Disability KAR
Knowledge and Research

Poverty reduction and development in Cambodia: Enabling disabled people to play a role

EXECUTIVE SUMMARY

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Abbreviations and acronyms

ABC	Association of Blind Cambodians
ADB	Asian Development Bank
ADD	Action on Disability and Development
APPT	Alleviating Poverty through Peer Training
ARPU	Asia Regional Policy Unit
CBR	Community-based rehabilitation
CC	Commune councils
CCSP	Commune Council Support Project
CDPO	Cambodian Disabled Person's Organisation
CHAD	Conflict and Humanitarian Affairs Department
CIDA	Canadian International Development Agency
CMAA	Cambodian Mine Action Authority
COMFREL	Committee for Free Elections
CSCF	Civil Society Challenge Fund
CSD	Council for Social Development
CSO	Civil society organisation
CSP	Country strategy paper
DAC	Disability Action Council
DANIDA	Danish International Development Agency
DDP	Deaf Development Programme
DDSP	Disability Development Services Pursat
DFID	Department for International Development
DPO	Disabled people's organisation
EMIS	Education Management Information System
ERJ	Exclusion, Rights and Justice
ESSP	Education Sector Support Programme
EU	European Union
FINIDA	Finnish International Development Agency
GPDD	Global Partnership for Disability and Development
GTZ	Gesellschaft für Technische Zusammenarbeit (German)
ICF	International Classification of Functioning, Disability and Health
ICRC	International Committee of the Red Cross
IE	Inclusive education
ILO	International Labour Organization
JICA	Japanese International Cooperation Agency
KaR	Knowledge and research
MDGs	Millennium Development Goals
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoP	Ministry of Planning
MoSALVY	the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (now MoSAVY)
MoSAVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NCDP	National Centre of Disabled Persons
NEC	National Electoral Commission
NEP	NGO Education Partnership
NGO	Non-governmental organisation
NIS	National Institute of Statistics
NPRS	National Poverty Reduction Strategy

PIT	Provincial Implementation Teams
PPA	Participatory Poverty Assessment
PRSP	Poverty Reduction Strategy Programme
PTSD	Post-traumatic stress disorder
RBA	Rights-based approach
RGC	Royal Government of Cambodia
SEO	Special Education Office
SHG	Self-help groups
SIDA	Swedish International Development Agency
SWAP	Sector-wide approach
UN	United Nations
UN ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UXO	Unexploded ordnance
WB	World Bank
WHO	World Health Organization
WVI	World Vision International

Executive summary

This report has been produced by the Disability Policy Officer for the Policy Project of the Disability Knowledge and Research (KaR) programme, funded by the UK Department for International Development (DFID). It is the first part of a three-country study, taking place in Cambodia, Rwanda and India, to:

- explore how disability relates to DFID's work on reducing poverty and social exclusion and the achievement of the Millennium Development Goals (MDGs)
- map disability-focused activities in each country
- identify examples of best practice
- explore the opportunities and constraints for raising the profile of disability within each DFID programme
- identify potential partners for DFID to take forward work on disability.

Methodology

The research for this study was conducted by the Disability Policy Officer. The research comprised a desk review of literature and an 18-day field visit to Cambodia during December 2004. The primary research method was key informant semi-structured interviews and visits to three disability organisations. It also involved a focus group discussion with disabled people and follow-up interviews with four disabled individuals in Pursat Province.

Disability in Cambodia

Defining disability

There is no universally agreed definition of disability. Historically, disability has been seen primarily as a medical condition – a problem located within the individual. Since then, this medical, or individual, model has been challenged by disability activists who reconceptualised disability as primarily a social phenomenon. This social model of disability draws a clear distinction between 'impairments' and 'disability'. It argues that it is society that disables people who have impairments, through its failure to recognise and accommodate difference, and through the attitudinal, environmental and institutional barriers that it erects against people with impairments. Disability thus arises from a complex interaction between health conditions and the context in which they exist. This social understanding of disability informs this report.

Scale, prevalence and causes of disability

As in most developing countries, accurate statistics on the number of disabled people in Cambodia are not available. Numbers and percentages differ from publication to publication. Nevertheless, it is estimated that Cambodia has one of the highest rates of disability in the developing world (UN ESCAP 2002).

Disabled people in Cambodia: overall figures (Table cont. overleaf)

Number/percentage of disabled people	**Source**
Adults	
170,000 (1.5% of 11,000,000 population)	*Socio-Economic Survey* (NIS 2003)

9.8%	*Skills Training as a National Strategy for Poverty Reduction in Cambodia* (ADB 1997)
1.4 million (15%)	*Identifying Disability Issues Related to Poverty Reduction: Cambodia Country Study* (ADB 1999)
Children	
32,000 (21%)	MoSAVY (2002)

Disabled people in Cambodia, by type of impairment

Type of disability	Number/ percentage of disabled people	Sources
Landmine injuries	40–50,000	*Action for Victim Assistance* (DAC 2003b) UN ESCAP (2002)
Polio	60,000	UN ESCAP (2002)
Deafness	300,000 (130,000 profoundly deaf)	Deaf Development Programme (DDP)/Krousar Thmey (2004)
Blindness	144,000 (108,000 50+ years, 28,000 15–50 years, 8,000 under 15)	Association of the Blind in Cambodia (ABC) (2004)
Mental health	–	No national data
Intellectual disabilities	–	No national data

The most common types of disability in Cambodia are moving difficulties, followed by seeing and then hearing difficulties. The main causes of disability are illnesses and disease, followed by congenital causes, then accidents. A relatively low percentage of disabilities are caused directly by conflict and mines. Currently, approximately 3 people per day in Cambodia are killed or injured by mines and unexploded ordinance (UXO), but road traffic accidents are responsible for significantly much more disability. In November 2004 in Phnom Penh alone there were 628 road accident casualties reported, of whom 4 per cent died and 35 per cent suffered severe injuries warranting surgery and/or intensive care treatment (Handicap International 2004).

The vast majority of disability in Cambodia is preventable. Poverty is a major cause of disability, and one of its major consequences (Bonnet 1997).

Disability, poverty and social exclusion

The National Poverty Reduction Strategy states that 36 per cent of the population live below the poverty line of US$0.40–0.63.

Disability and poverty

Disability and poverty are inextricably intertwined. Poverty is a significant cause of disability. It is poor people who are usually the victims of mine and UXO accidents, as they are forced to live near and enter mine affected areas to collect food or firewood (International Campaign to Ban Landmines 2004). They are also forced to use less safe methods of transport and to work in risky environments. In addition, their lack of access to basic health care means that simple infections, illnesses and injuries often result in permanent disability because they go untreated or are mistreated. For example, untreated common childhood ear infections are a major cause of permanent hearing loss in children (DDP, personal communication).

Grinding poverty often brings psycho-social mental health problems such as depression and anxiety, which can be very disabling. Women are particularly vulnerable to these (Chapuis 2004, Dubois *et al* 2004). Poor nutrition is another cause of disability. By the age of two, half of all Cambodian children are stunted (RGC/CSD 2002) and malnourishment is a major cause of developmental delay and long-term intellectual disability. Iron deficiency can reduce intelligence by as much as 13–21 IQ points and the first national goitre survey by the Cambodian Ministry of Health in 1997 projected a goitre rate of 12 per cent among children aged 8–12 years, rising to 45 per cent in some areas. Vitamin A deficiency is the leading cause of childhood blindness (RGC/CSD 2002).

Poverty is not only a cause of disability – it is also a major consequence of disability. In this study, all the informants who became disabled later in life said they became poorer after they were disabled, and most said they had become much poorer.

Cambodians spend a high proportion of their income on health care – approximately 10 per cent (Nguyen 2004). Health expenditure is a major cause of personal debt, and disabled people generally require more health services. All the members of the adult focus group for this study commented that they had been ill more often since they became disabled.

However, disability impacts upon an individual's ability to work and earn a living. The intensity of this impact depends on the nature of the individual's impairment. Most Cambodians are employed in agricultural activities, and even fairly mild or moderate physical impairments can limit one's capacity to work in the fields, with a consequent impact on the household economy, resulting in negative social attitudes. Some disabled people need to learn new skills to earn a living, but vocational training opportunities are limited and only available in urban areas, and are generally not linked to the market.

Disability and exclusion

Disabled people in Cambodia experience significant exclusion. They suffer from direct discrimination and stigma, and from varying degrees of social isolation. They are also largely excluded from the political process and development.

Discrimination and social isolation

Throughout the world, disabled people face discrimination and stigma. The high rates of disability in Cambodia has meant a higher than usual exposure of disabled people to non-disabled people, however teasing and name-calling is common. Family members and the wider community routinely call disabled children names related to their disability rather than the names given to them by their parents. Anecdotal evidence suggests that some children who are born with severe disabilities are never even given a proper name, and are referred to only by their disability name. Severely disabled children, although given basic care, are often hidden away, given less food and are sometimes encountered by fieldworkers living without clothes, unwashed and even tied up.

Disabled children – especially those who are severely disabled – do get abandoned, though it is impossible to measure the extent of the practice. What is more common is women who give birth to a disabled child, or who themselves become disabled, being abandoned by their husbands. Disabled women find it particularly hard to get married, and in Cambodia there is a stigma attached to unmarried women.

All the disabled people interviewed spoke of some degree of isolation and exclusion from community social events.

Political exclusion
Disabled people also suffer exclusion from the formal political process. First, voter registration centres and polling booths are located in physically inaccessible buildings and are often at some distance from disabled people's homes. Second, disabled people are often denied access to the information they need in order to register to vote. The Association of the Blind in Cambodia (ABC) reported that in the past two elections, blind people had often been denied the right to register to vote and in some cases, despite being registered, were not allowed to cast their votes on polling day. There is no use of tactile ballots yet. Data on the participation of disabled people in elections, either as candidates or as voters, is not gathered in the way that it is for women and members of minority ethnic groups.

Exclusion from development
The disabled people interviewed complained that they were not told about village meetings or development activities in their neighbourhood. Disabled people are often excluded from joining micro-credit programmes run by non-governmental organisations (NGOs) because they often lack assets to secure a loan and are seen to be a bad risk and unlikely to repay. Even though some disabled people did have the capacity to take part in local food-for-work initiatives, they were excluded from doing so, either actively, by the village chief, or passively, by not being told about the activity.

Furthermore, many development initiatives require potential members to have some resources to join micro-credit schemes. The very poorest – and disabled people are often in this category – literally do not have the time or assets to take part because they are continually on survival mode. The disabled informants said that non-disabled people see them as weak and unable to work like their able-bodied peers or to contribute to the household and community economy.

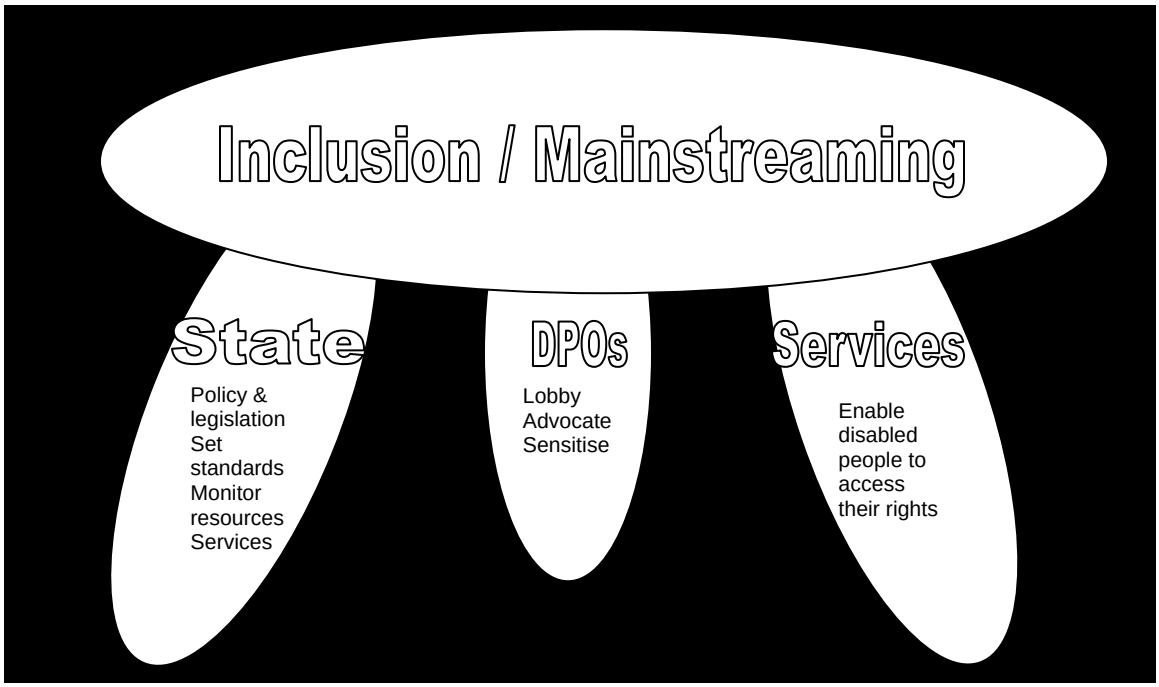
Disabled people are not a homogenous group. The most vulnerable and excluded disabled people are those with severe impairments, deaf and blind people, people with mental health problems, and disabled women and children. However, all disabled people in Cambodia have to struggle against the difficulties of their impairments, as well as the negative attitudes of society, which fails to recognise their abilities, and actively and passively discriminates against them. Disabled people become trapped in a cycle of poverty, with limited opportunities to escape.

The disability sector in Cambodia

In order to develop and ensure the rights and equal opportunities of disabled people, three key actors need to work in a coordinated and mutually supportive manner:
- the state
- service providers
- disabled people's organisations (DPOs).

The roles and responsibilities of these actors are illustrated in the figure below.

Roles and responsibilities in the disability sector in Cambodia



In Cambodia, there is considerable imbalance between these three key actors, as follows.

The state

The Royal Government of Cambodia (RGC) is a signatory to:

- all the key legally binding United Nations human rights treaties
- the UN Declaration on the Rights of Disabled Persons
- the World Program Of Action Concerning Disabled Persons
- the UN Standard Rules on the Equalisation of Opportunity for Disabled Persons
- the UN Economic and Social Commission for Asia and the Pacific (ESCAP) Decade of Disabled Persons 1993-2002 (DAC 2001b).

It has also expressed support for the Biwako Millennium Framework for Action towards Inclusive, Barrier-Free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific 2003–12, which represents an extension of the ESCAP Decade of the Disabled (DAC 2002).

A draft law on disability has been prepared, following wide consultation with stakeholders, but it is yet to be presented to the Council of Ministers. The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY) is the line ministry with responsibility for disability issues, but in practice, the government and the ministry have delegated virtually all responsibility for disability to civil society.

In 1997, the government established a semi-autonomous government body, the Disability Action Council (DAC), to coordinate the sector and advise on disability issues. At the time, it was an innovative and pragmatic decision. The DAC was seen as a means

of harnessing the skills, energy and resources of the NGO sector for a new government that had low capacity and extremely limited human and financial resources. The DAC has achieved much, and all the informants in the disability sector saw the organisation as playing a critical role for the future, but its progress is constrained by the lack of government interest in disability issues.

The Disability Action Council (DAC) provides a forum to bring together all stakeholders in the sector. The governing board comprises representatives from the leading government ministries, DPOs, NGOs, donors and the business community. A permanent secretariat was established within the Ministry of Social Affairs. The secretariat facilitates a number of committees and working groups covering areas such as women and children with disabilities, medical rehabilitation, legislation, community work with disabled people and vocational training. The committees act as a mechanism for information sharing, coordination and cooperation.

Its key achievements include:

- creating a single classification system for disability used in all data-gathering exercises
- reducing duplication and improved geographical spread of services
- representing Cambodia at all international disability conferences and meetings, acting as a central resource and information centre for the sector.

Currently, state support for disability is extremely limited, confined to providing office space for the DAC, a small contribution of 1000 Riels (US$0.25) per day to patients in some rehabilitation centres, and the veterans and civil servants' pension scheme. This pension scheme represents the only state social protection system of cash transfers. However, the system is in some disarray and subject to significant corruption. The main difficulties with the scheme are:

- irregular payments, which are often delayed
- difficulty in accessing payments
- the need to pay bribes to officials to access payments and maintain one's name on the register
- recipients selling all or part of their pension entitlements for significantly reduced amounts at times of need.

As far as can be ascertained, the system has never received any support from donors, whether technical or financial, and since 1993 the responsibility for the pension has ricocheted between the Ministry of Social Affairs and the Ministry of Women's Affairs.

Services

Services for disabled people include providing assistive devices, medical rehabilitation, physiotherapy, education and training. These services are essential to enable disabled people to participate and access their rights. Virtually all services for disabled people in Cambodia are delivered by NGOs. Despite the impressive number of organisations working in the sector, services for disabled people are inadequate, and are particularly lacking in remote and rural areas. Where services do exist, disabled people find them inaccessible or inappropriate. Because of Cambodia's recent history, disability and rehabilitation services have largely focused on the needs of those disabled by war, mines and polio, to the exclusion of other types of impairments. Services for blind and deaf people and those with mental health problems are extremely limited (DAC 2001b).

The almost total reliance on NGOs to provide services raises serious questions about the current sustainability of services – let alone future service expansion to meet the needs of Cambodia's disabled population. The current funding climate is uncertain and several key NGOs have had their resources cut. In the past year, three rehabilitation centres have closed, primarily prompted by reduced resources and the need to rationalise services. The focus on services is also problematic, as it can become a substitute for self-help. As one disabled Cambodian activist put it, 'To give is to disempower.'

Disabled people's organisations

Disabled people's organisations (DPOs) are associations run and managed by disabled people, for disabled people. They have a critical role to play in representing disabled people, raising awareness about disability, and advocating for the rights of disabled people to government and other actors.

Cambodia's disability movement is weak, and the national DPO, the Cambodian Disabled Person's Organisation (CDPO), has been undergoing an extensive period of restructuring. Cambodian DPOs have tended to focus on delivering services, often to the detriment of developing their own capacity to advocate for disabled people's rights.

Mainstreaming disability in development

The physical visibility of disabled people in Cambodia, along with the international focus on landmines, has resulted in a conflation of visibility with inclusion. There is a misplaced perception by those working outside the disability sector that disability receives a lot of funding and that it is well supported and 'moving forward.' In fact, the reality is rather different. Research for this study has revealed that most disabled people in Cambodia are among the very poorest in the country. Because of their disabilities, they experience poverty more intensely and have fewer opportunities to escape poverty than their able-bodied peers, and they find it much harder to utilise the assets they may have to improve their economic situation.

The disability sector is well coordinated, but there has been an overemphasis on service provision, driven by international agendas and funding sources and insufficient focus on empowering disabled people. The government's almost total reliance on civil society to address disability issues has meant that disability has become largely divorced and isolated from mainstream development and has seriously undermined the sustainability of existing services.

Disability is a cross-cutting issue but receives far less attention in national development strategies than other issues, such as gender, ethnicity and HIV/AIDS. Despite the lack of accurate statistics on the percentage of the population that is disabled, even very conservative estimates suggest that the numbers are comparable to, if not greater than, those for indigenous people at 4 per cent (CIA World Factbook) and those with HIV and AIDS, at 2.7 per cent (DFID 2004).

Disability affects not only the individual but their family as well. Cambodia's progress towards reducing poverty and achieving the MDGs will be constrained unless efforts are taken to remove the barriers to the full participation of disabled people.

The table below presents an analysis of the strengths, weaknesses, opportunities and constraints of the disability sector in Cambodia, followed by specific recommendations for enhancing donor support for disability in Cambodia and facilitating mainstreaming.

SWOC analysis of the disability sector in Cambodia

Strengths	**Opportunities**
• Well-coordinated and organised • Existence of the DAC • Draft disability law • High profile and range of services for landmine survivors • Diverse and committed number of CSO service providers	• Growing donor harmonisation to support RGC's Rectangular Strategy • Donor and RGC's emphasis on good governance, decentralisation and deconcentration • Commune councils and Seila programme offer mechanism for disability issues to be raised at local levels • Equity funds and systems to target the most vulnerable households • Growing donor interest in supporting CSOs • Veterans and civil servants' pension scheme
Weaknesses	**Constraints**
• Severely limited services for deaf, blind and people with mental health problems • Over-emphasis on landmine survivors and those with physical impairments • Weak and unrepresentative disability movement • Limited engagement with mainstream development processes • Almost total reliance on CSOs • Sustainability very questionable	• Current aid modalities (budgetary support, sector-wide approaches) that limit support for projects and particular issues • Insufficient data on disability and analysis of links between disability and poverty • Perception and funding of disability as a specialist issue • Limited government interest in disability and weak capacity of MoSAVY

It is critical that the disability sector re-engages with mainstream development, that the government is supported to resume more responsibility for its disabled citizens, and that disabled people are empowered. The following recommendations suggest ways in which donors can facilitate and support these necessary steps.

Recommendations

Improve data and information on disability

Bird has highlighted the significant role that donors play in influencing the policy agenda and the 'framework of the possible', not only in the resources that they provide, but also in identifying key development and poverty reduction problems (Bird 2004).

The commitment of the World Bank, the Asian Development Bank (ADB), the UK Department for International Development (DFID) and the United Nations to work with the government to develop a single national development plan is highly significant. However, any new plan will fail unless it is based on a real understanding of poverty in Cambodia. Disability did not feature in the ADB's 2001 Participatory Poverty Assessment (PPA). Conscious efforts need to be made to ensure that forthcoming studies (the new ADB PPA and World Bank's 'Moving out of Poverty' study) capture the

dynamics of poverty and disability in the same way as is done with issues of gender and ethnicity.

Enact disability legislation
To provide a framework for the future, Cambodia needs specific legislation promoting and enshrining the rights of disabled people, designating clear roles and responsibilities for government and civil society, and defining benefits and entitlements for disabled people. A draft disability law has been prepared, in wide consultation with stakeholders. Donors are currently encouraging the government to pass an anti-corruption law, and a similar approach could be taken with the draft disability law.

Strengthen the participation of disabled people in local planning
For most donors, supporting the government's programme of decentralisation and deconcentration is a priority. To ensure real social accountability, it is essential that excluded groups are supported to participate in local-level planning processes. Donors may consider commissioning a consultancy to examine various options for strengthening the participation of disabled people and other excluded groups.

Review existing social protection mechanisms, and identify options for developing social protection to reduce poverty and facilitate inclusion
In recent years, understanding of social protection has broadened to encompass far more than mere social safety nets. Social protection is increasingly recognised as a key tool for reducing poverty and supporting rights. Donors may consider commissioning a consultancy study to review existing social protection mechanisms and identify opportunities for establishing and strengthening social protection in Cambodia. The current Veterans and Civil Servants' Pension represents a potential opportunity, but is currently not effective and is subject to significant corruption. Such a study would complement current donor interest in developing harmonised approaches, particularly in determining the criteria and procedures for developing a national system for identifying and targeting the most vulnerable households.

Support the Ministry of Education, Youth and Sport to develop Inclusive education
In its Education Strategic Plan of 2001–2005 (MoEYS 2001), the Ministry of Education, Youth and Sport accepted inclusion as its vision for the sector, and acknowledged the needs of disabled children. In 2000, the ministry established the Special Education Office (SEO), which has been implementing an inclusive education programme with the DAC and a consortium of NGOs, with the support of UNICEF and UNESCO. The initial pilot has grown from nine primary schools to encompass 95 in nine provinces, but the programme still remains largely divorced from mainstream education initiatives.

Inclusive education should be seen as a key strategy to achieve education for all, and improve the quality of Cambodian education. The inclusive education programme should be formally evaluated and options identified for further upscaling. Donors may also wish to consider including specific indicators relating to the educational achievement of disabled children and minority ethnic groups in agreements with MoEYS.

In India, DFID agreed with other donors and the government an indicator that stressed improved educational achievement for scheduled castes and tribes and disabled children – and in particular girls within these groups. For three years, the SEO has been collecting disaggregated data on the numbers of disabled children in school. Options

could now be explored for harmonising this initiative with data collection carried out for the Education Management Information System (EMIS).

It is also important that the current MoEYS practice of excluding disabled people from training to be teachers, and removing teachers who become disabled from active classroom teaching to administrative roles, should be discontinued.

Support the development of linkages between mainstream health services and rehabilitation

Although current specialist rehabilitation services are well coordinated, they are divorced from the mainstream under the responsibility of the Ministry of Social Welfare (MoSAVY). While the Ministry of Health (MoH) receives considerable donor support through the health sector-wide approach, MoSAVY is seriously underfunded. Government support for rehabilitation is minimal, and the services are completely dependent on international NGOs, which compromises their sustainability.

Informants for this study clearly felt that the overall responsibility for rehabilitation should ultimately lie with the MoH, but such a shift cannot be quickly or easily achieved. However, donors have shown some interest in upscaling and harmonising the current pilot equity fund systems. Disabled people generally require more health services than non-disabled people. In recognition of this reality, and to reduce the cost burden of health care, it is recommended that disability be included among the criteria for equity fund entitlements.

Furthermore, as the treatment costs under the equity fund schemes come from specific donor budgets, donors may also wish to consider extending the equity fund system to cover part or all of the rehabilitation costs currently provided by international NGOs under the auspices of MoSAVY. The system could thus act as a mechanism for establishing greater linkages between MoH and MoSAVY as well as diversifying the funding base for rehabilitation services.

Facilitate the re-engagement of the disability sector with the mainstream by supporting disability-specific activities out of mainstream donor budgets

Most disability-specific activities in Cambodia are currently funded out of specialised donor budgets. For example, USAID support for disability comes from its humanitarian aid budget and from the Leahy War Victims Fund. DFID support for disability is funded from the UK via the Civil Society Challenge Fund and the Programme Partnership Agreement (PPA) with Action on Disability and Development (ADD). Support to organisations such as the DAC, in particular, and DPOs, in general, could be viewed as part of donor support to good governance and social accountability.

Improve donor awareness and understanding of disability issues

Research for this study reveals that disabled people are largely excluded from development in Cambodia. The failure to consider the disability perspective in the design of programmes and activities often results in unwitting exclusion of, and discrimination against, disabled people. Donors should seriously consider including representatives from the disability sector in all external consultations. Furthermore, donors might wish to explore options for disability sensitisation for their staff. For example, DFID could draw on the expertise of ADD, with whom it has a PPA in providing advice on disability issues and short disability-awareness training for staff.

Support the RGC to fulfil its commitments, under the Biwako Framework, towards achieving a barrier-free environment

Donor support to health and education, in particular, has enabled numerous schools and health facilities to be built and renovated. Donors should ensure that future budgets for all infrastructure projects are sufficient to enable accessibility features to be included.

Support disability prevention

Donors have been supporting immunisation programmes, mine awareness campaigns and other activities to prevent disability. Alongside continued support for these activities, they may also wish to consider working with the RGC and NGOs to develop a comprehensive, nationwide road safety campaign. Road traffic accidents are now a very significant cause of disability, far outweighing the deaths and injuries caused by mines and UXO. The problem has increased dramatically as the roads have been improved and continued support to road building and renovation needs to be accompanied by measures to prevent road accidents reaching epidemic proportions.