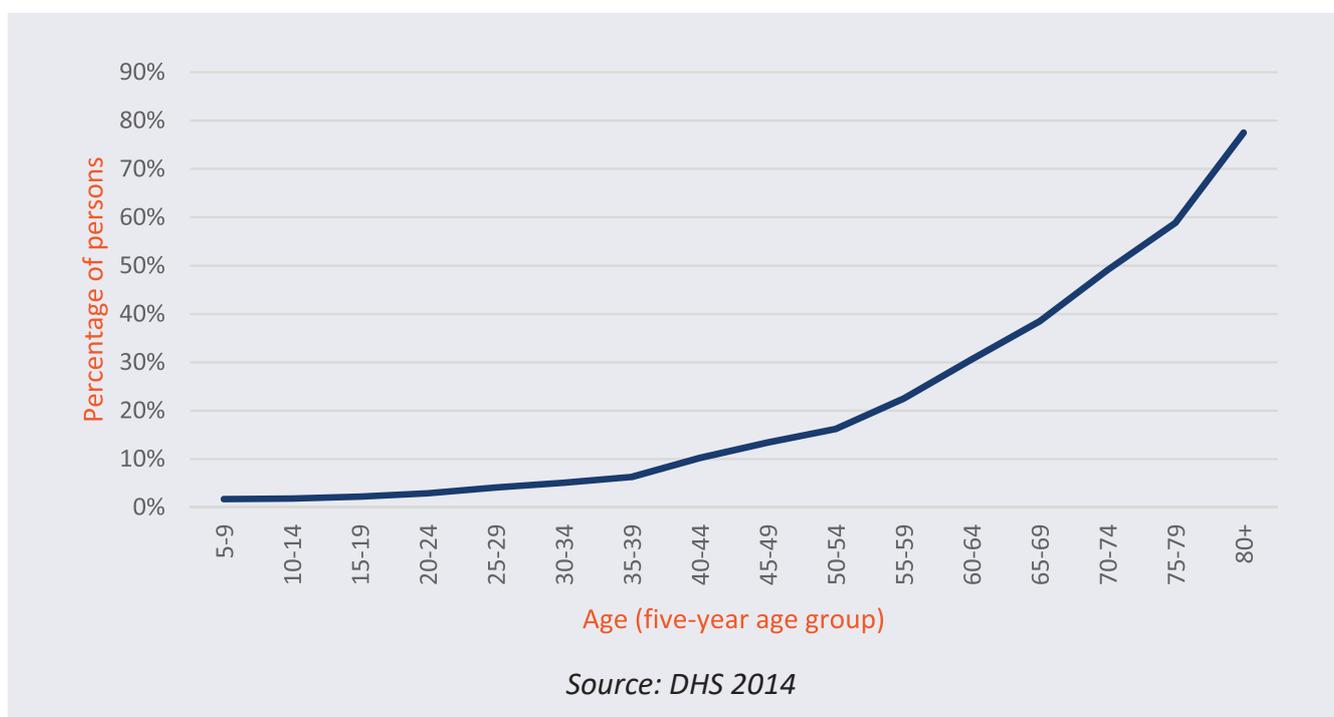
- Persons with disabilities comprise a significant proportion of the population and are present in a high proportion of households. Disability should therefore be a high policy priority.
- A higher proportion of women than men are living with disabilities. Among women, a higher proportion are older persons, compared to men with disabilities.
- The number of persons with disabilities is expected to almost double between 2021 and 2050.
- The main cause of disability is 'old age,' followed by poor health.

Key statistics on disability:

Indicator	Statistic
Proportion of the population living with a disability	9.4%
Proportion of the population living with a moderate/severe disability	2.1%
Proportion of women living with a disability	10.4%
Proportion of men living with a disability	8.4%
Proportion of children below 18 living with a disability	1.9%
Proportion of older persons aged 60 years and above living with a disability	44.2%
Proportion of households living with a member with a disability	31%

Disability affects a high proportion of the Cambodian population and is a core driver of poverty and insecurity nationally. It should, therefore, be regarded as a policy priority. According to the Demographic and Health Survey of 2014, 9.4 per cent of Cambodia’s population experienced a disability, with 2.1 per cent a moderate or severe disability.¹ As indicated by Figure 3-1, prevalence of disability increased with age: while 1.9 per cent of children below 18 had a disability, prevalence was 8.1 per cent among persons of working age (18-59 years) and 44.2 per cent among older persons aged 60 years and over. However, although prevalence rates among children and young people are low, given that Cambodia has a young population the absolute numbers are relatively high: 8.4 of all persons with disabilities are aged 5 to 17 years of age and 10.2 per cent are aged between 18-30 years.

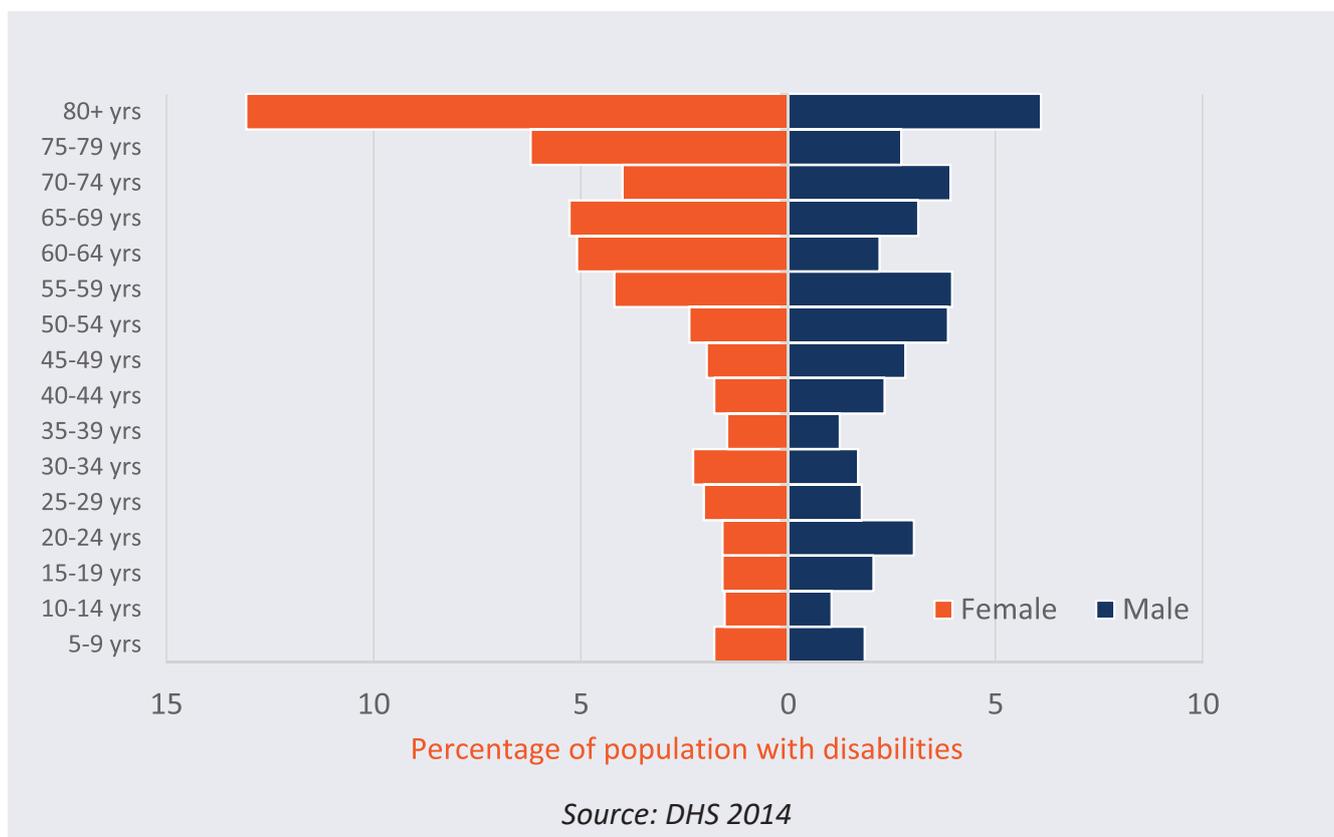
Figure 3-1: Disability prevalence in Cambodia across age groups



There is a strong gender dimension to disability in Cambodia. Overall, 10.4 per cent of women are living with a disability compared to 8.4 per cent of men. Further, 2.3 per cent of women have a moderate or severe disability compared to 1.9 per cent of men. Figure 3-2 shows the population pyramid for persons with moderate and severe disabilities. Among women with disabilities, a much higher proportion are older compared to men. Indeed, among older persons (aged 60 or above) with disabilities, 65 per cent are female.

¹ The prevalence of disability is lower in other datasets: in the CSES 2019 dataset, 5.1 per cent of the population have a disability while, in the Census, the figure is 5.4 per cent.

Figure 3-2: Population pyramids for persons with moderate and severe disabilities



Examining only the prevalence of disability among individuals disguises the level of impact of disability across the population. Thirty-one per cent of the population live in households including persons with disabilities, while 9 per cent live in households that include persons with moderate and severe disabilities. These figures indicate that disability affects a high proportion of the population either directly or indirectly and is a policy issue that must be taken seriously.

Over the next 30 years, the number of persons with disabilities is projected to rise significantly, from 1.47 million in 2021 to 2.7 million by 2050.² The number of working-age persons with disabilities will increase slightly, the number of children with disabilities will remain steady, and most of the increase in numbers will be among older persons. This reflects Cambodia’s gradual transition toward an ageing society.³

² Authors’ estimates, based on the prevalence of disability in the DHS.

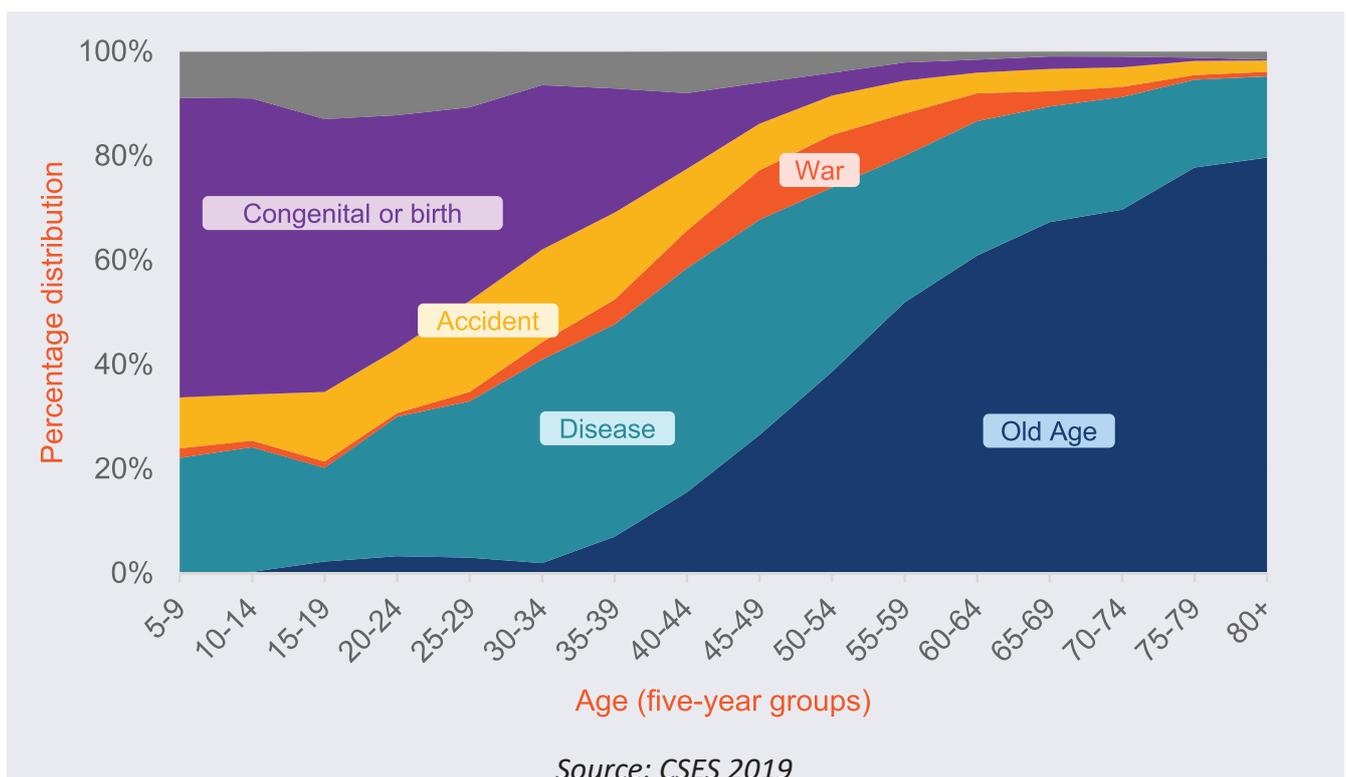
³ Source: Population projection of individuals with functional limitations, using UN DESA 2019 population projections and DHS 2014 prevalence rates by age groups

4

CAUSES OF DISABILITY

According to the CSES 2019, the main cause of disability is old age, which was mentioned by 52 per cent of persons with disabilities. The other main causes given were ill health (25 per cent), disability since birth (9 per cent), accidents (6 per cent) and war (4 per cent). However, even though ill health and accidents are given as causes, it is important to bear in mind that the underlying cause may well be inadequate health services which were not able to address ill health and accidents, thereby leaving many people with impairments that could have been avoidable. Figure 4-1 shows how the causes vary across age groups. ‘War’ is a more serious cause of disability among those aged between 40 and 65 years, reflecting Cambodia’s turbulent past.

Figure 4-1: Causes of disability in Cambodia across age groups



5

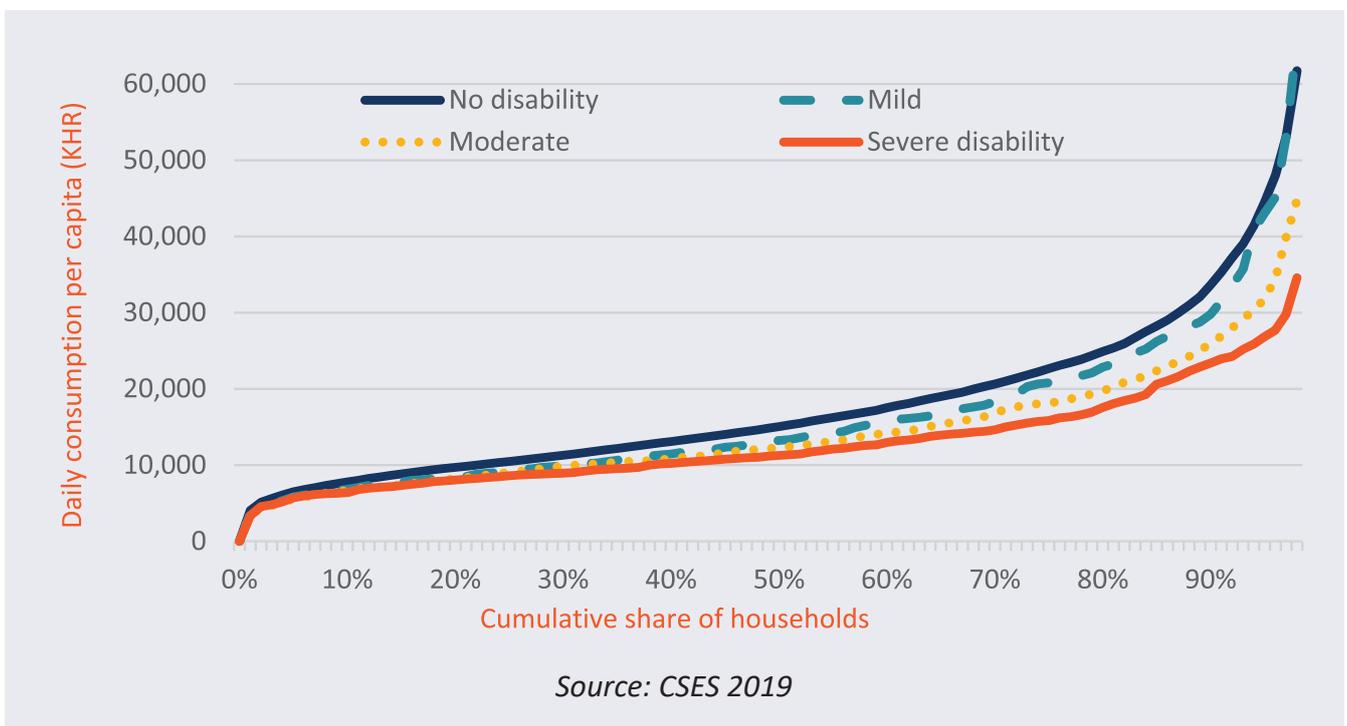
STANDARDS OF LIVING ACROSS PERSONS WITH DISABILITIES

Key messages

- Overall, most households including persons with disabilities have low incomes and consumption: 78 per cent of persons with disabilities live on less than KHR18,400 (US\$4.55) per day and 35 per cent on less than KHR10,100 (US\$2.50) per day.
- On average, persons with disabilities have lower consumption than their peers without disabilities and are over-represented among the poorest households.
- Many persons with disabilities may be living in a high-income household but have no individual source of income. On an individual level, therefore, they likely have little control over finances.
- Persons with disabilities also experience additional costs which reduces the standards of living of their households when compared to the households that do not include a person with disabilities: a household with a member with disabilities living on an average income would require an additional of KHR14,000 (US\$3.50) per day to maintain the same standard of living of a household without a member with disabilities.
- In recent years, prior to COVID-19, persons with disabilities were falling behind the rest of the population and the situation may have been exacerbated during the pandemic.
- Most persons with disabilities across all age groups in Cambodia would benefit from access to regular and predictable cash benefits.

Across the world, poverty and disability are intimately linked, and Cambodia is no exception. Most persons with disabilities⁴ – and their households – live on low and insecure incomes. For example, thirty-five per cent were living on less than KHR10,100⁵ (US\$2.50) per day in 2019, while 78 per cent were living on less than KHR18,000⁶ (US\$4.55). Further, as Figure 5-1 demonstrates, persons with disabilities also tend to have lower consumption than their peers without disabilities. The average per capita daily consumption of households including persons with disabilities was KHR 14,900 (US\$3.70) in 2019, compared to KHR19,300 (US\$4.80) among households without persons with disabilities.

Figure 5-1: Cumulative distribution of households with and without persons with disabilities

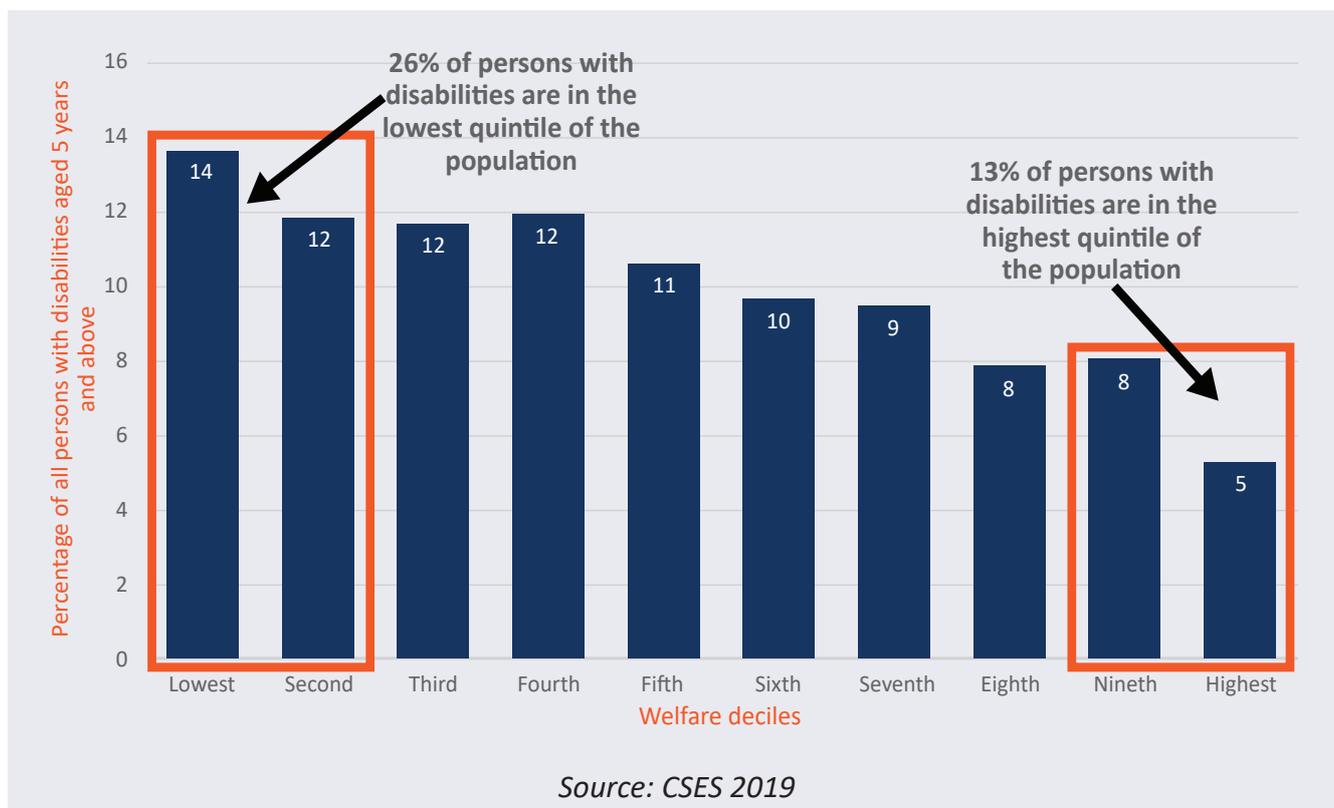


5.1 Poverty among persons with disabilities

As Figure 5-2 demonstrates, persons with disabilities are over-represented among the poorest members of the population: while 26 per cent of persons with disabilities are in the poorest quintile of the population, only 13 per cent are in the richest quintile.

⁴ For the rest of the report, when persons with disabilities are referred to, it encompasses those who have a moderate or severe disability.
⁵ This is the equivalent of \$5.50 per day in purchasing power parity terms.
⁶ This is the equivalent of \$10 per day in purchasing power parity terms.

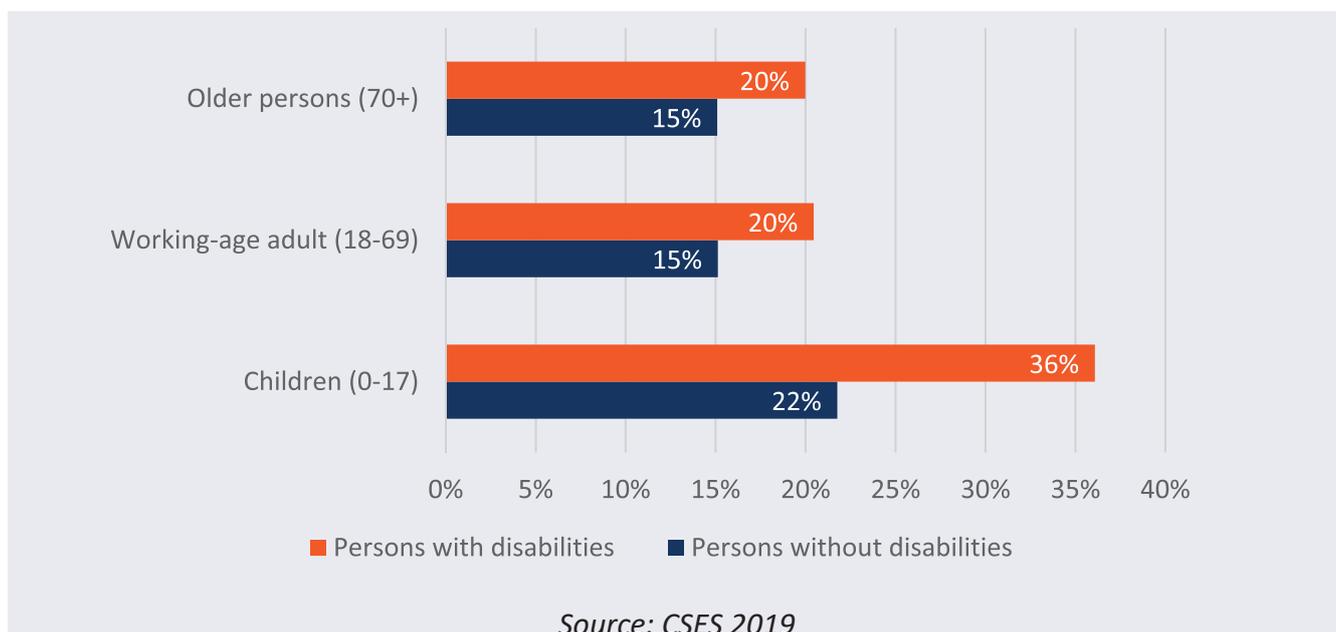
Figure 5-2: Distribution of persons with disabilities across the welfare distribution



In fact, poverty rates among persons with disabilities are higher than among persons without disabilities. Overall, the national poverty rate among persons without disabilities is 17.5 per cent while it is 21.1 per cent among persons with disabilities.⁷ Figure 5-3 shows the proportion of persons with and without disabilities living below the national poverty line, by age group. The greatest difference in poverty rates between persons with and without disabilities is amongst children aged between 0 and 17 years. The poverty rate for children without disabilities is 22 per cent, while this increases to 36 per cent for children with disabilities.

⁷ This is based on the national poverty rate produced by the RGC in 2021.

Figure 5-3: Proportion of persons with and without disabilities living below the national poverty line, by age groups



Lower income households – including those with persons with disabilities – spend a higher proportion of their consumption on food than higher income households. For example, among households with persons with disabilities in the lowest decile of the welfare distribution, 55 per cent of consumption is on food compared to 26 per cent among households in the highest decile. As a result, not only do poorer households have lower incomes, they have a smaller proportion of their available income to spend on non-food items. For example, persons with disabilities living in poverty may have less income available to spend on transport, thereby restricting their ability to leave the home.

When consumption levels are provided for households as a whole, they may not reflect the standard of living of persons with disabilities within the households. Average per capita consumption in households does not account for internal power dynamics which may mean that persons with disabilities have lower standards of living than other household members who may be prioritised.⁸ During consultations with

Sometimes family members don't tell the person with a disability that there is a certain amount of cash that is meant to support them. Sometimes they don't feel it's necessary to include them because they're dependent.

OPD representatives

OPDs, they indicated that this was quite common and noted that, when social protection transfers are provided to households, persons with disabilities could miss out. International evidence suggests that, when people are unable to share their own resources with other household members, they are at greater risk of experiencing social exclusion within households.⁹

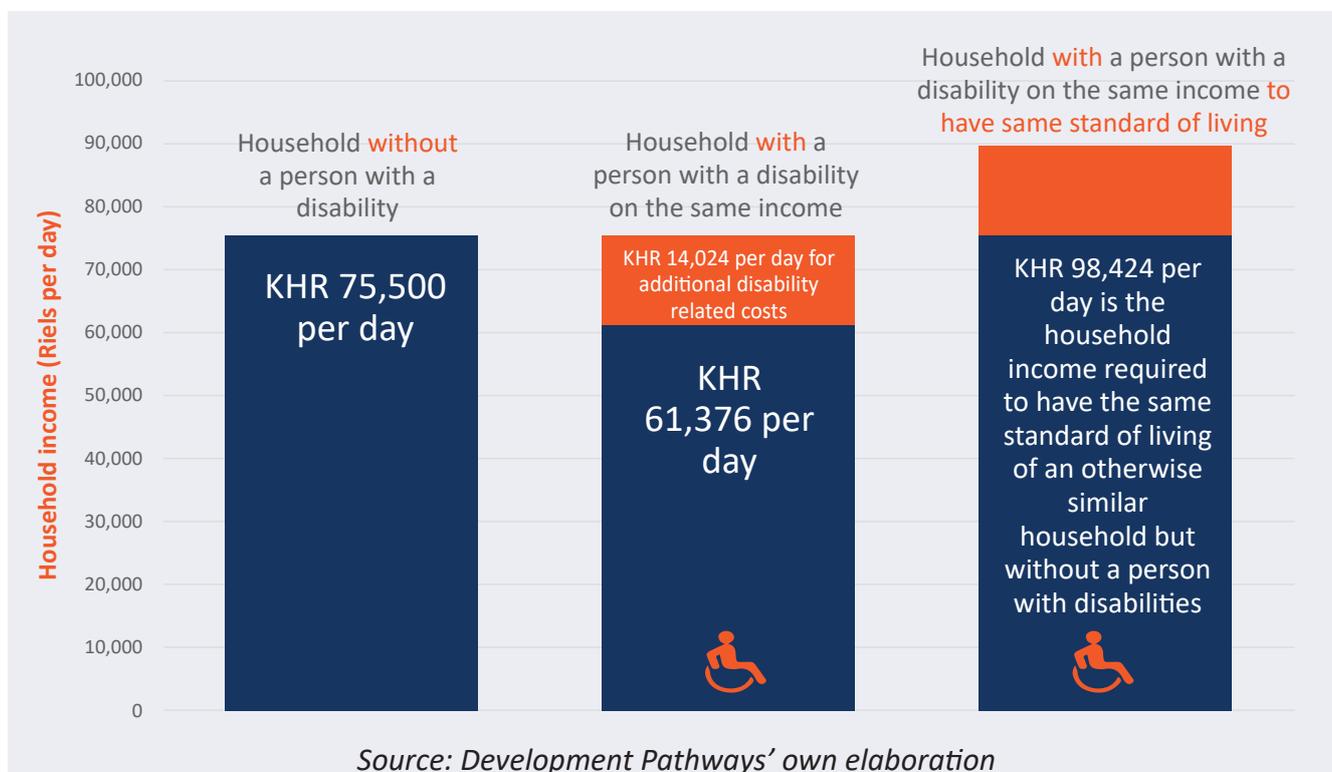
⁸ Kidd, Wapling et al (2019).
⁹ Calder and Tanhchareun (2014); Kidd (2021).

5.2 Additional costs of disability and the impacts on standards of living of persons with disabilities

The real levels of poverty in households with members with disabilities are often underestimated due to the additional costs that persons with disabilities experience. Persons with disabilities can experience a range of additional costs, related to healthcare and assistive devices, education, transport and personal assistance. When measuring only the direct costs of disability, Palmer et al. (2019) found that households with persons with disabilities in Cambodia require an additional 18.6 per cent of income (proxied by expenditure) to reach the same standard of living of an otherwise similar household with no members with disabilities.¹⁰

Therefore, when two households have the same consumption levels, the household with persons with disabilities has a lower standard of living because a proportion of their consumption covers their disability-related additional costs. Figure 5-4 illustrates this point for two households living on the mean income in Cambodia of KHR75,500 (US\$19) per day.¹¹ The household with a member with disabilities would require an additional of KHR14,000 (US\$ 3.50) per day to maintain the same standard of living as a household without a member with a disability.¹²

Figure 5-4: Maintaining the same standard of living between households with and without a member with a disability



¹⁰ Using only the CSES 2019/20, the same standard of living approach suggests smaller additional costs of disability at around 7.5 per cent. However, because of the smaller sample size, the results are sensitive to different regression specifications and measures standard of living.

¹¹ According to the CSES 2019

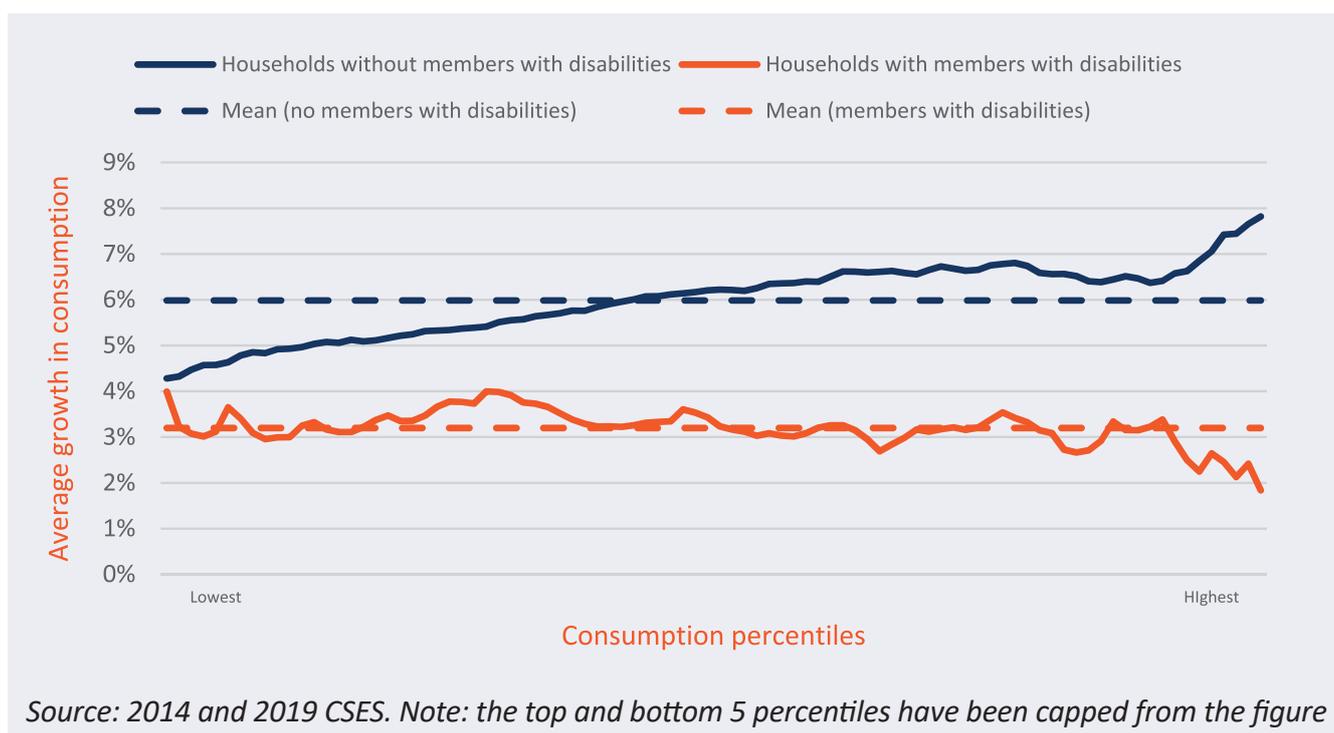
¹² If the median income were used, the additional costs would be KHR10,100 (US\$ 2.5) per day.

When the additional costs of disability are taken into account when measuring poverty rates, the poverty rate of persons with disabilities increases from 21.1 per cent when the additional costs are not considered to 24.3 per cent when they are. This is further evidence of the substantial disadvantages experienced by persons with disabilities in Cambodia.

5.3 Persons with disabilities in Cambodia are falling behind the rest of the population

Not only are households with persons with disabilities more likely to be living in poverty than other households, but the gap between them has also increased in recent years. Figure 5-5 shows that between 2014 and 2019, while the consumption of households without persons with disabilities rose by 6 per cent per year, it only rose by 3 per cent among households with persons with disabilities. The gap is greatest among households in the top welfare decile.

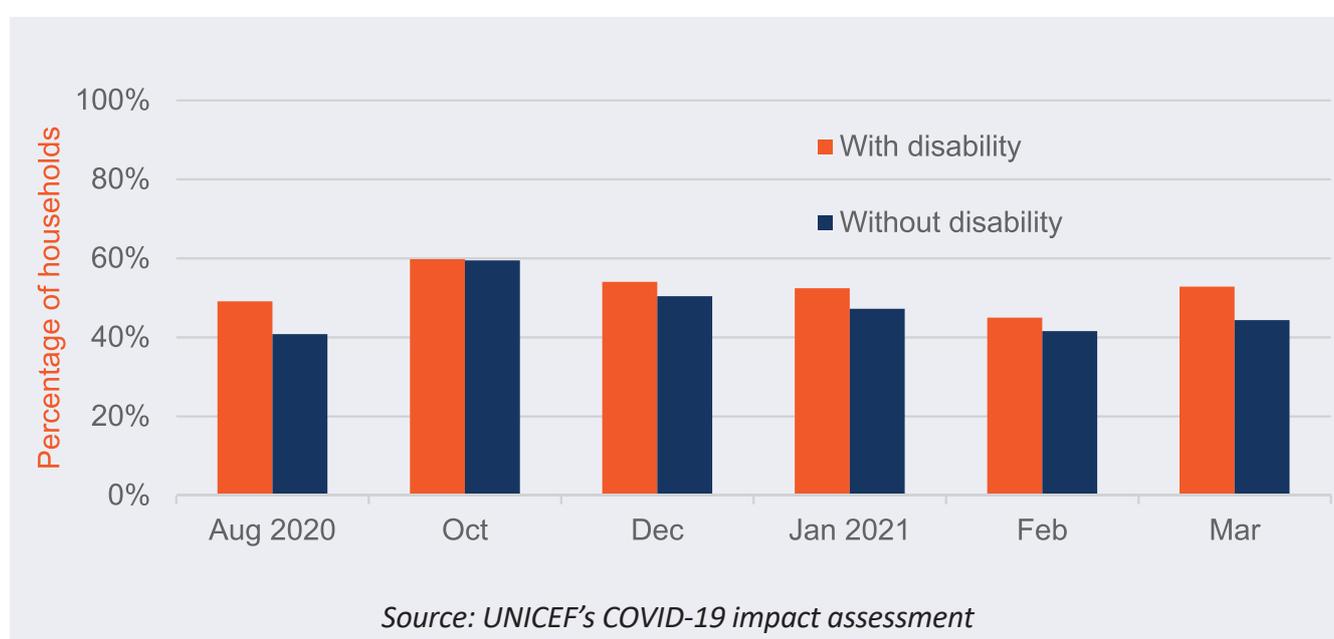
Figure 5-5: Growth incidence curves showing changes in consumption for households across the welfare distribution (from 2014 to 2019, annualised)



5.4 Impacts of the COVID-19 pandemic on standards of living

While the COVID-19 pandemic has worsened the situation for most people in Cambodia, persons with disabilities have been the hardest hit. Consequently, the gap between households with and without persons with disabilities is likely to have increased further. An assessment conducted by UNICEF shows that, from August 2020 to March 2021, between 45 and 60 per cent of households with members with disabilities experienced a reduction in income of 50 per cent or more compared to between 41 and 59 per cent of households without persons with disabilities. This significant loss of income will have had a major impact on household wellbeing.

Figure 5-6: Percentage of households whose income fell by 50 percent or more due to COVID-19, by presence of member with disability, Aug. 2020 - Mar. 2021



To address the impacts of the pandemic, many households have resorted to negative coping strategies. In March 2021, 5 per cent of households with persons with disabilities resorted to begging, 3 per cent withdrew children from school and 2 per cent sold their house and land. Less severe negative coping strategies included 31 per cent of households spending their savings and 33 per cent taking out loans. Regardless of the severity of the coping mechanism, these short-term responses harm the welfare of households in the long-term, and further increase the poverty gap between persons with and without disabilities.

6

CHALLENGES FACED BY PERSONS WITH DISABILITIES ACROSS THE LIFECYCLE¹³

Persons with disabilities experience a range of challenges at different points across the lifecycle, from childhood to old age, which help explain their lower incomes. While some have experienced disability from childhood, others can be affected by disability at an older age, at which point disability is a new and challenging phenomenon for them. Experiences also vary depending on the nature and severity of disability. This section describes the type of challenges faced by persons with disabilities across different age groups including their access to public services. It does not consider access to social protection since Cambodia's social protection system is still in its infancy and offers minimal support to persons with disabilities.

6.1 Challenges experienced by children with disabilities (0-17 years)



Key messages

- Families including children with disabilities are at risk of lower incomes when compared to families without children with disabilities.
- Many families with children with disabilities experience significant losses in income if parents have to give up work to care for the child. At the same time, they can experience high costs, for example in health, rehabilitation, education and transport.

¹³ In this section, persons with moderate or severe disabilities are referred to as 'persons with disabilities'

- ➔ As a result of lower incomes, children with disabilities face a range of challenges including:
 - o A higher likelihood of requiring health and rehabilitation services, which demand high direct and indirect costs
 - o Lower attendance at school: 37 per cent of children above the age of 5 with disabilities have never attended school compared to 6 per cent of children without disabilities. While there are many reasons for not attending school, costs are likely to be one reason.
 - o Some children with disabilities must work to support their families: 9 per cent are unpaid family workers and 6 per cent are paid workers.
- ➔ The challenges faced by children with disabilities are likely to have been exacerbated during the COVID-19 pandemic.

Children with disabilities are among the most vulnerable people in Cambodia, in particular children with intellectual and/or severe disabilities who face significant discrimination and are often unable to access the services they require.¹⁴ Often, and especially in rural areas, it is believed that disability among children is the result of a wrongdoing in a previous life which can enhance discrimination against children with disabilities and can remain throughout their lives.¹⁵ Parents may also be ashamed of their children if they experience a disability and can discriminate against them within the family. The ability of children to prosper as adults is closely linked to the financial situation of their families.

Some families are not happy with their children. They feel ashamed and embarrassed and try to hide them. When the OPD team tries to meet them, they don't want to [...] Some families that are educated have opened their minds though, and they refer their children to services, such as the PRC, for example.

Of course, in the family, women and children with disabilities are not treated very well. They're often discriminated against. And other family members feel that they are a burden. Because of them, they lose an opportunity to make a living, have a business, and work, because they must care for family members with disabilities.

OPD representatives

¹⁴ Birdsall (2015); Bailey & Kanika (2014)

¹⁵ Birdsall (2015); Bailey & Kanika (2014)

Many families with children with disabilities experience a double challenge. They often have significant costs to care for their children, while they may have a reduced capacity to earn income if a parent gives up work to care for their child. A child is more likely to be considered an economic burden if their disability is more severe or if they are less able to be independent.¹⁶

6.1.1 Access to health and rehabilitation services

A key source of additional costs for children is paying for health services and rehabilitation. Children with disabilities in Cambodia are more likely (16 per cent) to be ill than their peers without disabilities (8 per cent).¹⁷ In addition, the type of illness or injury is likely to be more serious: for example, in 2014 only 1 per cent of children without disabilities experienced a severe illness or injury compared to 7 per cent of children with disabilities.¹⁸

The authorities feel that children with disabilities can be taken care of by family members, so don't feel that they need to give support. Unless you have an ID Poor card, you're not getting much support.

OPD representative

Box 6-1: Free public healthcare for persons with disabilities

All people with disabilities have access to free public health care. However, interviews indicated that due to a limited budget, as well as limited awareness among both persons with disabilities and healthcare professionals, uptake is low. To improve implementation of the policy, the Government should continue with Disability ID registration, as well as raising awareness about the policy among persons with disabilities and service providers.

Persons with disabilities and their families can also access healthcare through Community Based Health Insurance; private health insurance; the National Social Security Fund, and the Health Equity Fund (HEF). A household is eligible for the Health Equity Fund if it qualifies through IDPoor.

Sources: Interviews with key informants; Bailey (2021); Kolesar et al (2020)

Consequently, families with children with disabilities can experience high health costs. In 2019, the average expenditure on healthcare (treatment and transport)¹⁹ over a month on children with disabilities was KHR518,000 (US\$128) while families without children

¹⁶ Bailey AM and Kanika (2014)

¹⁷ DHS 2014. The information refers to children aged 6-17 years.

¹⁸ DHS 2014

¹⁹ Walji et al. (2012)

with disabilities spent KHR127,600 (US\$32).²⁰ Although Cambodia offers persons with disabilities free healthcare (see Box 6-1), many prefer to pay for private healthcare services, due to their higher quality.²¹ However, the reality for many children with disabilities is that, due to the high costs, they are unable to access health services. A OPD representative stated: “Family members are happy to send their children to the hospital the first or second time. But when they realise how much money they have to spend, they won’t refer them again.” This likely has serious consequences, exacerbating illnesses and conditions of children.

Box 6-2: Rehabilitation services in Cambodia

Both the Ministry of Health and the Ministry of Social Affairs, Veterans and Youth Rehabilitation through Persons with Disabilities Foundation (MoSVY/PWDF) provide rehabilitation services for persons with disabilities. Whereas limited psychosocial support and physical therapy services are provided in provincial and national-level hospitals, MoSVY/PWDF is responsible for the operations of 11 Physical Rehabilitation centres (PRCs).

PRCs provide several services including physiotherapy, prosthesis and orthosis, the provision of wheelchairs and assistive devices (including crutches, seating systems and a walking frame), referral to health services, socio-economic assessment, home adaptation, educational support, speech therapy and psychological support. However, not all services are available in each PRC: for example, in a baseline survey examining 6 centres, all provided assistive devices and referral to socio-economic support, but only 17 per cent offered speech therapy.

In 2020, largely as a result of the COVID-19 pandemic, the number of clients accessing PRC centres decreased by 34 per cent compared to the previous year. PRC outreach services were suspended due to the COVID-19 pandemic, although Humanity and Inclusion set up a remote rehabilitation system at the Kampong Cham PRC.

Source: ADD International et al. (2020); Bailey (2021); MoSVY progress report

Children with disabilities can access rehabilitation services, and these are primarily provided through 11 Government-run Physical Rehabilitation Centres (see Box 6-2). Services are free although some PRCs are piloting contributions based on ability to pay.²²

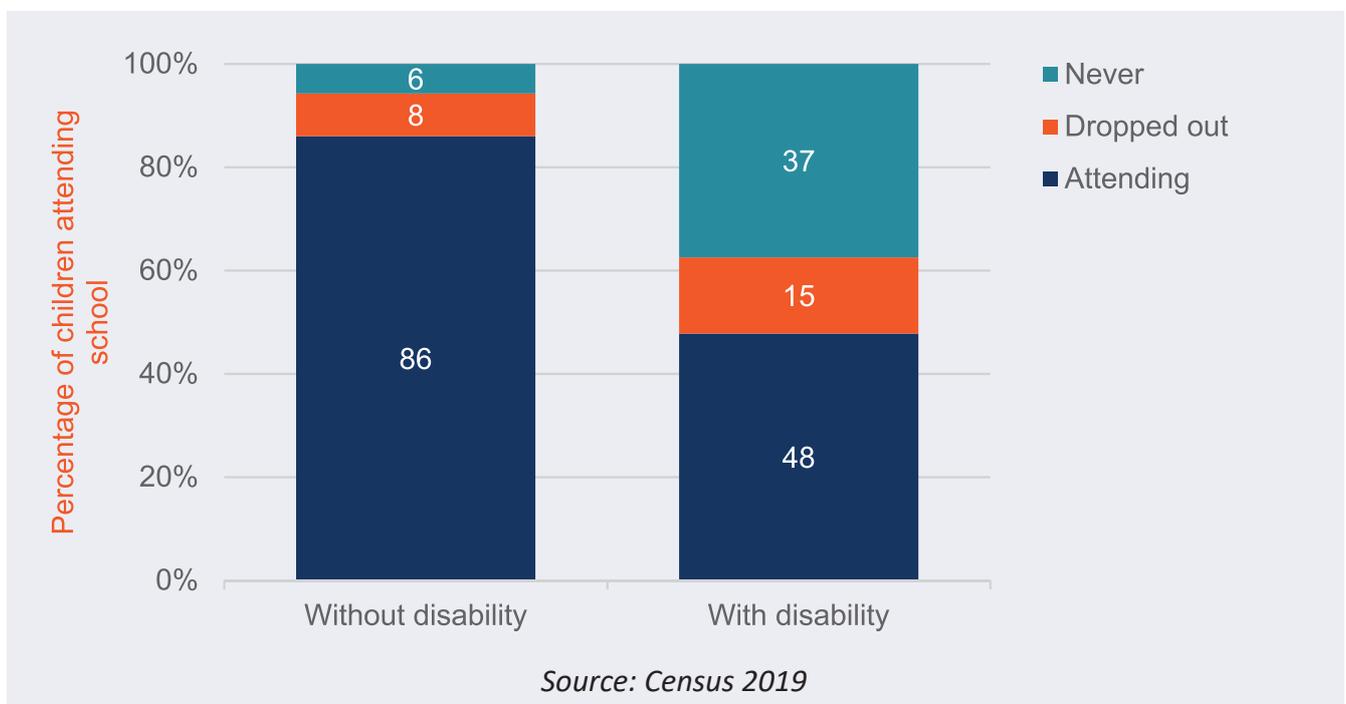
²⁰ CSES 2019. It should be noted that the sample size was small for children with disabilities and so the differences are not significant
²¹ Birdsall (2015).
²² Bailey (2021).

OPDs suggest that rehabilitation services are insufficient to meet the needs of persons with disabilities living on low incomes: for example, the assistive devices provided are not always modern or adequate. Further, many persons with disabilities cannot afford to travel to a PRC. One OPD representative explained: “In my area, the PRC is located far away. Rehabilitation happens but they can be difficult to access.” Children with disabilities would gain better access to rehabilitation services if their parents had higher incomes, including by using private services.

6.1.2 Access to education services

Although the Government of Cambodia provides free schooling, children with disabilities are less likely to attend school than their peers without disabilities. Figure 6-1 shows that 37 per cent of children above 5 years with disabilities have never attended school compared to 6 per cent of children without disabilities. In addition, children with disabilities are almost twice as likely to drop out of school (15 per cent versus 8 per cent). Absence from school by children with disabilities is higher in rural areas (40 per cent) than urban areas (32 per cent).

Figure 6-1 School attendance rate among children of school going age (6-17 years) by disability status



Box 6-3: Educational settings for children with disabilities in Cambodia

There are three types of educational settings available to students with disabilities in Cambodia.:

- Segregated/Special schools are available only to children with disabilities and are usually operated by NGOs.
- Integrated classrooms, which are also restricted to children with disabilities, are in mainstream schools in a separate self-contained classroom.
- Mainstream/inclusive classroom, in which children with disabilities are educated alongside with their peers without disabilities.

Source: Hayes and Bulat (2018)

The main reason given by families for the non-attendance at school of children with disabilities is “*disability/long term illness.*”²³ However, this probably comprises a range of reasons, including the fact that mainstream schools are unable to provide adequate support and services to children with disabilities as well as the costs of transport, which are likely to be higher for many children with disabilities. Families with higher incomes are better able to invest in the education of children with disabilities. For example, they can pay for the additional costs of disability – such as transportation and assistive devices – that would enable a child to access an appropriate school.

Children may also drop out of school as a negative coping strategy to bring more income to the family. Although the legal working age is 18 in Cambodia, the country still has a high rate of child labour. In fact, 6 per cent are paid workers and 9 per cent of children with disabilities are unpaid family workers.²⁴ Almost all these children are not receiving an education.²⁵

The COVID-19 pandemic has impacted on vulnerable children’s access to education. A COVID-19 Baseline/Post Distribution Monitoring Survey indicates that 11 per cent of children who were accessing primary or lower secondary school before the pandemic were no longer doing so at the time of the survey. Some families were unable to afford to send their children to school and, instead, their children had to work.²⁶ It is likely that children with disabilities are particularly at risk of dropping out from school due to the

²³ CSES 2019. This reason was given by 70 per cent of families.

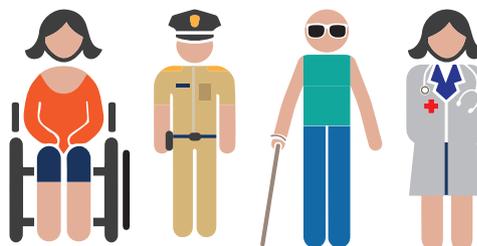
²⁴ Cf Gartrell (2019).

²⁵ Source: Census 2019. It should be noted that the 2019 CSES provides different results, indicating 2 per cent of children with disabilities aged 12-17 are engaged in paid labour and 26 per cent of children with disabilities are engaged as an unpaid family.

²⁶ Family Care First (2021)

pandemic. OPD representatives suggested that many children with disabilities from poorer and more rural families were less able to access remote learning due to limited access to the internet, smartphones and computers.²⁷ Many of these children may never catch up or return to school.

6.2 Challenges experienced by working-age adults (18 – 59 years)



Key messages

- Working age persons with disabilities have lower levels of educational attainment, which limits their opportunities to access higher education and employment and, therefore, an adequate income. This begins as they enter adulthood.
- When working age persons with disabilities are in employment, they are more likely to be in precarious work and have lower incomes than their peers without disabilities
- Working age persons with disabilities experience higher additional costs: for example, persons with disabilities who sought healthcare treatment spent 27 per cent more than persons without disabilities on health.
- The COVID-19 pandemic has hit incomes hard.
- Working age persons with disabilities without an independent source of income are placed in a situation of dependence on others, potentially losing their autonomy.
- Working age persons with disabilities are less likely to be married than their peers without disabilities and, therefore, less able to rely on a spouse for income, as well as other types of care and support. This is particularly the case among women.
- Working age persons with disabilities are also more likely to be living alone, or in a two-person household, meaning that they are less able to receive financial support from their family members and wider network.
- Working age women with disabilities are more likely to experience domestic abuse, potentially linked to their more limited financial autonomy.

²⁷ KII HE Neth (DAC-SG)

Depending on the severity of their impairment and the opportunities they have been given, working age persons with disabilities may either be providers and caregivers themselves, or could be dependent on their families. Regardless of their situation, however, the challenges that persons with disabilities face result in them having – on average – lower incomes and greater expenses than families without persons with a disability. Without a regular income, persons with disabilities will be unable to close this gap.

6.2.1 Access to higher education and work

Due to the disadvantages that many persons with disabilities of working age have faced during childhood, alongside other factors such as discrimination, working age persons with disabilities can struggle to access higher education or decent work. For example, 76 per cent of working age persons with disabilities have no more than primary

education while 41 per cent have never attended school. Only 1 per cent of working age adults with disabilities have had a tertiary education. Only 67 per cent of persons with disabilities aged 18-59 years are literate in Khmer compared to 88 per cent of persons without disabilities.²⁸

As children with disabilities move into adulthood, many are unable to either access further education or jobs. Among young persons with disabilities aged 18 to 25 years, 41 per cent are not in education, employment, or training (NEET), compared to young people without disabilities (7 per cent). The proportion is slightly higher among males with disabilities (42 per cent) compared to females with disabilities (39 per cent).

In Phnom Penh, some persons with disabilities have the skills and capacity to work in the Government or NGOs. Some are working in factories, some of them are tuktuk drivers, some are vendors. Many women work in souvenir shops, selling to tourists or work as garment workers.

OPD representative

Persons with disabilities – especially in remote areas – find it hard to be employed as they weren't able to access a higher education. But now, some are being promoted. In the informal sector, the type of disability affects the work people do. If they have a mild disability, they can work in agriculture, raising chickens and ducks. But some people live in poverty because they have nothing: no agricultural land to cultivate and so they work for others, doing

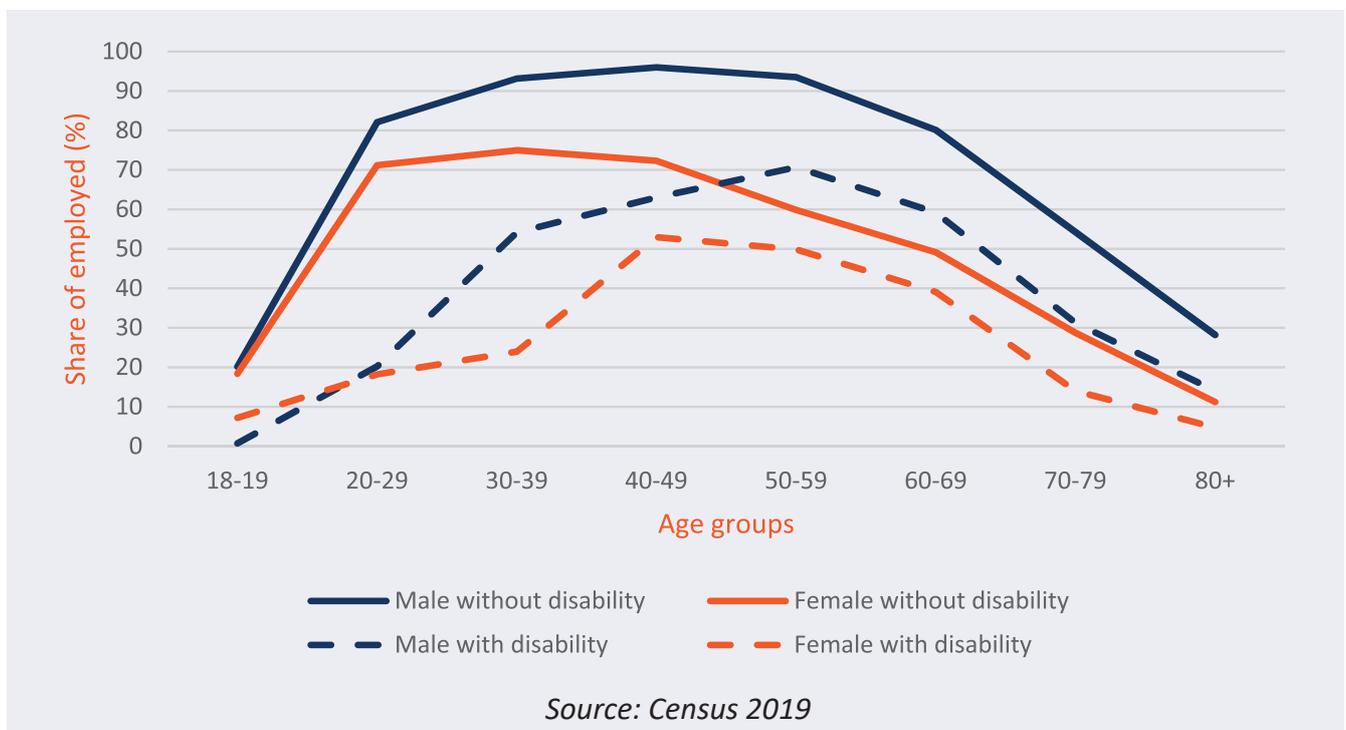
²⁸ Census 2019.

As indicated by Figure 6-2, labour force participation among persons with disabilities is below that of persons without disabilities, and particularly low for women. Forty-one per cent of working-age adults with disabilities are not working compared to 10 per cent of persons without disabilities.

harvesting, planting rice, working as a nanny, a babysitter. Women who are deaf find it very difficult to access jobs, as do those with vision impairments. Their livelihoods are really affected, so they need to be supported by their families.

OPD representative

Figure 6-2: Labour force participation of persons with and without disabilities, disaggregated by gender and age groups



Box 6-4: Active labour market programmes in Cambodia

The RGC has implemented a number of policies that aim to improve the employment opportunities of its citizens, including the National Employment Policy 2015-2025, the National Youth Development Policy and the National Youth Action Plan. Key measures include:

- *Technical and Vocational Education Training (TVET) (provided by The Ministry of Labour and Vocational Training and the Ministry of Women's Affairs)*
- *Employment quotas for persons with disabilities in the formal economy: 1% of the workforce must be persons with a moderate or severe disability for firms that employ more than 100 workers, and this quota increases to 2% for government entities.*

Source: Bailey (2021); OECD (2017)

Persons with disabilities of working age are also more likely to be in insecure and poorly paid jobs in the informal economy. Only 16 per cent of persons with disabilities are in formal employment compared to 44 per cent of their peers without disabilities.²⁹ Gartrell (2019) details, for example, how many young women with disabilities start their own small businesses as a “last resort” after being rejected from factory and other wage-based work. Annex 3 describes the barriers to employment experienced by young persons with disabilities. The RGC has put in place some policies to help persons with disabilities access jobs – see Box 6-4 - but there is no robust evidence on their effectiveness.

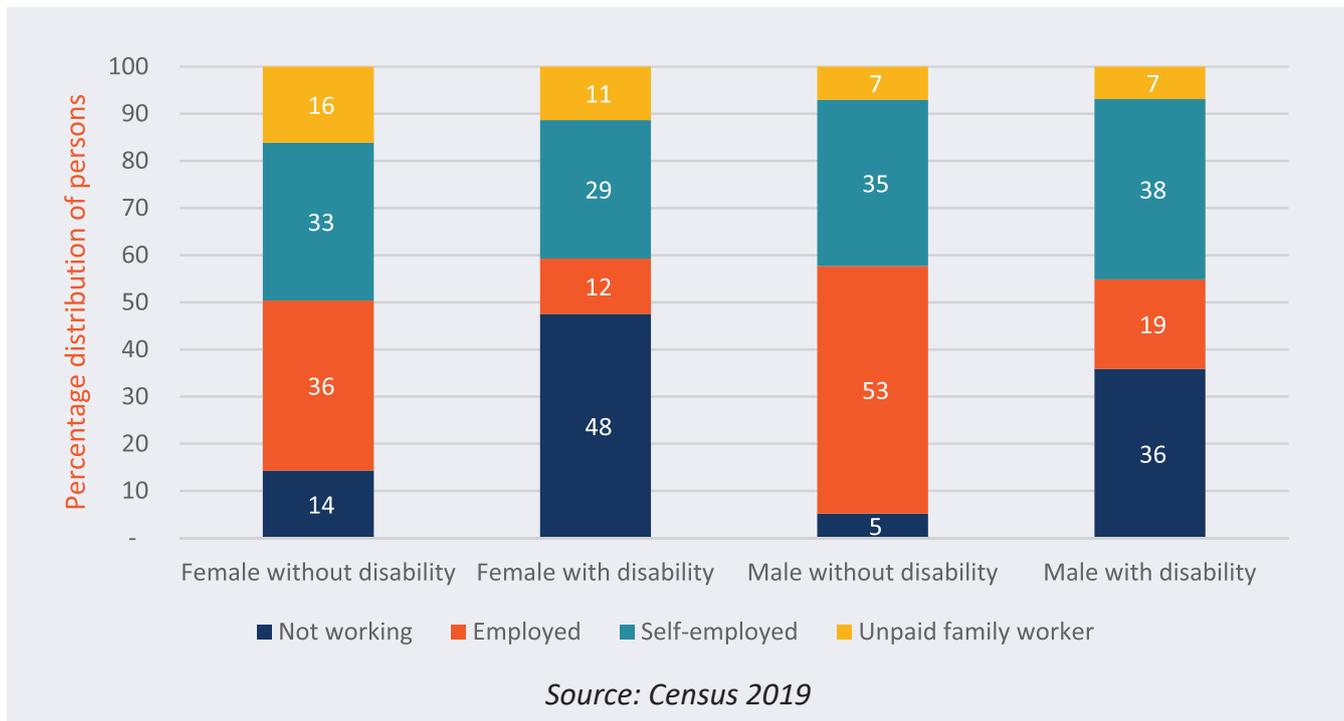
The differences in employment opportunities between persons with and without disabilities translate into differential incomes: average incomes among persons without disabilities in employment are KHR1,080,100 (US\$267) per month compared to KHR715,000 (US\$177) per month among those with disabilities.³⁰

48 per cent of working age women with disabilities are not in any form of employment while 11 per cent are in unpaid family work (see Figure 6-3). These unpaid tasks likely consist of housework and other domestic activities. In the absence of an independent source of cash, many women with disabilities may have limited decision-making power within their households. In addition, they will accumulate fewer assets than men.

²⁹ Source: CSES 2019.

³⁰ Source: CSES 2019. Income is derived from ‘Income from work (excludes income from other sources)’

Figure 6-3: Employment status of adults (18-59) by disability status and sex



The COVID-19 crisis has exacerbated the challenges faced by persons with disabilities of working age in accessing incomes from employment. ADD International (2020) found that respondents to a survey in Cambodia had experienced a 52 per cent reduction in their monthly household income since the start of the pandemic, with greater impacts on men.³¹ Interviews with OPDs confirmed the impacts:

“In terms of livelihoods, there were persons with disabilities working in factories who were able to work. But then COVID came and the factories shut, rendering them unemployed. In Battambang, a factory shut leaving women unemployed and jobless. Businesses are also closing because they have no customers.”

“I know two families that used to work in the factory but were laid off. They live in rented accommodation and are really struggling, as they need to pay US\$5 a month in rent. One family has a husband collecting recyclable materials from the garbage. Another woman became a beggar. So, life is really hard, especially as they must pay for electricity, utility bills and food.”

³¹ The survey was conducted in August 2020: 87 members from OPDs and 10 OPD/Self-Help Group leaders were interviewed by telephone.

6.2.2 Stigma and social exclusion

The absence of an independent source of cash can be a source of stigma, social exclusion and discrimination for persons with disabilities. As one OPD described:

“If a person with a disability is earning any source of income, then their community won’t discriminate against them. If they have a business, or they’re farming and earning an income, then they’ll be accepted. But, if the person is unemployed, if they have no source of income, then they’re subject to discrimination.”

Women with disabilities are more at risk of stigma. A OPD that works with women with disabilities explained that:

“Women with disabilities suffer discrimination from their own families and communities because people feel that women are not strong, that they’re not able to work, and they suffer violence too because they’re vulnerable to it. If they don’t have employment or a business, then they’re not treated well by their family and community. NGOs have put in a lot of work to help people understand thing better, and we’re seeing less discrimination than before. But there still isn’t zero discrimination.”

6.2.3 Remittances and gifts

Other sources of income for persons with disabilities are remittances and gifts. However, around 38 per cent of households with working-age persons with disabilities do not receive remittances and 65 per cent do not receive gifts. Among those households accessing remittances, the average amount received is KHR189,900 (US\$47) per month, while gifts are low in value, at only KHR18,900 (US\$4.65) per month.³² When shared across all household members, the level of financial support is low and there is no guarantee that persons with disabilities benefit. The COVID-19 pandemic has likely resulted in a significant fall in remittances, placing persons with disabilities at increased risk.³³ The World Bank has estimated that formal remittance flows to Cambodia declined by 5.2 per cent in 2020 while the Asian Development Bank estimated a reduction of 11.5 per cent.³⁴

³² CSES (2019).

³³ Sayeh and Chami (2020).

³⁴ International Organization for Migration (IOM): Regional Office for Asia and the Pacific (2021)

6.2.4 Health costs

In addition to low or zero personal incomes among many working age persons with disabilities, as indicated in Section 3.3.1, they also experience higher costs due to their disabilities. One area of higher costs is healthcare since persons with disabilities of working age are more likely to be ill, which can also affect their ability to earn an income: in 2019, 41 per cent of working-age adults with disabilities had experienced disease or injury in the past 30 days compared to 12 per cent of adults without disabilities. Women, at 47 per cent, were more likely to be ill than men, at 36 per cent.³⁵ Further, if a person with a disability requires full-time care, someone in the household may have to give up work, further reducing household incomes. When seeking treatment, working age persons with disabilities also face higher costs: in 2019, they spent 27 per cent more than persons without disabilities on the direct and indirect costs of health expenditure.³⁶ WHO (2017) – based on analysis of the DHS 2014 – found a similar expenditure gap: persons with disabilities spent approximately 30 per cent more at health providers and twice the amount on associated travel.³⁷ Costs can also be higher in other aspects of life, such as transport and assistive devices.³⁸

6.2.5 Marital status

A spouse is an important member of an individual's care and support network. Figure 6-4 demonstrates that 74 per cent of women without disabilities are married compared to 61 per cent of women with disabilities (and 71 per cent versus 63 per cent for men). In addition, both males and females with disabilities are more likely to be divorced, suggesting that some may be abandoned due to their disability. Women with disabilities are less likely to marry because they are seen as a burden and as unable to fulfil their social role of homemaker.³⁹ Consequently, a woman is more likely to be seen as marriageable if she is less financially dependent on her household. One OPD explained, for example, that:

“If women are employed and have businesses, they have more opportunities to get married as men are interested in them. If they're not employed, then they suffer. Sometimes they don't get married but cohabit and then they're abandoned.”

³⁵ CSES (2019).

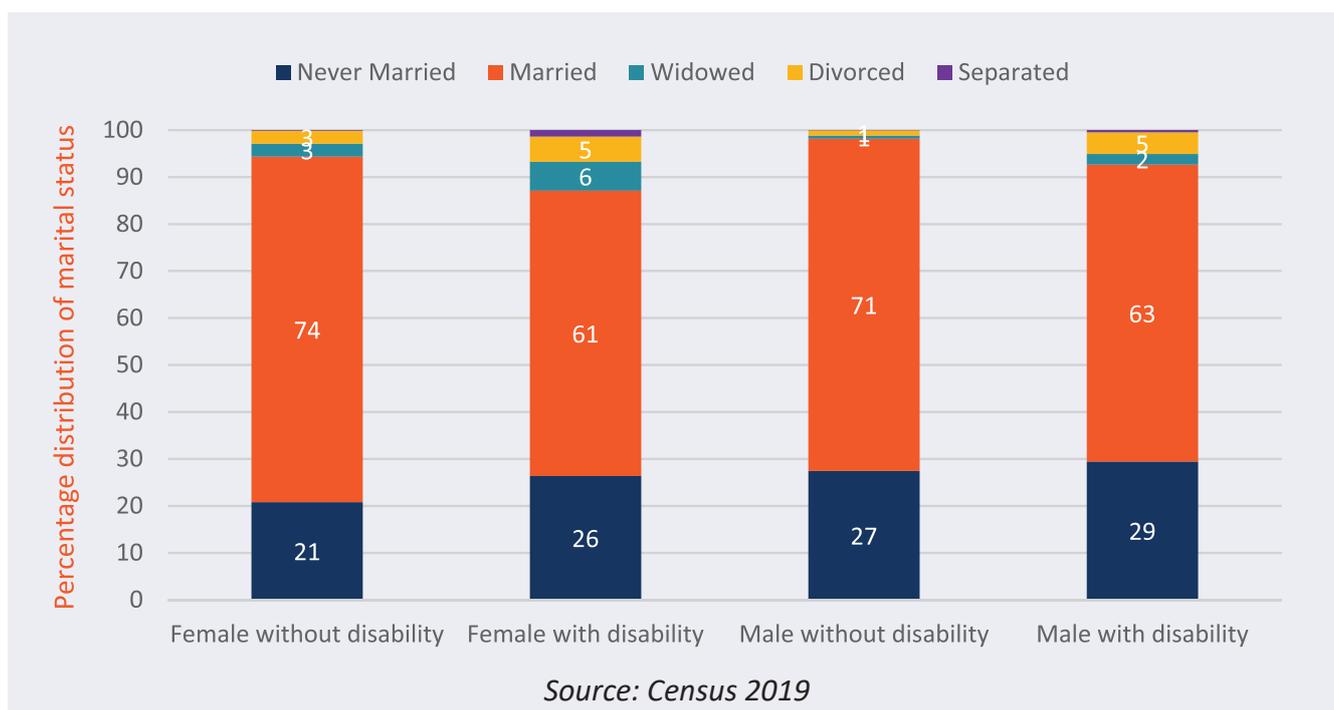
³⁶ Average costs for those seeking treatment were KHR319,900 (US\$79) per month for persons with disabilities versus KHR251,300 (US\$ 62) per month for persons without disabilities

³⁷ These figures are provided for all persons with disabilities

³⁸ Walji et al (2012)

³⁹ Gartrell et al (2017)

Figure 6-4: Marital status of working age adults (18-59) by sex and disability status



Not only does marriage strengthen people’s care and support networks, it can also give woman greater financial security. Vallins and Wilson (2013) explain that women with disabilities who are currently or previously married are more likely to own assets than women who never married. Asset ownership can serve as stored value and can be sold during crises. Consequently, unmarried women are less likely to cope during shocks and recover from them.

6.2.6 The risk of domestic violence

While marriage can be an important safety net, many women with disabilities can feel trapped in relationships with abusive or violent partners. In fact, women with disabilities are more likely to experience gender-based

“At home, there is some discrimination. Because they are poor, women sometimes experience violence because they cannot make a living and cannot go out.”

OPD representative

violence than women without a disability, with their partners, families and communities as perpetrators.⁴⁰ 39 per cent of women aged 14-49 with disabilities have experienced violence in their lifetime, compared to 22 per cent of women without disabilities.⁴¹ ADD International (2020) reported an increased risk of violence during COVID-19. International evidence indicates that lower incomes correlate with a higher risk of domestic violence.⁴²

⁴⁰ Vallins & Wilson (2013); Astbury & Walji (2013);

⁴¹ DHS 2014.

⁴² Angelucci (2008); Buller et al (2018); Peterman et al (2019).

6.3 Older persons with disabilities (60 years and above)



Key messages

- The absence of an effective old age pension system in Cambodia means that many older persons are forced to work, even if they do not consider it dignified to do so.
- Among those who work, they are more likely than their peers without disabilities to be in precarious employment, with lower incomes.
- Many older persons with disabilities are unable to work and are dependent on their households for subsistence, which places them in a dependent situation and can result in mistreatment and social exclusion. They are less able to build social relations due to a reduced ability to share finances with other members of their networks.
- The traditional safety net is breaking down due to migration, meaning that many older persons with disabilities are living alone or with children.
- Around 25 per cent of households with persons with disabilities do not receive remittances and 67 per cent do not receive gifts from other households, leaving them particularly vulnerable. Even if households receive support, however, there is no guarantee that it reaches persons with disabilities unless they are the household head or are caring for grandchildren.
- Older persons with disabilities – especially females – are less likely to be married and, therefore, less able to rely on a spouse for income and care.
- Older persons with disabilities are more likely to be ill and require access to health services, with potentially significant cost implications. However, in many cases, they are unable to adequately cover their costs and receive the health care they need.

As people age, they are at risk of a decrease in their functional capabilities, which impacts on their ability to earn an income as well as their care and support requirements. In fact, 78 per cent of Cambodians aged 80 years and above experience disabilities. Older persons in Cambodia face multiple factors that may contribute to vulnerability, including lower socio-economic status, greater health concerns, and a higher risk of social isolation.

6.3.1 Labour force participation and nature of work

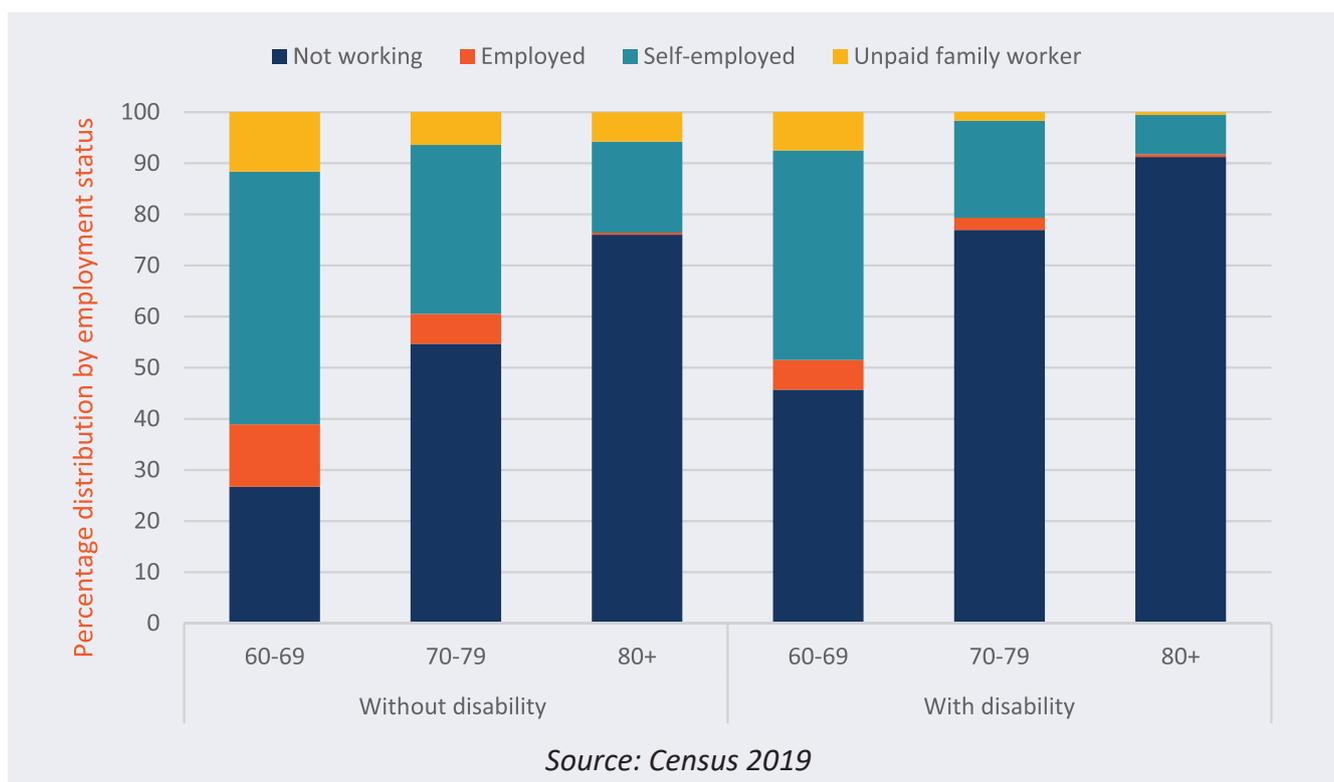
The absence of an effective old age pension system in Cambodia means that many older persons are obliged to work, even if they do not consider it as dignified in their old age. This is because their support networks may be struggling, or the older person may resist becoming dependent on others. Figure 6-2 demonstrated that many older persons between the ages of 60-69 years continue to be economically active – engaging in work such as subsistence farming or selling their labour⁴³ – but from the age of 70 years, as they become frailer and their impairments worsen, there is a sharp reduction in employment, meaning that many have no independent source of income. Indeed, 70 per cent are outside the labour market, rising to 91 per cent among over-80.

As Figure 6-5 indicates, among older persons with disabilities in work, the vast majority are in the informal economy. They also earn less, on average, than persons without disabilities: KHR490,000 (US\$121) per month compared to KHR736,000 (US\$182). Since most older persons are not in fact working, the average income across all older persons with disabilities is only KHR19,000 (US\$5) per month.⁴⁴ The majority of older persons with disabilities – even if they are earning an income – are likely to only attain an adequate standard of living if they are supported by others. This increases their likely dependency on others, meaning that they may be considered a burden by other household members.

.....
⁴³ Oxfam (2019)

⁴⁴ CSES 2019

Figure 6-5: Employment status by ten-year age groups and disability



6.3.2 Care and support for older persons with disabilities

Traditionally, the main source of care and support for older Cambodians has been from their adult children, with more than half of older persons living in a three-generation household.⁴⁵ In fact, 62 per cent of older women with disabilities – and 57 per cent of older men with disabilities – are living with children who may be prioritised within households over older persons with disabilities, who may be regarded as a burden by others.

Older persons – especially those with disabilities – require not only financial support from their families, but other types of care and support as well.⁴⁶ Oxfam (2019) has found, for example, that men and women may have different support requirements: older men are more likely to need assistance in cooking, shopping, washing, managing finances, doing the housework, and managing transport, with women with disabilities facing some of these same challenges – 30 to 33 per cent of all were found to also require assistance in cooking, financial management, clothes washing and housework – but they also had particular difficulties in commuting to the market and using transport. All these tasks are time consuming and likely mean that family members, especially female caregivers, lose out on work and, therefore, income.

⁴⁵ Census 2019; Royal Government of Cambodia (2017a); Suy et al (2018)

⁴⁶ Royal Government of Cambodia (2017a)

Older women with disabilities are more vulnerable than men. They have lower educational attainment levels and own less land and other assets.⁴⁷ 56 per cent of older women with disabilities are unmarried, compared to 22 per cent of men, so are less likely to have a partner to rely on. They also have less access to an independent income – only 21 per cent are in employment – and their own assets. For those in work, average incomes, at KHR341,000 (US\$84) per month are lower than for men with disabilities, at KHR557,100 (US\$138).⁴⁸

Despite the filial and spousal care that is provided to older persons, the traditional family-based safety net is breaking down. For example, increasing urbanisation and industrialisation means that younger people are now more likely to leave the older generation behind as they move to urban areas in search of work. Older persons are, therefore, more likely to have to care for themselves than in the past and often become the main caregivers of grandchildren left behind by migrants.⁴⁹ In fact, 6 per cent of older persons with disabilities live only with children and are fully responsible for them, so require access to an independent income.⁵⁰

Older persons with disabilities need an independent source of income to not be regarded as a burden, which could lead to social exclusion and discrimination. Oxfam (2019) found that older persons with disabilities are more vulnerable to abuse within families, especially when they are financially dependent. Long and Sudnongbua (2017) found that, if an older person has a higher income, education level and strong social support network, they are likely to have a better quality of life.

Some households with members with disabilities access income support from outside their household: 75 per cent receive remittances, with an average value of KHR213,800 (US\$53) per month, and 33 per cent receive gifts, with an average value of KHR24,300 (US\$6).⁵¹ As Figure 6-6 shows, the proportion who receive support is similar across the welfare distribution, although households in the highest consumption quintile receive KHR316,400 (US\$78) per month more than the poorest households. Thirteen per cent of older persons with disabilities are neither in employment nor in receipt of gifts or remittances, leaving them in particular risk.⁵² Although a household may receive cash support, this does not necessarily mean that older persons are able to access it on an equitable basis.

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⁴⁷ Rathny et al (2018)

⁴⁸ CSES 2019.

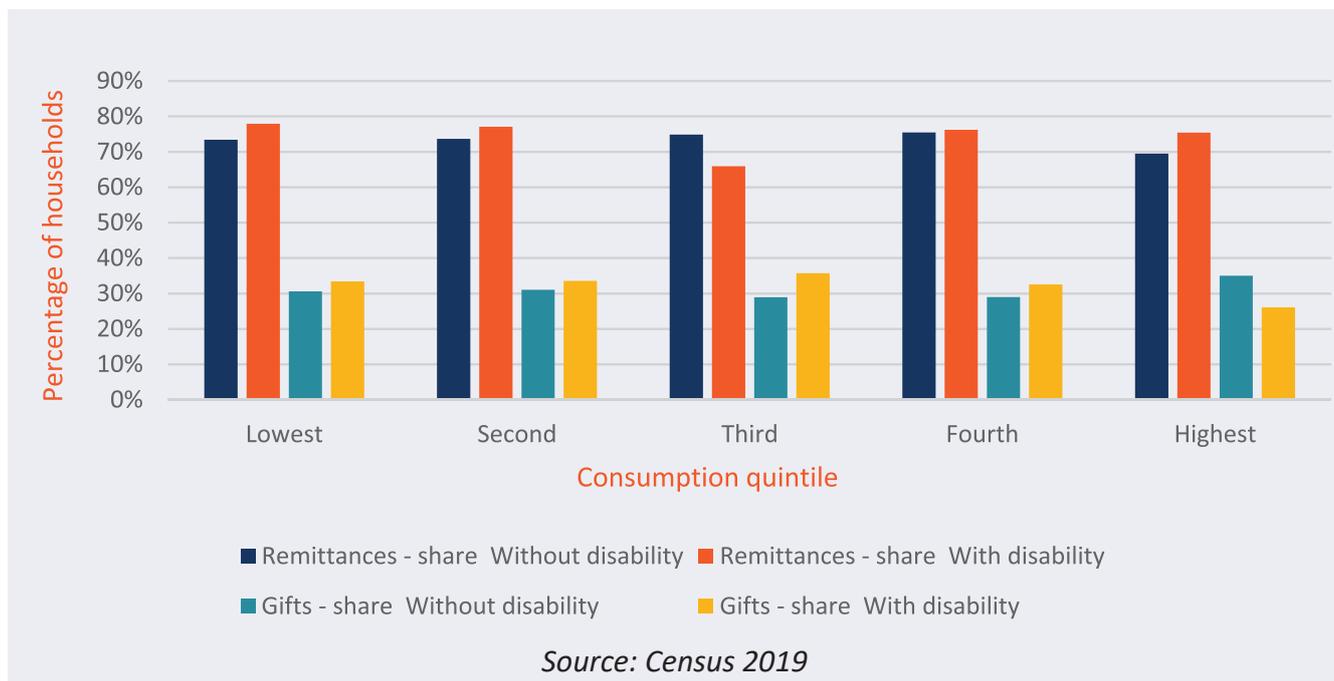
⁴⁹ Oxfam (2019); Suy et al (2018); Royal Government of Cambodia (2017a, b)

⁵⁰ Census 2019

⁵¹ CSES 2019.

⁵² CSES 2019.

Figure 6-6: Share of households with and without an older person (60+) with disabilities that receive remittances/gifts by consumption quintile



Older persons with disabilities experience high additional costs, in particular for healthcare: for example, in 2019, 60 per cent of older women with disabilities had experienced a disease or injury in the previous 30 days as had 52 per cent of men with disabilities, which compares to only 32 per cent among persons without disabilities. Older persons with disabilities seeking treatment were spending KHR236,400 (US\$58) per month. This is, however, below the amount spent by working age persons with disabilities, suggesting that many older people are struggling to cover their medical costs. To fund the costs of healthcare, many older persons resort to negative coping mechanisms by selling their productive assets, in particular agricultural land.⁵³

Older persons with disabilities in urban areas are 10 percentage points more likely to have experienced a disease or injury in the last 30 days.

OPD representative

Older persons with disabilities are no more likely to have an Equity Card – which they need to access health services – than those of working age adults, despite their greater needs. Oxfam (2019) has stated that most older persons do not have visual aids or devices to assist their mobility, except for a home-made walking stick. This is likely because they do not have enough funds to travel to a PRC or purchase their own devices.

⁵³ Suy et al (2018)

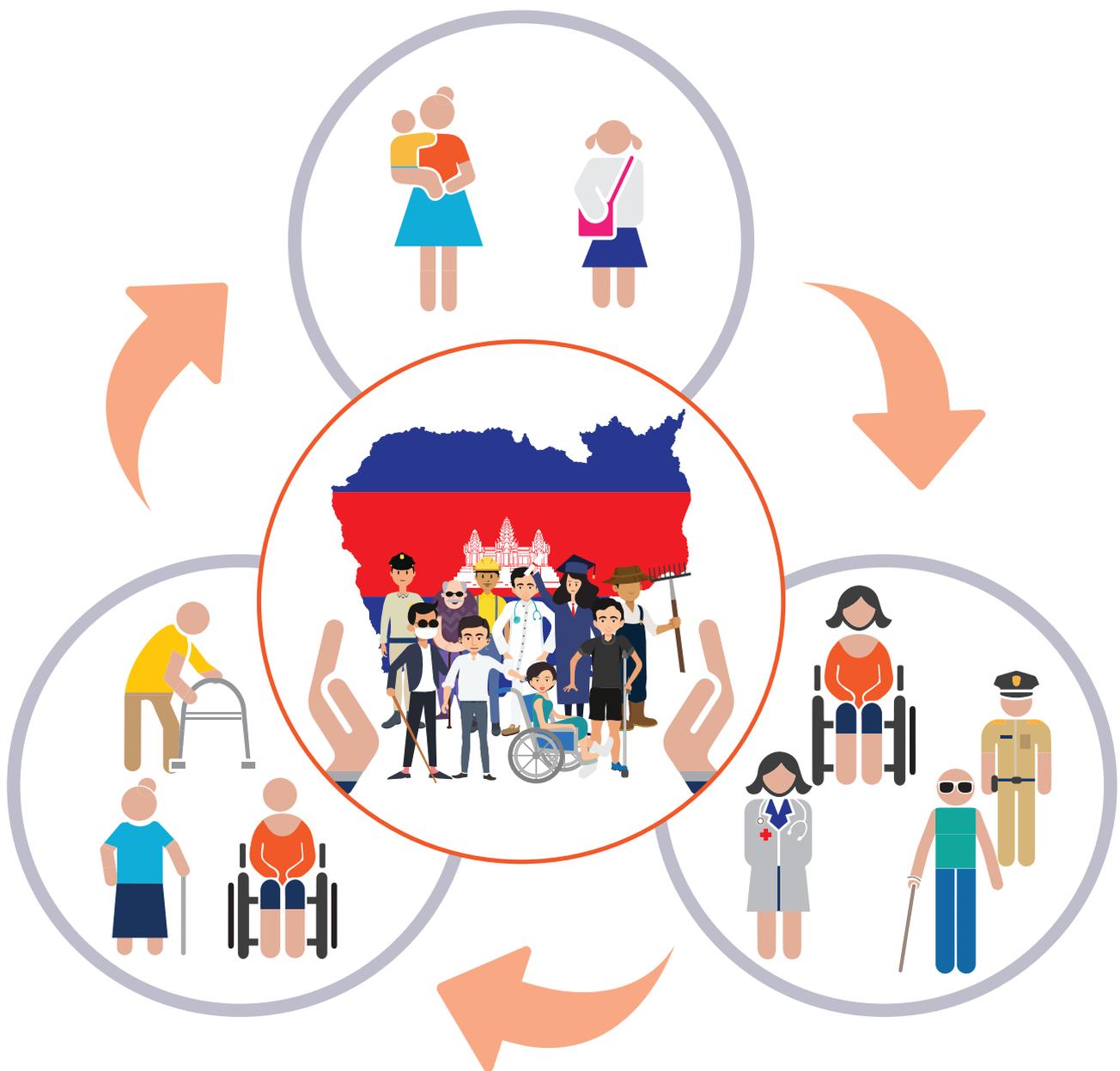
7

CONCLUSION

Many persons with disabilities in Cambodia are struggling, with insufficient income to live decent lives and cover the additional disability related costs they experience. On average, the incomes of persons with disabilities – and their households – are well below those of persons without disabilities, while they also experience significant additional costs, which further impact on their standards of living and wellbeing. Children with disabilities are particularly vulnerable while many persons with disabilities of working age find it impossible to access decent work. In old age, persons with disabilities become increasingly unable to gain income from work. When persons with disabilities do not enjoy independent, adequate incomes, they are likely to be dependent on others, which impacts on their autonomy, self-esteem and dignity. Even those persons with disabilities who are doing relatively well experience high costs due to their impairments, which mean that they cannot enjoy equality of opportunity and standards of living with others. The COVID-19 crisis has exacerbated the challenges that persons with disabilities face across Cambodia.

This paper has demonstrated that persons with disabilities require additional financial support if they are to enjoy equality of opportunities with other members of society. Yet, few persons with disabilities in Cambodia have access to financial support from the state, even in old age. As demonstrated above, many persons with disabilities rely on income both from their household

and their wider networks. However, the responsibility should not lie with family members to provide for persons with disabilities, even if the family member can afford to do so. The RGC's domestic and international commitments – for example, as outlined in the UNCRPD and, potentially, in the revised Disability Law – mean that it is essential that the State guarantees a minimum level of income to all individuals with disabilities. It will, therefore, be important that the RGC examines how best to establish a disability-sensitive social protection system that offers financial support to all persons with disabilities.



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Annex 1.1 Additional costs of disability

The additional cost of disability in Cambodia is estimated using data from the CSES (2019), following the ‘Standard of Living’ (SOL) approach (Palmer et al, 2018). The SOL approach is based on the concept of compensating variation, and estimates the additional resources required for a household with a member with disabilities to reach the same standard of living as an otherwise similar household without a member with disability. The extra cost is derived from estimating the following standard of living model:

$$SoL = \alpha + \beta Inc + \delta D + X\gamma + \epsilon,$$

where Inc measures household income in logs, D is a dummy variable for household disability status and α is the intercept term, which in this case is the minimum level of standard of living for households with no members with disabilities. The additional cost of disability is then expressed as

$$EC = -\frac{\delta}{\beta}$$

which is essentially the difference of income between households that are similar in observed characteristics but different in disability status ($Inc_{D=1} - Inc_{D=0}$), given the same level of standard of living and D is a discrete variable. Income is assumed to be an exogenous conditional on a set of controls. In the analysis consumption expenditure is used a proxy for income, following Palmer et al (2018).

Annex 1.2 Regression analysis

Multi-variate regression techniques are used to control for the influence of different factors and help identify the immediate, proximate causes of increasing or decreasing the likelihood of being poor. Both logistic regressions using people’s poverty status as the dependent variable and linear regressions (OLS) that attempt to explain the level of expenditure as a function of a

variety of independent variables were modelled, including a disability marker. The functional form of said models can be formally expressed as:

$$y_i = \alpha + \beta_0 \text{Disability}_i + \sum_k \beta_k x_{i,k} + \varepsilon_i$$

where y_i is the independent variable (e.g., person's i poverty status or level of household per capita expenditure). Disability_i is the key variable of interest, a binary indicator identifying whether person i has a disability or not. β_0 is the coefficient corresponding to the disability marker. $x_{i,k}$ is a vector of k control variables capturing individual, household, and community background characteristics of person i . Finally, ε_i is the error term.

Although regression analysis provides robust associations between the two measures of wellbeing and disability status, it may be limited by the effect of multicollinearity and endogeneity. Because disability status is related to other background characteristics such as age and education, there is a high likelihood of the models suffering from multicollinearity, leading to biased estimates of the coefficient of interest. The models may also suffer from omitted variable bias by not accounting for potential confounders, which can affect both y_i and Disability_i status. For example, unobserved variables which may bias the results could include, discrimination and violence in the community or in the household.

Figure A. 1 reports the output of regressing an indicator of poverty (being in the lowest quintile of the welfare distribution) on disability status, using a logistic model. The output tables show the estimated odds ratio relative to coefficients β_0 , β_k and α , their (robust) standard errors, z-test scores with the associated probability (measuring the statistical significance of the estimates), and the odds ratios' confidence intervals. As a benchmark, the model was estimated with (panel b) and without (panel a) control variables.

Table A-1 Stata logistic regression output

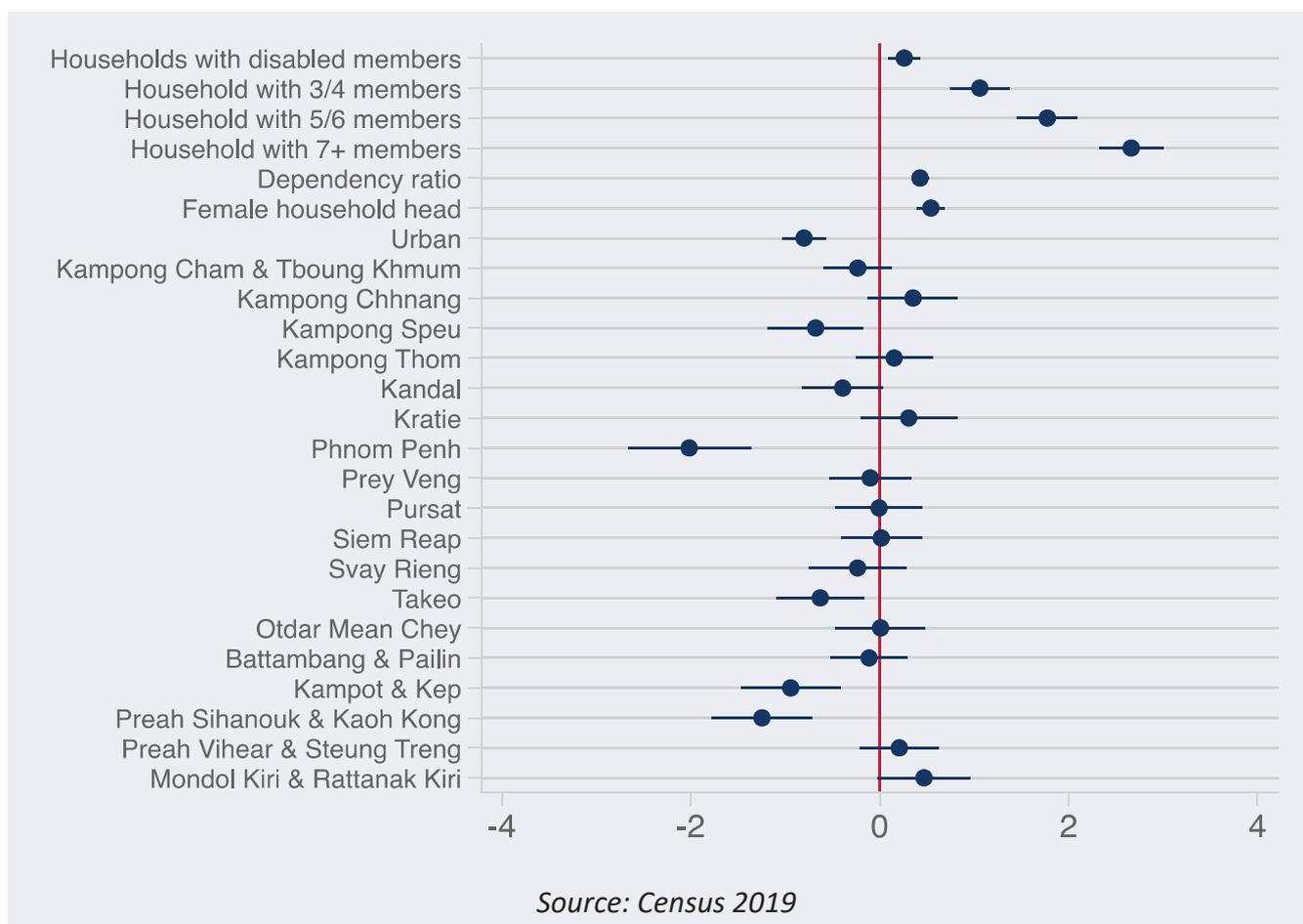
(a) No control variables	Odds Ratio	Robust Std. Error	z score	P > z	[95% Conf. Interval]	
Household with a member with disabilities	1.895	0.149W	8.100	0.000	1.623	2.211
Constant	0.180	0.009	-34.860	0.000	0.164	0.199

(b) With control variables	Odds Ratio	Robust Std. Error	z score	P > z 	[95% Conf. Interval]	
Household with a member with disabilities	1.32	0.12	3.05	0.002	1.11	1.59
Household size (base: households with 1/2 members)						
3/4 members	2.652	0.465	5.560	0.000	1.881	3.741
5/6 members	5.588	0.995	9.660	0.000	3.941	7.924
7+ members	13.132	2.416	14.000	0.000	9.158	18.831
Dep. Ratio	1.475	0.073	7.800	0.000	1.337	1.626
Female head	1.795	0.140	7.500	0.000	1.541	2.091
Urban	0.439	0.054	-6.630	0.000	0.345	0.560
Region (base: Banteay Mean Chey)						
Kampong Cham & Tboung Khmum	0.817	0.153	-1.080	0.279	0.565	1.179
Kampong Chhnang	1.519	0.368	1.730	0.084	0.945	2.441
Kampong Speu	0.558	0.192	-1.710	0.087	0.278	1.092
Kampong Thom	1.233	0.248	1.040	0.299	0.839	1.830
Kandal	0.641	0.145	-1.960	0.050	0.419	0.999
Kratie	1.482	0.393	1.480	0.138	0.882	2.491
Phnom Penh	0.106	0.050	-4.780	0.000	0.842	0.266
Prey Veng	0.975	0.217	-0.120	0.908	0.630	1.588
Pursat	0.976	0.215	-0.110	0.911	0.634	1.502
Stem Reap	1.188	0.246	0.460	0.645	0.717	1.713
Svay Rieng	0.867	0.225	-0.550	0.581	0.521	1.441
Takeo	0.526	0.125	-2.700	0.007	0.330	0.838
Otdar Mean Chey	1.081	0.268	0.320	0.745	0.675	1.733
Battambang & Pailin	0.969	0.282	-0.150	0.879	0.643	1.458
Kampot & Kep	0.467	0.127	-2.790	0.005	0.274	0.798
Preah Sihanouk & Kaoh Kong	0.261	0.071	-4.950	0.000	0.153	0.445
Preah Vihear & Steung Treng	1.212	0.265	0.880	0.378	0.790	1.869
Mondol Kiri & Rattanak Kiri	1.874	0.468	2.520	0.012	1.149	3.057
Constant	0.048	0.011	-13.310	0.000	0.039	0.075

Source: CSES 2019

Figure A-1 offers a graphic summary of the results: the odds of falling in the poorest quintile of the welfare (consumption) distribution are significantly higher than zero (1.32) for Cambodian households with one or more disabled members. Higher family size, higher dependency ratio and presence of a female head of household are also positively correlated with the likelihood of being in the lowest welfare quintile.

Figure A-1 Odds ratio of being in the bottom quintile of the welfare distribution by household characteristics



Annex 1.3 Equivalence Scales

When survey data collected at the household level (like the CSES) is used to make inference on individuals' welfare levels, assumption must be made on how resources are allocated within each household. In other words, aggregate household income or consumption needs to be normalised by an equivalence scale to be able to compare the situation of households with different sizes and demographic composition.

The simplest (most common) assumption is that resources are equally shared among household members (i.e., per capita welfare is calculated dividing household welfare by household size).

However, it is not unreasonable to assume that young children consume relatively less than adult household members, or that there may exist economies of scale in consumption (e.g., the cost of electricity for a two-persons household will not correspond to the cost for a one-person household times two).

Hence, over the years, researchers have designed different equivalence scales to embed assumptions on intra-household inequality in their analysis (Table A-2).

Table A-2 Popular equivalence scales

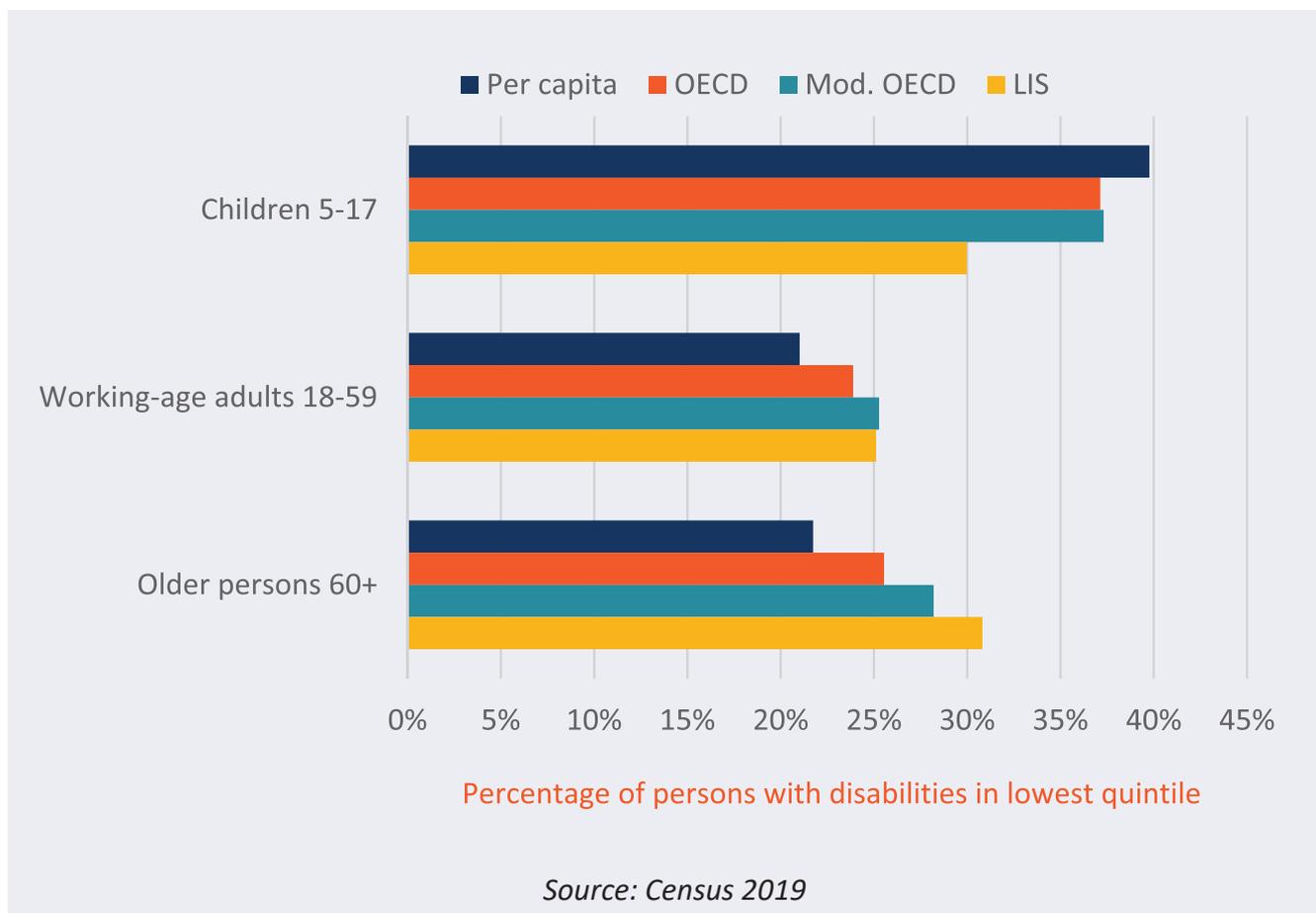
Method	Denominator to equalise welfare
Per capita scale	<i>Household size</i>
Square root scale (Luxembourg Income Study)	$\sqrt{\text{Household size}}$
Original OECD scale	$1 + 0.7 \times (\text{number of additional adults}) + 0.5 \times (\text{number of children})$
Modified OECD scale	$1 + 0.5 \times (\text{number of additional adults}) + 0.3 \times (\text{number of children})$

The choice of equivalence scale has the potential to heavily influence poverty metrics and the relative ranking of different subgroups (e.g., age groups) in terms of living standards.

Therefore, as a sensitivity test, the share of persons with disabilities that falls in the lowest quintile of the welfare distribution was estimated using four equivalence scales (Figure A. 3). Results were also disaggregated by broad age groups, showing that:

- The per capita equivalence scale is likely to underestimate poverty rates among older persons;
- The square root equivalence scale is likely to underestimate poverty rates among younger persons.

Figure A-2 Percentage of persons with disabilities living below the national poverty line by broad age group and equivalence scale



ANNEX

2

LIST OF CONSULTATIONS UNDERTAKEN

Table A-3 Consultations undertaken for the research

Name	Organisation
Mak Monika Chhor Bonnaroth	Cambodian Disabled People Organisation (CDPO)
Pich Saroeun	Battambang Disabled People Organisation
Sieng Sokchan	Women with Disabilities Federation
Chhorn Sovanndech	Kratie Disabled People's Organisation
Va Pong Malai	Kratie Disabled Women's Forum
Min Sophal	Women with Disabilities Federation in Kampong Speu
Ou Sambour	Disabled People's Organisation Representative Kompong Speu Province
Soy Sokhan	Representative Solidarity Disabled Organisation in Bateay District
Khun Vanneth	Women and Children with Disabilities Forum Kampong Cham
Kay Srey Orn	People with Disabilities Organisation Siem Reap
Ouch Phoeuy	Kralagn Disable People Development Federation
H.E Neth Un	DAC-SG
Yeap Malyno	Director of Department of Welfare for Persons with Disability
Sreng Sophornreaksmey	Deputy Director of Social assistance, General Secretariat of NSPC

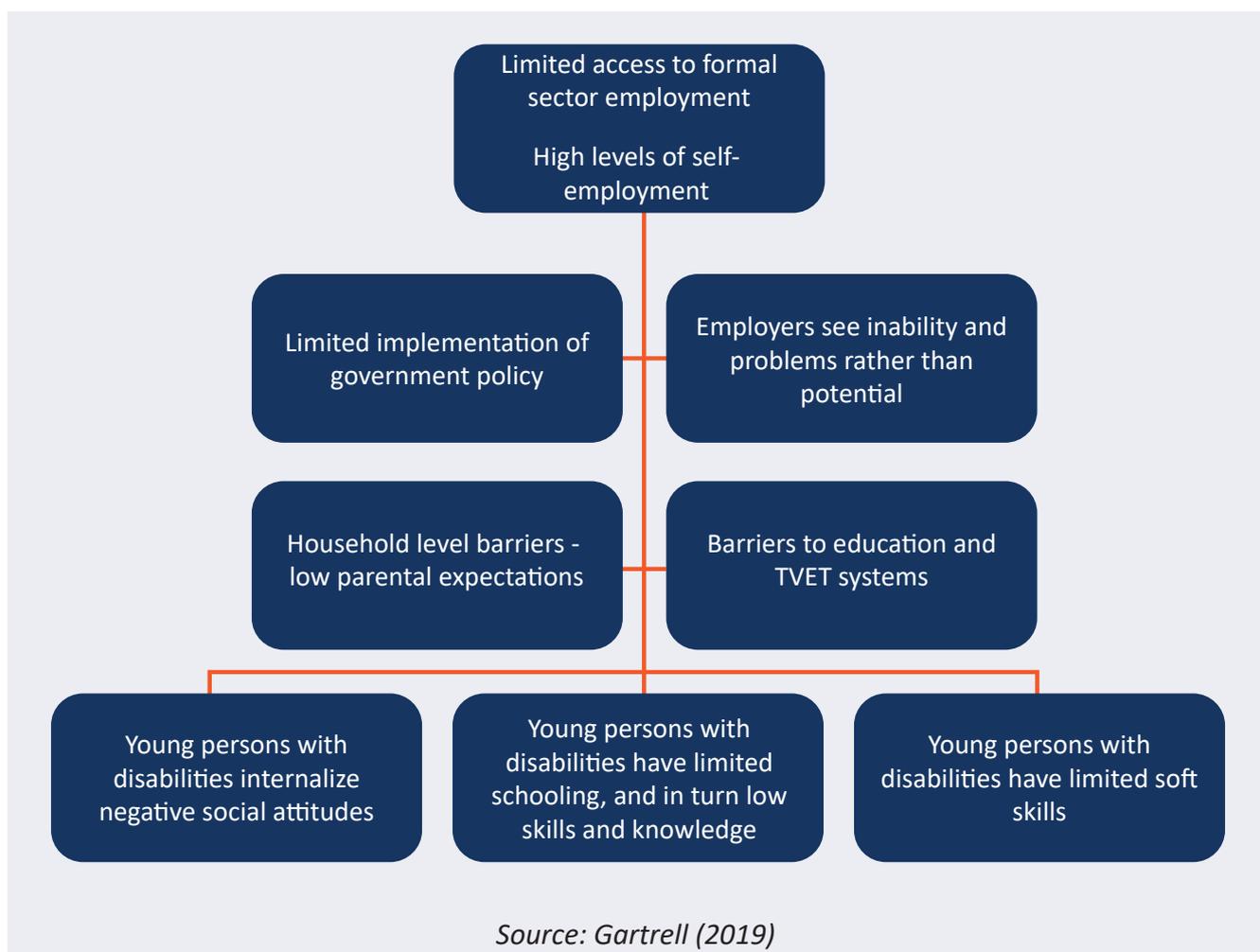
Holger Thies Social Protection and Social Insurance Consultant for the Centre for International Migration, supporting to General Secretariat of National Social Protection Council, MEF Cambodia

Erna Ribar Sovannary Keo	UNICEF
Mao Meas Ivan Gonzalez de Alba	UNDP
Yi Soktha Poan Chanmoniroith Sokun Sok Sokroeun Aing	UNFPA
Sabine Cerceau	GIZ
Jie Yu Koh (Finn)	ILO
Kong Phaleak	Law lecturer and freelance consultant
Saorath Ngin	Former Executive Director of the CDPO

BARRIERS TO EMPLOYMENT FOR YOUNG PERSONS

Figure A-3 sets out the barriers faced by young persons with disabilities in Cambodia, when seeking work.

Figure A-3 Barriers to employment faced by young persons with disabilities



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