

## Developing participatory rural appraisal approaches with disabled people

**A pilot project by Disability Development Services Pursat (DDSP)  
in Pursat province, Cambodia**



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## Abbreviations used in this report

AARR	–	Alliance Association of Rural Restoration
ADESS	–	Agricultural Development Extension Support Services
ADHOC	–	Cambodian Human Rights Development Service (French)
CABDIC	–	Capacity Building of Disabled People in the Community
CWARS	–	Cambodia War Amputees Rehabilitation Society
DDSP	–	Disability Development Services Pursat
DFID	–	Department for International Development
DoSVY	–	(Provincial) Department of Social Affairs, Veterans and Youth Rehabilitation
IE	–	Inclusive Education
KaR	–	Knowledge and Research
LMDS	–	Landmine Disability Support
MoSVY	–	Ministry of Social Affairs, Veterans and Youth Rehabilitation
PRA	–	Participatory Rural Appraisal
TPO	–	Transcultural Psychosocial Organisation
VDC	–	Village Development Committee

Khmer words used in this report:

<i>aabak, aakwak,</i>	
<i>aakwen</i>	insulting words used to describe disabled people
<i>chamkar</i>	a type of arable farming of crops such as sugar cane, groundnuts and fruit
<i>krom</i>	an administrative unit within a village, comprising 10–40 households

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# Executive summary

The inspiration for this research project was the recognition of flaws in DDSP's prior experience of so-called participatory research with disabled people in Pursat. DDSP, like many other community development NGOs, aims to empower its target population in the development process, which can in part be achieved through realising the target population's genuine participation in assessing the community's needs. Disabled people are often the most marginalised people in the community and enabling their participation in community assessments presents additional challenges. Experience from other NGOs suggested that disabled people were similarly excluded from community assessments even though approaches used were described as 'participatory', eg. participatory rural appraisal (PRA). PRAs were too dominated by well-educated, mostly urban NGO staff and local authorities, while the voices of rural disabled people were not sufficiently heard.

The goal of the research project was to examine rural disabled people's role in all stages of a PRA exercise. The project aimed to maximise the control of the research process by rural disabled people and the participation of disabled people in village PRA activities. The project assessed the implementing team's performance in gaining PRA skills and facilitating PRA activities, and the village disabled people's participation in these activities. Recommendations were made on training rural disabled people in PRA, improving their facilitation of PRA exercises and increasing the participation of all disabled people (including women, children and people with severe disabilities) in the exercises. A secondary goal of the research project was to collect useful data from the PRA which DDSP could incorporate into its action plans for the villages involved.

The research project appointed a 'PRA team' to plan, coordinate and facilitate the PRA exercises. The majority of the team-members were inexperienced, uneducated rural people with severe disabilities such as paraplegia, double leg amputation and learning difficulties (it was possibly the first research project in Cambodia to include a person with learning difficulties in the implementing team). The team planned and implemented a complete PRA process, including training in PRA, planning and design of the PRA, fieldwork, monitoring and evaluation, presentation of the results, and visiting other NGOs to learn about their PRA practice.

The research took place in Pursat province, a poor, mostly rural province of western Cambodia. PRA fieldwork took place in three villages over a period of two weeks. Two of the villages were in very remote parts of the province and one of them has only recently been demined.

The main results of the research project were as follows:

## **1. Coordination of the PRA exercises by rural disabled people**

Most of the team-members had no experience of PRA or similar community surveying approaches so a basic training was first provided. The training was adapted to the team's needs and included confidence-building, experiential learning, non-reliance on written documents, frequent review and repetition. Care was taken to create a conducive environment for learning. Difficulties in the training included the trainees' non-literacy, shyness and lack of confidence, the learning difficulty of one member of the team, and the team's lack of experience to take control of such a development process (as marginalised people in their communities, they were more used to being receivers of charity rather than being active decision-makers and planners in development).

The team's performance in facilitating PRA activities varied according to the type of activity and the skills involved. Activities which proved difficult included those which involved literacy skills (eg. using questionnaires), interviewing influential people in the community, complex facilitation skills such as problem-solving, role-plays and giving presentations. Activities which the team performed well were simpler facilitation exercises such as problem identification and identifying income-generating activities, and some individual activities such as household-wealth surveying and drawing time-lines

for disabled people's daily activities. No great accessibility or logistical difficulties were encountered working with the disabled team-members in rural areas because they themselves came from rural areas and were used to living and working in such an environment.

## **2. Participation of disabled people in PRA activities**

The project succeeded in increasing the participation of disabled people in PRA activities. The PRA team were made aware of accessibility issues in the training and in general they showed sensitivity to disability issues and made great efforts to ensure that all disabled people could join in the PRA activities. This included people with hearing impairment and severe physical mobility, disabled women, children and elderly people. Modifications and adaptations to increase disabled people's participation included use of drawings and minimal use of written documents, assisting with transport, speaking clearly and slowly and repeating key points. Attendance at PRA meetings was generally good in all three villages, which suggests that the villagers found the meetings informative and useful.

## **3. PRA results**

The three village PRA exercises provided data on:

- disability prevalence, classified by type of disability, age and gender
- community attitudes towards disabled people
- disabled people's problems and priorities
- disabled children's education
- comparative wealth of disabled and non-disabled people
- disabled people's life histories and daily routines
- services available for disabled people in Pursat and disabled people's perceptions of them.

While some of these findings had limited significance outside of Pursat, others had wider importance, for example:

- The highest disability prevalence rate appeared to be in the least isolated village with the best social and economic opportunities, which raised questions about the links between poverty and disability.
- Quantitative data on relative wealth of households with and without a disabled person was equivocal, although it appeared clearer that households with a disabled woman have fewer livelihood assets than households with a disabled man.
- Disabled people are able to rise to high positions of authority in the community, and other community leaders have disabled family members which may influence their opinion on disability issues.
- Inclusive Education projects have some impact on teachers' knowledge and practice regarding disabled children.

The research project evaluated the use of different PRA tools in terms of ease of facilitation, understanding by villagers and the quality and type of information gained from them. Problems such as bias and villager manipulation of the research process were identified. The contribution of PRA tools to Sustainable Livelihoods analysis was discussed.

## **4. Impact of research project**

The research project raised awareness about disability in the communities targeted, highlighting disabled people's ability to play a leading role in community development. It was also a valuable capacity-building exercise for some key disabled people in Pursat who DDSP hopes will become disabled people's representatives, advocates and planners/implementers of village development projects in future. The project also provided useful information to DDSP to help plan its strategy for 2005 and identified some new disabled people who were previously unknown to DDSP fieldworkers. The research also contributed to a change in the traditional power relations between NGO staff and clients as DDSP strives to change from a client-providing to a client-empowering approach. The PRAs presented a challenge to DDSP to become more flexible in its action-planning and to consider addressing general community development issues instead of focusing only on disabled people.

The research findings will be disseminated throughout the disability sector in Cambodia via the Disability Action Council. The research will serve to highlight current insufficiencies in disabled people's participation in the design of projects which concern them and will open a debate on how government and non-governmental organisations working with disabled people can take steps to bring disabled people more into the development planning process.

# 1. Background

This research was initiated in response to limitations which were identified in the participatory nature of research with disabled people in Cambodia. Participatory research methods such as Participatory Rural Appraisal (PRA) are increasingly being used in community development as an alternative to extractive, scientific research methods. PRA is an empowering experience for a community because they set the research agenda themselves and because learning is more of a two-way process – research is conducted *with* the community not *on* the community. The research process validates local people as knowledgeable and active players; external actors, eg. NGO staff, are additional resources rather than decision-makers and leaders. Visualisation methods are used by which information is shared, analysed and debated by communities, rather than just taken away by the research team.

Despite the growing acceptance of participatory research methods, there are particular challenges in using them with disabled people:

- disabled people are often the poorest, most uneducated people in the community, and are more likely than average to suffer health and psycho-social problems. They are frequently socially excluded and they may have had very little experience in being consulted or being asked their opinion. They therefore find it difficult to participate in or facilitate PRA activities, and they risk having their voices unheard in the research process.
- some disabled people, eg. people who are deaf, blind or have learning difficulties, have communication/understanding problems which can be a barrier to their participation.
- disabled people do not usually live together in one place but are scattered widely throughout a community. This can present a barrier to PRA activities, which often take place in groups, especially for people with mobility problems.
- local perceptions of disability may differ from those of the external researchers. The broad concept of disability including physical, sensorial and mental impairments is a Western model not shared universally. Local people may consider as disabled only those with obvious physical impairments, eg. amputees. Low awareness of other, more hidden disabilities can also lead to them being excluded, eg. mental handicap, mental retardation, deafness. Cultures may also class people as disabled who are not considered as disabled in Western definitions, eg. people who are infertile.
- the participation of disabled people in PRA activities may be limited to men, with disabled women and children excluded. It may also be limited to those with more minor disabilities, while those with severe disabilities, eg. people with severe mobility problems who cannot leave the house, are excluded.
- PRA should be directed by communities themselves, who set the research agenda. However disability is rarely perceived as a priority development issue by communities, so some external stimulus is needed to raise awareness in the community about disability issues.

Cambodian society is very hierarchical with poor and disabled people at the bottom of the pile. Even among supposedly developmentally-aware NGO workers traditional attitudes of disabled people as objects of charity can prevail, which allows the exclusion of disabled people from development to persist even when so-called participatory processes are used.

## **PRA with disabled people in Pursat**

In 2003-04, community-based rehabilitation (CBR) workers from Disability Development Services Pursat (DDSP), a Cambodian NGO working with vulnerable disabled people in Pursat province, carried out five village PRAs. These PRAs were conducted prior to starting CBR work in the fields of basic needs, rehabilitation and socio-economic development. The PRAs were intended to provide information to design interventions for each village.

District and commune council officials joined DDSP staff in the implementing team. Most of the team had had no previous PRA experience so a week's training was held first. Each PRA lasted 3-4 days and covered one village. PRA tools used were:

- village mapping and transect walks
- focus group discussions for community identification of disabled people
- wealth ranking exercises
- seasonal activity calendars and daily activity time-lines
- Venn diagrams to identify and rank sources of community support for disabled people
- expenditure and income rankings
- recounting of the village history by elders
- semi-structured interviews with disabled people, village leaders and other service-providers working in the village.

The PRAs provided many benefits to DDSP, including:

- Many disabled people were identified who could be followed up later for inclusion in project activities.
- The problems being faced by disabled people were identified.
- Relationships were built with village leaders, which was important because of DDSP's long-term commitment to the villages and desire to build up their capacity to work with disabled people.
- Staff understood the village geography, history and economy, and learned which government and NGO services were available, so overlap/duplication could be avoided.
- The PRAs developed the skills of commune and district government officials, with whom DDSP wanted to continue to work in the future.

However some problems were also noted in the PRA implementation:

- Disabled people were not included in the PRA team, so they had no say in the design or direction of the research. Disabled women and children were under-represented in village PRA exercises.
- Lack of community feedback/analysis. The PRAs tended to be quite extractive because at the end of each exercise there was little village analysis of the data collected and feedback/discussion about the results. A village meeting was held to present the data but this was often poorly attended and little feedback was given.
- There was little evaluation of each PRA and therefore a lack of learning from experience or evolution of PRA practice. PRAs became formulaic and a routine to be carried out every time DDSP extended into a new village. The first three PRAs were compiled into a report and contributed directly to project design; however data from the fourth and fifth PRAs were not analysed and had little if any bearing on DDSP's strategy.
- Methodological weaknesses, eg. lack of disaggregation of disabled people in wealth ranking and daily activity time-lines, so differences between disabled people and other villagers could not be determined.

## **Objectives**

The main objective of the research project was *to review and improve the practice of PRA with and by disabled people*, bearing in mind the weaknesses DDSP had experienced in its previous PRAs. Most importantly, the research project aimed to maximise disabled people's participation in *all* stages of the PRA – planning, implementation, monitoring and evaluation. This involved training disabled people in PRA, implementing three PRAs in Pursat and evaluating them, and comparing this experience with other NGOs' experience. While the *results* of the PRA (the data collected) were useful, the main focus was on the *processes* – how could disabled people's participation in community research be increased? What are the barriers to participation and how can they be overcome?

## **PRA and Sustainable Livelihoods Analysis**

Sustainable Livelihoods Analysis provides a framework for thinking about the objectives, scope and priorities for development, in a way that puts people at the centre of development (DFID 2003). PRA



is one of the many tools which can be used in Sustainable Livelihoods Analysis. This research project demonstrates how PRA is useful in gaining an understanding of many aspects of the Sustainable Livelihoods framework such as vulnerability context, livelihood assets and transforming structures and processes.

### Target area

Pursat province is in central-western Cambodia. The provincial town is 185km north-west of Phnom Penh. It is a large province in area but the population is relatively small because most of the land area is densely forested. Pursat is a mostly rural, agricultural province with relatively few development initiatives because of the low, scattered population.

The research was carried out in three villages of Pursat province. All three are poor and remote, Prohoas Kbal and Prey Veang in particular are far from Pursat town (about 40km) and are in areas where Khmer Rouge fighting was intense in Cambodia's civil war. They are newly-established villages which were previously forested. Prohoas Kbal village has recently been demined. Prey O Mal is less remote, 7km from Pursat town.

Prior to this research, DDSP had been implementing CBR work for several months in Prohoas Kbal and Prey Veang. CBR work had not yet started in Prey O Mal, although DDSP's Inclusive Education project had been working there for a few months. PRA exercises had previously been carried out in the first two villages but not in the third.

### The PRA team

A PRA implementing team of seven people was formed to plan the PRA exercises and facilitate their implementation and evaluation in the villages. Five members of the team were disabled people (who had participated in various DDSP projects), including two women. They were:

- Thim Sna, a male double leg amputee
- Chum Hoeurn, a male single leg amputee
- Long Pha, a male with single leg paralysed by polio
- Rem Khy, a woman with paraplegia
- Mom Thea, a woman with learning difficulties, restricted growth and mild moving impairment.

Four of the five had received basic training in social work from DDSP, which included skills relevant to PRA such as interviewing and listening. However none of them had had prior experience in implementing social work or research. Their educational level was low – only one of them had been to secondary school but had not completed it. Three others had started but not completed primary school, while one had never completed primary grade 1 and was completely non-literate.

The two non-disabled members of the PRA team were DDSP staff – a female social worker and an expatriate male advisor.

In addition to the seven team-members, an experienced Khmer consultant assisted in the early stages – planning and facilitating the training, and coordinating the first of the three PRAs.



*The PRA team in Prohoas Kbal village. From left to right: Bunny (external facilitator), Khy, Thea, Sokha (DDSP staff), Sna, Pha, Hoeurn*



## 2. PRA training and preparation

### Introductory workshop

A three-day workshop was held for the seven PRA team-members, facilitated by an external Khmer consultant. A staff-member from Landmine Disability Support (LMDS) was also present as an observer. The workshop had to be carried out in ways that took into account the low educational and literacy levels of most of the participants. The workshop was not even called a 'training', as this would be associated with formal learning which could discourage the participants. Development jargon including the term 'PRA' was not used – the external facilitator, more used to training educated NGO staff, had to discard most of his training notes. No written hand-outs were used during the whole workshop.

The goals of the workshop were:

- for the disabled PRA team-members to use PRA tools to analyse their own lives
- for the team to think of research questions and to decide on which PRA tools could answer these questions
- to plan the three village PRAs and discuss potential challenges.

The workshop was therefore in three parts:

#### *1. Practice with PRA tools*

There was no teaching on PRA theory and little formal teaching on PRA methods. Instead the training used a 'learning by doing' approach – participants were helped to use PRA methods to analyse their own lives and communities. So the workshop was in fact a mini-PRA in itself using seven tools: picture introductions, group discussion on community attitudes towards disabled people, role-plays on community discrimination, life-lines, daily activity time-lines, service mapping and problem ranking. These tools are described and evaluated fully in section 3.

#### *2. Identifying research topics and selecting tools*

One of the research project's basic principles was that the research agenda was to be decided as much as possible by disabled people. This was achieved by having the disabled team-members analyse their own situations first during PRA activities, and then reflecting on the information gathered and its usefulness in planning projects. However this process was the hardest part of the workshop and some additional input was needed from non-disabled team members. The disabled people could use the PRA tools to examine their own lives relatively easily, but it was a big step for them to go from this to thinking 'what information does DDSP need to plan its work in the villages?' They were not NGO staff, were not familiar with planning activities and found it hard to put themselves in the position of DDSP staff and contribute to decision-making. They had little experience even of consultation by NGOs and none at all of decision-making. The team-members had an 'NGO knows best' mentality and were used to simply receiving services without contributing to their design.

Research topics suggested by the disabled PRA team-members were:

- number of disabled people and types of disability
- community attitudes
- living conditions and situation of disabled people
- problems of disabled people, and priorities in solving them
- income-generating activities
- education of disabled children
- comparative wealth of disabled and non-disabled people.

These are the research topics which were covered in this project and they form the structure of this report.

Once the research topics had been identified, the facilitator asked the team what tools or methods could be used to collect information. For each research topic, the team brainstormed different ways of collecting the information (either tools they had already used or other ways) and the facilitator guided the team to choose the best one(s). Extra training was given to cover tools which the team hadn't already used and the team practised using the tools again in 'dry-runs'. The facilitator also led a session about behaviour and attitude during interviews and meetings with disabled people and other villagers, about respect for disabled people, appropriate body language, tone of voice, etc. The team was made aware of the great importance of enabling *all* disabled people to participate in the PRA exercises. The team discussed accessibility issues such as physical accessibility, communication and disabled people's behaviour.

### *3. Planning the PRA exercises*

The PRA team divided into two groups and each group made a plan for which tools to use, when and by whom. The first PRA (Prohoas Kbal) lasted four days while the other two were three days each. The groups changed from village to village to give team-members experience of using different tools.

An important part of the research was monitoring. In the field, the team met at lunchtimes and at the end of each day to review and reflect on what they had just done and to plan and prepare for the next activity. At the end of the first and second PRA, the team reviewed the whole exercise and planned for the next one. Changes were made, eg. tools were changed or modified. Some team-members found this monitoring and self-evaluation difficult. Also, forward planning was difficult to understand as some planning diagrams used were complex and required literacy skills.

## **Evaluation of the workshop and lessons learned**

*1. Facilitator* – The role of the facilitator was key to the success of the workshop. The facilitator chosen had never trained rural villagers before so pre-workshop preparation was important. He had a good participatory attitude and understood his role to 'go with the flow' and follow the disabled people's ideas, giving encouragement where necessary, rather than leading the process. Giving the team the responsibility to make decisions was no doubt slower than telling them what to do, but it contributed a lot to the empowerment of the disabled people to direct the PRA themselves. There were a few occasions, however, where for reasons of time or to ensure that certain points were included in the PRA plan, a more directive approach had to be taken.

*2. Understanding of PRA tools* – The disabled team-members had different levels of understanding which made group facilitation more difficult. Because of Thea, who had learning difficulties, the facilitator had to proceed very slowly, which was at times frustrating for other members of the team. Despite this, in the final evaluation team members said they had learnt a lot during the workshop, on how to do research in the village, how to talk to villagers and how to plan their work. They also found the workshop useful as a team-building exercise.

However the team found some PRA activities difficult to understand or to use. These were:

- role-plays – participants were not familiar with performing role-plays and were extremely shy.
- interviewing teachers – which involved using a written questionnaire and was difficult for the non-literate team-members. Also, team-members were unused to interviewing people of high status in the village like teachers.
- life-lines – for this tool, the team had to remember to ask the disabled person many questions about events in his/her life, which was difficult.
- village presentation – presenting the results back to the villagers at the end of the PRA requires analytical and presentation skills.

Team members also commented that they hadn't received any hand-outs during the training. This was because the facilitator's hand-outs were all written text and were too high-level. It would have been useful to have simplified PRA training material with pictures to help the non-literate members.

3. *Venue* – Most of the disabled team-members had little experience of formal learning environments so the venue was made as informal as possible to make them feel comfortable and at ease. The workshop was held in a quiet, private house and team-members commented that it was 'like being at home'. All team-members sat on the floor and music was played during some PRA activities and during breaks to create a welcoming environment. The venue was accessible to wheelchairs and close to the guesthouse where the team-members stayed (unfortunately the guesthouse wasn't accessible but the team stayed there together and the less disabled members could help the more disabled!).

4. *Participation* – Team members said that they felt comfortable and able to participate because the group was small, and they felt confident to self-disclose more than if the group had been larger. The informal environment and the facilitator's attitude allowed for most participants to share their ideas, although the participation of the two women was less because they had less understanding of the activities, especially Thea. Communication with Thea was difficult because of her learning disability – she needed to be addressed with slow, clear language and simple vocabulary. However she proved a very useful team-member as she was needed to help Khy (the paraplegic woman), pushing her wheelchair and helping her to go to the bathroom.

## 3. Results from the PRAs

The next 11 sections present the results from the PRA exercises. Not all of the PRA tools were used in all the villages because DDSP had already carried out PRAs in two of the villages. The first tool, picture introductions, was only used in the introductory workshop and not in the field at all.

The 11 sections are structured as follows:

- Method – how was the tool used and what information did it gather?
- Results – information collected from using the tool, analysis and discussion
- Evaluation of the method and lessons learned – how successful was the use of the tool? What changes are needed?

### 3.1. Picture introductions

#### Method

The disabled people were given coloured crayons and a large sheet of paper. They were asked to draw a picture of themselves in their home environment. After drawing the pictures, they divided into pairs and described the picture to their partner, using it to talk about their lives. They then introduced their partner to the whole group by presenting his/her picture.

#### Results

Despite their initial reluctance to draw, the disabled people's pictures turned out to be informative and useful. They gave information on:

- financial capital, eg. animal-raising, compost-making, palm-sugar collecting, extent of land and land ownership
- natural capital, eg. presence of streams
- physical capital, eg. the presence of water-wells, roads, water storage facilities
- human capital, eg. the existence of latrines (promoting health and hygiene), the location of schools.

The pictures also led to a discussion on a wide range of disabled people's problems, eg. difficult access to school, difficulty using water supplies because of the lack of family support to help fetch water, difficulty travelling in the village, lack of animal stock, etc.

#### Evaluation of method and lessons learned

This activity was used as an easy warm-up exercise at the beginning of the introductory workshop to build the participants' confidence. It was considered important to begin the workshop with an activity in which the participants could experience success to give them confidence for later, more difficult activities.

The exercise unexpectedly provided a lot of information such as problem-ranking and service-mapping. The exercise requires literacy skills, although several team-members were unable to write and they wanted to draw other things but didn't know how.



*Picture introduction from one PRA team-member*

It needed to be explained that the picture was not the main output and was only to aid their verbal explanation of their life and situation. The team's lack of confidence in their skills was a recurrent theme throughout the research project.

## 3.2. Community identification of disabled people

### Method



A meeting of people from one village *krom* was held to identify disabled people living in that *krom*. The PRA team gave a presentation on the nine groups of disability (the classification system used by the MoSVY, the Cambodian Ministry of Social Affairs). Many of the types of disability were illustrated by showing large pictures, mostly copied from David Werner's *Disabled Village Children*. After each presentation on a disability group, the villagers were asked if they knew of anyone living in the *krom* with this disability. A chart was made and presented to the villagers at the end.

### Results

This tool was only used in Prey O Mal village. The table below shows disabled people identified in the 90 households of two *krom*.

Type of disability	Man	Woman	Boy	Girl	Total
Moving	11	3	1	1	16
Seeing	7	4	0	2	13
Hearing	2	0	3	4	9
Speaking	1	0	0	1	2
Fits	0	0	1	0	1
Learning	0	0	3	2	5
Feeling	1	0	0	0	1
Mental illness	3	0	0	0	3
Others/multiple	2	1	0	2	5
<b>Total</b>	<b>27</b>	<b>8</b>	<b>8</b>	<b>12</b>	<b>55</b>

Almost 50% of the disabled people identified were adult males. Combining men and boys, about 64% of disabled people were male and 36% were female. This gender distribution is similar to that found in a recent study from Gujarat, in which 60% of disabled people were male (UNNATI/HI, 2004). Age distribution of disabled people in Prey O Mal is also similar to that found in the India study – 64% of disabled people were adults and 36% were children (under 18) – 33% of disabled people were children in the Gujarat study. However there are great differences in the relative prevalence of types of disability, as shown in the table below:

Type of disability	Gujarat	Prey O Mal
Moving disability	62%	29%
Hearing/speaking	14%	20%
Seeing	13%	24%
Learning/mental	11%	16%
Others/multiple	0	11%

The Prey O Mal survey identified 55 disabled people in 90 households. This gives a disability rate of 10.2% (assuming an average household size of six people), much higher than in other surveys. Community identification of disabled people in the other two villages was not done, but other PRA



exercises suggested much lower disability prevalence rates there, eg. the household wealth survey in Prey Veang found only seven disabled people in 29 households (a disability rate of 4.0%). PRAs carried out in three other villages in Pursat by DDSP in 2003 gave a disability rate of 3.0% (although a less rigorous research method was used).

Disabled people in Prey O Mal were asked why they thought their village had such a high disability rate. One reason given was the common practice in the village of climbing palm trees to collect sugar and palm-leaves, a very hazardous activity – falls from palm-trees can cause leg and head injuries leading to moving, hearing and learning impairments. Climbing palm trees can also lead to eye injuries from branches or the thorn ladders used to climb the trees, leading to seeing problems. One man in Prey O Mal had moving problems, difficulty hearing and visual problems which he said was due to falling from palm trees five times. Prey O Mal villagers also said the high prevalence of disability was due to high levels of poverty. However this is unlikely to account for the difference because the village is much closer to Pursat than other villages with lower rates of disability prevalence and has better access, eg. to health/education services and to markets.

Other reasons for the much lower rate of disability in the remoter villages may be:

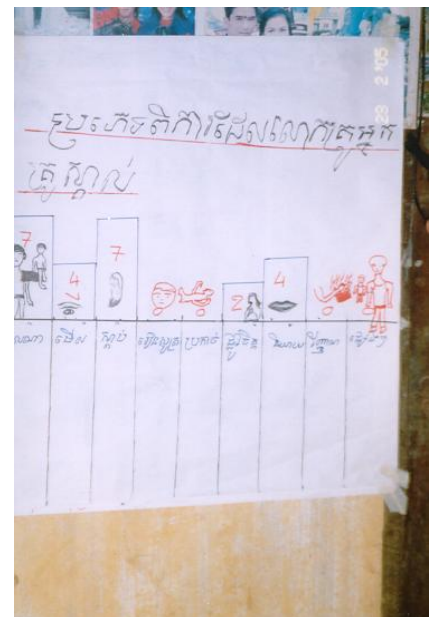
- The remote villages are largely populated by new settler villagers, especially Prohoas Kbal, which was almost uninhabited ten years ago due to landmines so almost the whole population consists of new arrivals. Migrants are probably healthier, more mobile, dynamic people who had access to information about demined land in Pursat and who could travel, in some cases hundreds of kilometres, to claim it. Disabled people are probably under-represented in such migrant populations. Prey O Mal, on the other hand, was not mined and its population has been less disrupted by Cambodia's conflicts. It is likely that disabled people are more prevalent among such a stable population.
- Communities' definitions of disability may vary according to educational level, and in Prey O Mal there were more educated villagers. Educated people may be more likely to classify minor impairments as disabilities, for example many cases of disability were children with ear infections, which probably occurs equally across all the villages but it was more frequently cited as a disability in Prey O Mal.
- There may be a higher death rate among disabled people in the remoter villages due to poor access to health services. The journey from Prey O Mal to Pursat Provincial Hospital, the best public health facility in the province, takes less than 20 minutes, while from Prey Veang and Prohoas Kbal it takes more than an hour.

#### Evaluation of method and lessons learned

The disability identification meeting was popular with the villagers because of the pictures of types of disability, which helped to stimulate people and in some cases were funny and made people laugh. It was also an educational exercise and helped villagers to understand the nine groups of disability and particular types of disability.

The community identification meetings covered a small area so it is likely that the exercise was thorough because the meeting participants had full, accurate knowledge about villagers in their immediate vicinity.

Participation of the disabled PRA team-members was limited in this activity because of the technical information that had to be presented on types of disability. However they helped to collate and present the data. At the village presentation meeting on the last day, they presented the graph (right) showing the prevalence of different types of disability. The graph was illustrated to help people who were non-literate.



## 3.3. Community attitudes

### Methods

In the PRA introductory workshop, the facilitator asked the disabled team-members to talk in pairs about their experiences of discrimination in their community, which was less uncomfortable than talking about the experience to the whole group. They could share their experiences with the whole group afterwards if they wanted to. The facilitator then invited the disabled team-members to develop role-plays based on these experiences, or experiences of other disabled people they knew, or to develop role-plays illustrating fictional cases of discrimination. These role-plays were performed in the villages during the PRAs to stimulate discussion about discrimination against disabled people.

### Results

The disabled PRA team-members came up with several examples of discrimination, eg:

- A disabled man had a bad relationship with his neighbour. The neighbour was jealous because the disabled man had more chickens and pigs than him and was visited by NGO workers. The neighbour has even thrown rocks at his chickens in a dispute over where the chickens can feed.
- A disabled woman knew a woman whose legs were paralysed after giving birth. Her husband left her and she developed mental health problems. She shouted a lot day and night and her neighbours disliked her and wouldn't come to help her.
- A disabled woman had repeated grade 1 at school for five years running but never learned anything. At home she had a very limited role such as cutting firewood and simple cooking duties such as boiling rice.

A disabled man said that discrimination is declining now because "Cambodians are learning about human rights"; but even so, disabled people still "only have 50% of the opportunities that other people have".

The PRA team developed three role-plays about fictional discrimination scenarios:

- Two men walking along a road come across a disabled girl washing clothes. One of the men wants to talk to her, but the other discourages her, making a cruel joke about her and saying she's ugly.
- One person sees a disabled person limping along the road, and decided to walk alongside him copying his limp.
- A mother is going to market to buy some clothes. Her older daughter asks to go too, and the mother agrees. Her younger daughter, who is disabled, asks to go but the mother refuses. The younger daughter also asks her mother to buy her some clothes, but the mother says it's not worth buying nice clothes for her as she never leaves the house.

They performed these role-plays in the villages in front of meetings of disabled people and non-disabled people, and discussed the cases with them and asked if there were examples of discrimination in their village. In general, villagers and disabled people said that there was little discrimination against disabled people and they could become socially integrated. One villager commented that, "Disabled people are liked if they have good character and look after their families." Another said that, "Disabled people are treated equally in the village if they work and feed their family." Villagers gave examples to show how disabled people are socially included, eg. disabled children are befriended by non-disabled children who help them go to school. Disabled people can get married even after becoming disabled (eg. after a mine accident) if they 'have capacity'. However, in some cases such as where a disabled man is perceived to be unable to look after a wife and children, or is non-literate, a girl's parents may refuse to allow her to marry him. In this case the couple can go to the village or commune chief who can marry them even against the girl's parents' wishes.

A few cases of discrimination or negative attitudes were however raised. Villagers said that some disabled people are not invited to parties and festivals, for example if they are drunkards or are unsociable. Some disabled people don't go to festivals or weddings even when invited because they don't have money (they are expected to give a money gift at such events). Sometimes disabled people are called derogatory names such as *aabak* or *aakwen* (a physically disabled person) or *aakwak* (a blind person). One disabled man in Prohoas Kbal faced discrimination in employment – he once did some labouring work for a landowner but when he asked for his pay the landowner said he didn't have any money. The disabled man went to ask for his pay several times without success, until finally the landowner said, "I can't pay you and you can't do anything because you're disabled."

In two of the villages, disabled people hold positions of authority – Prey O Mal village chief has one leg severely paralysed by polio and in Prohoas Kbal a VDC member is a leg amputee. The village chief of another DDSP target village, Prohal, is also a leg amputee. This confounds the view that disabled people in Cambodia are excluded from leadership positions in society. Also, in Prey Veang the village chief's son has a severe disability, and in Prohoas Kbal a VDC member and a pagoda elder have disabled children (a deaf girl and a boy with Down's syndrome). Having village opinion-leaders with personal experience of disability probably has some effect on how the village as a whole thinks about disability.

### **Evaluation of method and lessons learned**

PRA activities on community discrimination faced a number of difficulties:

- Discrimination is a sensitive issue and villagers and the PLA team found it hard to broach the subject. Even in the safer environment of the introductory workshop where they knew each other, the disabled team-members found it difficult to talk about their experiences of discrimination. In the fieldwork, the PRA team were reluctant to probe into issues which could be divisive in such small, tightly knit communities. Villagers were unwilling to give examples of discrimination as this would reflect badly on themselves or their families and communities, although they could give examples of other disabled people they knew.
- The PRA team had never done role-plays before and they felt shy and self-conscious performing them, especially the women. Although the role-plays were not performed well, villagers enjoyed watching them and they managed to raise awareness about discrimination and to teach them about its effects, although they did not succeed in their main objective which was to get villagers to raise issues of discrimination from their experience.
- Villager's comments about discrimination were based on disabled people in general, which people took to understand as physically disabled males. The PRA team did not have skills to probe further to find out about attitudes towards blind and deaf people, people with learning difficulties, and disabled women.
- Similarly, the team did not probe to unpack the term 'discrimination'. It proved too wide a concept for some participants to focus on; more specific questions were needed, eg. on access to school, behaviour of people during Buddhist festivals, social participation, which team-members had not been sufficiently trained to ask.

The following changes could help obtain a better understanding of discrimination and community attitudes:

- Discuss such sensitive issues in the privacy of people's homes rather than in public meetings, preferably after knowing the person for some time and building a relationship with him/her.
- Use indirect methods such as observations and chance conversations rather than direct questions. For example Thea, the woman with learning difficulty in the PRA team, did not respond when asked about relations within her family. However casual conversations with her family revealed negative feelings towards her: they were very surprised that DDSP was interested in having her work on the PRA project because she was considered as useless; her brother complained that she didn't know how to cook and did little to help the family, and her mother advised the PRA team, "If she doesn't do what you want her to do, just hit her and she will do it." In an informal conversation one night with Sna, another team-member, he talked

about the difficulties he had had getting married, which he had not raised earlier during a more formal discussion on discrimination (see box below).

- More practice and confidence-building are needed to improve the role-play performances.
- Training on using probing questions is needed, eg. to guide discussions on discrimination and attitudes towards concrete issues such as education, marriage, work and religion.



*The PRA team perform a role-play in Prohoas Kbal*

#### *Sna's wedding story*

Sna (a double amputee) fell in love with a girl and they wanted to get married. However her parents didn't agree and tried to separate them – they thought he couldn't ensure a good future for their daughter and would be unable to find a job. The couple responded by going to the commune council to ask for support. The commune chief met with the parents, and told them that if they refused to give their consent, the commune chief himself would act as the girl's parents to register the marriage. The parents still refused so at the wedding the commune chief stood in for the bride's parents. When Sna visited his in-laws they did not welcome him. Their attitude only changed when the couple had their first child. Sna's in-laws love their grandson and now welcome Sna when he goes to visit them.

## 3.4. Disabled people's problems and priorities

### Method

This exercise was carried out in two steps. First, the village's disabled people were invited to a meeting and were asked to write down on small pieces of paper the problems they had in their lives. They could write as many problems as they wanted, one problem per piece of paper. PRA team-members helped participants with hearing problems or who were non-literate or shy. The facilitator then collected all the pieces of paper, read them out and sorted them, discarding doubles. The participants were each given 10 beans. They were asked to place the beans on the piece(s) of paper which corresponded to what they considered to be their most serious problem(s). They could place several beans on one problem if they thought it was especially serious.



*Disabled people in Prohoas Kbal rank their problems. PRA team members help a disabled boy to participate (right).*

The second step was to identify those problems which were the priorities for action. This exercise enabled disabled people to focus on the problems they felt could be addressed practically, and to seek their own ideas for solving them. The disabled people were again each given an equal number of beans to 'vote' for the problem(s) they felt were the priority to address. For each of these problems, the group were asked to think of actions that could be taken to solve the problem.

### Results: priority problems

The table below shows disabled people's problems in the three villages, in ranked order with the most important at the top.

Problem	Ranking score			
	Prohoas Kbal	Prey Veang	Prey O Mal	Total
1. No income-generating activities	8	7	49	64
2. Lack capital, animals (cows/pigs/chickens)	16	21	25	62
3. Water far, lack wells	6	7	40	53
4. Disability-related problem – leg, injuries, eyes, arm, hip, mental health	30		12	42
5. Poor health, can't work hard	14		17	31
6. Food insufficient	19	10		29
7. Lack land for house, farming	4	9	13	26
8. Lack bicycle	2	4	16	22
9. Housing in poor condition, lack house		1	19	20
10. Lack cart for firewood/water transport		7	11	18
11. Discrimination against disabled people	15			15
12. Lack farming equipment	4		9	13
13. School far, children get to school late	12			12
14. Health services far		10		10
15. Lack seeds	4	4		8
16. Difficult to bring up disabled child		7		7
17. Children don't have shoes to wear	7			7
18. Debt	5			5
19. Lack family labour – children small, can't work	3			3

These results show that disabled people face both general problems that affect both disabled and non-disabled people, and disability-specific problems. The most serious problems were economic ones – lack of income-generating activity, capital, etc. Although most people in the village, disabled or non-disabled, may lack financial capital, it may be more pronounced among disabled people (see section 3.7). Other problems shared by disabled and non-disabled villagers alike may hit disabled people harder. For example distance to water sources, lack of cart for firewood/water transport and distance to school affect people with moving difficulties or reduced physical strength more than non-disabled people.

Disability-specific problems raised by disabled people were:

- General difficulty in life due to their disability (no. 4) – resulting in lower capacity to carry out everyday activities.
- Poor health leading to reduced work capacity (no. 5). This is a disability issue because in many cases health problems can lead to disability, eg. in Prey O Mal there was a very high prevalence of eye disease.
- Discrimination (no. 11) – this was only raised in Prohoas Kbal as a problem, maybe because of a particularly lively discussion on discrimination in this village.
- Difficulty raising a disabled child (no. 16) – in Prey Veang a severely disabled orphan is being brought up by relatives who are unwilling to bear this burden.

There were some marked differences between the problems expressed from village to village, for example:

- Distance to school (no. 13) – was only an issue in Prohoas Kbal, which is the only one of the three villages which does not have its own primary school.
- Distance to water supply, lack of cart to transport water/firewood (no. 10) – was not an issue in Prohoas Kbal, which has a large lake nearby. Water sources in the other two villages were significantly farther away.
- Housing in poor condition (no. 9) – was only a major issue in Prey O Mal village. This may reflect the fact that it is farther from the forest than the other villages, so timber and other house-building materials are more difficult and expensive to obtain.
- Distance to health services (no. 14) was only cited as a problem in Prey Veang, which is farther from a health centre than the other two villages.

These differences may indicate real differences in issues affecting the villages, which shows the importance of considering local variations in project planning. However the village meetings were small (up to 30 participants) and it may have been possible that individuals used the exercise for other motives, eg. to ask for what they think the PRA-implementing NGO can provide. The outcomes from this exercise should be cross-checked with other PRA tools to ensure their validity.

### Results: priorities for action

The results for Prohoas Kbal and Prey Veang were as follows (results from Prey O Mal were incomplete), ranked with the most important priority for action at the top.

Priority	Ranking score			Villagers' suggested solutions	
	Total	Prohoas Kbal	Prey Veang	Prohoas Kbal	Prey Veang
1. Not enough rice to eat	48	39	9	Agricultural training, infrastructural improvements, eg. a dam, provision of water pump	Emergency aid, capital for income generation
2. Water sources far	40	12	18	Provision of cement rings to build wells – villagers provide labour	Get materials to build wells – cement rings
3. Lack of capital	38	19	19	Form groups to obtain loans to enable villagers to	Need money

				borrow money, cows, buffalo	
4. School far	35	35		Build a school in village – villagers can contribute timber	
5. Lack chickens, pigs, cows	27		27		NGOs provide chickens, Borrow cow, get low-interest loans to buy pigs
6. Lack seeds	21	11	10	Get vegetable seeds – cabbage, tomatoes, morning glory	Get vegetable seeds – cucumber, beans, melon
7. Lack income generation	13	5	8	Vocational training – eg. motorbike repair, bicycle repair	Get equipment for small business, eg. wine-making
8. Some families in village lack rice paddy	8	3	5	Access low-interest loans to be able to buy land	Get help to buy land
9. Poor health	5	5		Provision of medicine	
10. Lack agricultural equipment	2	2		Provision of scythes, buckets, etc	
11. Lack bicycle	4		4		NGO provide bicycle
12. Difficult bringing up disabled child	3		3		NGO help to provide medicine
13. Lack a house	2		2		NGO help to build a house

The priorities for action show some differences from the priority problems. The two most important priorities for action are meeting the most basic needs – the need for sufficient food and water. This PRA took place in the middle of a particularly severe dry season which had exacerbated the usual lean period. The results show differences between the two villages, eg. Prohoas Kbal's pressing need for a school in the village, and Prey Veang's need for animals (the village had been badly hit by chicken and pig diseases, due to the high temperatures of the dry season and the lack of water).

Ideas for solving villagers' problems tended to be more detailed in Prohoas Kbal than in Prey Veang. Prohoas Kbal disabled people's ideas also included more self-help than in Prey Veang, who were more inclined to ask for NGO hand-outs. These differences reflect two factors. First, disabled people's discussions in Prohoas Kbal were led more by one or two educated disabled people with experience of community development. Second, the facilitation in Prey Veang was less competent than in Prohoas Kbal. In Prohoas Kbal the discussion was facilitated by the PRA external consultant, who had a strong background in community development. He led the disabled villagers to reflect on how they could address the problems themselves using community resources. In Prey Veang the discussion was led by the disabled PRA team-members, with far less experience in such group work. Their approach was more top-down, eg. instead of asking 'how can you solve this problem?' they asked questions like 'what do you want the NGO to do?'

### **Evaluation of method and lessons learned**

Identifying and ranking problems was a successful exercise because it was easy to facilitate and the disabled PRA team-members could play a big role. The disabled villagers liked it and participated well because the instructions were easy to follow and everyone had something to contribute – they all had problems they wanted to raise. Giving each participant the same number of beans to 'vote' for the issues important to them prevented the most influential (disabled men, richer disabled people) from dominating. Disabled women and children, and other marginalised groups such as elderly people and deaf people, could participate equally. PRA team members helped those who had difficulty participating, eg. very shy people, non-literate people and hearing impaired people.

However the PRA team faced more difficulties with the second half of the exercise, identifying priorities for action and solutions. The exercise required a high level of group facilitation skills. Facilitating community problem-solving should promote self-help and a search for solutions from within the community. The disabled PRA team-members had the same disempowering view of the other villagers, of communities as passive receivers in the problem-solving process. It was not the goal in the short preparation time for this PRA to address this change in mind-set or to train them in group facilitation. Having the disabled team-members facilitate this exercise was actually quite dangerous as it reinforced the traditional views of community passivity, and more dependence on and higher expectation of the NGO.

The exercise showed the limitations of working with an unskilled PRA team. In future more training in community development approaches and facilitation skills would be needed for the team and more support given by a skilled facilitator.



## 3.5. Income-generating activities

### Method

Disabled people were invited to a meeting and were given small pieces of paper on which they wrote down what income-generating activities existed in the village. They could write as many income-generating ideas as they wanted, one per piece of paper. PRA team-members helped those disabled people who had difficulty writing. Afterwards, the pieces of paper were collected and sorted, with doubles being discarded. The disabled people were then given an equal number of beans each and they placed the beans on the pieces of paper according to which income-generating activities were the most important to their livelihood.

### Results

Results from the three villages, ranked with the most important income-generating activity at the top, were as follows:

Income-generating activity	Ranking score			
	Prohoas Kbal	Prey Veang	Prey O Mal	Total
Rice growing	40	45	26	111
Pig/chicken raising	47		17	64
Selling labour	11	13	9	33
Bicycle repair	4	14	7	25
Cow/buffalo raising		7	13	20
Palm-sugar collection	7		12	19
Firewood collection/selling	4	4	10	18
Collecting non-timber forest products	7		8	15
Fruit growing	14			14
Thatch weaving	6	5		11
Noodle/cake making		6		6
<i>Chamkar</i> farming	5			5
Fishing		5		5
Timber	3			3
Earth moving/selling	2			2

Income-generating activities not yet practised in the village but which disabled people wanted were as follows:

- Prohoas Kbal: grocery selling, medicine selling, wine brewing
- Prey Veang: dessert making, tailoring, radio repair, hairdressing
- Prey O Mal: vegetable growing, grocery selling, tailoring, mushroom growing, hairdressing, haircutting.

Rice growing was, predictably, the main economic activity in all three villages. The high prevalence of 'selling labour' is a worrying statistic. It indicates landlessness (families with insufficient agricultural land sell their labour to wealthier families with more land) and the serious effects of the drought (difficulty farming in their own village forces families to migrate to parts of the country where there is more water).

The exercise showed differences between the villages, which indicates differences between their economies. For example:

- Pig and chicken raising were not common in Prey Veang because of a recent wave of animal disease which had reduced animal stocks.
- Palm-sugar collection was most important in Prey O Mal, where palm trees are extremely numerous.

- Fruit growing and *chamkar* farming were most significant in Prohoas Kbal. These types of agriculture tend to be carried out on newly deforested land and Prohoas Kbal is situated on the edge of the forest.

### **Evaluation of method and lessons learned**

This method was simple, required limited literacy skills and the PRA team could facilitate it easily. The results were concrete and the PRA team could relate to them easily. The results identified the main income-generating activities in the villages and disabled people's wishes to initiate new income-generating activities, which could be developed/initiated by project intervention (although more individual vocational counselling, as well as more research, eg. on supply and demand, would also be needed). The method also gave some information on occupational hazards which could lead to disability (eg. palm-tree growing), and on activities affecting the environment (eg. forest use).

## 3.6. Disabled children's education

### Methods

#### 1. Schoolteacher survey

Twenty teachers were interviewed in the three primary schools serving the three villages. Prey Veang and Prey O Mal villages both have their own primary school. Prey O Mal's school has classes up to level 5 and has a kindergarten class. Prey Veang's school has classes up to level 4 and there was also a kindergarten in the village but this has now closed. Prohoas Kbal doesn't have a school – children go to Preah Ponley primary school, 4 km away. This school has classes up to level 6 but doesn't have a kindergarten.

The PRA team interviewed the teachers using a simple questionnaire containing questions related to teachers' knowledge, attitudes and practice of disabled children's education (see appendix 1). The teachers interviewed were a mix of male and female, newly qualified and older. Most of the teachers were resident in or near the village, although some lived in Pursat, especially in Prey O Mal school which is the closest to Pursat.

#### 2. Semi-structured interviews and drawings

Semi-structured interviews were held with parents of disabled children in one village (Prohoas Kbal). Attempts were also made to get disabled children to draw pictures about themselves and get them to talk about the pictures.

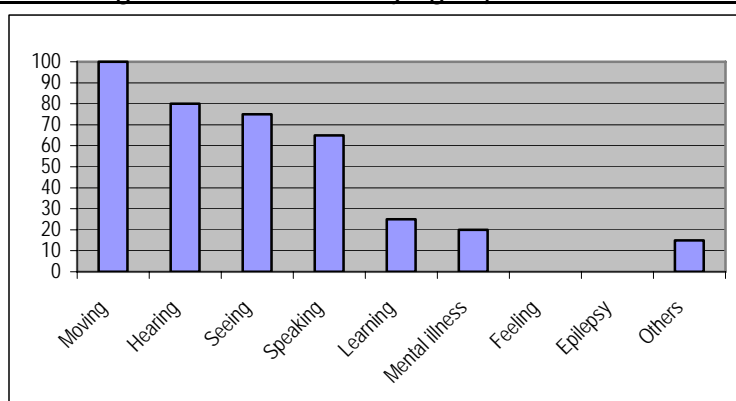
### Results from teacher survey

The results below compare Prey O Mal school, which had been targeted by an Inclusive Education (IE) Project for six months, and Preah Ponley and Prey Veang schools, which were not targeted, to assess the impact of the IE Project.

#### 1. Understanding of disability

Teachers were asked to name all the types of disability they knew. Their replies were categorised according to the nine groups of disability in the MoSVY classification. The results are given in the bar chart below.

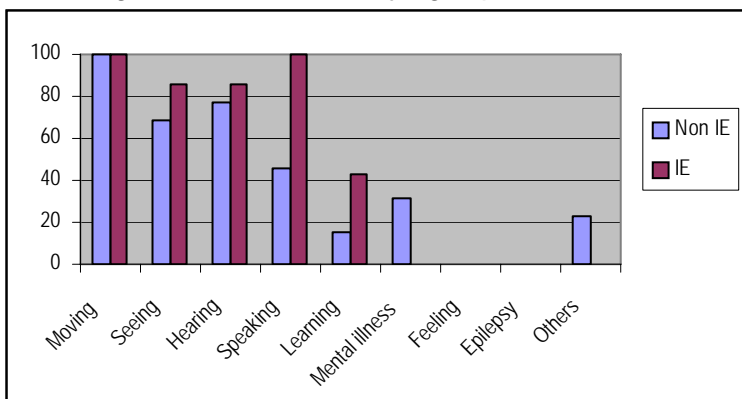
#### Percentage of teachers classifying impairments as disabilities



All the teachers gave examples of moving difficulty (eg. amputations, paralysis) as disabilities. High percentages of teachers also classed people with hearing, seeing and speaking difficulties as disabled. However few teachers classed learning disability or mental illness as a disability, and no teachers at all mentioned feeling difficulty or epilepsy.

The graph on the next page shows differences in teachers' responses between the IE school and the two non-IE schools. On average IE Project teachers gave more types of disability than non-IE Project teachers (4.1 types per IE Project teacher compared with 3.6 types per non-Project school), which suggests that teachers in the IE Project school had a slightly broader understanding of disability.

**Percentage of teachers classifying impairments as disabilities: IE and non-IE teachers**



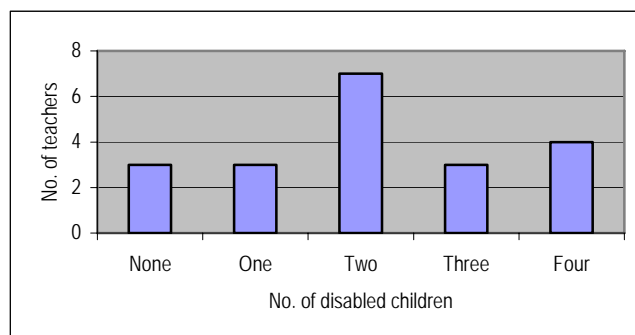
IE Project teachers mentioned speaking and learning difficulties more than the non-IE Project teachers. These are less visible disabilities which the IE Project has been focusing on. However non-IE Project teachers cited mental illness as a disability whereas IE Project teachers didn't, which could be due to awareness on mental health by another NGO in Prey Veang.

**Knowledge of disabled children**

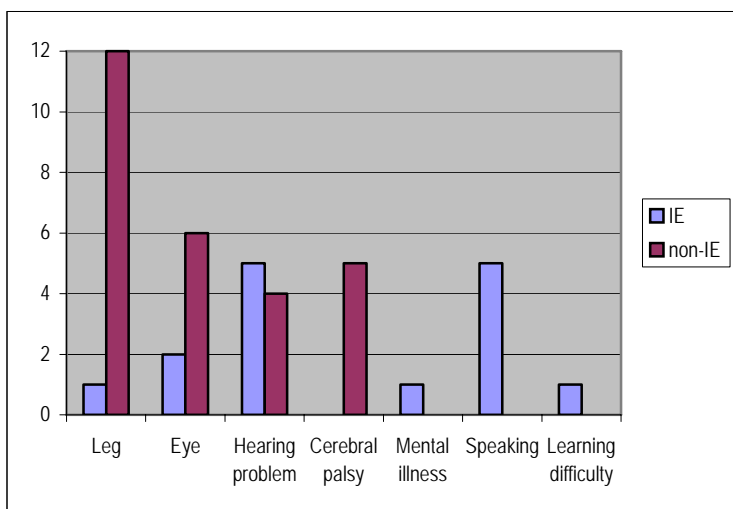
Teachers were asked, "Do you know of any disabled children in this village?" If they did, they were asked how many and what type of disability the child(ren) had. The results are in the graphs (right and below).

Seventeen out of 20 teachers (85%) knew of a disabled child in the village. On average each teacher knew 2.1 disabled children. This average was the same for teachers from IE schools and non-IE schools, which suggests no difference in awareness about disability between the two.

**Number of disabled children known to teachers**



**Types of disabled children known to teachers: IE and non-IE teachers**



IE Project teachers knew 15 disabled children while non-IE Project teachers knew 27 disabled children. The disabilities of these children are shown in the chart (left). The chart suggests that IE teachers were more aware of children with mental illness, speaking, learning and hearing difficulty. It also suggests that teachers' awareness of disabled children depends on two factors:

1. *Presence of visible disabled children in the village*, eg. in Prey Veang many teachers knew the village chief's son, who has cerebral palsy, because of the severity and high visibility of his disability (he uses a wheelchair) and because of his father's prominent role in village life.

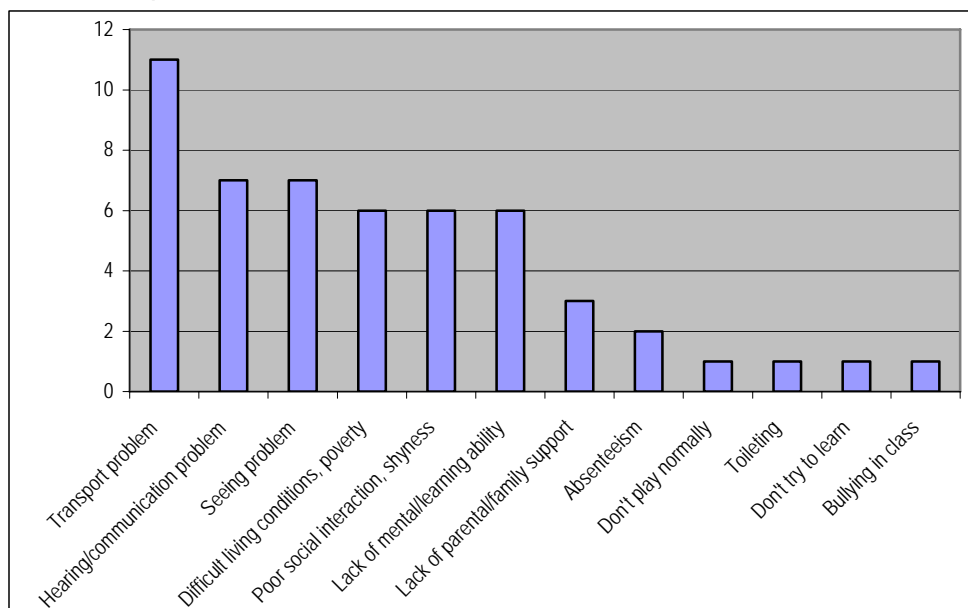
2. *Awareness-raising efforts about particular types of disability* - eg. in Prey O Mal, teachers were more aware of children with learning difficulty and speaking difficulty because of the IE Project's work focusing on these children. Prey O Mal teachers were also more aware about hearing problems, including ear infections, because the IE Project has been raising awareness about the problem and referring cases to ear clinics run by the NGO All Ears Cambodia.

The chart is also noteworthy for the disabled children that teachers did *not* know, for example in Prey Veang DDSP has worked with three children of school age with severe mental and physical disability who do not go to school. No teacher mentioned these children because they do not attend school, are house-bound and are not visible in the community.

### Disabled children's difficulties

Teachers were asked, 'What difficulties do you think disabled children have?' Multiple answers per teacher were allowed. Responses were as follows:

#### Teachers' opinions on disabled children's difficulties



'Transport problem' includes mostly physical transport problems, but one teacher in Prey O Mal raised an additional problem, of deaf children facing more danger cycling to school because of their inability to hear the traffic. 'Poor social interaction' also included disabled children's psycho-social problems; for example one teacher said that disabled children "have a bad feeling because they want to be like other children but can't do what they can do".

There was not a great difference between the average number of non-IE Project teachers' answers (2.5 answers per teacher) and IE Project teachers' answers (2.7 answers per teacher), suggesting that IE teachers did not have a much greater understanding of disability issues than non-IE teachers. Some training on IE has been carried out for teachers in Prey O Mal but evidently not enough. However the IE Project teachers did give a greater range of answers than the non-IE school teachers (10 different answers in Prey O Mal, compared to five in Preah Ponley and seven in Prey Veang), suggesting a broader experience of types of problems in Prey O Mal.

### Disabled children in schools

Teachers were asked if they had any disabled children in their class, and if so how many disabled children. School directors (who do not have a class of their own) were excluded. Thirteen out of 18 teachers (72%) said they had at least one disabled child in their class and some teachers said they had four or five disabled children in their class. The average for the 20 teachers was 1.25 children per teacher (1.5 in non-IE Project schools, 0.7 in the IE Project school).

The types of disability of these disabled children in school were as follows:

	Preah Ponley	Prey Veang	Prey O Mal
<b>Types of disability</b>	Minor eye problem (2) Minor hand impairments (2) Hearing impairment (1) Moving impairment (1)	Learning difficulties (9) Deaf (2) Mild hearing impairment (2) Minor eye problem (1)	Mental illness (1) Severe learning difficulties (1) Learning difficulties (2) Hearing impairment (1)

It was expected that Prey O Mal (IE Project school) teachers would record a higher number of disabled children in school than in non-IE schools, because the IE Project's goal is to increase the number of disabled children in school, but this was not the case. This was probably due to several reasons:

- Different understanding of the term 'learning difficulties'. In Prey Veang school, teachers understood 'learning difficulties' to include children who joined grade 1 without first going to kindergarten, who had difficulty learning because of the lack of preparation for joining primary

school. This 'learning difficulty' is remediable in most cases through the provision of a kindergarten class. Prey Veang's kindergarten had recently closed so teachers identified many children with 'learning difficulty'. Preah Ponley school also doesn't have a kindergarten but has never had one. No teacher said that the lack of kindergarten led to there being children with 'learning difficulties', probably because they considered learning difficulties of children in grade 1 as normal. Prey O Mal school has a well-established kindergarten with a trained kindergarten teacher. Prey O Mal teachers recorded few children with learning difficulties, but these children had more severe learning difficulties than in Prey Veang. Prey O Mal was the only school to have a child with a severe mental handicap, who was helped to join school by the IE Project.

- The IE Project may have 'raised the threshold' of identifying disability by focusing on children with more severe disabilities. Teachers in Prey O Mal may have forgotten to mention children with milder disabilities, for example they did not mention a girl known to IE project staff with a mild mobility impairment.
- Sometimes a teacher did not know about a disabled child in the class due to the large class size. The PRA team asked the pupils if there was a disabled child in the class, and they identified one even when the teacher did not.

Prey Veang was the only school out of the three to have deaf children. One teacher was making remarkable effort to teach two deaf boys even though she had had no Sign Language training (and one of the boys has additional behavioural problems). It was also encouraging that the parents of the boys valued education for their deaf children sufficiently that they arranged for them to go to school, by themselves without any outside influence.

*Teachers' strategies to help disabled children*

Teacher's strategy	No. of responses
Puts child in front of class	6
Pays more individual attention	3
Repeats many times	3
Teacher gives books, pens, cakes	3
Teacher circulates, sits near child	2
Asks questions often	2
Has disabled child sit near clever child	2
Gets children to discuss in group	1
Uses simple language	1
Uses pictures and letters	1
Uses gestures	1
Encourages the child	1

Teachers were asked what methods they used to help the disabled child(ren) in their class. They were allowed to make multiple answers. The results are in the table (left). It was encouraging that teachers from both IE and non-IE schools said they were adapting their teaching to the special needs of disabled children. Non-IE Project teachers have received no specific training on special education (primary teacher training colleges do not include it on the curriculum), but despite this they know about strategies that can help disabled children. In Prey Veang in particular, teachers have been obliged to become resourceful, given the deaf children attending and the large number of children with 'learning difficulties'.

IE Project teachers gave an average of 1.7 answers per teacher, compared with 1.1 answers per non-IE Project teacher, suggesting that IE Project teachers have more ideas about helping disabled children in the classroom, perhaps as a result of training and mentoring they have received through the Project. IE Project teachers were the only ones who said that they provide material support (books, pens, cakes) to disabled children to encourage them.

*Disabled children who can't attend school*

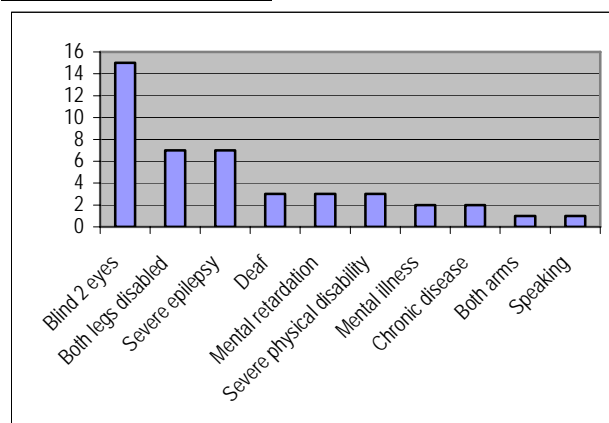
To find out about their attitudes towards inclusive education, teachers were asked, 'What types of disability do you think prevent a child from going to school?' The results are shown in the graph below. Most teachers (75%) thought that blind children could not go to school – only one teacher had heard of NGO schools where Braille is taught. Thirty-five percent of teachers thought that children with severe mobility problems such as both legs disabled, and severe epilepsy, faced major barriers to going to school. On average each teacher gave 2.2 types of disability that could not go to school.

### Teachers' opinions on disabled children who cannot attend school

There was no significant difference between IE Project and non-IE project teachers, suggesting little difference in attitudes towards inclusion.

The question as to whether or not disabled

- School attendance by children with epilepsy depends on the frequency of the fits. Teachers generally thought that occasional fits would not preclude a child from going to school.
- School attendance by children with both legs disabled depends on there being someone to help push the child in a wheelchair or bring the child on a bicycle, and also on the distance and quality of road. In general, teachers thought that family support would be unlikely because parents are too busy earning a living to spend the extra time to bring their child to school.
- Mobility was also mentioned as the main barrier to blind children attending school. If they could get to school, they could listen.
- One teacher said that a child with a mental illness could not study because probably the child's condition was linked to other family problems such as alcoholism or domestic violence, which are further barriers to school attendance.
- One teacher said that children who cannot speak could study but they would be too shy to go to school.
- Relatively few teachers thought that children with learning difficulty couldn't go to school. Most teachers thought that they could go to school "if they wanted to", but they wouldn't learn much and would probably drop out.



### Support for disabled children

Teachers were asked, "What support is there in this village for disabled children?" Answers (in order of importance) were:

- district NGOs (seven responses) – two district NGOs, Anakut Komar and Ponleu Komar, provide material support to poor children, not specifically disabled children, in the two non-IE Project villages
- provincial NGO (five responses) – DDSP with the Department of Education and DoSVY helps disabled children through an IE Project and a CBR Project. Support includes school materials and emergency help for disabled children's families, teacher training, provision of wheelchairs and referral to ear clinics
- parents (five responses)
- teachers (four responses)
- government services (eg. Roleang vocational training centre) (one response)
- disabled children's friends (one response).

Four teachers said there was no support for disabled children in their community.

### Conclusions

The main findings of the teacher survey were as follows:

- There is a fairly high degree of awareness about disabled children's issues. Eighty-five per cent of teachers knew a disabled child in the village (those who did not know any were teachers who lived outside the village). At least 70% of teachers said they had a disabled child in their class and all teachers could raise at least two problems being faced by disabled children.
- The IE Project had only been running a short time and so it was difficult to measure a difference between the Project schools and the non-Project schools. However there was some evidence that the Project has had an impact on teachers' knowledge of disability and efforts to include

disabled children in the mainstream. They had a broader understanding of the definition of disability and were more aware about 'hidden' disabilities such as hearing impairment and learning disability.

- IE Project teachers had more ideas about strategies to help disabled children in the classroom. However even in non-IE Project schools where teachers had received no specific training, there were some very resourceful teachers who were finding ways to work with challenging children such as deaf children and children with learning difficulties.
- Even without IE Project intervention, many disabled children are going to school through parental support and teachers are aware of their needs. However other disabled children in non-IE Project villages are excluded from school and were unknown to teachers because of their low visibility in the community.
- Apart from blind children and those with severe physical disability or epilepsy, teachers accepted that most disabled children could go to school. There was little difference in this opinion between IE Project and non-Project teachers.
- Teachers expressed a need for kindergartens to help deal with learning difficulties in young children.
- Data on numbers of disabled children in school was unreliable because of teachers' lack of knowledge/awareness. An improvement in the methodology could be to ask pupils themselves to help identify disabled children.
- Knowledge about support services, eg. DDSP, ear clinics, special schools for deaf and blind children, is limited. There are children, eg. with mental retardation, who are excluded from school and other children who are not getting specialised services, eg. audiology, even though these are available in Pursat.

However, the conclusions above should take the following points into account:

- The sample size (20 teachers) was very small.
- There may have been bias in the location of the schools – the two non-IE schools were further from Pursat than the IE school, which may lead to different profiles of teachers, eg. more teachers in the IE school lived in Pursat Town.
- Data came from questionnaire responses and there was no observation of teachers' practice, i.e. there was no observation to see if teachers adapted their teaching methods to meet disabled children's needs as they said they did.

## Results from interviews with disabled children's parents

Parents of four disabled children in Prohoas Kbal were interviewed.

**1. Va Von** was a three-month old baby girl, the last born of six children. Born with a congenital club foot and missing fingers, she had died of fever the day before the PRA started. The mother didn't take her to the health centre – she said the baby was sick at the weekend and the health centre was closed. The baby's parents' marriage is insecure and the couple were not living together all the time. The father is deaf and works as a labourer as the family have little agricultural land. The mother appears to have a manic condition leading to her being excessively happy. She was observed at a PRA meeting two days after her daughter died laughing and joking. Villagers say she lets her children 'run wild'.



**2. Seung Sok Na** (left), a nine-year-old boy with Down's syndrome. He has developmental delay and only started walking when he was seven years old. He has occasional epileptic fits, very limited speech and lacks some self-care skills like washing and dressing. Like many children with Down's syndrome, Sok Na is very playful and laughs a lot, and his mother says he plays well with other children and is socially well-integrated. At PRA meetings, other children were observed giving him piggy-back rides.



Despite his severe disability, Sok Na was going to the village kindergarten class. He didn't write but the teacher let him draw pictures. Unfortunately the kindergarten has closed now as the teacher was working without salary and has now gone to work in Phnom Penh.

Sok Na's family is well-off and their house is quite large and well-built. His father is a pagoda elder. His mother takes good care of him, but she is worried about his future. She won't let him near water, fearing he will have a fit and drown. She feels this will limit his ability to be a farmer in the future because a lot of farming activities are based around the river. She hopes he can learn a vocational skill such as motorbike repair. She doesn't know if Sok Na will marry in future – she doesn't know any people with the same disability who have married.

**3. Chan Thon** is a 14-year-old girl with hearing impairment. She can hear a little but her hearing loss is a major obstacle to her social interaction and she is very shy. She has very little speech. Chan Thon's father is a leg amputee, a VDC member and one of the richest men in the village. He was one of the earliest settlers in the village when it was still heavily mined and land was cheap, so he could claim a large piece of land. Chan Thon's father is a very dynamic man and he went to the local primary school to explain to the headmaster about his daughter's disability. He says that now the teacher helps Chan Thon with her problem, eg. by using pictures. Chan Thon attends school regularly, getting there and back by bicycle.

Chan Thon has not had a hearing test in Pursat, although she could possibly benefit from a hearing aid. Her father didn't know about the service (which is free), as it only started a few months ago. He is interested in Chan Thon having a hearing test but says the family are too busy to take her to Pursat. He doesn't want her to join the deaf class in nearby Kravanh – he wants her to learn orally as he feels this will help her to be more socially integrated than if she uses Sign Language. Chan Thon's father hopes she will study tailoring or art (for which she has a natural talent) in the future. He isn't sure if she will get married – he knows of deaf men who have married hearing wives, but he doesn't know of any married deaf women.

**4. Thim Ploc** is an 11-year-old boy with a mobility impairment caused by a fall from a tree about five years ago leading to a fractured hip. The family are very poor and after Ploc's accident they sought treatment from the village doctor rather than seeking professional medical treatment at the health centre or hospital. Now Ploc is unable to walk long distances without pain. The school is far (4km) and Ploc doesn't have a bicycle. Often he is absent or arrives late because of his mobility difficulty. Ploc doesn't appear to be well cared for. He was dirty and his clothes were old and in poor condition. Ploc's father collects sugar from palm trees for a living and also has a minor hearing impairment. A few months ago DDSP helped the family by providing cooking utensils but the family sold them. The mother drinks local alcohol. Ploc's mother hopes that in the future Ploc can study a vocational course at a local NGO in nearby Kravanh.

### Summary

These four cases illustrate how different family situations lead to different outcomes for the disabled child's social inclusion. Two cases, Chan Thon and Sok Na, are relatively well socially included, while Thim Ploc is more excluded. In the extreme case of Va Von, social exclusion led to the infant's death. Based on these four case studies, factors in the disabled children's families leading to their social exclusion/inclusion can be identified using a livelihoods assets analysis:

	<i>Socially included children (Chan Thon and Sok Na)</i>	<i>Socially excluded children (Thim Ploc and Va Von)</i>
<b>Human capital</b>	Chan Thon and Sok Na's fathers are well educated – Sok Na's father is a pagoda teacher. Chan Thon's father values education highly	Va Von died after not accessing health services. Thim Ploc's disability was a result of accessing inappropriate healthcare.

	for his children and ensured that his hearing impaired daughter can go to school by meeting the teacher.	Va Von's and Thim Ploc's parents are uneducated (partly because of disability, eg. Von's father is deaf and non-literate). Thim Ploc's mobility difficulty is a barrier to him attending school.
<b>Natural capital</b>	Very similar for all four cases – they live in the same village in close proximity to one another.	
<b>Financial capital</b>	Sok Na's family are well-off and have a number of cows	Thim Ploc's family lack sufficient materials for basic needs, eg. their house is in poor condition, they lack sufficient cooking equipment, clothing, etc.
<b>Social capital</b>	Both Sok Na's and Chan Thon's fathers are respected leaders in their village.	Va Von's parents' marriage is unstable and her mother is looked down upon in the village as a bad mother. Thim Ploc's mother is also looked down upon because she drinks local spirits.
<b>Physical capital</b>	Chan Thon's family have a large area of agricultural land. Chan Thon's father also has a motorbike and has bought a bicycle for Chan Thon to help her to go to school. Both Chan Thon and Sok Na live in well-built houses.	Thim Ploc's family do not possess a bicycle, which makes it difficult for Ploc to go to school. Their housing is also in poor condition. Von's family have very little agricultural land.

Judging from these four case studies, severity of disability is not necessarily a factor in deciding social inclusion/exclusion – the most severely disabled case is probably Sok Na with a mental and physical disability. Parental disability is an important factor contributing to the social exclusion of Va Von and Thim Ploc. However Chan Thon's father is also disabled but this has not adversely affected his livelihood assets.

### Results from children's drawings

Most of the children were unfamiliar with drawing and when they started to draw it was such a novel activity that it attracted a crowd which made the child too shy to continue. Also, the PRA team did not understand that it was the child's explanation of the picture which was important, not the artistic quality of the picture, so they did not solicit interpretation from the child of what the pictures meant. The PRA team did not have good skills in communicating with children.

### Evaluation of methods and lessons learned

*Interviews with teachers* – The interviews used a questionnaire, which, although simple, was still a written document and some of the PRA team-members were non-literate and couldn't use it. Also, some of the team were shy about interviewing teachers, who are respected people in the community, and needed training in how to ask questions.

*Case studies* – Similarly, these used a semi-structured interview guideline which was written and therefore could not be used by the non-literate members of the PRA team. Also, the semi-structured interviews required skills in probing, listening and asking appropriate questions which the team had not been trained in.

*Children's drawings* – Obtaining information from children, especially in rural Cambodia where children are often very shy, is a challenge. Drawings can be a useful tool, but rural children need practice first and the exercise should be done in a quiet place without distractions. The interviewer also needs to have skills in building up a relationship with and talking to the child.

### 3.7. Comparative wealth: disabled and non-disabled people

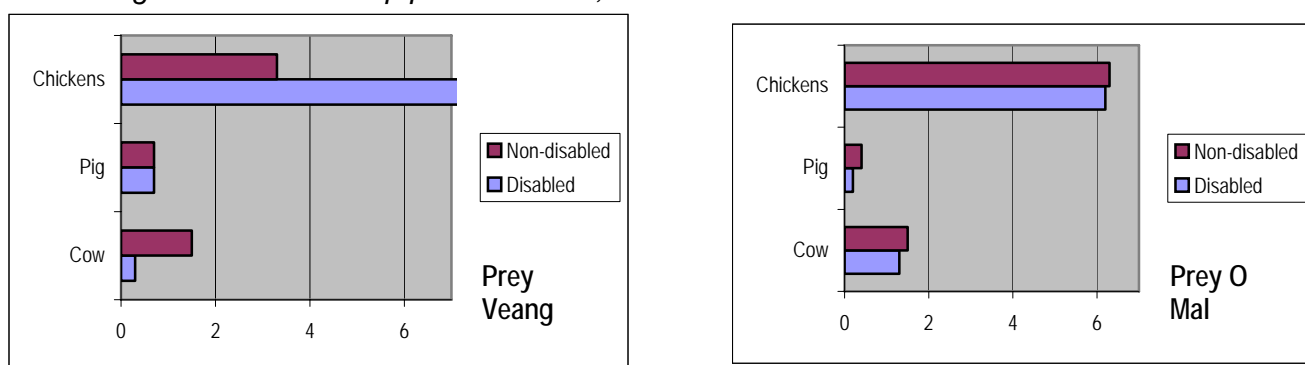
Comparative wealth exercises were done in two villages. In Prey Veang one tool, a household wealth survey, was used, while in Prey O Mal two tools were used – the household wealth survey and group wealth ranking.

#### Method 1: Household wealth survey

A house-to-house survey was carried out in two *krom* in Prey Veang, a total of 29 households of which seven had a disabled person. In Prey O Mal the survey covered one *krom* with 34 households, of which 19 had a disabled person. A very simple tool was used which included pictures, and could be used by the non-literate members of the PRA team (see appendix 2). The team visited all the households in the targeted *krom* and asked them about their ownership of assets such as animals, consumer goods and transport means, and recorded the roofing material of their house. Households were classified as 'disabled' (if there was one or more disabled people in the household), or 'non-disabled' (if there was no disabled person in the household).

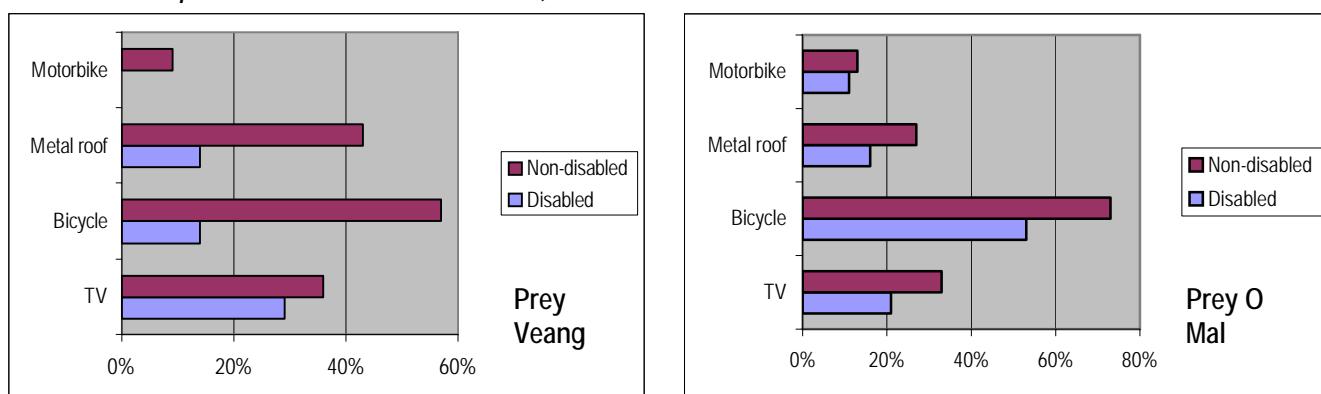
#### Results

##### 1.1. Average animal ownership per household, disabled and non-disabled households



These two charts compare the average numbers of chickens, pigs and cows of the 37 non-disabled and 26 disabled households in the two villages. In Prey O Mal, disabled households had slightly fewer chickens, pigs and cows than non-disabled families. In Prey Veang the pattern was less clear – disabled households had fewer cows than non-disabled families but many more chickens. Pig ownership was almost the same between the two groups.

##### 1.2. Ownership of other household assets, disabled and non-disabled households



These two charts compare the percentages of the disabled and non-disabled households owning a range of assets. For all four indicators (motorbike, metal roof, bicycle and TV), and in both villages, disabled families' ownership was lower than that of non-disabled families.

### 1.3. Comparative wealth by gender and age

Data was used to compare the comparative wealth of families with a disabled man, woman and child. Households with two disabled people were counted only once, for example, a household with a disabled man and a disabled child was classed as a disabled man's household.

The table below shows the averages per household for seven wealth indicators. Households with disabled women were the lowest for six of them. The wealthiest households were those with disabled men (for chickens, bicycle and motorbike) and those with disabled children (for cow, pig, TV and metal roof).

	No. of households	Cow	Pig	Chickens	TV	Bicycle	Metal roof	Motorbike
Disabled man	12	0.9	0.3	8.3	25%	58%	17%	17%
Disabled child	9	1.2	0.4	4.3	33%	44%	22%	0%
Disabled woman	5	0.8	0.2	5.8	0	0	0	0

### Method 2: Wealth-ranking village meetings

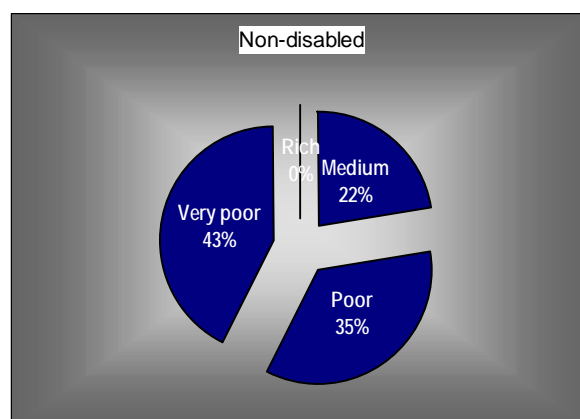
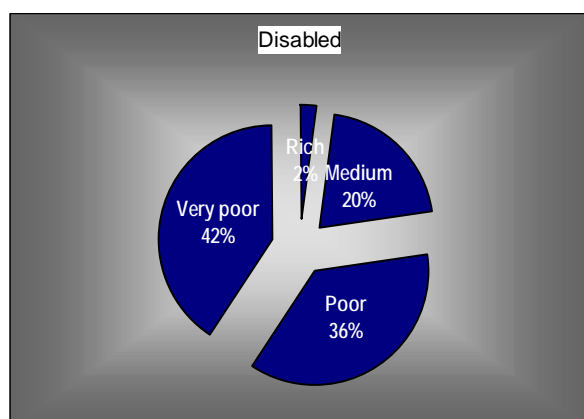
Two village meetings were held for two different *krom* in Prey O Mal (villagers were unwilling to give opinions on the wealth of villagers in another part of the village who they didn't know very well). Before the wealth-ranking meeting, small cards were prepared onto which were written the name of the head of each household. Information from the household wealth survey, and further discussions with village leaders, provided a list of disabled households. The name, age, sex and type of disability were written on the back of the cards whose households had a disabled person.

In the meetings (of around 15 to 20 people), participants were first asked to define criteria for four groups: 'rich', 'medium', 'poor' and 'very poor'. Criteria included number of animals owned, ownership of capital and amount of land. Once the participants had agreed on the wealth criteria, they were given the small cards with the names of the heads of households. The participants then classified them according to the wealth-group. When all the cards had been classified, the facilitator read out the names for each group and participants discussed whether the cards had been correctly placed.

### Results

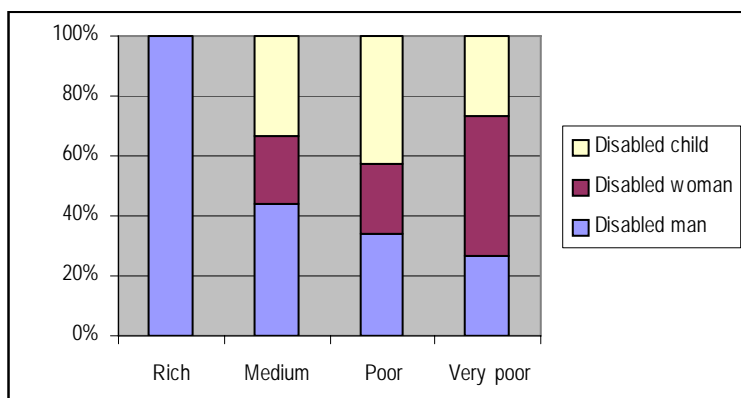
The wealth-ranking exercises covered 93 households, of which 44 were disabled households. The results (below) show a very close similarity between the disabled and non-disabled households. In fact, combining very poor with poor and rich with medium, the wealth distribution between the disabled and non-disabled households was exactly the same.

#### 2.1. Wealth-ranking, disabled and non-disabled households, Prey O Mal



## 2.2. Comparative wealth by gender and age

The bar graph (next page) shows the distribution of the 44 disabled households in Prey O Mal, classified as disabled men, disabled women and disabled children. It suggests that the percentage of disabled men's households increases with increasing wealth group (the 100% representation of disabled men in the 'rich' group is however misleading as it is based on a sample of one). Disabled women's households are over-represented in the 'very poor' wealth group.



Sample: disabled men: 25, disabled women: 8, disabled children: 11

## 2.3. Comparative wealth – type and cause of disability

Because of the lack of experience of the PRA team, data on type and cause of disability was not accurate. It would have been useful to compare wealth ranking with severity of disability. Some of the disabled people had very mild disabilities and it is possible that these were among the wealthier households.

With the focus in Cambodia on landmine issues, it would have also been useful to compare the wealth of landmine-disabled people with other disabled people. However the total number of landmine-disabled people in the villages surveyed was small so no conclusions could be drawn. The landmine-disabled people in the sample were nearly all men. Men tend to be over-represented among landmine-disabled people because most landmine injuries occur among the military, or among workers in forest-related occupations, who are mostly men. The data from this study suggests that households with disabled men are wealthier than households with disabled women, which would suggest that landmine-disabled people are among the wealthiest of disabled people, but more research is needed to confirm this.

## Summary of results

The two comparative wealth exercises indicated the following:

*Poverty and disability* – There was some evidence that disabled households were more likely to be poorer than non-disabled households – the household wealth survey showed that disabled households had fewer livelihood assets than other households, although the wealth-ranking exercises ranked disabled and non-disabled households equally. It is often stated that poverty causes disability and disability causes poverty. While there are definitely interlinking factors between them, there are other factors which blur this relationship and may lead to a higher prevalence of disability in wealthier households and villages. For example:

- Richer families may be more able to take in an elderly parent with an age-related disability rather than them going to live in the pagoda, which is the norm in Cambodia.
- Richer, more educated families may be more 'disability-aware' and class minor conditions as a disability which poorer, less-educated people do not consider as a disability, eg. poor eyesight or ear infections.

- Not all disabilities are poverty-related, eg. in Prohoas Kbal village a rich family have a Down's syndrome son, and some disabilities are even positively correlated to increases in wealth. For example, wealthier Cambodians may be more susceptible to disabilities resulting from road accidents due to higher rates of motorbike ownership.
- Higher income can allow disabled children to live who would die in poorer families, eg. in Prey Veang the village chief's son has a severe form of cerebral palsy – it is unlikely that he would have survived to adulthood if his family had not been relatively rich and powerful.

*Poverty and gender* – Both the household survey and the wealth-ranking meetings provided some evidence that among disabled people, households with disabled women are poorer than households with disabled men or disabled children. Women generally have fewer opportunities than men in Cambodian society and disabled women are particularly excluded. Cambodian society places high value on women's beauty and it is likely that disabled women face extra difficulty getting married. Being single and childless is a stigma in Cambodian society – such women have no labour supply to work, eg. in agriculture, and are resigned to a life of dependence on other family members.

### **Evaluation of methods and lessons learned**

1. *Household wealth survey* – This method was more objective because it depended on quantifiable variables (number of cows, pigs, etc) rather than on villagers' opinions on relative wealth. However the exercise also faced difficulties. Villagers still tried to appear poorer than they were in order to get some benefit from the NGO – in some cases the PRA team felt that villagers did not reply truthfully, eg. the PRA team could see pigs or cows but the interview denied that they were their property, or they said they had a TV but it was broken.

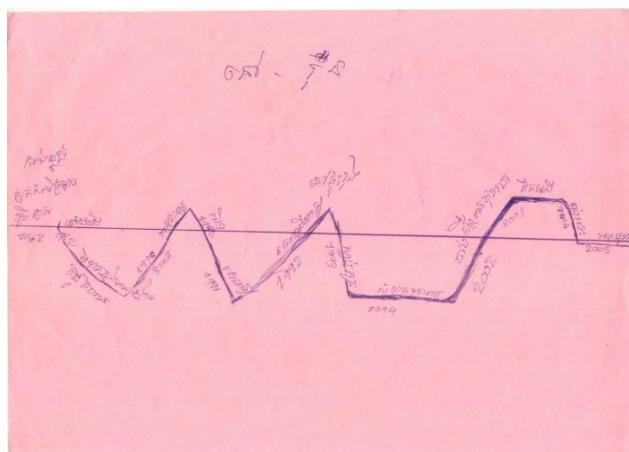
The survey tool was very simple to use and did not require any literacy skills at all. Most of the disabled PRA team-members could use it, although some members were too shy to ask questions about wealth to strangers. Another team-member felt uncomfortable asking the questions to people in his own village.

2. *Wealth-ranking* – The disabled PRA team-members understood how to carry out wealth-ranking exercises and could facilitate the group meetings fairly well. Prior to the meetings, a fair amount of preparation is needed, however, eg. compiling accurate lists of household heads and information about which households had disabled people. Villagers participated actively in the group meetings.

There were two main problems with the wealth-ranking exercises:

- Villagers may not rank wealth objectively, eg. they may classify themselves or their relatives/friends as poorer than they actually are in the hope of receiving some benefit from the NGO. The outcomes of the wealth-ranking meetings can also be influenced by the powerful in the village. Village chiefs tended to dominate the decision-making, which may be a source of bias if they have their own agendas for ranking villagers. However it would have been difficult to organise and conduct the meetings without village chiefs' participation.
- The wealth-ranking outcomes depend on villagers' accurate knowledge of other villagers' wealth. This problem was addressed by holding the meetings at *krom* level and by ranking a few households in the immediate vicinity, who villagers knew. However the small size of these surveys limited the scope of statistical analysis.

## 3.8. Life-lines



Left: Chur Ron, in Prey Veang, draws his life-line.  
Above: a disabled person's life-line in Prohoas Kbal

### Method

This method is an individual activity ideally done at the home of the disabled person. The disabled person was asked to describe his/her life history, starting from birth. The disabled person was helped by the PRA team-member to write or draw pictures on a large sheet of paper to represent episodes in his/her life, in the form of a time-line. Finally, the disabled person is asked about the relatively happy, prosperous times in his/her life and the difficult times. A line was drawn to symbolise changes in his/her life, i.e. rising during happy periods of their life and falling during unhappy periods.

### Results

Disabled people's life-lines yielded personal histories which contained information on:

- vulnerability context – eg. trends (migration from over-populated provinces in the south of Cambodia to Pursat), shocks (eg. deaths in the family; onset of disease; accidents causing disability such as mine accidents; internal displacement; economic chaos; death due to conflict; natural shocks such as drought leading to food shortages)
- micro-macro links – eg. a change in forestry policy and tightening of the law had a negative effect on the livelihoods of people who worked in the forest.
- changes over time in livelihood capital, such as the following:
  - human capital – eg. births/deaths of family members. Effect of disability on human capital, eg. dropping out of school, psychosocial problems, reduced productivity
  - natural capital – eg. changes in amount of land, lack of land resulting in migration to Thailand
  - social capital, eg. changes in marital status
  - financial capital, eg. changes in animal stocks
  - physical capital – eg. digging of wells, building of houses.

The life-lines also led to discussions about the effect of a disability on disabled people's lives. In the introductory workshop, for example, the disabled PRA team-members talked about the obstacles they faced in both of the main livelihood options in Cambodia: skilled and unskilled employment. They lacked education, so could not find skilled employment; and they could not get work as unskilled labourers because of their lower physical ability to work.

Two disabled people's life-lines are shown overleaf.

## 1. Chur Ron, male leg amputee, Prey Veang

Year	Event
1962	Ron was born in Kampong Chhnang province, to the south of Pursat.
1982	Ron became a soldier and was sent to the Thai border, where he was involved in heavy fighting.
1989	Life improved somewhat, as Ron was transferred to Kampong Chhnang, where there was less fighting.
1990	Ron got married in Kampong Chhnang. However the wedding was marred by tragedy – Khmer Rouge soldiers entered the wedding party and killed three people. All the guests fled and Ron didn't collect any money (it is traditional for a couple to recoup some of the large outlay of a wedding through guests' money gifts). So the wedding was very costly. Four months after his wedding, Ron had a mine accident and lost his leg.
1991	Ron spent a full year in hospital in Phnom Penh following his mine accident.
1992	Ron left hospital and set up home in Prohoas Kbal village, where he had relatives.
1993	Ron's wife had a child but it died of tetanus at the age of one month
1994	Khmer Rouge soldiers entered the village again and robbed and destroyed houses.
1995	Peace returned to the village, but there was no work for the villagers.
2002	Ron began a wood transporting business. He had a cart and transported wood from the forest to the market to sell. The business prospered.
2004	Crackdowns by the Forestry Department led to Ron's cart and wood being impounded. Ron had borrowed money to buy the cart, and he had not yet paid off the loan, so he was plunged into debt. He now has no significant source of income.

## 2. Chao Uk, male, leprosy-related disabilities, Prey O Mal

Year	Event
1957	Born in Prey O Mal village. His father was a farmer. There was no school in the village so Uk didn't study.
1962	The Lon Nol war started and the family fled from the village and became separated.
1970	The family were reunited and were able to restart rice-farming.
1979	Uk joined the military in Pursat because he "wanted to protect the country" from the Vietnamese who had invaded.
1983	Uk married a woman from Prey O Mal and they soon had their first child.
1988	Uk and his family built their own house. Their living conditions were normal – they could grow rice and collect wood from the forest.
1991	Uk left the military but didn't get a pension.
1992	Uk contracted "a disease"* and went to Pursat Hospital to get it treated, but the treatment was very expensive.
1995	Uk's condition led to him losing fingers and toes. He couldn't work and began drinking. He was angry with his wife because of his incapacity and tried to commit suicide by taking poison.
2005	His wife is still with him and earns money by collecting firewood. Uk stays at home and does little except look after the children (he now has six children), chickens and ducks. He says life is very hard now because he can't grow rice, especially this year when there has been little rain.

\*Because of the stigma attached to leprosy, Uk never mentioned the name of the disease.

### Evaluation of method and lessons learned

- The PRA team needed a lot of training and reminding to remember to ask key questions, eg. when the disabled person became disabled, how, when they got married, when they moved to the village, etc.
- Disabled people were not familiar with the concept of depicting their situation as a rising and falling line. They needed a lot of help from the PRA team so the final result was not really the disabled person's own work. Disabled people were sometimes intimidated by the sight of the pens and paper – they automatically thought it was going to be a difficult exercise involving



writing. The PRA team had to explain that it was not a difficult exercise and they could draw pictures or symbols, but this was also difficult for some disabled people.

- Some disabled people were unwilling to speak about their past because of traumatic events in their history. This is understandable, especially when the interviewee didn't know the interviewer. In one case the exercise had to be stopped because a disabled woman broke down in tears remembering how two of her husbands had died. The life-line exercise is therefore best used after the interviewer has known the interviewee for some time.
- Some disabled people had difficulty remembering dates or sequences of events which happened a long time ago.
- When drawing a line to depict relative happiness and prosperity during their life, disabled people tended to describe the current situation as worse than in the recent past (1980s-1990s) rather than getting better. They may have done this in an attempt to exaggerate current poverty to get some benefit from the NGO, or it may be because current problems are most easily remembered and quantified. However it may also reflect a real downturn in people's lives, eg. due to drought, loss of income-generation opportunities due to forest protection laws, or loss of earning potential, eg. due to disability.

## 3.9. Time-lines

### Method

Disabled people were helped to draw a time-line to show all their daily activities, starting from when they woke up in the morning to when they went to bed at night. They drew pictures or wrote to illustrate their activities at various times of day. The exercise was repeated with a non-disabled neighbour of approximately the same age and sex for comparison.

### Results

The time-line exercise was first done by the disabled PRA team-members themselves in the introductory workshop. It gave information on activities related to:

- human capital, eg. attendance at literacy classes
- financial capital, eg. income generating activities
- natural capital, eg. access to water supplies, sources of firewood, natural sources of food (one participant spent a lot of time every day hunting for crabs and frogs).

The activities were further divided according to which were mainly performed by men and which by women:

	<b>Income-generating activities</b>	<b>Non-income-generating activities</b>
<b>Male</b>	Searching for firewood Animal-raising Vegetable-growing Searching for crabs/frogs	Fetching water Studying
<b>Female</b>	Animal-raising Vegetable-growing	Fetching water Studying Cleaning clothes Looking after children Cooking Cutting firewood

The result showed a clear distinction between males and females. Males were more involved in income-generating activities, activities far from home and activities which involved physical strength. Females were more involved in non-income-generating activities, activities which were based in or near the home and which involved lighter work.

The diagrams on the next page show the time-lines for two disabled men in Prohoas Kbal, one relatively rich and the other poor. Ker Say, a leg amputee, has a large amount of land and is a VDC member. Ly Thy, an arm amputee, is an ordinary villager with a small piece of land. Differences in their daily activities show the differences in their relative wealth:

- Ker Say spends some of his day clearing his land for *chamkar* farming. The clearance can also yield firewood or timber which can be consumed by the family or sold. Ly Thy has no *chamkar* and he does not grow such a range of crops.
- Ker Say has a sufficient number of chickens that feeding them is a significant daily activity. Ly Thy has so few that it is not a significant activity or it is done by his wife or children.
- Ly Thy recorded fetching water as a significant daily activity, while Ker Say did not. This could be due to Ker Say living nearer to a source of water.
- Ly Thy spends some of his day shovelling earth, a low income-earning activity which Ker Say does not do.
- Ker Say spent a longer period of time resting at midday than Ly Thy.
- In the evening, Ker Say watches TV, a leisure pursuit for richer people, while Ly Thy spends his evenings hunting frogs and other wild animals to eat or to sell.

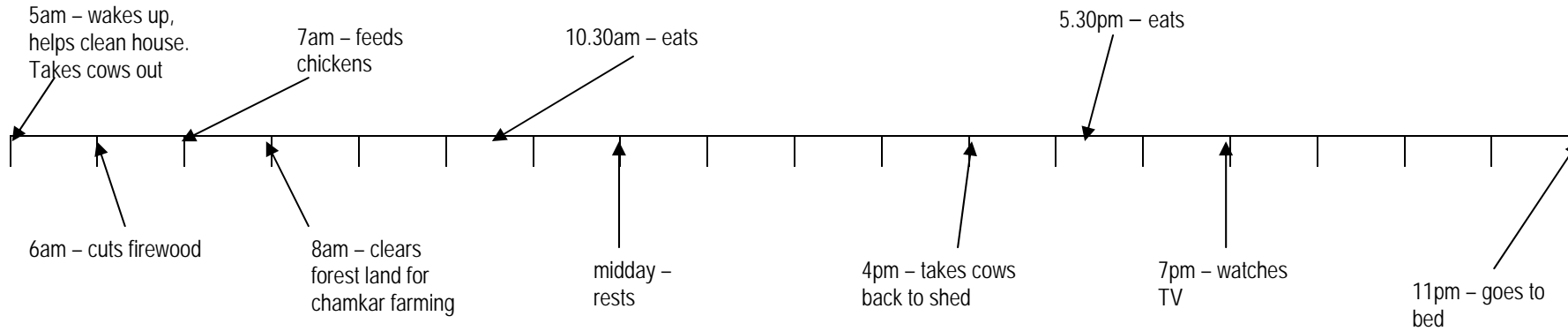
### **Evaluation of method and lessons learned**

The time-lines were a relatively easy exercise which the disabled PRA team-members could perform well with the villagers. They provided information on disabled people's physical and financial assets, which was a useful addition to other PRA methods such as the household wealth survey. The exercise allowed for comparisons between richer and poorer disabled people, and also between disabled and non-disabled people, eg. time spent on income-generating activities, types of income-generating activities, amount of leisure time and leisure pursuits, etc. However, to draw meaningful conclusions a larger sample would be needed than was the case with this survey.

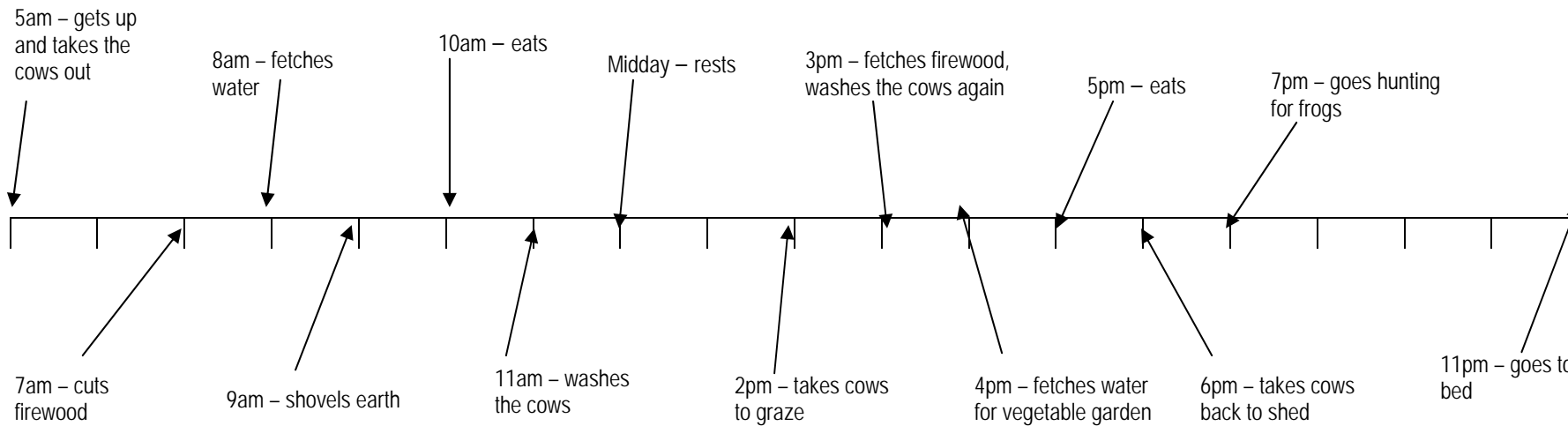


## Time-lines of daily activities

### Ker Say



### Ly Thy



## 3.10. Service mapping

### Method

In a village meeting, disabled people were asked to think about the services, governmental and non-governmental, available in their village – both specifically for disabled people and for the general community. For each service, they drew a picture or symbol on a small piece of paper (to help non-literate people understand). These pieces of paper were arranged on a large sheet of paper with a circle drawn on it representing the village. The group discussed what services each service-provider provided in the village. Services placed at the centre of the circle were those most useful to disabled people while those at the edge of the circle were less useful. Those placed outside the circle did not help disabled people at all. Afterwards, the group identified the gaps – areas in which there was no service-provider working.

### Results

#### 1. Prohoas Kbal

*Existing services, ranked in descending order starting with the service perceived as the most important*

Rank	Service	Type of service	Main activities
1	Anakut Komar	Local NGO	Give school materials to children, provide agricultural equipment and vocational training, help refer to health centre, support self-help groups
2	Samraong Health Centre	Government	Provide health services in the centre, and a community health-worker visits the village to carry out health education
3	DDSP	Local NGO	Provides water filters, helps access health centre, provides emergency materials
4	ADESS	Government agricultural programme	Provides vegetable seeds and demonstrates vegetable growing
5	CMAC	Government demining agency	Demined land in the past
6	Kruu Khmer	Private individual	Traditional doctors who provide Khmer medical treatment including witchcraft
7	Rural Development Dept	Government department	Built roads and culverts
8	Seila	Government programme	Facilitates village and commune planning meetings
9	Traditional healer	Private individual	Carries out ceremonies such as rain-making ceremonies
10	CWARS	International NGO	Vocational training for disabled people
11	TPO	International NGO	Education about mental health, domestic violence
12	Forestry Department	Government department	Education about forest protection

*Gaps in services:*

- animal raising

#### 2. Prey O Mal

*Existing services, ranked in descending order starting with the service perceived as the most important*

Rank	Service	Type of service	Main activities
1	DDSP	Local NGO	Helps disabled children and their families
2	Seila	Government programme	Built the school, road

3	ADESS	Government agricultural programme	Helps pig-raising, fruit-growing, provides water pump
4	ADHOC	Local NGO	Human rights protection (agricultural support?)
5	Health Centre	Government	Outreach workers visit once a month, provide vaccination, medicine
6	Concern Worldwide	International NGO	Infrastructure support (now finished)
7	CWARS	International NGO	Vocational training for disabled people
8	AARR	Local NGO	Agricultural training/support (just starting)

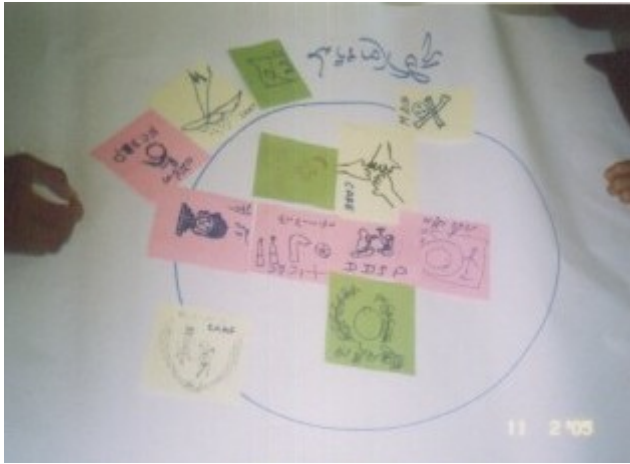
#### *Gaps in services:*

- support to dig a pond
- health education, help to access health services
- provision of water pumps
- agricultural services – provision of seeds, cows, buffalo, fertiliser, training.

#### **Evaluation of method and lessons learned**

Disabled people enjoyed the exercise and the disabled PRA team-members were able to facilitate it well. The exercise was useful in getting disabled people's ideas about what services were lacking in the village. The exercise complemented the problem-ranking exercise (section 3.4). There were however a few problems with the method:

- Disabled people (or villagers in general) didn't always have reliable, up-to-date knowledge about services in their village so it was an opportunity for them to learn from one another. The exercise was more useful to understand disabled people's awareness of services in the village and opinions about them rather than giving an accurate picture of what services were actually available. Because of gaps in villagers' knowledge, it would be necessary to verify the information, eg. by meeting with the NGOs mentioned.
- Villagers tended to only think of NGO services and overlooked government services and private services, which reflects the prominent role of NGOs in Cambodian society. They had to be reminded to consider all services available in the village.
- Villagers tended to 'flatter' DDSP and rank it higher than it deserved because they knew it was DDSP carrying out the PRA.
- In Prohoas Kbal a facilitation problem arose similar to the problem in the 'priorities for action' exercise (section 3.4). Rather than asking the villagers "what services do you lack in this village?" a disabled PRA team-member asked "what NGOs do you want in your village?" and the exercise became an NGO wish-list rather than being based on the village's real situation.
- It was difficult for villagers and the PRA team to think of and draw pictures or symbols to illustrate services, except for obvious ones such as a cross for the health centre. Written words (which were read out) were used instead.
- Villagers can withhold information about services to exaggerate their village's 'plight' in the hope of receiving benefits from the NGO. Meetings with service providers can verify the real situation regarding service provision.



*The PRA team practise making a service map*



## 3.11. Village presentation

### Method



At the end of each village PRA, the team collated the data and analysed it, eg. statistics of disabled people, data from wealth-ranking, etc. Gaps in the data or points needing clarification were identified and a presentation was planned. A final village meeting was called, in which the team presented the final analysis, double-checked unclear data, asked questions they had forgotten to ask before, asked for feedback and more ideas on disabled people's problems and suggested solutions, told the villagers about DDSP's next steps, and thanked them for their time and effort.

*Left: analysed wealth-ranking data is presented to Prey Veang*

### Results

Results from the village presentation corresponded to particular exercises and are included in the previous sections.

### Evaluation of method and lessons learned

*Encouraging participation* – While it was important to get participation and feedback during all PRA exercises, it was most important during the village presentation because the team wanted to give a final opportunity for feedback and get the village's approval of the final results. The amount of participation from villagers varied between the PRAs. Several factors were identified as affecting the amount of villagers' participation and feedback:

- Presentation – Some data contained much numerical, statistical data which could be difficult to understand. Villagers participated well when flipcharts were prepared which were clear, appealing (eg. using coloured paper) and illustrated.
- Preparation – The final presentation took time to prepare: the PRA team had to know who was going to say what and flipcharts had to be prepared. When the presentation was disorganised or presenters didn't know clearly what they were supposed to be saying, the villagers became bored and participation was lower.
- Facilitation – Villagers rarely responded automatically to a flipchart presentation with comments and questions. The PRA team had to stimulate discussion by asking questions or by raising problems. The disabled team-members had no experience of public speaking or facilitation but they were given some advice, eg. about talking loudly and clearly, using positive body language to stimulate the villagers and asking questions. Such questions also had to be prepared beforehand.
- Timing – The final presentation was hard work and at the end of a few days in the village everyone, the PRA team and the villagers themselves, who may have attended several meetings during the week, was tired. It may be preferable to spend a few days resting and reviewing the data before returning to the village to do the final presentation, but for logistical reasons it was decided to do the final presentation while the PRA team was still in the village.
- Participants – The best village presentation was in Prohoas Kbal. This meeting was different in that the village chief wasn't present so other villagers felt more able to speak. Also the meeting was relatively small and villagers seemed more confident to speak when there were fewer people present, especially the women.

*Next steps* – a difficult point in the final presentation was communicating to the villagers what the next steps would be. However the PRA team was uncertain what DDSP would do next – the disabled team-members understandably did not want to speak on behalf of DDSP as they were not staff, but even the DDSP staff-member in the team was uncomfortable allowing disabled people to think freely about their problems and priorities, fearing this would lead to false raised expectations of DDSP. In one village, she

concluded a PRA by reiterating DDSP's existing policies, even though this didn't coincide with the problems and priorities raised by the disabled people, which gave the impression that the PRA exercise wasn't about listening to disabled people at all. It is important to let the participants know that they are really being heard and that their opinions will be considered seriously by the research team. NGOs must be open to change their plans and priorities according to expressed needs and not take refuge in existing plans and policies, although NGO staff may find it safer to do this. However the PRA team must also avoid making unfulfilled promises, by communicating to the villagers clearly what the NGO will do and what they will not do, based on the information disabled people themselves have provided.

## 4. Other NGOs' experiences of PRA with disabled people

The PRA team visited two other NGOs that have community-based programmes. Landmine Disability Support (LMDS) in Kampong Chhnang province, takes a human rights/advocacy approach to social change and work to improve disabled people's livelihoods. Handicap International Belgium (HIB) supports a programme (soon to become a localised Khmer NGO) called Capacity Building of Disabled People in the Community (CABDIC) in Banteay Meanchey and Siem Reap provinces. The programme helps disabled people to form self-help groups which provide social and economic support to their members. Another activity is rehabilitation work with disabled children and promotion of inclusive education in primary schools.

The PRA team met with LMDS clients and had discussions with LMDS's management staff in Kampong Chhnang and observed CABDIC's community assessment process in Banteay Meanchey.

### 4.1. LMDS

#### *PRA practice*

LMDS carried out a pilot PRA exercise in Kouk Tunteay village in October 2003. Prior to the exercise, LMDS had some staff trained in PRA and more training was carried out for the staff. A PRA manual was produced after visiting CARE and Concern Worldwide, two international NGOs with extensive experience in PRA.

The pilot exercise lasted three days and was conducted by LMDS staff. Activities in the three days were:

- village meeting to draw a map showing natural resources (rivers, fields, ponds, etc) and human resources (homes of the village doctor, vet, traditional birth attendant, village chief, etc, and the location of the school, health centre, etc)
- village meeting about problems in the village and sources of income
- interviews with disabled people at their homes to find out about their situation and problems
- village meeting to select those problems which would be addressed by LMDS. Ranking exercises were used to identify priorities. Problems which LMDS could help solve were identified, and other, larger problems were referred to the commune or provincial authorities. PRA data was also analysed and presented back to the village. This was an opportunity for villagers to say if they agreed with the data or not, and to make changes if needed.

The village meetings were for all villagers because they focused on general problems in the village, mainly income generation, rather than the problems of a specific group, i.e. disabled people. There was no particular effort to ensure disabled people participated in the meetings, and no special meetings for disabled people. In some cases disabled people didn't come to the meeting because of mobility problems, but they were represented by a family member. In meetings, measures were taken to help people with special needs, eg. flipcharts were read out to help people who were non-literate, blind or had learning difficulties.

A fieldworker interviewed said that at the end of the PRA the data was well used. Basic information on disabled people was entered into a database and information on their problems and livelihoods was analysed and used to form strategy, eg. if many people had the same problem they could be helped together. The fieldworker compared LMDS's use of the PRA data favourably to a previous NGO she worked with, where she said she didn't see any benefit resulting from the PRAs she was involved in.

Three disabled people, members of a self-help group in the village, were interviewed on the subject of disabled people's participation in LMDS's project. The following comments were made:

- Disabled people are given opportunities to raise issues and problems both in monthly meetings and during home visits, eg. if they lack fertiliser, a mosquito net, etc. Disabled people felt that LMDS was responsive to their needs and they had a voice in what LMDS did in the village (as well as PRA, LMDS fieldworkers use 'self problem/opportunity/solution' analysis within the client/family home-based assessment and self-help group activity processes).
- Nearly all disabled people in the village participated in the meetings, although there were perhaps two or three who did not. These included 'difficult cases' such as an extremely poor disabled man with mental handicap who 'nobody called' to the meeting, or people with severe mobility problems. The three disabled people gave different answers about whether the deaf person in the village participates, with two out of three saying he didn't participate. If disabled people were sick or busy they wouldn't go but might send a family member to attend. LMDS staff can help transport a person who is far away and has mobility problems, or a meeting can be held near their house to make it easier for them to attend.

#### *Assessment and recommendations*

Despite the preparation and training, LMDS felt that the PRA exercise fell short of expectations. Reasons may have been the difficulty in finding a PRA trainer with a genuinely participatory attitude, and the lack of technical supervision during the PRA exercise. Weaknesses were such that the validity of needs and solutions produced by the beneficiaries themselves was cast into some doubt (LMDS, 2004). Weaknesses in the pilot exercise included:

- A lack of participation of beneficiaries in all stages of the PRA process, from planning to implementation to evaluation.
- A need for quality time for the LMDS fieldworkers to prepare for the PRA with the beneficiaries to explain 'what we, with them, can do, how we go about it, the advantages to them and encouraging them to join'.
- Clearer understanding of the difference between development and relief is needed.
- Local authorities should participate as equals with villagers, not as superiors.
- Beneficiaries should be allowed to identify their problems, opportunities and solutions themselves. Care and affirmative action are needed to remove strong influences from others.
- PRA is part of a process, not an end in itself. It is an ongoing process that develops and refines knowledge and skills. Continual activities may include further assessments or identification of new or missing beneficiaries.
- Participatory facilitation skills should be used so that people enjoy the process, eg. ice-breakers, story-telling, group-building exercises, etc.
- PRA should fit with beneficiaries' schedules and should not interfere with their farming or other essential activities.

*(LMDS – PRA Module, 2004)*

The pilot PRA exercise was marked by a lack of participation from ordinary villagers. "The 'problem-solution' process was dominated by officials and staff," (LMDS 2004) which left little room for villagers, and in particular disabled people, to participate in the problem-solving process.

According to an LMDS fieldworker, the pilot PRA exercise was also too short. Three days were insufficient to study the village in depth. Tools such as matrices and identification of gaps, which she had studied, were not used. The PRA exercise remained as a pilot exercise and was not repeated, so there was no opportunity to build on and improve practice. She felt that, "If LMDS did PRAs in each village, it would help LMDS to get more details about disabled people's problems and help to solve disabled people's problems better." However, in her opinion LMDS did not currently have sufficient skills and experience for this.

Although LMDS's experience with PRA was negative, it was felt that its experience of PRA mirrored the experience elsewhere in Cambodia, with the principles of PRA being diluted. Discussions between the

LMDS Director and other international NGOs using PRA found that a tendency for “social superiors who know best” is deep-seated and a cultural characteristic (J. Lowrie, personal comment).

#### **4.2. CABDIC**

PRA team members observed a community assessment carried out by CABDIC fieldworkers in Banteay Meanchey province. CABDIC staff carry out such a field assessment prior to starting work in each new area. CABDIC fieldworkers said that they had been trained in PRA. The community assessment covered one commune of about 10 villages and lasted one week. The community assessment was carried out by CABDIC staff, without involvement from villagers or disabled people themselves. Activities in the assessment were:

- meetings with village chiefs to get information about disabled people in the village – number, names, addresses, etc
- interviews at the homes of disabled people to get basic facts about them, with particular emphasis on disabled children. The interview form did not include detailed questioning about the disabled person’s problems. The home interviews were also used to ask disabled people if they knew of other disabled people in the community.

There were no village meetings or meetings of disabled people. The information from the community assessment was not presented back to villagers for feedback, but was analysed and discussed by CABDIC staff. The information was used to identify which disabled people needed which service, eg. who needed health and rehabilitation referrals, but it did not appear that the community assessment had any influence over CABDIC’s general strategy.

#### **4.3. Learning points from LMDS and HIB/CABDIC**

- Both NGOs have experienced problems in achieving community participation in their PRAs. Both organisations consulted with local authorities – which is necessary in a country like Cambodia with a hierarchical and bureaucratic society – but this was not balanced with sufficient participation from villagers and disabled people. This can result in authorities having undue influence over the PRA results. Also, NGO staff played too large a role in both organisations’ PRAs. Villagers and disabled people participated to a lesser extent, especially in the planning and evaluation phases of the PRA. If villagers and disabled people are not involved in the planning, implementation and evaluation of the PRA, they remain the objects of the research rather than active stakeholders, and the PRA becomes indistinguishable from more traditional extractive research methods.
- Both organisations’ fieldworkers had received training in participatory approaches, but the end result was still a lack of participation of the villagers and more importantly the target group, disabled people. This suggests that PRA training is not addressing underlying attitudes and power relations between NGO workers and the target groups they serve, which allows the unequal relations with the NGO workers on top to persist. Improving PRA practice is “all about changing attitudes, not just in token or tacit gestures, but in real change towards inculcating true respect for the opinions of other people” (J.Lowrie, personal comment).
- Data from PRAs should be used to shape the NGO’s plan of action for the target community, otherwise the PRA exercise is a waste of time which can lead to community disillusionment. The NGO should decide quickly what they will do and what they will not do based on the PRA results, and this should be clearly communicated back to the community.
- PRA should employ a variety of methods and approaches in order to get a holistic understanding of the community and to cross-check data. Both organisations appeared not to dedicate sufficient time to their PRAs or covered too large an area in too short a period of time. It is recognised however that PRA is an ongoing process; and an ongoing dialogue with disabled people and communities is needed to come to a real understanding of their situation.

## 5. Conclusions

There is a long history in Cambodia of disabled people being the objects of development initiatives rather than active players, as shown by the large number of NGOs *for* disabled people in the country, the scarcity of NGOs *of* disabled people, and an undeveloped disabled rights movement. DDSP, as well as other disability NGOs like LMDS and HIB/CABDIC have low levels of disabled people's participation in community research, due to a combination of NGO staff attitudes, disabled people's marginalisation in the community, and use of extractive rather than participatory tools. It is hoped that this research project has helped put these issues on the agenda.

### 5.1. Training of disabled people in PRA

This research project showed that it was possible to train rural, inexperienced, uneducated disabled people in carrying out PRA exercises. The training was conducted according to the educational level of the disabled people with a skilled facilitator who was able to proceed at their pace and to let them direct the process as much as possible. Care was taken to make the training as informal and as unthreatening as possible. Recommendations on training rural disabled people are given in section 6. The training could have been improved by including some basics of community development, to avoid the problem that was faced of the team-members reinforcing the dependence on NGOs and undermining community self-reliance. Other problems were the extreme lack of self-confidence and shyness of some members, non-literacy and the learning disability of one member. Fieldwork showed which exercises were well and which were poorly facilitated by the team, which will lead to improvements in subsequent training.

### 5.2. Implementation of PRA

The village PRAs used 12 different tools/activities:

- group meeting for community identification of disabled people
- role-plays and group discussion on attitudes and discrimination
- problem and priority ranking
- income-generation ranking
- interviews with teachers and parents of disabled children
- children's drawings
- household wealth survey
- wealth-ranking meetings
- life-lines
- time-lines
- service-mapping
- final village presentation.

Lessons learned from the use of these tools were:

- Attendance at PRA meetings was generally good, even though each PRA involved several meetings and a lot of villagers' time. This high level of attendance was perhaps due to the research taking place in the dry season when villagers have more free time. It was also hopefully because the PRA exercises were stimulating and informative.
- PRA tools are not automatically participatory unless they are accompanied by the appropriate attitude of the PRA facilitator. Even open, visual tools can be used in extractive ways. For example life-lines and time-lines were supposed to be drawn on a large sheet of paper visible to the disabled person to give him/her ownership of the information. However in some cases the interviewer drew the time-line or life-line on a small piece of paper hidden from the interviewee's view, in which case the exercise becomes the same as an extractive interview.
- Using pictures, eg. of livelihood assets (bicycle, cow, etc.) for the comparative wealth exercises, or pictures of disabled people for the disability identification exercise helped to stimulate villagers and aided understanding, although preparing pictures involved extra effort and time. Drawing pictures was also one of the few PRA activities that Mom Thea, the most disabled member of the PRA team, could do, and provided her with a role in the team.

- Information gathered from PRA exercises was sometimes conflicting or unclear, eg. the comparative wealth of disabled and non-disabled people, the anomalous high disability rate in Prey O Mal, differences in ranking of problems between the villages, etc. PRA exercises should use a variety of tools, including both qualitative and quantitative exercises, to cross-check findings from each individual exercise.
- In keeping with DDSP's usual approach, the PRA team stayed in the villages throughout during the PRA exercise, including overnight stays, to get a deeper understanding of the village and to build relationships with the villagers. DDSP aims to have a deep, long-term relationship with its target villages, and PRA methods allow such a relationship to develop. By staying overnight in the villages, the PRA team was able to spend relaxed time with villagers in the early mornings and evenings, when most NGOs are not working or are travelling to the field. This gave extra opportunities to have informal conversations with villagers or make observations which gave useful insights into the research. However the PRA team needed to be aware that such informal research methods are valuable – there was a tendency to see only the group meetings or activities with paper and pens as 'real' research methods.

### 5.3. Results from PRA

The key findings from the PRA results were:

- *Disability prevalence rate* – A high rate of more than 10% was found in Prey O Mal, although previous DDSP PRAs had suggested rates of 3%. The gender and age distribution of disabled people was found to be similar to a recent study in Gujarat, India. It appeared that the disability prevalence rate was higher in Prey O Mal, which was closer to Pursat and had more economic opportunities and better health and education services, than the other two villages. Factors accounting for this may include demographic differences between migrant population in the remote, settler villages and the residual populations in older, more established villages, and a lower death rate among disabled people and a wider community definition of disability in the more educated population of Prey O Mal.
- *Community attitudes* – Disabled people can face social exclusion if they are poor and 'don't have capacity', or if they have behavioural problems such as alcoholism. Disabled people (at least men) are able to rise to positions of authority in the village, which was a surprising finding, and other village leaders have disabled family members which no doubt also has a positive effect on opinions about disability.
- *Disabled people's problems and priorities* – Disabled people's main problems are a lack of income-generating opportunities and capital, and difficult access to water sources (exacerbated by the drought this year – disabled people are unable to travel to water sources, do not have transport means to carry water, and do not have money to buy water). Their priorities for action included agricultural training, infrastructural improvements, emergency aid, capital provision and well-digging.
- *Income-generating activities* – The villages' main income-generating activity was rice growing. There was a high prevalence of selling of labour, indicating landlessness or the effects of the drought. Disabled people gave ideas of income-generating projects they would like to develop in the future.
- *Disabled children's education* – There was a high degree of awareness among teachers about disabled children and their problems. There were many disabled children in school and teachers knew of methods to help them in school. However some disabled children still remain excluded from school. There was some indication that the IE Project in Prey O Mal school, although new, had had some impact on teachers' knowledge and practice. Case studies of disabled children showed factors leading to their social inclusion/exclusion.
- *Comparative wealth of disabled and non-disabled people* – Data on the relative wealth of disabled and non-disabled households was equivocal – the household wealth survey showed that disabled households were poorer than non-disabled households, but the wealth-ranking exercises showed no difference. However both exercises showed that disabled women's households were poorer than disabled men's.
- *Life-lines* – Life-lines identified changes in disabled people's lives over time, eg. changes in livelihood assets. They also gave information on their vulnerability context (eg. shocks and trends),

and on micro-macro linkages, eg. the effect of government policy on their livelihoods. In many cases, disabled people described their livelihood situation as worsening at the moment rather than improving. This might seem surprising in the current peaceful episode in Cambodia's history.

- *Time-lines* – Information on disabled people's daily routine gave information on their income-generation activities, leisure activities and ownership of livelihood assets and consumer durables. Comparisons could be made between disabled people and non-disabled people, although the sample was too small in this survey to draw conclusions.
- *Service-mapping* –The maps showed disabled people's awareness and perceptions of services in their village, both governmental and non-governmental, and identified perceived gaps. The maps also showed the communities' over-emphasis on NGO services and lack of recognition of government services.

#### **5.4. Impact on DDSP**

Although DDSP had had some experience in participatory research, problems had been identified with it (see section 1), in particular the lack of participation of disabled people and the lack of appraisal of DDSP's PRA practice. This research project was the longest participatory research exercise DDSP had ever done and the first to contain a significant element of monitoring and evaluation, including self-evaluation, and led to an improvement in staff's skills in PRA. It was also the first project DDSP had undertaken to have such a high level of participation of rural disabled people in all stages of the process. This had two main consequences for DDSP:

*1. Better designed projects* – The PRAs identified a number of needs and problems which hadn't been addressed before, even in villages where DDSP had been working for several months, eg. the need to refer some people to ear clinics, a disabled boy's need for a bicycle to go to school, disabled people's ideas for income-generating projects, the severe problem of water shortage in most villages, and disabled people's request for seeds and agricultural equipment. These are all issues which DDSP can address. The PRA also led to the identification of some new clients because of more thorough surveying methods such as house-to-house surveying. Previously DDSP has relied on key informants such as village authorities, although they may have partial knowledge or have reasons to withhold information about certain people. Using tools like life-lines and daily activity time-lines for the first time provided in-depth information about disabled people's lives.

*2. Capacity-building of DDSP's clients* – The PRAs gave five DDSP clients skills and opportunities to build their confidence and practise group facilitation, planning, decision-making and data analysis, as well as having a chance to learn about different types of disabilities and gain exposure to community disability programmes in other provinces. DDSP aims to build up 'village disabled people's committees' to plan and implement development projects, to represent disabled people and to advocate for disability issues at village and commune level. This project helped build the capacity of some disabled people who in the future will play a role in these committees. Since the PRA, three team-members joined DDSP's annual planning workshop. It is hoped that one member will play a bigger role in his village disabled people's committee – he was formerly excluded due to personal problems. DDSP also plans to include disabled people in its PRAs in new target villages in future.

The PRAs also represented a challenge to DDSP to become more adaptable. The whole point of PRA is to listen, learn and to adapt to the situation in the village. The example from Prohoas Kbal (page 38) illustrated the difficulty NGO staff have in departing from familiar, safe project policies and plans. The project challenged DDSP to incorporate the PRA data into new, village-specific strategies rather than repeating the old strategy. Some issues raised by disabled people may at first seem too big or complex, eg. the lack of a school or the lack of a health centre, but it may be possible to find simpler, more appropriate solutions (eg. providing health education, recruiting a village school teacher), or to find partnerships to implement together (eg. for school-building). There was also hesitation on the part of DDSP to address general community development issues rather than specific issues affecting disabled people. However disabled people have raised such mainstream issues as being important to them, and



they present an excellent opportunity to create inclusive projects, eg. the lack of kindergartens in Prey Veang and Prohoas Kbal could be addressed by DDSP to include disabled children not currently in school.

### **5.5. PRA team's performance**

*Lack of capacity and experience* – It was known and understood from the outset that the disabled team-members had little experience and capacity to carry out this kind of project. The disabled team-members' faced problems with the following activities (it should be noted however that many educated NGO staff face similar difficulties):

- using any PRA tool which involved a lot of reading (eg. written questionnaires), remembering (eg. the nine groups of disability) or calculating (eg. wealth-ranking analysis)
- complicated group facilitation exercises such as problem-solving. Other facilitation skills such as paying attention to people who have difficulty participating and controlling noise were also lacking
- asking questions of people in authority such as teachers and village chiefs
- interviewing skills, eg. PRA team-members made mistakes such as giving the answer in the question, two interviewers asking the same question at the same time, and not giving the interviewee time to think. They were also inexperienced in using probing questions – asking new questions in response to what the interviewee had just said
- performing role-plays, which made many of the team-members self conscious and embarrassed
- planning, organising and making appointments
- thinking critically to evaluate the progress of the PRA and the performance of the team, including self-appraisal
- analysis, eg. comparing sets of data (eg. disabled and non-disabled people), interpreting results (eg. seeking causes).

Although the disabled team-members faced such difficulties, they gained experience and increased in confidence over time. PRA activities which the disabled team-members performed well were those which were more concrete, related to their own lives, and which needed limited literacy skills, eg. picture introductions, disabled people's problems, income-generating activities, comparative wealth, time-lines and service-mapping.

*Accessibility* – because the disabled team-members came from rural areas themselves, there were no great accessibility barriers as they were accustomed to living in such an environment. The PRA team managed to deal with the accessibility issues that arose:

- Transport – Many parts of rural Cambodia can only be reached by motorbike because roads are narrow and in poor condition. Skill in riding a motorbike is common among Cambodians, both men and women, but only one of the five disabled team-members was fully competent in riding a motorbike. This put more pressure on the non-disabled DDSP staff-members. Also, Rem Khy the paraplegic woman had difficulty with transfers on and off motorbikes. This was very time-consuming for activities which required frequent getting on and off a motorbike, eg. the household wealth survey.
- Water and sanitation – This was a source of anxiety for two disabled team-members, Rem Khy (paraplegic) and Thim Sna (double amputee). Bathing in rural Cambodia is done in public and toileting is often done on waste ground behind the house. People with severe disabilities find ways of adapting bathing and toileting methods in their own homes but they can face challenges in different environments. Rem Khy had great difficulty moving to water sources (wells and water jars) to bathe and to waste ground for toileting, but fortunately Mom Thea, the woman with learning difficulties, acted as a very good personal assistant. Thim Sna had problems bathing as it involves removing both prosthetic legs. He was embarrassed about this in homes of strangers and needed a chair or bench to sit on while bathing.

## 5.6. Disability awareness-raising

*The disabled PRA team-members* – The PRA team needed to have a high level of awareness and understanding about disability. Most of the team were disabled and for the most part they were sensitive to disability issues, eg. they showed a lot of concern for a disabled man in Prey O Mal with extremely limited mobility and offered to buy him rice. They used polite language to describe disabilities, and made special efforts to help elderly people and disabled children to join in activities. One of the most challenging disabled people met was Chan, a young man in Prey Veang with severe cerebral palsy (see cover photo) who has severe moving difficulties and speaking difficulties. The PRA team made great efforts to include him in ranking exercises – they gave him the beans even though he was unable to place them on the sheet of paper, but he could tell a relative where he wanted them placed. This was better than giving the stones to the relative in the first place (ie. a ‘does he take sugar?’ attitude).

The PRA fieldwork increased the disabled team-members’ awareness of disability issues, eg. they met some types of disability they had never met before, such as cerebral palsy, Down’s syndrome and severe learning difficulty, and they learnt how to work together and help each other; in particular they understood the challenges of working with a person with learning difficulties.

Despite this general understanding and sensitivity towards disabled people, it should not be assumed that disabled people automatically have empathy with and understanding of other disabled people, or knowledge of all types of disabilities. For example the team’s attitudes towards Mom Thea, who had learning difficulties, varied from great patience to frustration. One team-member was shocked on meeting Chan and another member teased him in an inappropriate way. Although there was much on-the-job learning of disability issues in the field, it would have also been useful to include sessions in the introductory workshop on types of disability, respect for all disabled people and understanding of their special needs.

This was probably the first research project of any kind in Cambodia to include a person with learning difficulties in the implementing team. Mom Thea’s contribution to the project was limited in many ways because she was completely non-literate and had poor memory and very low self-confidence. She could not facilitate PRA exercises, although she did manage to build up confidence and by the end of the project she felt able to make presentations in meetings. Despite these limitations, the decision to include her in the team was justified for several reasons:

- She was an excellent personal assistant to Rem Khy and helped her with mobility, toileting, bathing, etc. As the only other woman in the team, there was nobody else who could have helped Khy, so if she had not been in the team Khy’s participation would have been severely affected.
- She helped logistically in the PRA exercises, cutting up paper, giving out pens, etc, and could help in the presentation of data, eg. in drawing pictures.
- She was popular in the team and provided team-building support, eg. she gave the idea for an energy game in the introductory workshop.
- Awareness-raising – having her in the team taught the PRA team about working with a person with learning difficulty.

*The community* – The PRA fieldwork also served to raise awareness about disability in the villages being surveyed. Villagers in Prey Veang and Prohoas Kbal were used to DDSP staff coming to their village but they were surprised to see disabled people accompanying them and playing a prominent role in fieldwork. The Khmer DDSP staff-member in the PRA team said that, “Villagers could see disabled people playing a coordinating role in the PRAs and they could see that disabled people have capacity. They know that disabled people have the right to participate.” The disabled men in the team, who were more active, visible facilitators, were probably more effective in raising awareness than the disabled women, but even the presence of the two disabled women had some effect despite their lower level of participation. For example villagers in Thea’s village (Prohoas Kbal) were ‘not interested’ in her because she never joined meetings or village events, but they reportedly show more interest in her now and take her more seriously. Having her in the PRA team was also a powerful awareness-raising lesson for her

family, who saw her as almost useless, showing that she had value – an NGO was interested in her and gave her an opportunity to earn income and help her family for the first time in her life. Rem Khy the paraplegic woman raised awareness about disability by her mere presence – she has a very visible disability and attracted a lot of stares from villagers. There was only one case which led to discrimination – Khy complained that a woman in one village didn't listen to her or take her seriously during an exercise.

*DDSP staff* – although all DDSP staff have extensive experience working with disabled people, this PRA was the first time they had worked together with the 'clients' as equals. As in other NGOs, there is a tendency for the staff to see themselves on top and providing *for* their clients, rather than partnering *with* them to help them achieve their own goals. The PRAs contributed to a narrowing of the divide between staff and the clients – they could understand the strengths as well as the challenges of working alongside disabled people. At the end of the PRAs, the disabled team-members presented the main findings back to the DDSP staff. It was a great occasion for the 'clients' to take the initiative and advocate to the staff what they thought DDSP should be doing.

The results from this research project will be shared with community development agencies in Pursat and throughout Cambodia, which hopefully will have an impact on the attitude of community development workers towards disabled people across the country.

### **5.7. PRA and Sustainable Livelihood Analysis**

The table on the next page shows that many PRA methods used in this research can be used to collect information for the Sustainable Livelihood Analysis framework. Other PRA methods, such as village mapping and transect walks, were not used but can provide further information, especially on natural and physical capital.

The table shows that PRA can make a valuable contribution to Sustainable Livelihood Analysis, but it should be used in conjunction with other tools for a full understanding of livelihoods, eg. social analysis, stakeholder analysis, sample surveys, etc.

<b>Sustainable Livelihood Analysis</b>		<b>PRA tool used</b>	<b>Example from this PRA</b>
Vulnerability Context	Shocks	Life-line	Date of onset of leprosy, mine accident, Khmer Rouge attack
		Household wealth survey	Epidemic of animal disease
		Income-generation activities	High level of selling labour indicating effects of drought
	Trends	Life-line	Migration to Pursat from over-populated provinces
Livelihood assets	Human capital	Community identification of disabled people	Number, sex, age of disabled people, types of disability
		Interviews with teachers/parents	Disabled children included/excluded from school, teachers' ability to teach disabled children
		Income-generation activities	Vocational skills that disabled people have, eg. animal raising, bicycle repair
		Disabled people's problems and priorities	Need for training, eg. in vegetable growing
		Time-lines	Daily attendance at school, literacy class
	Natural capital	Disabled people's problems and priorities	Lack of water
		Income-generation activities	Use of natural resources (forest, rivers) for income generation
		Time-lines	Time spent per day hunting frogs to eat, fetching water (distance to water source)
	Financial capital	Comparative wealth exercises (household wealth survey, wealth-ranking)	Comparative levels of livelihood assets (animals, bicycles, TVs, motorbikes, etc). Villagers' opinions on comparative wealth
		Income-generation activities	Capital that disabled people have, eg. for bicycle repair, animal raising, and capital that disabled people don't have, eg. for hairdressing, mushroom growing
		Time-lines	Time spent per day on income-generating activities
		Life-lines	Changes in animal stocks over time
	Social capital	Role-plays on discrimination	Inclusive/exclusive attitudes towards disabled people, leadership roles of disabled people in the community
	Physical capital	Disabled people's problems and priorities	Need for wells, dams, canals, water pumps to improve irrigation
		Life-lines	Date when wells were dug in the village, when NGOs provided support to build houses
	Transforming structures	Public sector, private commercial, civil society	Service-mapping
Role-plays on discrimination			Participation of disabled people in local government. Role of local authorities (eg. commune chief) in solving discrimination disputes (eg. in marriage)
Transforming processes	Laws and policies	Life-line	Effect of forest protection legislation on livelihoods
	Class	Wealth-ranking	Number of people in each socio-economic stratum in village, distribution of disabled people across these strata
	Gender	Time-lines	Gender differences in daily activities
	Culture	Role-plays on discrimination	Attitudes towards marriage of disabled people
Livelihood strategies		Income-generation activities	Disabled people's current income-generating activities and ideas for future activities

	Disabled people's problems and priorities	Lack of physical capacity to work due to disability, lack of capital, skills
	Time-lines	Use of time for income-generating activities

## 6. Recommendations

### 6.1. Training rural disabled people in PRA

The project showed that uneducated, inexperienced, rural disabled people could play an active role in implementing the PRA. NGOs working with rural disabled people should give their clients opportunities to develop their skills in planning, collecting and analysing data, communication, etc. by doing their PRAs or other forms of community assessment in partnership with them, rather than only educated NGO staff from urban areas doing it. The following recommendations are made on preparing rural disabled people for such a role:

1. The selection and preparation of a training facilitator with an open attitude and participatory skills is key. S/he should have an open attitude to allow the disabled people to participate in the planning of the PRA (deciding research questions, selecting, practising, evaluating and modifying tools, making a time-frame and organising logistics) as much as possible.
2. Start the training with a simple, fun but useful activity such as picture introductions, which can build the confidence of the participants by enabling them to experience success.
3. The trainer should be aware of the trainees' special needs and use adapted teaching methods, eg. use of pictures, minimal use of written documents and 'NGO-speak', frequent reviews and repetition of topics/key points to reinforce learning.
4. Be aware of physical accessibility issues in the training venue and accommodation – access to buildings, travelling distances, road conditions, latrines, etc. Having personal assistants available can be a huge help.
5. Keep the training informal and unthreatening to encourage participation and learning – train in a small group, use ice-breakers, energy games and team-building exercises to build up trust, have frequent breaks and music to create a relaxed atmosphere, use humour, have informal seating and furniture arrangements.
6. Be realistic in what tools can be used by the trainees. Avoid tools which require a high degree of literacy, group facilitation or presentation skills, unless considerable time will be spent in training in these areas. Recognise the problems of disabled people's lack of confidence and shyness (especially women) – efforts are needed to build their confidence.
7. Don't assume that disabled people automatically have empathy with other disabled people or have knowledge on all types of disability. The training should include sessions on disability awareness – types of disability, respect for all disabled people and understanding of their special needs.
8. Ensure that the trainees understand the principle of *participation of all disabled people*. The training should include discussions on ensuring the participation of the most marginalised groups, such as people with visual, hearing and learning difficulties, and people with mental health problems. The discussion should also cover overcoming other barriers to participation such as people living very far from where the PRA exercise is taking place, people who are very shy, or dealing with dominant people who exclude others. Trainees should be made aware of disabled women, disabled children and elderly people who may also need special help to ensure they participate.
9. The training should also cover the basics of the principle of *community empowerment* – that PRA is a bottom-up approach with the villagers being the most important actors in development, NOT the NGO.

10. The training should include participatory monitoring and evaluation and the training organisers should act on recommendations arising from it.

## **6.2. Increasing participation of all disabled people in PRA fieldwork**

Many of the issues affecting disabled people's participation are shared with non-disabled people, but barriers to participation such as non-literacy, poverty and shyness may be felt more by disabled people. The following steps can be taken to increase disabled people's participation in all stages of the PRA:

1. Ensure that the PRA team are made aware, both in the training and in the field, of the goal of having *all* disabled people participate. Participation means both physically being present in a meeting and being able to understand and communicate in the meeting. Team members who were not facilitating in a meeting sat among the participants and looked to see if anyone was having difficulties understanding or participating, eg. people with severe disabilities, disabled women and children, people who were very shy, etc. The team-member would provide additional encouragement or explanation to such people to help them participate. Depending on what information is needed, a PRA can include activities with the community in general, or when disabled/non-disabled comparisons are needed, segregated meetings for disabled people and non-disabled people.
2. Transport issues – Provide transport, eg. by motorbike, for people with severe mobility problems, people who live far from where the PRA activity is taking place, or people who are unmotivated to come. For example the guardians of a disabled orphan were not interested in coming to a PRA meeting unless transport was provided.
3. Written communication issues – Many of the villagers, especially the disabled people, were non-literate or semi-literate. Others were non-literate because of a learning difficulty or had difficulty reading because of a visual impairment. To assist in communication, written exercises should be kept to a minimum. Where flipcharts presentations are used, only short key-points, written in large, clear letters, should be used. Where possible these key-points should be illustrated, although with uneducated facilitators this may require some basic training and confidence-building in drawing first.
4. Where participants have to write (eg. in the problem-ranking exercise), the literate PRA team-members should be on hand to help non-literate people and should not discriminate (on one occasion the PRA team only distributed cards to disabled men in a meeting, assuming that all the disabled women were non-literate). All presentations of written flipcharts should be accompanied with clear verbal explanations to assist non-literate people or those with visual problems. All verbal instructions (eg. on how to rank problems or household wealth) should be given using simple, appropriate language and repeated to ensure that people with learning difficulties have understood. The facilitator can also ask the participants questions to check their understanding, eg. 'how many beans am I going to give you?', 'what are you going to do with them?'
5. Hearing impairment – issues facing people with hearing impairment are similar to the above. To help people with hearing impairment to participate in PRA activities, the following approaches can be used:
  - get family assistance – eg. the sister of a girl with hearing impairment helped draw a daily activity time-line; a deaf woman came to a PRA meeting with her sister who knew how to communicate with gestures (there is no formal sign language in rural Cambodia)
  - speak loudly and clearly
  - invite people with hearing problems to sit at the front of PRA meetings so they can hear more easily or can lip-read.
  - have a PRA team member sit near people with hearing problems to provide additional explanation.

6. Absenteeism/substitution – sometimes a disabled person was absent from a PRA meeting and other villagers offered a reason, eg. due to sickness or being busy with income-generating activities. In such cases it is worth visiting the person's home to check, because it is also possible that the person never received the information about the meeting and other villagers may even have reasons to deliberately try to exclude him/her. Alternatively the disabled person may have a problem which the PRA team could help with. During this visit, the PRA team should inform the person about the next PRA meeting and encourage him/her to join, helping where possible eg. with transport. In other cases the disabled person did not participate in the PRA meeting but sent a family member to represent him/her, eg. a spouse or a child. While there were often good reasons for this, the team should make a home visit and explore these reasons. In both these situations, the absence of the disabled person is often passively accepted, which could lead to his/her exclusion from the project in future. The PRA team could try to involve absent disabled people by doing home-based PRA activities such as time-lines and life-lines and presenting the results to the village in the final presentation.

### 6.3. Improving PRA practice

The following general recommendations are made on improving PRA practice.

1. *Appropriate attitude* – The most important part of PRA practice is having an attitude of real listening and respect for the villagers' knowledge, experience and ideas. There is nothing 'magic' about PRA tools as they can also be used in an extractive and disempowering way. In particular it is important that data from individual PRA activities such as time-lines and life-lines (ensuring confidentiality when information is sensitive) are analysed and presented to the whole village for feedback. At the end of the PRA it is particularly important to have a well-organised village meeting to get final feedback from villagers and validation of the data.



2. *Preparation time* – Preparation before meetings is always important but even more so when working with uneducated facilitators. Materials, questions and a logical, understandable plan for the meeting need to be prepared in advance. Sufficient time needs to be allowed for this. In the past DDSP has facilitated badly organised meetings, resulting in villagers understanding and participating little, and DDSP staff then blaming villagers for their 'low capacity', which discourages DDSP staff from attempting further participatory activities.

3. *Value informal learning* – The PRA team should recognise that informal learning opportunities (chatting in the evening over dinner, observations of everyday village life, a casual comment or conversation) can provide valuable insights. PRA practitioners should seek such learning opportunities and incorporate the insights into the final analysis.

*Left: Preparation is the key to success: evenings were spent reviewing the day's work and preparing for the next, eg. preparing stationery and other materials.*

4. *Timing* – The PRA should be long enough to use a variety of methods and to meet many people, in order to get a clear understanding of the village and to start building relationships with people. While cost is a factor, ideally a PRA should be of one week's duration per village. Because PRAs can take up a lot of villagers' time, they should take place when most people have free time to avoid having a negative effect on their livelihoods, eg. in Cambodia during the dry season (November to April). However, even in the dry season villagers have other commitments and the PRA team should be careful not to overburden the village, and to thank villagers for their time and effort in participating.



5. *PRA follow-up* – Data from PRAs should be used to shape the NGO's plan of action for the community. The NGO should decide quickly what they will do and what they will not do based on the PRA results, and this should be clearly communicated back to the community. Doing a PRA is not a one-off event, and dialogue and listening to the villagers, modifying the NGO's plan of action accordingly, must continue to take place.

#### **6.4. Recommendations for further research**

1. This research project covered only three villages and fewer than 100 disabled people. Sample sizes were not large enough to confirm conclusions, eg. on:
  - disability prevalence rates. Furthermore, disability data was not specific enough to determine the prevalence of different degrees of disability
  - wealth differences between households of disabled men, women and children
  - differences in daily activities between disabled people and non-disabled people. A larger sample could examine factors such as severity of disability, socio-economic status, etc, and also compare relative amounts of work and leisure time between disabled and non-disabled people.
2. The research did not compare disabled people's and non-disabled people's problems and priorities. Disabled people may rank some issues higher than non-disabled people, eg. access to water sources, due to their greater mobility difficulties.
3. The research did not result in a good understanding of community attitudes towards disability, due to the sensitivity of the subject, the lack of training of the team, and the use of an inappropriate method (role-play and group discussions). Further research could examine attitudes towards particular aspects of disability (eg. causes of disability, marriage of disabled people), as well as about attitudes concerning specific types of disability.
4. The discovery of disabled people (men) in positions of authority in the villages was surprising as it is often thought in Cambodia that disabled people are excluded from leadership. It would be useful to do a wider survey of village chiefs, VDC committees and commune councils to find the representation of disabled people in local government.
5. The project only looked at disabled people's participation in two other NGOs (LMDS and CABDIC). The dissemination of this report will involve input from other NGOs working with disabled people in the community (eg. ADD, Cambodia Trust, World Vision), which will give a larger picture of the levels of participation of disabled people in project design, and measures being taken by NGOs to ensure this participation.

## 7. References

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LMDS (2004), *Landmine Disability Support Quarterly Report to 31 December 2003*

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# Appendices

## **Appendix 1: Survey on disabled children's education: teachers' knowledge, attitudes and practice**

### *Knowledge:*

1. What different types of disability do you know? (teacher gives list, interviewer fills in the gaps)
2. Do you know of any disabled children in this village? What disabilities do they have?
3. What problems do you think disabled children have?








### *Attitudes:*

1. What types of disabled children do you think can go to school?
2. Which ones can't? Why?
3. What do you think disabled children can do in the future when they are adults?

### *Practice:*

1. Do you have any disabled children in your class/school? If yes, what types of disability?
2. What problems do they have? What do you do to help them overcome these problems?
3. What other support do disabled children get in this village? Who gives this support?

## Appendix 2: Household wealth survey form

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### Appendix 3: Research time-frame

	February 2005																		March 2005												
Review of DDSP's existing PRA materials	3																														
DDSP staff review PRA practice, lessons learned, etc		4																													
Prepare PRA training			7	8	9																										
Implement PRA training						10	11	12																							
Staff training on PRA									14																						
PRA in Prohoas Kbal village										15	16	17	18																		
Team review Prohoas Kbal experience														19																	
PRA in Prey Veang village															20	21	22														
Team review Prey Veang experience																		23													
PRA in Prey O Mal village																		24	25	26											
Team review Prey O Mal and overall experience																				28											
Feedback meeting with DDSP																				28											
Meet other disability NGOs																					1	2									
Final write-up/presentation preparation																							3	4	5	6	7				
Presentation to DAC																														week 2	
Workshop in Pursat																														week 4	