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INFORMATION NEEDS ASSESSMENT

For Persons with Disabilities in Cambodia

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For any queries, please contact: phnompenh@unesco.org, or UNESCO Phnom Penh Office: #38, Samdech Sothearos Blvd., Phnom Penh, Cambodia, Tel: +855 23 72 30 54.

Author: Cambodia Development Resource Institute

Editorial Coordination: UNESCO Phnom Penh Office

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LIST OF ABBREVIATIONS

AAC	Augmentative and Alternative Communication
CDHS	Cambodia Demographic and Health Survey
CDPO	Cambodian Disabled People's Organization
CRPD	Convention on the Rights of Persons with Disabilities
DAC	Disability Action Council
DPs	Development Partners
ICF	International Classification of Functioning, Disability, and Health
IEC	Information Education Communication
LMIC	Low- and Middle-Income Countries
MoEYS	Ministry of Education, Youth and Sport
MOH	Ministry of Health, Cambodia
MoI	Ministry of Information
MLVT	Ministry of Labor and Vocational Training
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Woman Affairs
NGOs	Non-Governmental Organisation
NISE	National Institute of Special Education
NDSP	National Disability Strategic Plan
OHCHR	Office of the High Commissioner for Human Rights
OPD	Organisations of Persons with Disabilities
RGC	Royal Government of Cambodia
SEA Games	Southeast Asian Games
SDGs	Sustainable Development Goals
UN	United Nations
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
WHO	World Health Organization

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EXECUTIVE SUMMARY

BACKGROUND

Closely echoing the Convention on the Rights of Persons with Disabilities (CRPD), the 2030 Agenda for Sustainable Development and its 17 Goals call upon State Parties to ensure the full and equal participation of persons with disabilities in all spheres of society, including access to information. As part of its mandates, UNESCO contributes to the implementation of the CRPD, specifically prioritising Article 9 on Accessibility; Article 21 on Freedom of Expression and Access to Information; Article 24 on Education; Article 30 on Participation in Cultural Life, Recreation, Leisure and Sport, and Article 31 on International Cooperation.

This commitment extends to the 2030 Sustainable Development Goals (SDGs), as exemplified by UNESCO's active participation in the UN Interagency Support Group on the CRPD and the UN Disability Inclusion Strategy. UNESCO is also the UN custodian agency for the global monitoring of SDG Indicator 16.10.2 which tracks progress on the number of countries that adopt and implement legal guarantees for public access to information.

As a UN Member State that ratified the CRPD, Cambodia is obliged to help promote the right to access information for persons with disabilities. However, to what extent persons with disabilities in Cambodia have realised these rights warrants further exploration.

In response to this, a joint initiative of the UNPRPD with local partners and UN agencies, including UNESCO, launched the UN Joint Project "Accelerating Disability Rights in Cambodia" dedicated to enhancing disability rights in Cambodia. This research, part of a combined effort, provided a comprehensive analysis of the current state of information accessibility among persons with different types and severity of disabilities in Cambodia. It captured different angles of the issues from the status of the legal framework to the progress of its implementation as well as the current accessible information, hindering factors that persons with disabilities faced, and other types of information that they needed.

The study implemented an explanatory sequential design of mixed methods in which the findings from the 2021-22 Cambodia Demographic Health Survey (CDHS) were triangulated and substantiated with insights from the mapping review of 18 policies and 61 interviews. The interviews ranged from focus group discussions, in-depth interviews, and key informant interviews with persons with different types of disabilities (difficulty in seeing, hearing, communicating, walking or climbing, remembering or concentrating, and self-care), ministries, development partners, and NGOs or Organisations for Persons with Disabilities (OPDs). The interviews were conducted across five different locations in Cambodia namely: Phnom Penh, Kampong Chnang, Battambang, Banteay Meanchey, Tboung Khmom, and Ratanakiri.

DEMOGRAPHY

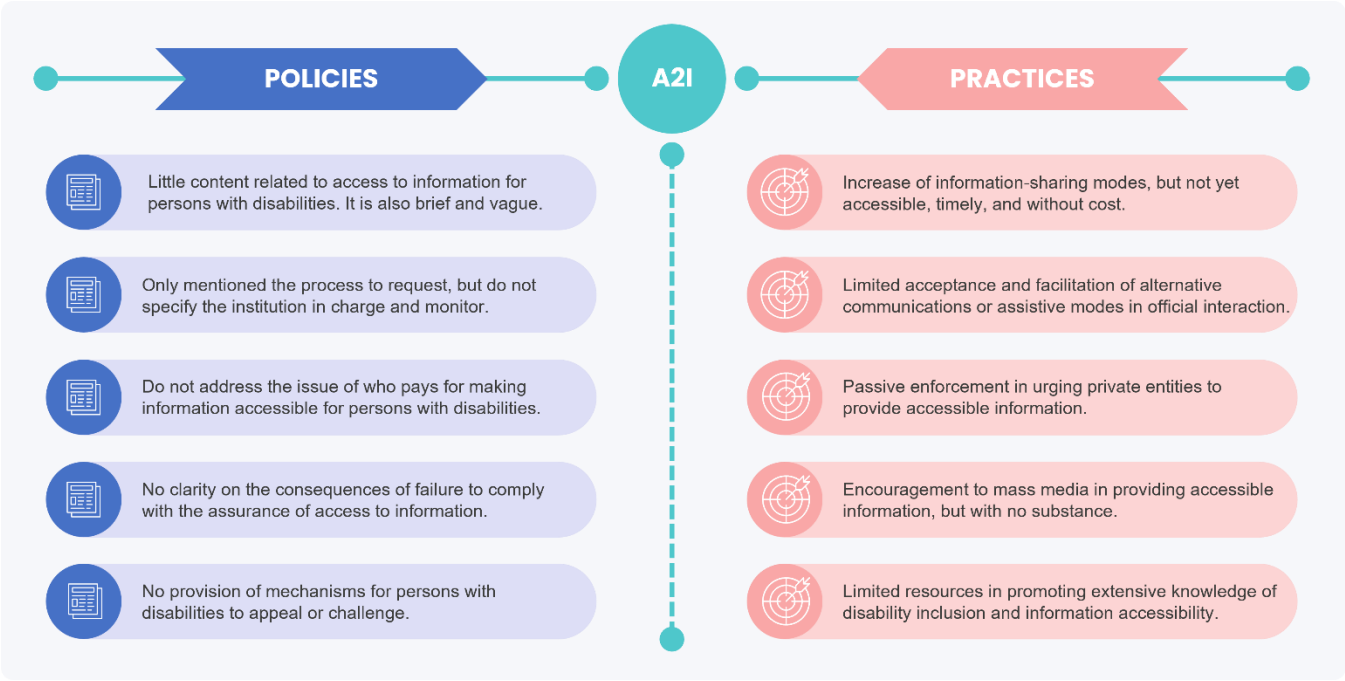
- **About 3.44 million people or 24.4%** of the Cambodian population aged 5 years and above reported having some degree of disability.
- **Those with disabilities tended to be older, female, and live in rural areas.** Difficulty in self-care and communication was the most common disability amongst children and youth aged between 5-14 years, while difficulty in seeing, walking/climbing, and remembering/concentrating increased as people aged.

EDUCATION	EMPLOYMENT	HEALTH
Persons with disabilities were more likely to have never gone to school than people without disabilities. Only about 25% of them finished primary school and 6% finished secondary school or higher.	**Unpaid work was more common among persons with disabilities.** Men had a higher work participation rate than women, but both genders with severe disabilities were much less likely to work and have paid jobs.	**Persons with disabilities were more likely to have poor health and less access to clean water and sanitation services.** They were 15% more likely to be in poor health than persons without disabilities.

STATUS OF POLICIES AND PRACTICES

To date, there remained **no specific law or legal framework** in Cambodia addressing access to information specifically for persons with disabilities. Existing policies had **little content** related to the issue, and they were **brief and vague in nature.**

Since there were many loopholes in the current policies related to access to information for persons with disabilities, this, inarguably, was what might have led to **shortcomings in the effectiveness of the policy's implementations.**



STATUS OF ACCESS TO INFORMATION

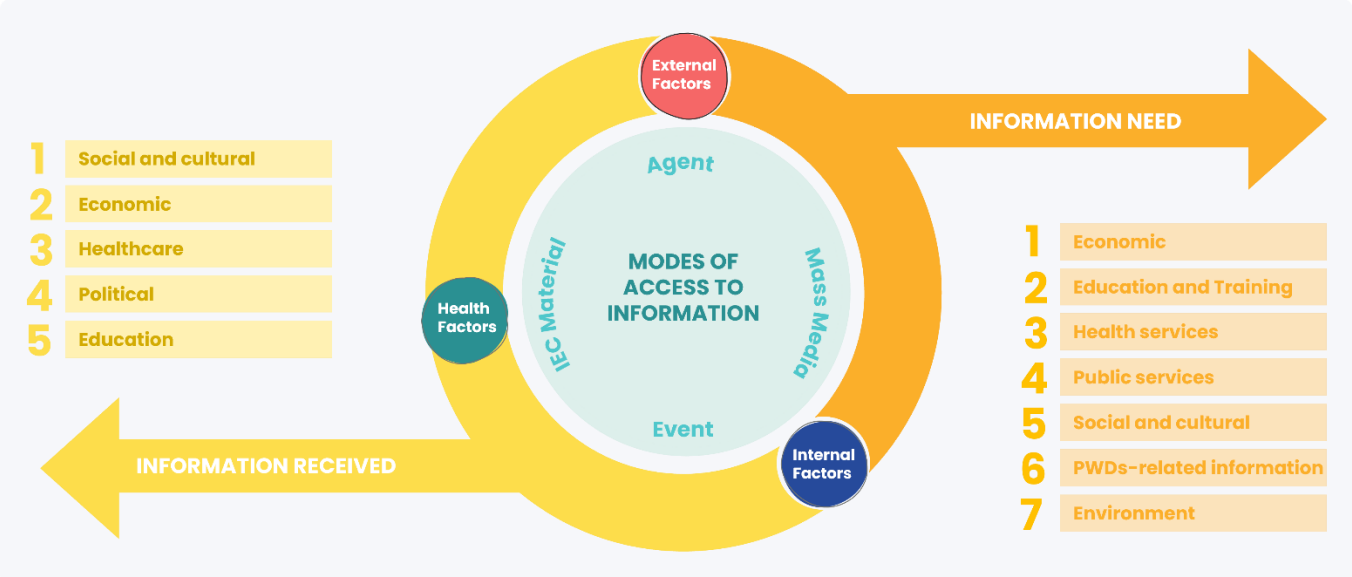
Information related to society and culture was what persons with different types and severity of disabilities received the most, followed consecutively by information related to economics, healthcare, politics, and education. These types of information were related to what was perceived to be disseminated by the RGC, DPs, NGOs, and OPDs. However, there were substantial differences in the extent of accessibility information specifically developed for, and shared with, persons with disabilities. **The lowest access to information was observed among females who had multiple disabilities, were of old age, had poor economic situations, low education levels, were living in rural areas, and/or being of indigenous descent.**

There were **four major modes of communication** that persons with disabilities used to access different types of information in their daily lives: agents, mass media (hardware and digital platforms), events, and Information Education Communication (IEC) materials. There was not much difference in the mode of access to information between persons with disabilities and information providers (RGC, DP, OPD, or NGO). Nonetheless, **the number of communication modes to access and share information did not necessarily imply their appropriateness** to make information accessible to different kinds of disabilities.

Three major factors were observed to hinder persons with disabilities from fully accessing the information that they needed. External factors were the most persistent issues. These were often rooted in the limited accessible products and technologies, support received from surrounding relationships, attitudinal and service-related barriers, and the poor condition of the natural and built environment in which persons with disabilities lived. The intersection between age, type, number, and severity of disabilities, and chronic health conditions were factors that were also observed to impede the opportunities for persons with disabilities to access information. Lastly, the lack of motivation and confidence to access information by persons with disabilities themselves could also significantly hinder the process of accessing information effectively.

Regardless of the current accessible information and different access modes, persons with disabilities expressed a **demand for seven other types of information**. These included information related to economics, education and training, health services, other public services, social and culture, any information related to persons with disabilities, and environmental information.

Any information that persons with disabilities need, or that is being provided to this audience, **should bear six specific characteristics**: tailored to different types of disability, trustable, with translation, clear, simple, and timely.



HIGH-LEVEL RECOMMENDATION

- Review the development of the Law on Access to Information to align with the principles stated in Article 9 and Article 21 of the CRPD.
- Expedite the enactment of the Law on Access to Information.
- Develop and implement the National Guidelines on Accessibility of Information.
- Establish a specialised oversight body and network with a formal structure and adequate resource allocation.
- Create a standard for monitoring, implementing, and reporting of access to information and information accessibility.
- Promote capacity-building and awareness raising on disability inclusion, information accessibility, and digital and media literacy across national, sub-national, and local levels.

1. BACKGROUND OF THE STUDY

1.1. Disability and Access to Information: A Global Overview

People with disabilities make up a significant proportion of the global population. According to the World Health Organization (WHO), more than 1.3 billion people live with a disability, accounting for approximately 16% of the world's population, or 1 in 6 people. As stated in the Universal Declaration of Human Rights (UDHR) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), people with disabilities are entitled to the same freedom and human rights as everyone else, and this includes the right to access information. Information is essential not only in enabling people with disabilities to participate in public life or exercise one's civil rights but also in making informed choices. However, even before realising their rights to access information, people with disabilities often face many persisting barriers in various aspects of their lives, such as education, economics, health, justice, and social protection to fully participate in society. They are more likely to live in poverty and have lower educational attainment and employment opportunities. They are also more likely to experience violence and exploitation. These disparities are often exacerbated by multiple forms of discrimination or marginalisation, forced displacement, humanitarian emergencies, and unforeseen events like the COVID-19 pandemic (ILO, 2020; WHO, 2011).

The UNCRPD calls for the inclusion and participation of persons with disabilities across human rights, development, and humanitarian agendas. Adopted in 2006, it marked a significant change from the previous perspective of viewing persons with disabilities as simply needing charity, medical care, and social support to recognising their agency and their fundamental rights as human beings. This shift is crucial because it positions persons with disabilities as active participants who exercise their rights and contribute to their communities. For instance, Article 21 specifically guarantees their right to freedom of expression and access to information. The UNCRPD also offers guidance on implementing and monitoring these rights, ensuring they align with broader goals like the Sustainable Development Goals (SDGs), particularly Indicator 16.10.2 that mandate nations to guarantee public access to information.

As the United Nations (UN) custodian agency for the global monitoring of SDG Indicator 16.10.2, United Nations Educational, Scientific and Cultural Organization (UNESCO) helps to track the progress of the countries that adopt and implement legal guarantees on public access to information. As of April 2022, there are 135 UN member states that have adopted Access to Information legal guarantees (Richter et al., 2023). Some of these have a specific focus on marginalised communities, including persons with disabilities, which include: the 2014 New South Wales Disability Inclusion Act in Australia; the Data Protection and Use Policy in New Zealand, the 2019 Proactive Disclosure of Information in Sierra Leone, the 2020 Access to Information Bill in Namibia, and the Gender and Right of Access to Public Information Action Plan (2020-2023) of Uruguay. However, many countries, including Cambodia, still do not have laws or measures to provide information in accessible formats to people with disabilities. Currently, the

scope and extent of information accessible for persons with disabilities in the country is often narrow and vague. This circumstance lessens the autonomy and opportunity of persons with disabilities to participate as active citizens and creates marginalisation. There is also a scarcity of scholarly articles addressing such issues, especially in the Low- and Middle-Income Countries (LMICs) context like Cambodia (UNPRPD, 2022; Mitra & Palmer; 2023).

The act of providing information that is accessible to persons with disabilities is frequently regarded as an issue that is challenging to address. Although access to information is an internationally recognised human right for all, persons with disabilities encounter many barriers that prevent them doing so. These obstacles include but are not limited to (i) a lack of accessible technology and assistive devices, (ii) a lack of accessible media formats, and (iii) discrimination in social attitudes and public policies. Besides the aforementioned issues, persons with disabilities often have additional underlying health needs that render them especially vulnerable. For example, during the COVID-19 pandemic, persons with disabilities faced an elevated risk of contracting the virus due to the lack of accessibility in information dissemination. Specifically, information regarding the symptoms and prevention of COVID-19 were not widely available in accessible formats such as braille print materials, sign language interpretation, captions, audio provision, and graphics. Empirical evidence has also demonstrated that the difficulties encountered by students with disabilities during the shift from traditional to virtual learning have resulted in stress and other mental health issues (Madaus et al., 2021; Shelton & Gezer, 2023).

Nonetheless, the widespread global adoption of cutting-edge technology has the potential to expand access for persons with disabilities to a broader variety of information-gathering tools. Recognising such opportunities, various initiatives and interventions have been advocated worldwide. Some good instances of that can be seen in the 2020 United Nations' Report on Shared Responsibilities, Global Solidarity: Responding to the Socio-Economic Impacts of COVID-19, the 2021 ILO Report on An Inclusive Digital Economy for People with Disabilities, 2022 WHO Global Report on Health Equity for Persons with Disabilities, and the report on Best Practices of Disability Inclusive COVID-19 Response by the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD). As a country-level example, the UNPRPD has also jointly collaborated with other international (United Nations Development Partner (UNDP), UNESCO, Office of the High Commissioner for Human Rights) and local (Disability Action Council (DAC), Cambodian Disabled People's Organization (CDPO)) partners to implement a programme called Accelerating Disability Rights in Cambodia. It aims to help enhance the rights of persons with disabilities in Cambodia via a three-pronged approach, including: supporting the inclusive process of the new rights-based Disability Law; addressing the capacity of key actors, especially regarding information accessibility; as well as contributing to increased disability inclusion across the process of development, implementation, and monitoring and evaluation of national policies and plans. Utilising this framework, the current study will contribute to the fulfilment of the second approach of the programme by conducting a situation analysis and needs assessment on access to information for persons with disabilities in Cambodia.

1.2. Overview of Disabilities and Access to Information in Cambodia

Cambodia has made progress in promoting the rights and opportunities of persons with disabilities. The country ratified the Convention on the Rights of Persons with Disabilities, adopted the 2009 Law on the Protection and Promotion of the Rights of Persons with Disabilities, and established the Disability Action Council as a national coordination mechanism. Cambodia has also implemented various policies and programmes to improve the access and quality of education, health, employment, and social protection services for people with disabilities. The 2009 Cambodian Law on Protection and Promotion on the Rights of Persons with Disabilities defines persons with disabilities "*as those who have any physical or mental limitations that affect their daily lives or activities, such as physical, visual, hearing, intellectual impairments, mental disorders and/or any other kinds of disabilities that are very severe*". This definition implies that disability is not only present from birth but it can also be caused by other external environmental factors. Cambodia has gone through a period of armed conflict and a genocidal regime that led to many consequences, including a large population of persons with disabilities. Persons with disabilities in Cambodia face various challenges that are similar to those in other countries. However, the growing gaps and inequalities embedded in society have made them more disadvantaged. There is significant variation in the estimated numbers and proportions of persons with disabilities in Cambodia, as reported across different years and sources of data. The latest population census conducted in 2019 shows the prevalence of persons with disabilities to be less than 700,000 people, which represents about 5% of the total population. However, based on the Cambodia Demographic Health Survey (CDHS) 2021-22, the number of people with some degree of disability is estimated to be about 24.4%.

To mitigate the socio-economic inequalities, a sub-decree was introduced in 2009 for the Law on Protection and the Promotion of the Rights of Persons with Disabilities, mandating that a minimum of 2 % of the public sector workforce should comprise of persons with disabilities while this figure is 1 % for the private sector. However, about 60 % of persons with disabilities still live below the poverty threshold, and an equivalent percentage of children with disabilities are unable to access education, potentially due to inadequate infrastructure catering to the type of their disabilities. The 2019-2023 Cambodia's National Disability Strategic Plan (NDSP2), developed under the coordination of the Ministry of Social Affairs, Veterans and Youth Rehabilitation, has contributed to the discourse surrounding disability-related issues. One of the main strategies involves augmenting the utilisation of employment search platforms or enhancing the dissemination of informational resources to persons with disabilities. An instance of this is to produce and print materials or information in ways that can be easily understood. This includes using sign language, braille script, enlarged font sizes, the phonetic alphabet, and assistive technology, as NDSP2 recommends in Target 4.3. However, the extent to which such strategies are effectively implemented remains under exploration. With a positive perspective, the soon to be adopted Law on Access to Information, following the explicit reference to persons with disabilities and the guarantee of their access to information, will help to address this challenge to some degree, but proactive initiations, advocacy, and commitment must be in place.

1.3. Purpose and Significance of the Study

The main objectives of the study are to provide research evidence for i) information providers from the government, to strengthen their policies, legislation, capacities, and systems to proactively share public interest information in formats and channels that meet the needs of persons with disabilities and; and ii) organisations of persons with disabilities, to strengthen their media, information and digital literacy competencies to allow them to seek, access, produce, and share information effectively and critically. Specifically, the study will:

1. Conduct a comprehensive review of existing practices, legislations, and policies related to access to information to assess their strength and adequacy in response to the information needs of persons with disabilities.
2. Examine the current state of information accessibility among persons with disabilities with consideration of domains and levels of disabilities, and the barriers preventing them from accessing necessary information.
3. Conduct a needs assessment on access to information for persons with disabilities in Cambodia.

This study has multiple significances. It is the first comprehensive study of its kind in Cambodia. There has been limited research on the information needs and challenges of persons with disabilities in the country, and this study provides a much-needed evidence base for policymakers and practitioners. Second, this study covers a wide range of issues from several angles, including policies for implementation, as well as the current state of information accessibility and the barriers that persons with disabilities face. This holistic approach allows for a better understanding of the complex challenges involved in ensuring that persons with disabilities have equal access to information. Third, the study takes into account the different domains and levels of disabilities, as well as gender and indigenous groups in access to information. This is important because it ensures that the findings are relevant to all persons with disabilities, regardless of their type of disability, severity, or gender identity. Last, the study will provide evidence-based recommendations for strengthening existing systems and capacities to improve access to information for persons with disabilities. This will be a valuable resource for the government, civil society organisations, and other stakeholders working to promote the rights of persons with disabilities in Cambodia.

1.4. Definition and Conceptual Framework

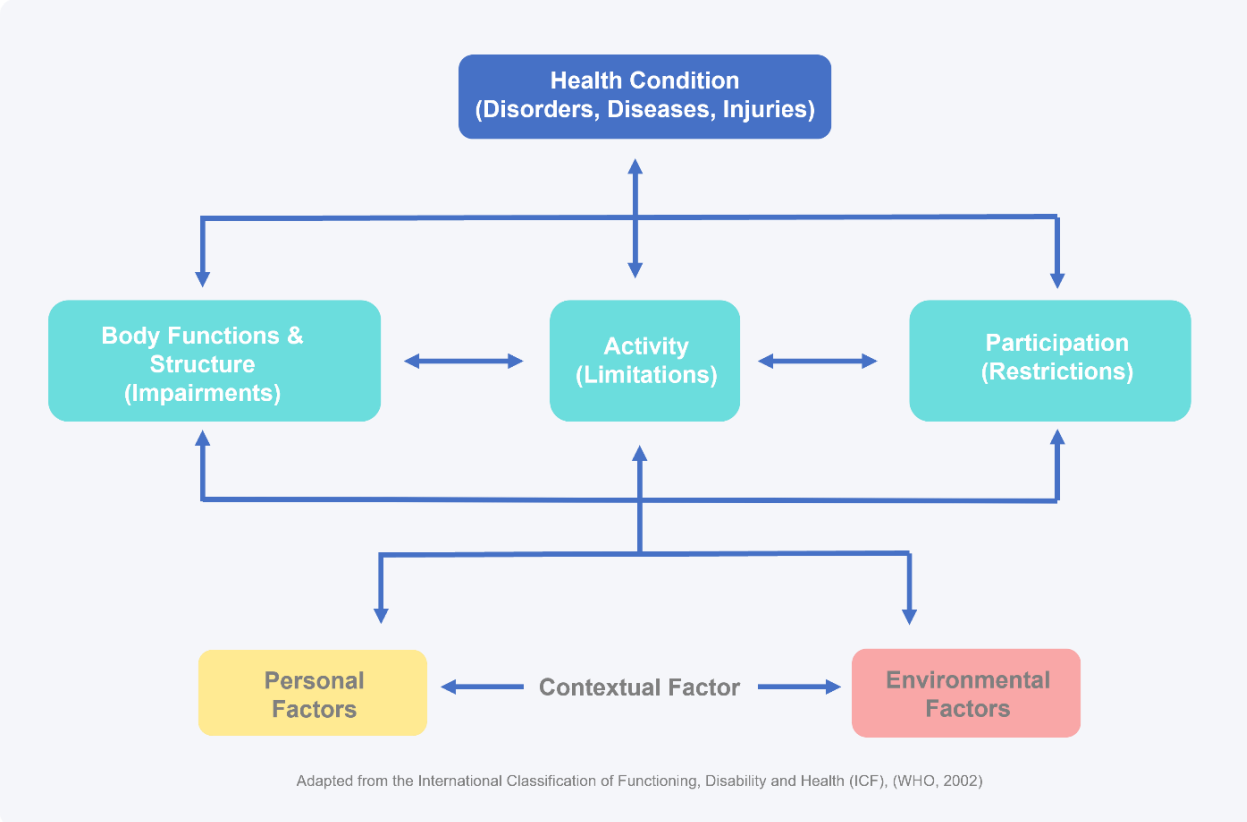
Conceptually, there are two key terms setting the scope and focus of this study: i) disability, and ii) access to information. While there are different models explaining these terms, this study opts for the ones that have been applied at the international level and are relevant to the nature and scope of the study, in line with UNESCO's mandates.

1.4.1. Disability

Disability is a term that describes a condition or situation that limits a person's ability to participate in certain activities or aspects of life (WHO, 2011). Two major models have been noticeably used to conceptualise disability: the medical model and the social model. The medical model perceives disability as a characteristic of the person resulting from disease, injury, or other health condition, which requires medical care in the form of individual treatment by experts. Disability, in this model, needs medical or other treatment or intervention 'to 'fix' the issue with the individual. The social model of disability, however, views disability as a socially created issue and not a trait of an individual. In the social model, disability requires a political response since the issue is caused by an inaccessible physical environment created by attitudes and other aspects of the social environment. Regardless of their partial validity, neither model is adequate because disability is a multifaceted reality that involves both the individual's body and the society they live in.

In response to such gaps, WHO's International Classification of Functioning, Disability, and Health (ICF) proposed the biopsychosocial model, which is the synthesis of medical and social models.

Figure 1. Models of Disability in the International Classification of Functioning, Disability, and Health (ICF) of the World Health Organization (WHO)



Adapted from the International Classification of Functioning, Disability and Health (ICF), (WHO, 2002)

As can be seen from Figure 1, human functioning can be understood at three levels: the level of the body, the level of the individual as a whole, and the level of the individual in relation to their environment. Disability is the result of impairments or limitations at any of these levels or the interactions among health conditions, environmental factors, and personal factors. A person's health condition can be disturbed by a disease, a disorder, or an injury. It is also influenced by internal personal factors, such as gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour patterns, character, and other factors. The environment also affects disability, and it makes up the physical, social, and attitudinal environment in which people live and conduct their lives.

While the concept and definition of disability can vary across contexts, existing data on disability, especially in LMICs, are also not reliable and consistent. There have been ongoing demands for universal standards and methods in producing statistics about people with disabilities, as well as a demand for disability data collection that could be comparable across different countries. To respond to this pressing demand, the United Nations Statistical Commission established the Washington Group on Disability Statistics (WG) as a City Group. The main goal of the WG is to foster and coordinate international collaboration in creating statistics on disability that are suitable for censuses and national surveys. Their key objective is to provide basic information on disability that is standardised and therefore comparable worldwide.

The WG developed and adopted the WG Short Set on Functioning (WG-SS), a series of questions to collect data for national-level censuses and surveys on whether people have difficulty or certain restrictions in completing simple everyday activities due to a health problem . The following list identifies six core types of disability or difficulty (Figure 2). The domain definitions are:

1. **Difficulty in Seeing:** Persons who have vision difficulties or problems seeing even when wearing glasses. The problems can be seeing things close up or far away, seeing out of one (or neither) eye(s), or only seeing directly in front but not to the sides.
2. **Difficulty in Hearing:** Persons who have some hearing limitation or problems of any kind with their hearing, even when using a hearing aid. The problems can be hearing in a noisy or quiet environment, distinguishing sound from different sources, and hearing in one ear or both ears.
3. **Difficulty in Communicating:** Persons who have problems with talking, listening, or understanding speech such that it contributes to difficulties in making themselves understood to others or understanding others. Difficulties due to non-native or unfamiliar language are not included.
4. **Difficulty in Walking or Climbing:** Walking refers to the use of lower limbs (legs) in such a way as to propel oneself over the ground to get from point A to point B. The capacity to walk should be without the assistance of any device or human. If such assistance is needed, the person has difficulty walking.
5. **Difficulty in Self-care:** Persons who have difficulties in performing daily activities such as bathing, dressing, eating, or managing medications. These difficulties may arise from

physical, mental, or emotional impairments that limit one's ability to function independently.

6. **Difficulty in Remembering/Concentrating:** Persons who have problems with remembering or focusing attention contribute to difficulty in doing their daily activities. Problems can be finding one's way around, being unable to concentrate, remembering what someone just said, or becoming confused or frightened about most things.

Figure 2. Six Types of Disabilities According to the Washington Group on Disability Statistics (WG)

Thus far, there are also other disability models and categorisations. For instance, in Cambodia, there are only four main types of disability, namely: i) physical disability, ii) intellectual disability, iii) mental disability and, iv) other disabilities (MoSVY & MoH, 2011). Compared with the WG-SS, the categorisation of disability types in Cambodia is much broader. In terms of a disability model, the human rights based model proposed by the CRPD is the latest. Under this model, persons with disabilities are recognised as having the right to equal opportunities and participation in society by underscoring the requirement of State Parties to develop and implement policies and legal frameworks that can remove any obstacles or barriers to the accessibility of information.

Nonetheless, due to the nature of the study and to ensure that the results are comparable worldwide, the WHO's biopsychosocial model of disability and the six types of disability from the WG-SS, which also embedded the types of disabilities stipulated in the CRPD, are applied. Detailed justification of such an application is further discussed in Section 2. Terms such as disability,

difficulty, persons, or people with disabilities or difficulties are also used interchangeably throughout the report.

1.4.2. Access to Information

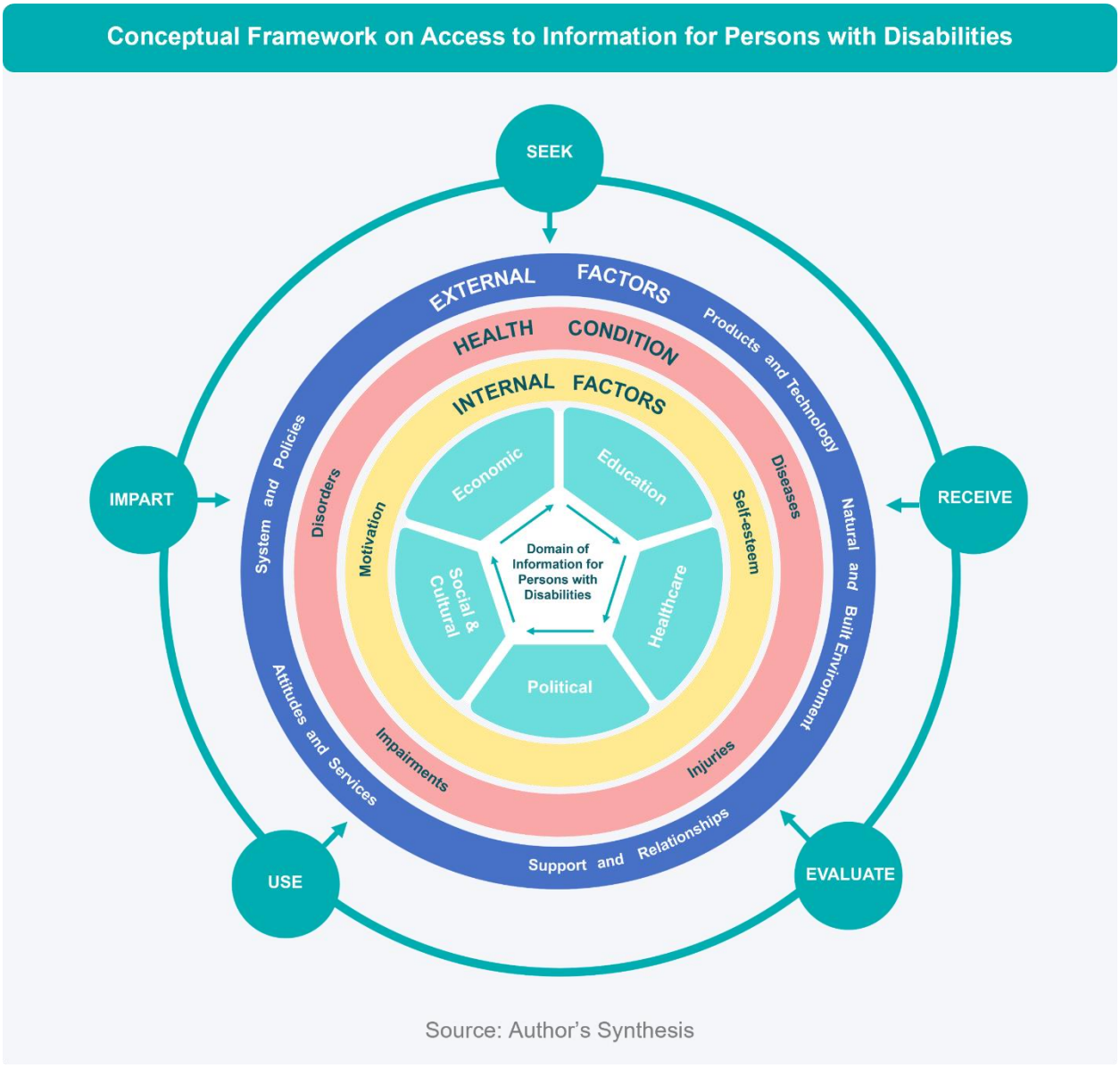
Public access to information refers to "the presence of an effective system to meet citizens' rights to seek and receive information, particularly that are held by or on behalf of public authorities" (Kuswandini et al. 2022). Clearly, there are two main actors in the process of access to information: information seekers (demand side) and information producers (supply side). Different mechanisms enable the processes, ranging from the policy standpoint like Article 19 of the UDHR (Table 1) stating the principles of access to information, and Articles 9 and 21 of the CRPD to various offline and online platforms. These have helped people to understand the world, to solve problems, to make decisions, and to build and retain networks with others. Promoting access to information also empowers people to challenge injustice, to demand accountability, and to participate in democracy. However, not all information is equally accessible, reliable, relevant, or useful. From the demand side (information seekers), people need to be able to evaluate the sources, methods, and motives of information providers. They need to be able to distinguish between facts and opinions, between evidence and speculation, and between truth and falsehood. They also need to be aware of their own biases, assumptions, and values that may influence how they interpret and use information. This has resulted in the advocacy for information literacy, which not only empowers people from all walks of life to seek, evaluate, use, and create information effectively but also ethically (UNESCO, 2009). Similarly, Article 9 of the CRPD underscores that it is the responsibility of the supply side (information providers) to take appropriate measures to remove barriers that hinder persons with disabilities' access to information, to ensure an equal basis with others. This includes measures such as stakeholder training on accessibility and providing a range of suitable support mechanisms.

Syntheses of these models led to the development of the conceptual framework for access to information for persons with disabilities (Figure 3). This study adopted the framework for the development of data collection instruments and the analysis and interpretation of the resulting data. In this framework, there are five major domains of information for persons with disabilities to access for their daily lives, including information related to economics, education, healthcare, politics, and social and cultural information. There are also five different aspects of access to information. Persons with disabilities need to know how to seek information. After receiving the information, they should also know how to evaluate its accuracy before using it for their own purposes or imparting it to their surroundings. External factors, health conditions, and internal factors are deemed to be the main factors that act as both enabling and hindering factors to access information for persons with disabilities.

External factors composed of (i) the system and policies of the government, private sector, civil society and international organisations that govern the provision and delivery of information to persons with disabilities, (ii) the availability, affordability and accessibility of products and

technology that can assist persons with disabilities in accessing information, (iii) the physical features and conditions of the natural and built environment of the places where persons with disabilities live, work, study and interact, (iv) the presence, quality and diversity of the support and relationships with family, friends, colleagues and professionals who can provide them with information, guidance and assistance, and (v) the perceptions, beliefs and behaviours of the individuals and groups that persons with disabilities encounter in their daily lives.

Figure 3. Conceptual Framework of Needs Assessment on Access to Information for Persons with Disabilities



Source: Author's Synthesis

Different **health condition factors** can also affect how persons with disabilities access information, and some of these factors are (i) disorders, (ii) diseases, (iii) injuries, and (iv) impairments that happen at different stages or phases of a person's life. Some health conditions can provide persons with disabilities with unique perspectives and insights that can help them to better understand and interpret information. For example, a person with difficulty in seeing may develop a heightened sense of hearing or touch, which can allow them to access information that is not readily available to sighted people. However, there are also cases where health conditions become barriers to accessing information. For instance, a person with chronic pain or dementia may have difficulty concentrating or sitting still for long periods of time, which can make it difficult to read or listen to information. Indeed, the impact of health conditions on access to information is complex and multifaceted. It is important to consider the specific health condition, as well as the individual's unique strengths and challenges when determining how to best support persons with disabilities in accessing information.

Motivation and self-esteem are two important **internal factors** that can also either enable or hinder persons with disabilities from accessing information. Motivation refers to the desire and drive to achieve a goal. It is essential for persons with disabilities to be motivated to access information, as it can help them to overcome challenges and achieve their goals. Self-esteem refers to a person's overall sense of worth and value. Persons with disabilities may have lower self-esteem due to discrimination and other challenges. This can lead them to feel less confident in their ability to access information. Both motivation and self-esteem can be influenced by several factors, including personal experiences, social support, and access to resources. Persons with disabilities who have high motivation and self-esteem are more likely to be successful in accessing information. For example, a person with seeing difficulty may be motivated to learn how to use assistive technology to access information, so that they can get a job or go to school. On the other hand, a person with a learning disability may be afraid to ask for help accessing information because they do not want to be judged or seen as incompetent.

2. METHODOLOGY

2.1. Research Approach

To achieve the proposed objectives, this study implemented an explanatory sequential design of mixed methods. Explanatory sequential design is "a mixed methods design in which the researcher begins by conducting a quantitative phase and follows up on specific results with a subsequent qualitative phase to help explain the quantitative results" (Creswell & Clark, 2018). The rationale for choosing this design is that neither quantitative nor qualitative methods are sufficient by themselves to capture the trends and details of the situation, such as the demand and supply of information that persons with disabilities require and receive thus far in Cambodia. The combination of both quantitative and qualitative methods complement each other and can provide a more complete picture of the research problems.

In this study, the quantitative data helped identify and prioritise the target study locations based on the concentration of different types of disabilities and conditions as well as the modes or mediums that persons with disabilities in Cambodia used to access information. A qualitative approach was then used to explain the variations in those modes. Thus, the quantitative data and results provided a general picture of the research problem, while the qualitative data and its analysis refined and explained those statistical results by exploring the participants' views regarding their preferences in more depth.

2.2. Data Collection

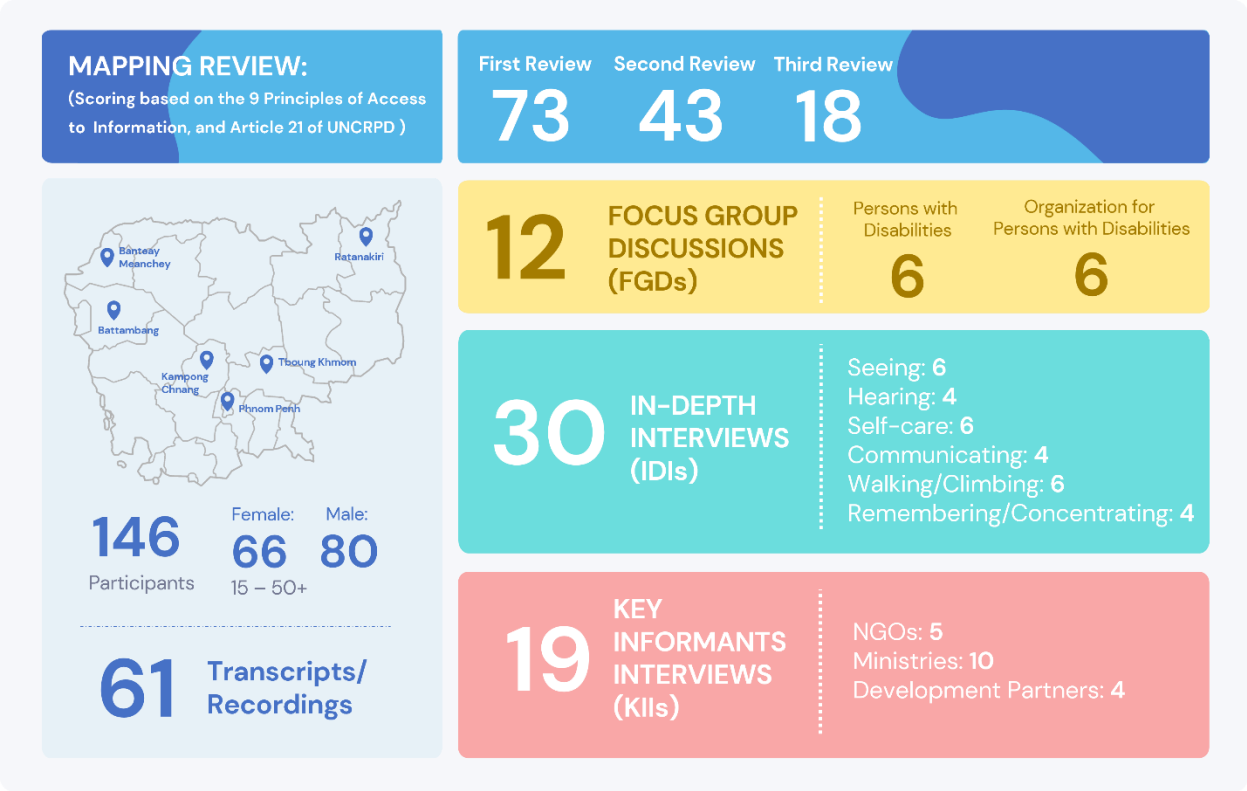
2.2.1. Quantitative Strand

This research used the publicly available Cambodia Demographic Health Survey (CDHS) 2021-22, conducted by the National Institute of Statistics (NIS) in collaboration with the Ministry of Health. This dataset presents current estimates of fundamental demographic and health indicators important to Cambodia's achievement of the SDGs. The data gathered through the CDHS 2021-22 aids policymakers in assessing and formulating strategies to enhance the wellbeing of the population in Cambodia. The sampling process utilised by the CDHS 2021-22 involves a two-stage design. In the initial phase, a selection of 709 clusters were made, comprising 241 in urban regions and 468 in rural areas. In the second stage, households were systematically sampled. As a result, a total of 21,270 households were included in the sample, of which 30 households from each cluster were chosen. Each household completed a questionnaire based on the WG Short Set of Questions on Functioning, which included six questions reflecting the six types of disability: seeing, hearing, communicating, walking/climbing, self-care, and remembering or concentrating. Each question was measured on an ascending scale of difficulty: none (no difficulty), some difficulty (any disability), a lot of difficulty (moderate), and cannot do at all (severe). The survey obtained a 99% response rate.

2.2.2. Qualitative Strand

This research study intends to provide a comprehensive analysis of the current situation of access to information for people with various types and degrees of disabilities, as well as the challenges that prevent them from obtaining the information they need. Additionally, this study aimed to capture information on the existing policies related to access to information for persons with disabilities and how those policies have been implemented thus far. To accomplish this goal, the project used four qualitative data sources. These are: mapping reviews; in-depth interviews (IDIs) with people with disabilities; key informant interviews (KIIs) with relevant actors; and focus group discussions (FGDs). Please see Figure 4 for more details on each data source.

Figure 4. Dashboard of Qualitative Data Sources



A mapping review was applied to help the research team answer the policies part of the first objective of the study. This involved conducting a literature review that provides an overview of the existing knowledge and research gaps. The existing legislation, policies, and practices implemented were first identified to respond to the information needs of persons with disabilities. Those documents included but were not limited to the 2019-2023 Strategic Plan on Sectorial Development of Social Affairs, Veterans and Youth Rehabilitation, the 2019-2023 National Disability Strategic Plan, the current Disability Law, and the new draft Disability Law, the draft Law on Access to Information, Law on the Protection and the Promotion of the Rights of Persons with Disabilities, National Education Law, the 2016-2025 National Social Protections Policy Framework

and other relevant law, policies and peer-reviewed articles. Databases explored included the official RGC websites and archives as well as from other international platforms as such Google Scholar, JSTOR, ERIC, and PsychNET. The obtained information was validated across IDIs, KIIs, and FGDs to further assess the strength and adequacy. Informed by the quantitative analysis and discussion and input from CDPO and UNESCO, the study selected different sample groups and designed different qualitative instruments to fit the designated groups accordingly.

To recruit the participants, non-probability sampling techniques were applied. Purposive sampling was used for the IDI and FGD recruitment, while reputational and snowball sampling approaches were utilised to select key informants in Phnom Penh, Kampong Chnang, Battambang, Banteay Meanchey, Tboung Khmom and Ratanakiri. The process of reputational selection involved identifying individuals or organisations with a strong reputation for possessing exceptional knowledge and expertise. The research team believes that such individuals or organisations can provide valuable insights into the relevant issues. To cater to the different profiles of the participants, three sets of semi-structured interview protocols were developed for KIIs and IDIs, while two guidelines were created for the FGD with persons with disabilities and Organisations of Persons with Disabilities (OPDs). There are two versions of all protocols and guidelines: Khmer and English. All instruments were piloted with different groups and locations in advance of the official data collection. This process was necessary to combat any possible errors or inconsistencies and to ensure that the data collection was culturally and ethically appropriate. Please see Annex 1 for the sample of the FGD guideline and the protocol samples of KIIs and IDIs.

2.3. Data Analysis

2.3.1. Quantitative Strand

The study conducted descriptive statistics with cross-tabulation and data visualisation (i.e., frequency, percentage, mean, and standard deviation) and regression models. The aim was to explore the variations in the need for information access among persons with disabilities. Additionally, the study investigated the determinants that influence the need for information access among persons with disabilities, as well as the barriers that hinder their access to critical information based on factors such as sex, age, disability domain, and geographical location.

2.3.2. Qualitative Strand

For the mapping review, eligible policy documents were assessed through two levels. In the first level, the nine principles of access to information proposed by Article 19[1] (Table 1) were used as

[1] Article 19 is an international human rights organisation which works aims to defend and promote freedom of expression and access to information worldwide. It is named after Article 19 of the Universal Declaration of Human Rights.

the criteria to assess whether the policies developed already captured the basic principles of freedom of expression and access to information. Each principle was measured against three specific scores: 0 for non-existence or not available; 0.5 for not clear; and 1 for present. Each of these scores carries certain implications for the investigated law or policies. Please see Table 1 for the details of each principle and scoring status. After the completion of this first level, existing documents were filtered and graded based on the five principles of freedom of expression and opinion, and access to information of Article 21 (CRPD), which specifically focuses on disability and information accessibility. Please see Figure 7 for the summary of the five principles.

Table 1. Nine Principles of Access to Information of Article 19 and Scoring Status

Nine Principles of Access to Information – Article 19		
Principle 1 - Maximum Disclosure: Freedom of information legislation should be guided by the principle of maximum disclosure.	**Principle 2 – Obligation to Publish:** Public bodies should be under an obligation to publish key information	**Principle 3 – Promotion of Open Government:** Public bodies must actively promote open and transparent government by publishing government documents without request and making meetings and deliberations public.
Principle 4 – Limited Scope of Exceptions: Exceptions should be clearly and narrowly drawn and subject to strict "harm" and "public interest" tests.	**Principle 5 – Processes to Facilitate Access:** Requests for information should be processed rapidly and fairly and an independent review of any refusals should be available.	**Principle 6 – Costs:** Individuals should not be deterred from making requests for information by excessive costs.
Principle 7 – Open Meetings: meetings of public bodies should be open to the public.	**Principle 8 – Disclosure takes precedence:** Laws that are inconsistent with the principle of maximum disclosure should be amended or repealed.	**Principle 9 – Protection for Whistleblowers:** Individuals who release information on wrongdoing must be protected.
1 = Present: There is a clear indication or reflection of the principle in the investigated laws or policies.		
0.5 = Not clear: The indication or reflection of the principle in the investigated laws or policies is vague.		
0 = Not exist: There is no indication or reflection of the principle in the investigated laws or policies.		

In order to analyse the qualitative data from FGDs, IDIs, and KIIs, the following procedures were exercised. First, the research team translated and transcribed all the recorded interviews from Khmer to English for cleaning and analysis. Both deductive and inductive coding were employed to facilitate the data coding. NVivo 12, a qualitative data analysis software, was used to support data storage, analysis, and retrieval. Intercoder reliability check was also applied to reduce bias, improve the validity of the study, and increase confidence in the result. The collected data were analysed using Thematic analysis by Braun and Clarke (2006). There were six steps in the analysis process: (1) familiarising oneself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing a report of the analysis. Following these steps, the research team went through five cycles of coding in order to capture the rich collected data. The initial codes in the first four cycles were examined to develop themes, which were then re-developed into fewer major themes. Those major themes were examined and refined in relation to the research question and the study's conceptual framework.

2.4. Triangulation

Both quantitative and qualitative strands were connected during the development of the interview protocols while the results of these two strands were integrated during the discussion of the findings of the second research question, a part of which examined the modes of information access for persons with disabilities. In this study, the priority (Cresswell et al., 2003) was given to the qualitative approach because (i) it focused on in-depth explanations of the results obtained in the first quantitative phase and (ii) it involved extensive data collection from multiple sources in order to help answer the rest of the research questions as well as provide a different lens to better understand the issues. Nevertheless, to enhance the validity and meaning of the study findings, some qualitative data were also transformed to substantiate or compare with the quantitative data strand. Creswell and Clark (2018) pointed out two approaches to enhancing both data strands: data comparison and data transformation. Data comparison largely gives equal priority to both quantitative and qualitative strands while data transformation prioritises a certain data strand by transforming qualitative data into quantitative data or vice versa. The research team applied both data comparison and transformation to achieve completeness in the findings as well as to seek any points of confirmation, disconfirmation, or expansion. A side-by-side comparison narrative discussion and joint display with detailed descriptions and interpretations were used to present findings emerging from the integration process.

2.5. Ethical Considerations

At the outset of the three types of interviews, consent was sought from the participants involved in the study. Participants were informed that their participation was entirely voluntary, and they may withdraw from the interview at any point without any consequences for doing so. Furthermore, both individual participants and other involved organisations received assurance of confidentiality regarding their data, which was exclusively utilised for research objectives. All the data are stored for a period of two years and will be permanently discarded after the designated time. Some samples in this study are members of indigenous communities. To mediate any cultural issues, the research team brought along an expert in indigenous languages to help communicate and facilitate the interview or discussion process with these specific groups. Regardless of age, gender, type of disabilities, and other personal differences, all participants were equally treated with dignity and respect.

2.6. Limitations of the Study

The limitation of this study mainly rests on the methodology and resources required to capture a comprehensive understanding of the studied issue. For the methodology, the quantitative samples were largely sufficient. However, there are some limitations to the WG-SS. Despite its simplicity, universality, reliability, and validity, this instrument does not capture persons with psychosocial and mental difficulties in enough detail. The variables related to access to information for persons with disabilities are also inadequate or restricted to a certain angle. This

is rooted in the fact that the CDHS survey was standardised and lacks specificity, and for this study it was beyond the research team's capacity to make modifications to the national survey. Regardless of the limited quantitative explanation, insights from the qualitative strand still enabled the research team to substantiate gaps and expand the understanding of the issues. Closely linked to the methodological limitation is the limited application of the right-based model of disability proposed by the CRPD. This is due to the fact that this study relied on CDHS data, which is framed under the WHO's biopsychosocial model of disability, and the ICF for the classification of types of disabilities to ensure consistency and validity in the data analysis and interpretation process. Nevertheless, the research team addressed this gap by discussing and integrating newly proposed principles in the study's conceptual framework and throughout the report.

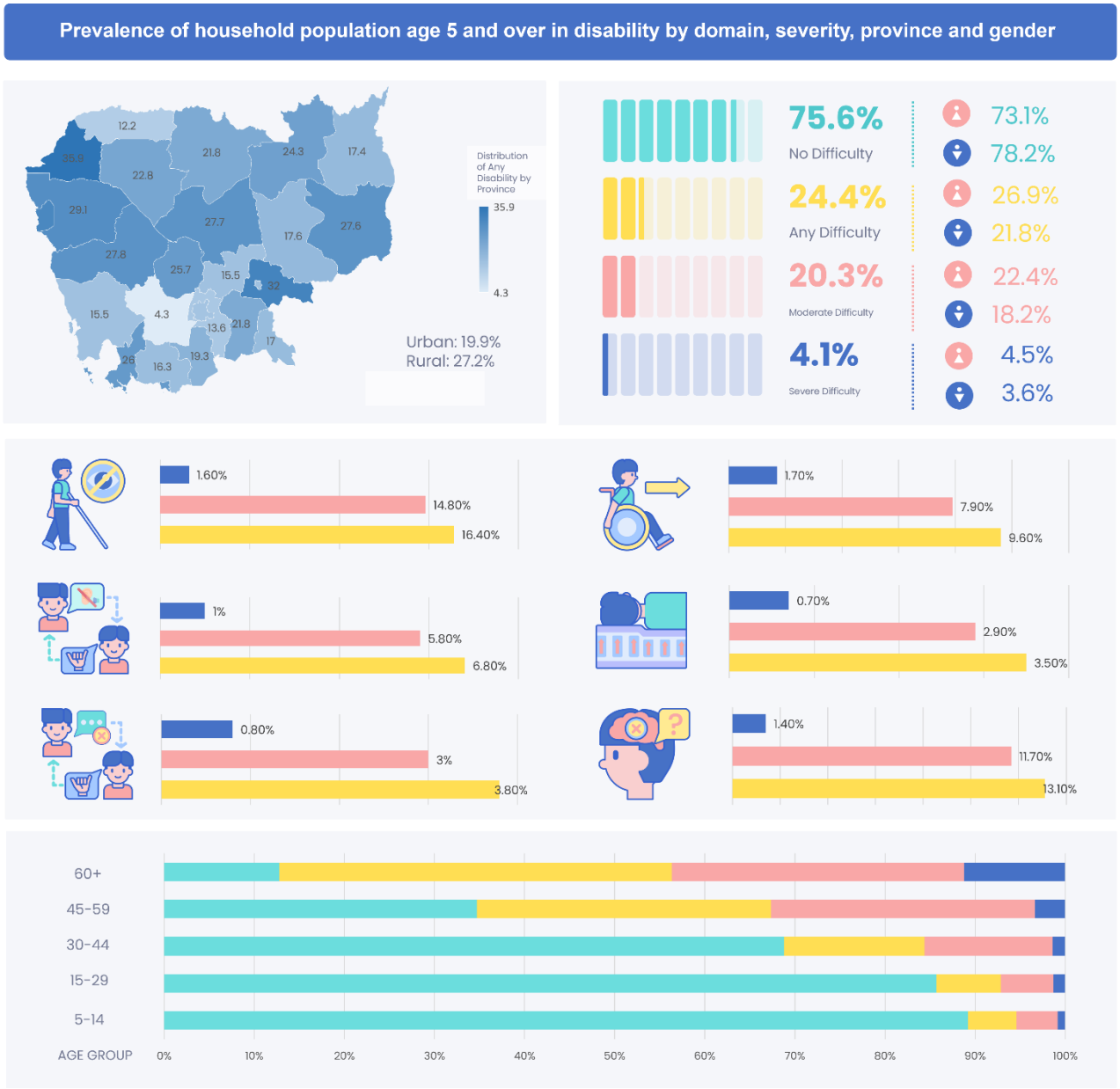
3. FINDINGS

3.1. Characteristics of Persons with Disabilities

3.1.1. Disability Prevalence

This section presented the prevalence of persons with disabilities in Cambodia by their background characteristics, education, employment, and health status. As can be seen from Figure 5, based on the data from CDHS 2021-22, about 3.44 million people, or 24.4% of the Cambodian population aged five years and above, reported having some degree of disability.

Figure 5. Dashboard of Disability by Domain, Severity, Province, and Gender



The most common types of disabilities were seeing (16.4%), remembering and concentrating (13.1%), and walking/climbing (9.6%), while hearing (2.8%), communicating (1.5%), and self-care (1.1%) were less prevalent. The distribution of disability type was similar across different levels of disability severity. There was, however, a significant variation in the prevalence of disability across different provinces in Cambodia. Battambang and Stung Treng provinces had the highest proportion of people with severe disabilities (7.9% - 8.9%) while the lowest was in Kampong Speu (1.9%).

In comparison to people without disabilities, those with disabilities tend to be older, female, and live in rural areas. Indeed, more than half of the people with disabilities were female. The types of disabilities also varied by age group. Difficulty in self-care and communication were most common among children and youth aged between 5-14 years who had some degree of difficulty. Difficulty in seeing, walking/climbing, and remembering/concentrating increased in relative frequency as people with disabilities reach middle age. All kinds of disability were common among older people (i.e. 60 years onwards).

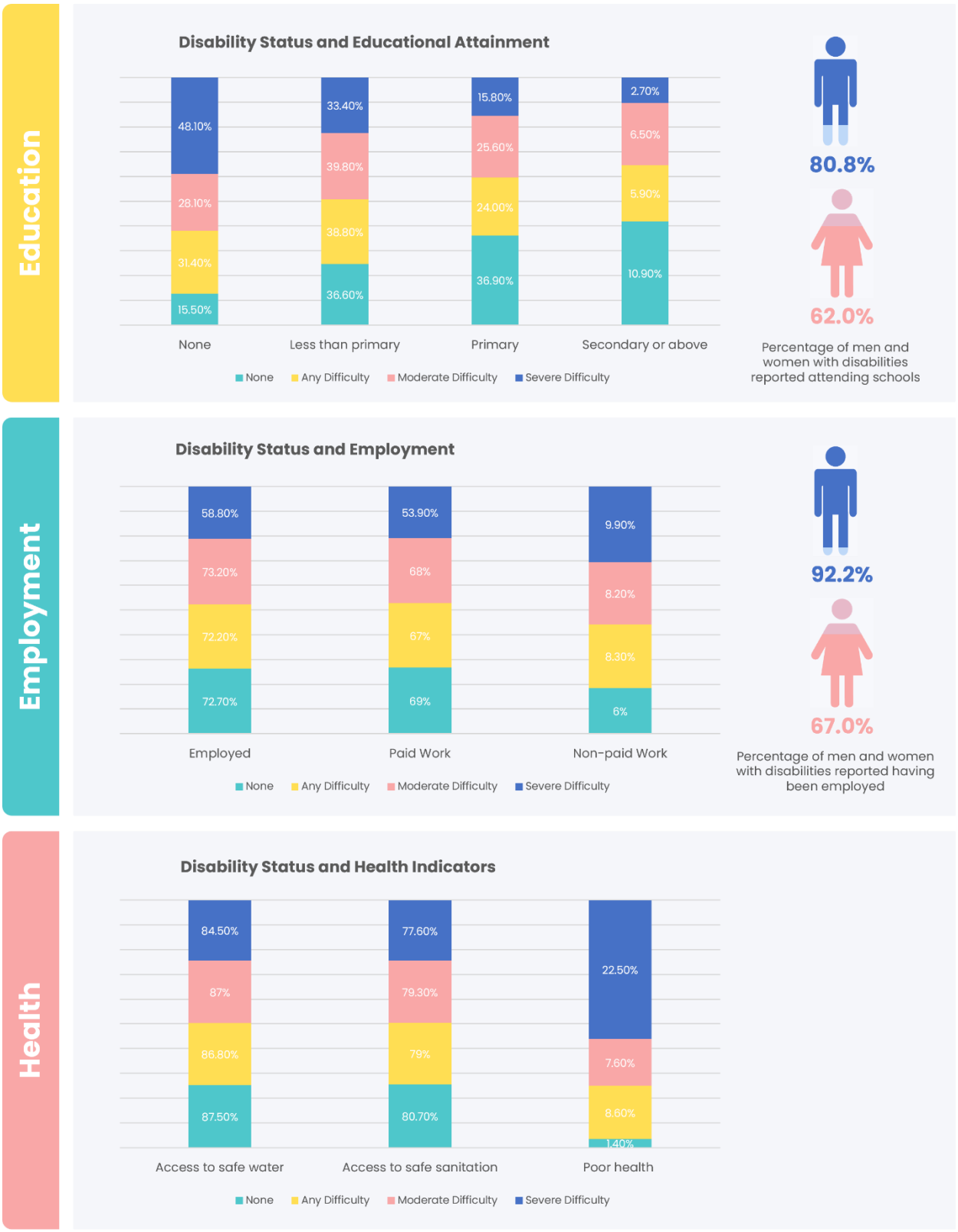
3.1.2. Education

Figure 6 presented a summary dashboard of people with disabilities in regards to education, employment, and health condition. People with disabilities were more likely to have never gone to school than people without disabilities. This was especially true for people with severe disabilities. As can be seen in the education panel, approximately 31% of people with disabilities said they never went to school, compared to 16% of persons without disabilities. This was even higher for people with severe disabilities, who were three times more likely to receive no education at all (48%). People with disabilities also had lower rates of finishing primary and secondary education; approximately 25% finished primary school, and 6% finished secondary school or higher. These numbers also varied by gender, as it was found that women with disabilities were much less likely to go to school than women without disabilities. In fact, only 62% of women with disabilities reported attending school, compared to 83% of their counterparts (women without disabilities). The gap was even greater for women with severe disabilities. Only 43% of women with severe disabilities went to school, which was 48% less than the average for women without disabilities. The gaps for men with disabilities were smaller. Men with disabilities were 9% less likely to go to school than men without disabilities. Men with severe disabilities were 24% less likely to go to school than their counterparts.

3.1.3. Employment

In terms of employment or economic activities, around 70% of people with disabilities aged 15 years and above said they worked in the last week, which was relative to persons without disabilities. The majority of this group had paid jobs, but some also did unpaid work, which was interestingly slightly higher than people without disabilities. People with severe disabilities had lower work participation rates. Less than 60% said they worked, and only about 50% had paid jobs.

Figure 6. Dashboard of Disability by Education, Employment, and Health Condition



People with severe disabilities were more likely to do unpaid work, with 10% stating that had engaged in unpaid labour. Men had higher work participation rates than women, but both genders with severe disabilities were much less likely to work and especially to have paid jobs. The gaps were bigger for women. The employment rate for men with severe disabilities was 72%, which was 16% lower than the rate for men without disabilities (86%). The employment rate for women with severe disabilities was 51%, which was 22% lower than the rate for women without disabilities (66%). The gap in paid work was 22% for men and 25% for women.

3.1.4. Health

This study used three indicators from CDHS data to examine health conditions for persons with disabilities, these were: access to clean water; sanitation; and self-reported health conditions. The first two indicators were used to align with and monitor the country's progress against SDG 6 which aims to ensure the availability and sustainable management of water and sanitation for all. The third indicator was used to provide insights into the broad range of health conditions of persons with disabilities by reporting whether their general health was "very bad", "bad", "moderate", "good" or "very good". Overall, safe water and sanitation services were less accessible for people with disabilities. People with less severe disabilities had 87% and 79% access to safe water and sanitation services, respectively. Poor health was reported by 8% of people with no severe disability and 23% with severe disability, among those aged 15-49 years. Indeed, persons with disabilities were more likely to be in poor health than persons without disabilities.

3.2. Policies and Practices Related to Access to Information

3.2.1. Status of Policies

Eighteen documents ranging from Laws, Sub-Decrees, Decisions, Proclamations, and Strategy Plans of ministry and intra-ministry in Cambodia were eligible for analysis (Table 2). The documents included but were not limited to the 2019-2023 Strategic Plan on Sectorial Development of Social Affairs, Veterans and Youth Rehabilitation, the 2019-2023 National Disability Strategic Plan, the current Disability Law, and the new draft Disability Law, the draft Law on Access to Information, Law on the Protection and the Promotion of the Rights of Persons with Disabilities, National Education Law, the 2016-2025 National Social Protections Policy Framework and other relevant law and policies. On average, all reviewed policies only received a score of 2.74 out of 9. Such a score provided the following implications on the adequacy of policies related to accessible information for persons with disabilities in Cambodia:

1. There were legal documents and strategies related to persons with disabilities in Cambodia, but there remained **little content related to or dedicated to access to information for persons with disabilities.**
2. Much of the existing content or reference on access to information for persons with disabilities was found to be **brief and vague**.
3. Existing reviewed documents **only mentioned the process** for persons with disabilities to request access to information, but they **did not specify** how the government will provide that access or clearly defined **which institution or public officials are to be in charge of ensuring and monitoring access** to information for persons with disabilities.
4. There was no requirement for the government to proactively and timely disclose information in accessible formats. They also did **not address the issue of who is responsible for funding the accessible information** for persons with disabilities.
5. There was **no clarity on the consequences of failure to comply** with the assurance of access to information for persons with disabilities.
6. Existing policies also **did not provide mechanisms for persons with disabilities to appeal** or challenge decisions about access to information.

A common pattern across this implication was also the lack of clarity in the wording of the laws and policies, which can minimise the importance, impacts, and scope of the rights of persons with disabilities. Nevertheless, among all the reviewed documents, only the 2020 Draft Law on Access to Information received a total score of 8.5 out of 9. The only gap lied in the vagueness of cost sharing in making information accessible. Unfortunately, this law has not undergone proclamation despite the many editions drafted over the years. Notably, the other laws and policies received low scores because regulating access to information was not the primary objective.

Table 2. Result of the Mapping Review on the Current Policies Related to Access to Information for Persons with Disabilities in Cambodia

No	Policies	Nine Principles of Freedom to Access Information (Article 19)									
		1	2	3	4	5	6	7	8	9	
		Maximum Disclosure	Obligation to Publish	Promotion of Open Government	Limited Scope of Exception	Processes to Facilitate Access	Costs	Open Meetings	Disclosure Takes Precedence	Protection for Whistleblower	Total Score
1	Draft Law on Access to Information- 2020	1	1	1	1	1	0.5	1	1	1	8.5
2	The Constitution	0.5	0	0	0	0	0	0	0	0	0.5
3	Sub-Decree on Determining the Rate and Formality of Recruitment of Disable person	0.5	0.5	0	0	0	0	0	0	0	1
4	Sub-Decree 137 on Persons with Disabilities and Poverty	0	0.5	0	0	0	0	0	0	0	0.5
5	Education Law	0.5	0.5	0	0.5	0.5	0	0	1	0	3
6	Prakas No. 056 on The Establishment of Administrative for Disabled Persons' Rights	0	0.5	0	0	0.5	0	0	1	0	2
7	Law on Administrative Management of Capital, Provinces, Municipalities, Districts, and Khans	0.5	1	1	0	0	1	1	1	0	5.5
8	Law on Commune/Sangkat Administration Management	1	1	1	0.5	0	1	0.5	1	0	6
9	Sub-Decree 216 on Roles and Responsibilities and Communication Work of Provincial Board of Governors, Council of Internal Governors and District Council of Governors.	1	1	1	0.5	0	1	0.5	1	0	6
10	Sub-Decree 22 on Decentralization of Powers, Roles, and Responsibilities to the Commune and District Council	1	1	0	0.5	0.5	0	0	0	0	3
11	Prakas No.561 on Organization and Functions of the Secretariat of Disability Action Council	1	1	1	0	0.5	0	1	0	0	4.5
12	National Strategic Development Plan 2019-2023	0	0.5	0	0	0	0	0	0	0	0.5
13	National Disability Strategic Plan 2019-2023	0.5	0.5	0.5	0	0.5	0	0	0	0	2
14	Convention on the Rights of Persons with Disability	0	0.5	0.5	0	0.5	0.5	0	0	0	2
15	Law on The Protection and The Promotion of the Rights of Persons with Disabilities	1	1	0	0	1	1	0	0	0	4
16	MoSVY Strategic Plan 2019-2023	1	0.5	0	0	0	1	0	0	0	2.5
17	National Plan of Action for Persons with Disabilities, including Landmine	0	0	0	0	0	0	0	0	0	0
18	ASEAN Enabling Masterplan 2025	0.5	0.5	0	0	0	0	0	0	0	1
Average		0.53	0.62	0.29	0.15	0.29	0.29	0.21	0.29	0.06	2.74

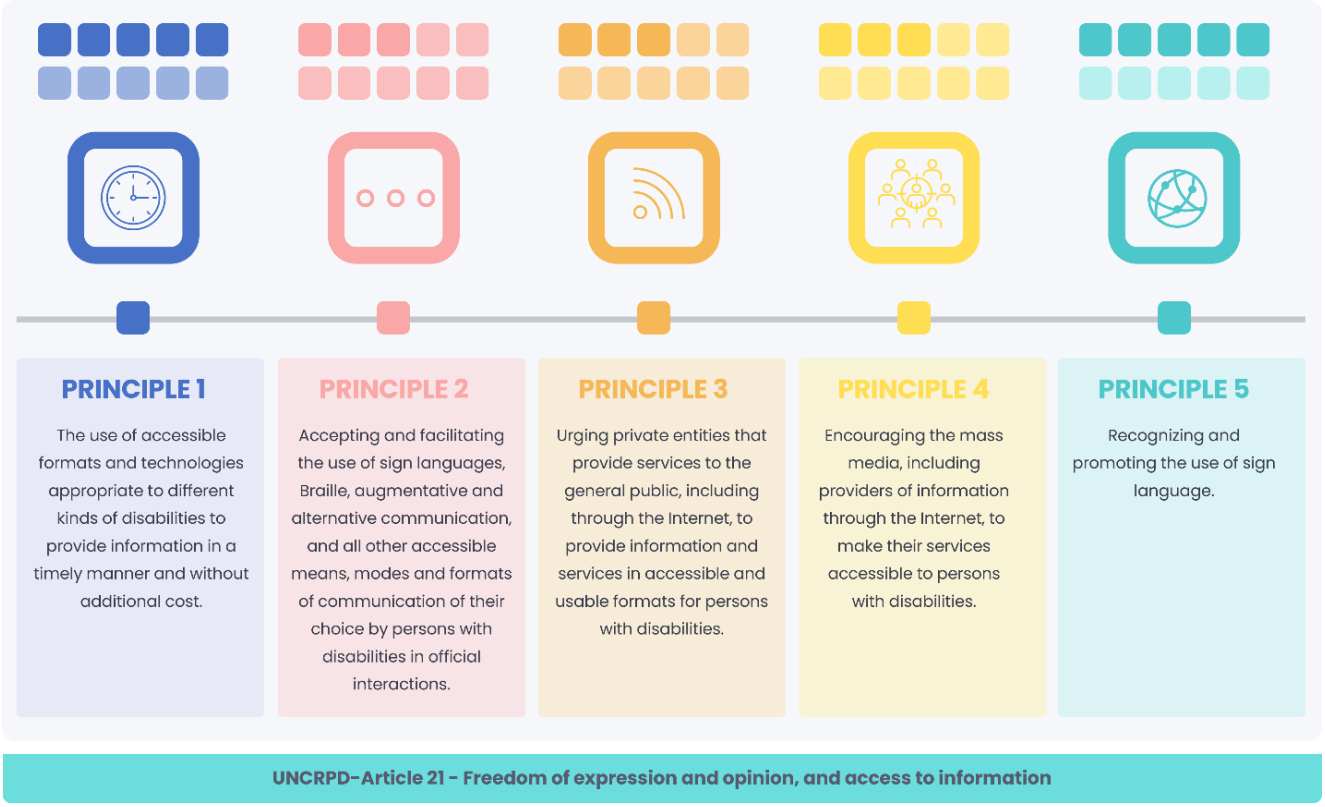
Source: Compiled by the authors

3.2.2. Status of Practices

As examined in the previous section, there remained many gaps in the current policies related to access to information for persons with disabilities. Inarguably, this also led to shortcomings in the effectiveness of the policy implementations, for there was neither sufficient understanding and guidance for local authorities on their obligations nor for persons with disabilities on their rights. However, policies were not created just to be under the sole responsibility of the RGC to implement and monitor. Hence, this section also discussed the effectiveness of the current practices of other stakeholders, including development partners (DPs) and NGOs, in relation to promoting access to information for persons with disabilities.

The five principles of freedom of expression and opinion and access to information of the UNCRPD's Article 21 were used as the themes to analyse the effectiveness of those actors' practices. This Article was also bound by a legal obligation in which the UNCRPD State Parties are required to take concrete steps to ensure effective implementation of their policies, especially in terms of removing barriers to access information for persons with disabilities so that they can realise their rights on as much of an equal basis as people without disabilities. Please see Figure 7 for the summary of the principles and the overall status of its implementation.

Figure 7. Summary of the UNCRPD's Article 21-Freedom of Expression and Opinion and Access to Information and Its Implementation Status in Cambodia



Principle 1: The use of accessible formats and technologies appropriate for different kinds of disabilities to provide information in a timely manner and without additional cost

When it comes to sharing information with the public, many mediums of communication were used by the RGC, DPs, and NGOs (Figure 8). The increase in the number of communication mediums, however, did not necessarily imply their appropriateness to make information accessible to different kinds of disabilities. From the government side, there was the perception that they should publish as much information on public platforms with their available resources, and these actions alone would benefit everyone. When inquired how they took into account different types of disabilities, very few representatives could provide answers. Likely, those who were aware of the need to make information accessible to different types of disabilities also did not have enough capacity or resources to act upon their inclusivity. Details of why such gaps existed will be further discussed in section 3.4.

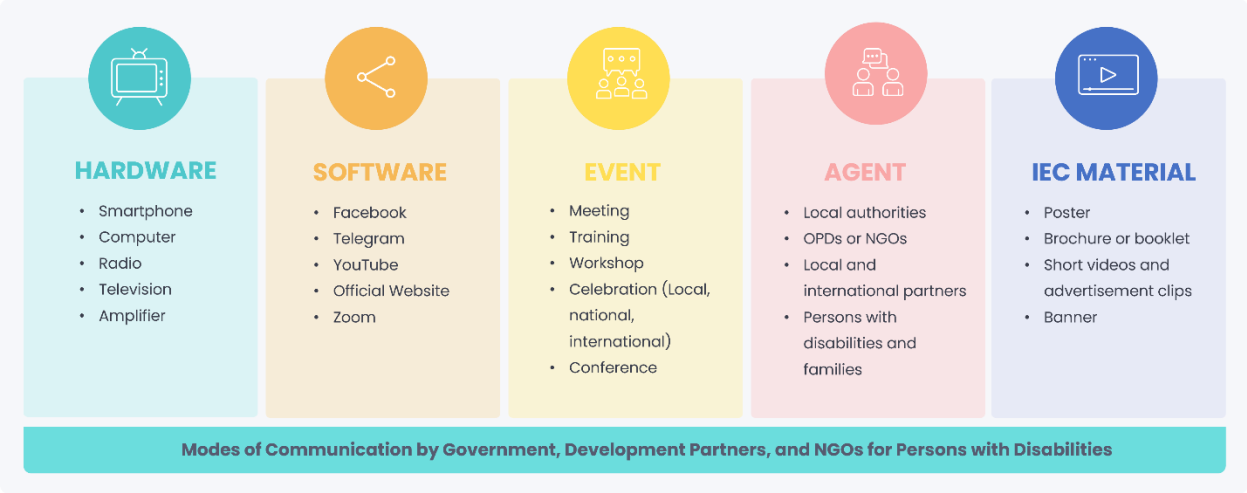
"My ministry frequently promotes women's rights and knowledge on digital technologies through different training series in the community or in our ministry. They can register and apply to receive training if they are interested. We also promote it through our ministry's Facebook page and official website. However, it seems like we do not know whether such information reaches women who have disabilities nor there are any number of them in the report submitted by my subordinates."

Distinctively, there was only the National Institute of Special Education (NISE) within the Ministry of Education, Youth and Sport (MoEYS) that not only knew but also used different accessible formats and technologies appropriate for different kinds of disabilities. In their case, for example, the use of braille, audio or text-to-speech documents, enlarged texts with colour-corrected vision for students with difficulty in seeing, integration of sign language and sub-titles for students with difficulty in hearing and/or communicating, and the use of short, simple sentence and pictures for students who had difficulty in remembering/concentrating, particularly those with autism. Nonetheless, all ministries seemed to have integrated many accessible infrastructures for persons with difficulty in walking/climbing and self-care who needed to access public information or services from their ministries. This could be seen through the development and promotion of technical standards for physical accessibility infrastructure for persons with disabilities across

"Our government just produced accessibility guidelines that should allow everyone access to any public services and information available without any barriers. The inter-ministerial Prakas in 2018 between the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and the rest of the ministries to ensure friendly and accessible infrastructure for everyone. The construction of our buildings also abides by those guidelines so that persons with disabilities can come to receive both information and service. Information alone is not enough unless they can receive services as well."

government institutions. This standard has helped to guide the construction of new infrastructure or the renovation of existing ones to increase accessibility.

Figure 8. Modes of Communication by the Royal Government of Cambodia (RGC), Development Partners (DPs), and Non-Governmental Organisations (NGOs) for Persons with Disabilities



DPs and NGOs also played a vital role in providing access to information for persons with disabilities. Akin to the government, they used different formats and technologies in order to ensure information accessibility catered to different types of disabilities. Generally, DPs provided financial and technical support to both the government and NGOs or organisations working to improve access to information for persons with disabilities. Those funds were used to support a variety of activities such as: translating or converting government documents and other important information into braille, audio, or short videos; purchasing and distributing assistive devices and technologies; providing training and support to people with disabilities on how to use such technologies; and funding research on accessibility and disability inclusion. This was mainly a part of their due diligence or disability inclusion activities. Some DPs and NGOs also provided capacity development and training to other relevant institutions and/or individuals on disability inclusion and accessibility. Such activities were crucial to help stakeholders better understand the needs of persons with disabilities, effectively developed and implemented inclusive policies and practices, and created accessible information resources and environments. Unfortunately, the government, DPs, and NGOs acknowledged that they have not had any mechanisms to

"We also provide grants to 14 implementing partners […] international NGOs, local NGOs OPDs, and the private sector. We've also had seven partners working more specifically on disability and seven implementing partners working on gender-based violence. […] For disability, the focus has been supporting the coordination capacity of the government both at the national and sub-national level supporting the development of some key standards, especially the infrastructure accessibility guidelines, not the communication or information yet. […]"

monitor whether their practices thus far have reached persons with different types of disabilities in a timely manner and without any additional cost.

Principle 2: Accepting and facilitating the use of sign language, braille, augmentative and alternative communication, and all other accessible means, modes, and formats of communication of choice by persons with disabilities in official interactions.

Official interactions in this principle required a two or three-way communication channel between the government officials and/or DPs and NGO staff and the persons with disabilities with or without the help of their mediators (i.e. family members, guardians, or professionals). Specifically, such interactions happened when persons with disabilities required public information or needed to use available public services. The 2009 Law on the Protection and Promotion of the Rights of Persons with Disabilities mandates the use of sign language in all government agencies and institutions. It also requires that the government provide sign language interpreters for persons with disabilities in all official interactions. In practice, among all the ten interviewed ministries, only MoEYS openly accepted and facilitated different methods of communication by disability types. This was due to the fact that this ministry had NISE, a ministerial body that specialised in providing special education and training. Therefore, there were always professionals who were stationed or worked within the ministry.

"We also work closely with lawyers and attorneys at both national and sub-national levels to help provide justice services for persons with disabilities. Persons with disabilities are prone to face issues like discrimination, sexual harassment, and exploitation."

"When there is a case in which a victim is a deaf person, we try to ask MoSVY for a sign language interpreter […]. If there is an interpreter, even if the judge doesn't want to, they will accept the case."

"Our activities involve participating in developing laws and conventions with MoSVY, […], and issuing driver's licenses. Previously, people with disabilities were not allowed to drive but now they have the right to possess the driver's license. However, they need an evaluation from the Ministry of Health on their level of disability before taking the driver's license examination. Their vehicle will be adjusted depending on their disabilities. […] Nowadays, we have issued 99 driving licenses to people with disabilities, 20 of which are for motorcycles and 79 of which are for cars."

Although other interviewed ministries did not have such professionals on standby, some still tried to accept and/or facilitate the use of different communication modes appropriate to different disabilities in their official interactions. Generally, they would request facilitation or support from

specialised ministries like MoEYS or from other DPs or NGOs that could provide such services. For instance, when a person with hearing or communicating difficulty faced injustice and needed to seek justice services, the Ministry of Justice would request NISE or the Deaf Development Program (DDP) to help interpret sign language during the trial process. Students or those with difficulty in seeing could also request the help of NISE to produce official documents or learning content in braille or a text-to-speech format. A similar instance was also reported when persons with disabilities wanted to apply for a driving license, IDPoor, and Disability Card. The Ministry of Health (MoH) helped to provide screening by disability type and the level of severity to the Ministry of Public Works and Transport (MoPWT) and the MoSVY, respectively. Some of the interviewed ministries, however, reported only being able to facilitate the use of different means in official interactions but not in the case of official or legal contracts or for verification documents. To date, there seemed to be no instruction or guidance on such matters yet.

Quite distinct from the government, all interviewed DPs and NGOs have long been accepting and facilitating the use of sign language, braille, augmentative and alternative communication (AAC), and all other accessible means, modes, and formats by choice of persons with disabilities in either official or unofficial interactions. Currently, it was stated that a sign language interpreter was always attempted to be provided for all in-person and online meetings and events. Besides offering AAC devices and written material in different accessible formats in official interactions, some DPs and NGOs even developed policies or guidelines that required and guided the use of different communication means and strategies to cater to different types of disabilities. They not only trained their staff but also their partners and other related stakeholders on disability awareness, inclusion, and how to use and communicate effectively for people with disabilities. An epitome of this could be seen in the ACCESS Accessibility Guidelines for Written and Online Materials and the continuous capacity development and training on disability inclusion and accessibility by CDPO.

Additionally, both DPs and NGOs also tried to advocate for the acceptance and facilitation of different communication means appropriate to different types of disabilities in official interactions with the government. While DPs largely dealt with advocacy work at the national level, NGOs mostly conducted advocacy work at the sub-national level. However, their strategies did not work in isolation. For example, DPs and NGOs provided inputs to the government on the

"We work closely with DAC to strengthen their capacity to review, reform, develop, and implement policies and strategies related to persons with disabilities and follow CRPD. This work covers both national and sub-national levels. We also work with them to ensure that their social media platforms can help promote and share every legal document publicly. [….] We also help promote the implementation of 2019-2023 National Strategic Plan on Persons with Disabilities as well as help to develop a new plan for the year 2024 – 2028. The new strategic plan also includes access to information. […] We try to ensure the meaningful participation of persons with disabilities in any development and implementation of new laws or policies."

development of inclusive legislation and policies and advocated for changes to legislation, in line with international standards. Both DPs and NGOs also provided relevant technical support based on reports on the inadequacy of disability inclusion knowledge or technical knowledge in facilitating persons with disabilities in official interactions with the governments or providers of public services. There have also been attempts to try to make the government accountable for their commitment by monitoring and reporting implementations and advocating for governments to take corrective action when they are not meeting their commitments.

Principle 3: Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities.

Issued on 30th August 2010, sub-decree No.18 on the "Quota for Recruitment of Disabled Persons" in the Law on Protection and Promotion of the Rights of Persons with Disabilities stated that government departments, schools, and hospitals with more than 50 employees should comprise a workforce of at least 2% of people with disabilities while the quota is 1% for private entities with more than 100 employees. Both the public and private sectors were expected to fulfil such quota within three years. Although there was no accurate data publicly reporting and disseminating on the progress of this policy implementation, Articles 9 and 10 of the same sub-decree (No.18) particularized that ministries, state institutions, and legal entities should send annual reports of their workforce to MoSVY, MLVT and the Secretariat of Public Functions. Insights from our interview with the DAC of MoSVY revealed that currently, they are the main body monitoring and coordinating this progress, and they collected such data online. Annually, they would send a survey to all relevant entities to complete and report their progress, which would only be shared with the ministers and prime minister on the International and National Day for Persons with Disability or through the special request of certain institutions. It was revealed that there has been remarkable progress in this matter. For example, in 2016, roughly 1.3% of civil servants were paraprofessionals or people with disabilities, but by 2022, the rate jumped to 2.1% for public sectors. Even though the data and reports of this progress were not publicly accessible, insights from the other ministries on their workforce, which were people with disabilities, could also be used as validation. Most of them reported that people with disabilities occupied between 2-3% of their workforce already, especially in the case of the Ministry of Women Affairs (MoWA) and the Ministry of Culture and Fine Art (MoCFA).

"Such implementation with the private sector is not that fruitful, but we have a great achievement with the public sector where the progress is 0.1% higher than what we had set (2.1%). For the private sector, we have now tried to change our direction from solely focusing on manufacturing factories to other fields like the banking or tourism sectors whose staff numbers are more substantial than the other sectors, including handmade production, etc."

Overall, this progress somehow indicated the effectiveness of the government's commitment and interventions, not only urging private entities but also public institutions to provide information, services, and opportunities in accessible and usable formats for persons with disabilities. Without such provocation and interventions, the proportion of people with disabilities participating in different economic or social activities would not have increased so much.

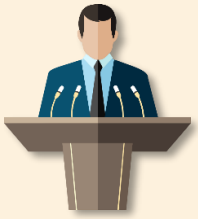
Examining the nature and size of DPs and NGOs in Cambodia, it was not mandatory for them to abide by the same policies. Nonetheless, aside from NGOs working mainly on disability inclusion who had persons with disabilities as employees, some still made the effort to directly engage and empower persons with disabilities to be involved in their work at the community level. Even though it was not extensive, some DPs and NGOs have also tried to urge private entities to provide information and services in accessible and usable formats for persons with disabilities. One of their common approaches was to issue public statements and reports that highlight the importance of accessibility and inclusion. In the case of the internet, their report also provided recommendations and guidance to private entities on how to make their social media content, websites, and mobile applications accessible to people with disabilities. Dealing with suppliers alone was not sufficient. Some DPs and NGOs have also worked to raise awareness of the importance of accessibility among persons with disabilities and what the currently available tools and services were that could cater to their needs. Instances of this show that some of the websites now offered features such as text resizing, high-contrast colour schemes, and screen reader compatibility.

Principle 4: Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities.

Mass media is a diverse range of technologies that are used to reach the vast majority of the general public. The most common platforms for mass media were newspapers, magazines, radio, television, and the Internet. Thus far, the current policies did not specify how the government would provide information that was accessible to persons with disabilities or defined which institution or public officials were to be responsible for ensuring and monitoring access to information for persons with disabilities. Such gaps were evident when it came to implementation. However, there were three messages (during the 7th Cambodia Veteran's Day, the 16th and 24th Cambodian Disability Persons' Day, and the 23rd and 40th International Disability Persons' Day) released by the former Prime Minister of Cambodia, Samdech Akka Moha Sena Padei Techo Hun Sen, which encouraged mass media to make their services accessible to persons with disabilities. In his messages, he urged the Ministry of Information to ensure that both public and private media outlets broadcast the government's activities in celebrating Cambodian Veteran's Day and the achievements in the veteran sector to raise more awareness nationally and internationally. He also appealed to all public and private TV, radio stations and press agencies to continue to share the message of caring for and supporting the welfare of

people with disabilities, especially by providing sign language translation and interpretation on TV channels.

However, these messages were not legal policies, and their effectiveness did not last long in terms of encouraging the mass media to provide information or make their services accessible to persons with disabilities. MoI also validated this point by revealing that both the public and private media could only follow such appeals sometimes due mainly to resource constraints. This issue will also be investigated in detail in the later part of the report in section 3.4.



"The Ministry of Information must instruct all public and private radio and television stations, as well as all media outlets, include sign language translation, especially regarding information on the COVID-19 pandemic, so that the deaf will receive information in a timely manner," – *Samdech Akka Moha Sena Padei Techo Hun Sen, Former Prime Minister of Cambodia*, the 24th Cambodian Disability Person's Day and the 40th International Disability Person's Day

DPs and NGOs reported using similar strategies like raising awareness on the importance of accessibility and providing guidance and resources to encourage the mass media to make their information and services accessible to persons with disabilities. Some also reported partnering with mass media organisations to develop and implement accessibility initiatives. This could include working together to develop accessible content or Information Education Communication (IEC) material. A recent example of this was the Berk Chet or the Open Mind Project by Oxfam Cambodia, where funding was provided to new projects initiated by persons with disabilities themselves to work on using social media to promote disability inclusion. Another example or strategy that is still being applied by CDPO and their OPDs is to convert different information, especially contents that are beneficial to persons with disabilities and their families, into short clips, printed leaflets, or audio. Some NGOs and OPDs had their own radio stations where they broadcast relevant content through their available radio stations.

"For my institution, we share information via two approaches: social media and ITC. Social media includes any updated information from our workshop and round table discussion with simultaneous sign language interpretation and subtitles. Our IECs are developed using easy-to-read and understandable methods. My institution's focus is on promoting the understanding and implementation of persons with disabilities' rights.

However, we cannot take a whole book to explain them. We and they won't understand because there are too many texts with technical legal jargon. So, we need to shorten and simplify them. We would go article by article by transforming them into pictures with minimal text. Another approach that we practice is to transform the information into an audiobook and then share it through our radio channel, website, and social media platform."

Principle 5: Recognising and promoting the use of sign language.

Substantial evidence showed the increase in effectiveness of both the governments, DPs and NGOs' contributions to promoting the use of sign language in Cambodia. Legally, there were five specific laws and policies that recognised and promoted this. They were as follows: (1) The 2009 Law on the Protection and Promotion of the Rights of Persons with Disabilities mandates the use of sign language in all government agencies and institutions; (2) the 2014 National Policy on Disability, which reaffirms the commitment to ensure that persons with disabilities have access to sign language services; (3) the 2016 Sub-Decree on the Establishment of the Cambodian Sign Language National Authority that establishes a national authority responsible for promoting and developing sign language in Cambodia; (4) the 2017 Sub-Decree on the Provision of Sign Language Services sets out the specific measures that must be taken to provide sign language services to persons with hearing and/or communicating difficulty, and; (5) the 2019-2023 National Strategy on Disability and Social Inclusion which includes a number of specific targets related to the promotion of sign language interpreters and developing sign language resources for education and employment. As previously discussed in Principle 2, the implementation of the 2009 Law on the Protection and Promotion of the Rights of Persons with Disabilities was not yet effective because the current concentration of sign language interpreters was mostly stationed or still being trained at NISE. However, much progress has been made in responding to the remaining related policies. This was particularly noticeable in the current commitment of the government to train more sign language interpreters and develop educational and other kinds of public information into different formats accessible by different types of disabilities. This was reflected in the following excerpts from NISE:

"[…] The first main activity is teaching and training, which is also divided into two types. For teachers or trainers, we provide pre- and in-service training. Regarding pre-service training, we have trained five batches or cohorts, which is equivalent to 104 teachers. This year is the fifth cohort that is focusing on difficulty in seeing, communicating and hearing, but the first cohort is for intellectual disability. For in-service training, we strengthen the capacity of our teachers either in integration or inclusive classrooms. It's about 165 teachers for difficulty in seeing, communicating and hearing and around 100 more for intellectual disability and autism. Our second main activity is researching and developing teaching and learning material in response/alignment with the national curriculum and core textbooks from grades 1-7. For general education, we develop and print core textbooks in braille from kindergarten to grade 12. We also help develop and print learning and teaching material for vocational education. We try to fulfil any request made to customise and print special teaching and learning material. Besides this, we provide communication services. If you notice sign language interpreters on some TV channels or videos on social media, they are our NISE staff. We cooperate with all TV and media channels to provide communication services so that we can try to ensure that information can get across to people with hearing and communication difficulties […]".

Such achievement was made possible by the unification of sign language from the Krousar Thmey organisation (adapt the American Sign Language) and DDP (a more deeply rooted sign language in the Cambodian community) to develop and promote the common Cambodian sign language. This is now used nationwide by local communities, or those special schools operated by the two aforementioned organisations and schools under the supervision of NISE. There were also reports of engagement between ministries to promote the use of sign language to the general public and within the public space. For example, under the financial support of UNDP and technical support from the MPTC and NISE, a PC and tablet application called Signs Discovery was developed in order to teach and promote sign language. Another recent ongoing cooperation between MoSVY and the Ministry of Public Works and Transport (MoPWT) was to try incorporating sound and braille across the traffic lights in Cambodia.

3.3. Status of Access to Information for Persons with Disabilities

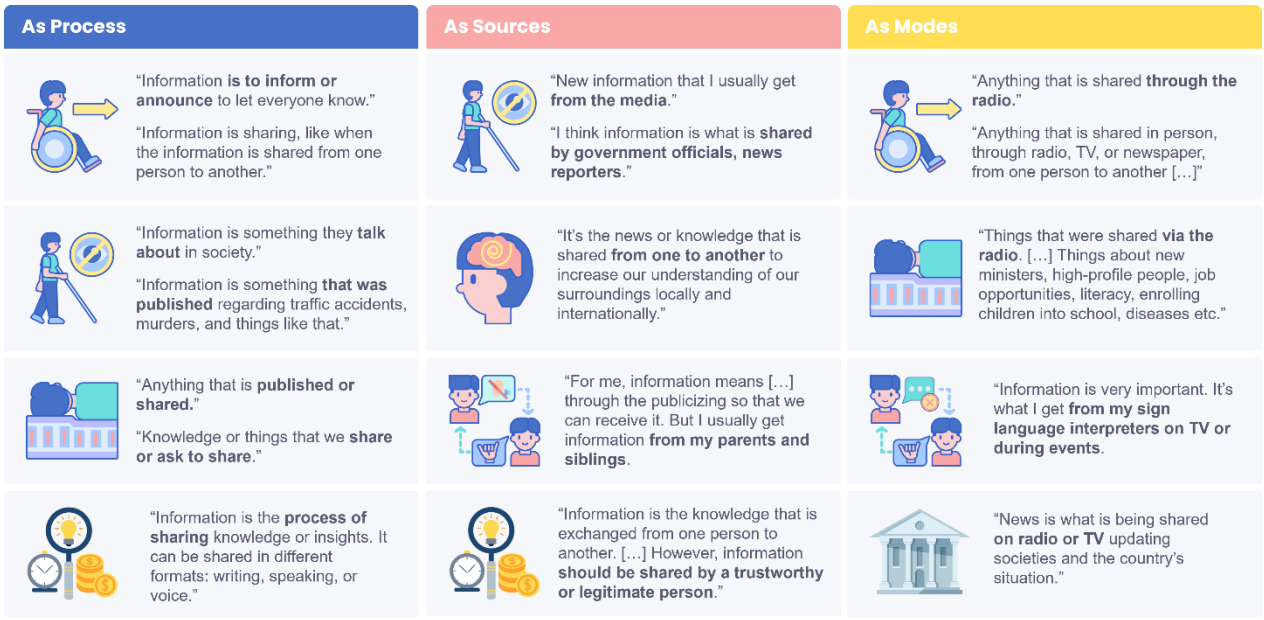
This section first discussed how different stakeholders, especially persons with disabilities, perceived information and its importance. It then moved on to investigate the domain or type of information that persons with disabilities currently had access to and how they accessed that information. Both enabling and hindering factors to access information for persons with disabilities were also examined.

3.3.1. Perception of Information

Information is a broad and complex concept that can be understood and used in various ways. In general, either persons with disabilities or related stakeholders used three approaches in defining information. They associated the definition of information with its sources, processes, and modes. Source refers to where the information was produced, stored, shared, or accessed, while process and medium describe different tools or platforms that people use to perform various actions to attain information. The contents of information varied mainly by the time people wanted to access it and their purpose in accessing it. Sometimes, there were flows of information coming in even though people did not intend to seek it, while others had clear purposes for using certain information. This was well reflected in the following excerpt and Figure 9.

"Information is some sort of publication, sharing or broadcasting; for example, the publication of information through radio, TV, other places, or through meetings/gatherings. I am deaf but my parents can listen well so they can receive information. For instance, when I was young, I hadn't learnt sign language, so my parents heard from others that there were sign language schools for deaf people. After my parents knew that information about the school, they sent me there." – Person with difficulty in hearing and communicating

Figure 9. Perception of Information Perceived by Persons with Disabilities

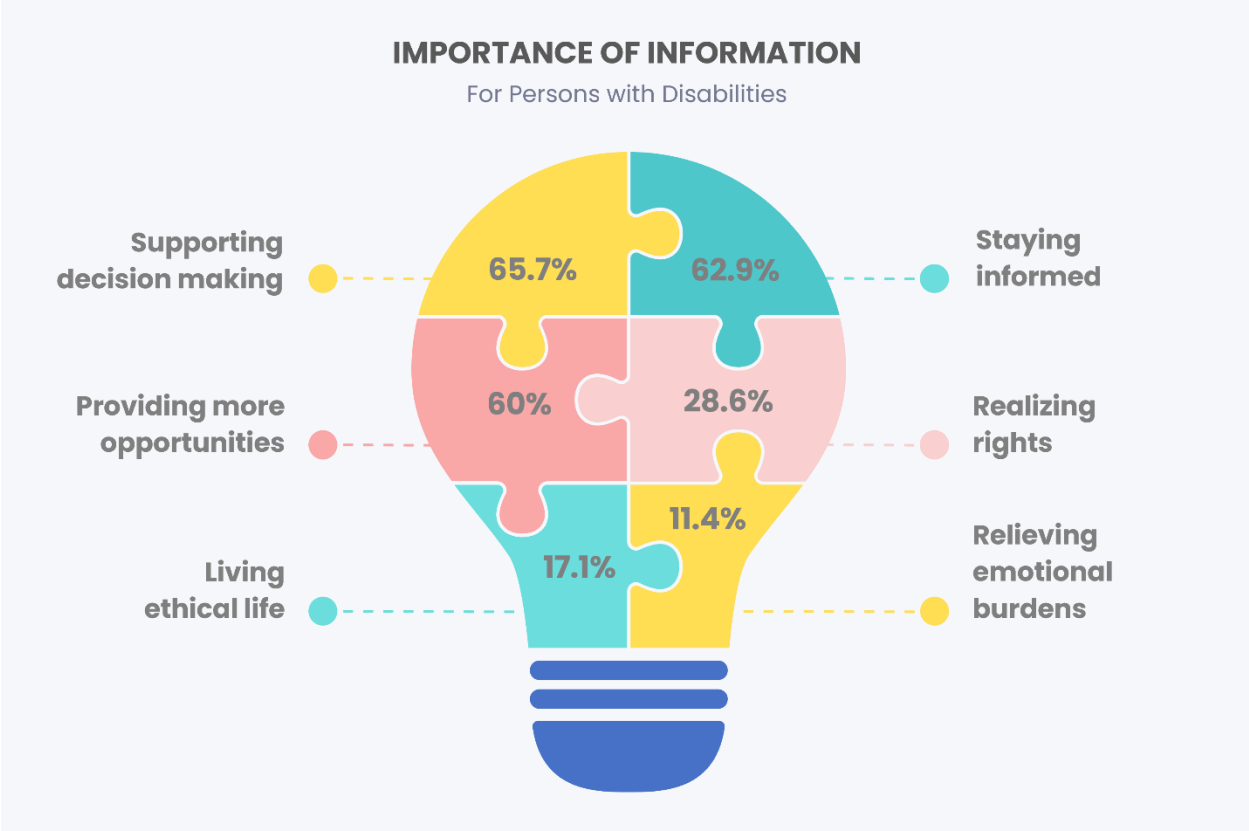


Information is essential for everyone, but it is especially important for persons with disabilities. Information could help persons with disabilities to make informed decisions, stay informed of their surroundings, find opportunities, realize their rights, live ethical lives, and relieve any emotional burdens or problems (Figure 10).

Information is crucial for informed decision-making. Persons with disabilities needed to be able to access information about their rights, options, and choices in order to make decisions that were in their best interests. For example, a person with a disability might need to choose the best type of assistive technology for their needs, or they might need to decide whether to attend a certain school or workplace. Having access to information could help people with disabilities make these decisions with confidence. Information could also help people with disabilities to stay informed of their surroundings. This was important for safety and security reasons. For example, a person with difficulty in seeing might need to know about the layout of a building or the location of the fire exit. A person with a hearing difficulty might need to know about emergency alerts or announcements. Having access to information could help people with disabilities stay safe and aware of their surroundings. Additionally, information enabled persons with disabilities to realise their rights. They had the same rights as everyone else, but these rights were often not respected. Having access to information could help people with disabilities learn about their rights and advocate for themselves. For instance, a person with a disability might need to know about the laws that protected their rights or the resources that were available to them if they were discriminated against. Having access to information could help people with disabilities stand up for their rights and ensure that they are treated equally.

"When I was giving birth, I brought the IDPoor [card] with me, but they issued the invoice that required me to pay 500,000 riels. I told the doctors there that I had the IDPoor [card], and I am a person with a disability so I shouldn't be paying this much or should not pay at all. Then the doctors asked me who issued the invoice for me but I didn't know because my husband was the one who ran the paperwork. Finally, the doctor told me not to pay for anything. If I did not know my rights, I would need to pay a lot." – Person with difficulty in walking/climbing

Figure 10. Importance of Information Perceived by Persons with Disabilities



Information also linked persons with disabilities to different opportunities, whether for their education, employment, or social engagement. For example, a person with disabilities might need to know about job announcements or educational or vocational training programmes that were accessible to them. They might also need to know about social events or activities that they could participate in. Having access to information could help people with disabilities find and take advantage of opportunities that were available to them.

Like everyone else, people with disabilities needed to be able to make informed decisions about their lives. They also needed to be aware of the ethical implications of their choices. Having access to information could help people with disabilities live ethical lives by providing them with the knowledge they needed to make these decisions. Information was also treated as an emotional refuge for persons with disabilities. Many forms of accessible entertainment or information could help persons with disabilities relieve stress and other emotional problems that could be the consequence of limited participation in society.

"Regarding the economic information, I want to know the situation of the economy right now so that if for example, in the future, I want to run my own business, where do I get the information and how do I register for my business. I think we have these ideas because of our working experience. We learnt hospitality skills and reception skills. Since we are the one who provides the massaging service by ourselves, we understand the business." – Person with difficulty in seeing

"For me, I think they're [the right to information] very important. Even though I can't comprehend everything, it still allows me to know something about societal development. It broadens our perspective and lessens stress. I always listen to monks giving sermons, prayers, and lessons too. This can help calm my mind." – Person with difficulty in seeing

"When I listen to the information about food or tourism, I can use this to overcome stress and have some fun." – Person with difficulty in seeing

"I used to attend the special Olympics in the United Arab Emirates and received a bronze medal. My mom also received two silver medals in running when attending the game in Greece. She went there in 2012 when she was still in her 20s." – Person with difficulty in remembering/concentrating.

Interestingly, there were instances where participants reported an increasing trend of false information, especially through social media platforms. Fake information could spread false or misleading claims about the causes, treatments, or prevention of disabilities, or stigmatised and discriminated against persons with disabilities. It could also undermine the credibility and trustworthiness of reliable sources of information, such as health authorities, disability organisations, or human rights institutions. Therefore, it is important to combat fake information and promote accurate and inclusive information that respects the dignity and diversity of persons with disabilities.

3.3.2. Current Accessible Information by Domain

Figure 11. Overview of Information Accessible by Persons with Disabilities

With the application of the conceptual framework on access to information for persons with disabilities, there were five major domains of information that were accessible to persons with disabilities: economics, education, healthcare, politics, and social and cultural information. Figure 11 provided an overview list of specific information in each major domain of information that persons with disabilities had access to. It was arranged by the size or proportion that each theme emerged recurringly. Overall, information related to society and culture was the top domain of information that persons with disabilities had access to. This was followed consecutively by information related to economics, healthcare, politics, and education. Lowest access to information was observed among females who had multiple disabilities, old age, poor economic situations, low education level, living in rural areas, and indigenous group members. A thorough examination of this will be presented in Section 3.3.

The most popular and accessible **social and cultural information** that persons with disabilities received was sports and entertainment. Football, boxing, racing, movies, drama series, songs, dance performances, comedies, and cooking shows were examples of information that were commonly reported across different types of disabilities. Nevertheless, some variations also occurred between the frequency of such information with regards to gender and the employability status of persons with disabilities. Women with disabilities tended to favour more gender-based social and cultural information than their counterparts who preferred active and competitive types. Those who were employed or self-employed also rarely accessed such kind of information because they spent most of their time fulfilling work obligations. Interestingly, some people with disabilities also got to participate in performing or playing for national and international celebrations like the Southeast Asian Games (SEA Games) and the Paralympics. Besides sports and entertainment, people with disabilities also had access to information related to social security and development, local and international news and celebrations, as well as material related to social protection such as IDPoor, National Social Security Fund, and Disability Cards.

The second most accessed was **economic information**. It was composed mostly of the price of goods and products that persons with disabilities required for daily life or their business. Interestingly, they were not only aware that they needed to purchase carefully when there were variations in price or value of the required goods and products but also the possible factors leading to such changes, including COVID-19 and ongoing tension between Russia and Ukraine. Other economic information that persons with disabilities in Cambodia could access were jobs and income opportunities that they could apply for or utilise. However, there remained a wide gap in the extent to which such information was accessible and utilised by persons with different types of disabilities. On another note, there were also reports of different financial services available that persons with disabilities could exercise in order to help with their living conditions or support their businesses. Those financial services, nevertheless, were often small, supporting grants from different NGOs or self-help groups in their communities.

"I cannot cook or do any household chores. However, I can help support the family by begging for money from the public. I can get about 20-30K riels per day. [...] Normally, I would go to beg at restaurants, traffic lights, and markets for a living. I usually go out to beg from 3-4 PM until 6 AM. Where I go to beg is quite far from my house. I always travel with my own tri-cycle bike (a specific bike for person having difficulty in mobility. I first need to know which restaurants or markets I should and can go to without causing any trouble" – Person with multiple disabilities

If there's any wedding or celebrations, I'd go to ask the organisers whether I can sing for them and get some money. Normally, I'm not the one who sets the price for singing. It depends on the organisers and audience. I can get between 5,000 and 20,000 riels per song." – Person with difficulty in walking/climbing

"There are bank or microfinance staff who come to promote loan opportunities. For example, Prasak, Amret, Mohanokor." – Person with difficulty in hearing

Healthcare information that persons with disabilities had access to the most was available public health services that might be able to help them manage their health conditions, prevent complications, and live healthy and fulfilling lives. In the early phase, this could include health-related education or tips, immunisations or vaccinations, and early screening and prevention. In addition to this, there were also reports of available treatment, consultation, and rehabilitation services for persons with disabilities. There were observed changes in preferred methods of health treatments among persons with disabilities too, especially those who resided in rural or remote areas and members of indigenous groups. Rather than solely depending on traditional praying and offerings to cure their disease or treat their sickness, they were now more aware and tried to use available scientific methods. Similar improvements were also presented in the sanitation and prevention aspects. Almost all the interviewed participants knew that they should stop leaving their waste in the forest or near the water source. They also knew that they should use the sleeping net and frequently clean any water hole or forest area around their home to avoid dengue fever. Regardless of their residency or socio-economic status, persons with disabilities still preferred buying regular medicine from nearby pharmacies or opting for private health services when they were sick or encountered any incident that required treatment. The following excerpts provided some explanation of this matter.

"I had dengue fever two times already. The last time, I didn't go to the public medical center because I had no motorbike, and it was too costly to rent. I would go to the nearby private clinic. I could go out sometimes to finish my farm jobs too." – Person with difficulty in hearing and communicating

"Those who have other diseases cannot inject the COVID-19 vaccine, or else it can worsen their health condition." – Person with difficulty in self-care

"Nowadays, when I feel sick, I'll try to go to the commune hospital rather than just simply praying at home or do some sort of offerings in the forest. However, I and many other villagers still come back to our traditional methods if we don't feel any relief from our treatment at the hospital" – Person with difficulty in self-care.

In terms of **political information**, the most commonly accessed information was related to the national election in 2023. This could be well explained by the fact that the event took place one month before the data collection of the study. This event also served as a significant task for local authorities who were highly likely to conduct ample amounts of community outreach in order to inform everyone in their community, including persons with disabilities, to prepare for and participate in the national election. There were reports that local authorities prioritised not only the elderly and pregnant women to be able to cast their vote first instead of waiting in the queue, but persons with disabilities too. Persons with disabilities also received information related to their rights, but not all of them could comprehend, remember, or utilise them well, particularly those who were over 40 years old or had more than one type of disability.

"When we went to vote, they assisted us. They had a kind of paper: like dotted paper. In this past election, they had 18 parties, so in the paper, they had 2 rows, 9 on each row. So, we could touch, count the columns, and vote for the party that we like." – Person with difficulty in seeing

"I got to vote last July. The voting place was prepared at school, and there are slopes and ramps there. However, I still need someone to help push my wheel because my arms are weak, and I cannot move the wheel by myself." – Person with difficulty in walking/climbing.

Interestingly, **information related to education** was not well accessed by persons with disabilities. Generally, they only knew the existence of general education, technical and vocational training, and special education, but not many could attend or stay in school until the completion of the primary level. Such education awareness and attainment were observed to be more minimal for those who had a severe disability, multiple disabilities, mental and intellectual difficulties, and those who were female and living in remote regions and/or indigenous communities. These results were corroborated by the findings from the CDHS data (discussed in section 3.1.2), which show that only around 25% of persons with disabilities finished primary school. There were also some reports of access to moral and life skills from persons who have difficulty in remembering/concentrating and self-care, but such learning was mostly informal and conducted

in small groups. Some participants were aware of scholarships available for persons with disabilities as well (see below).

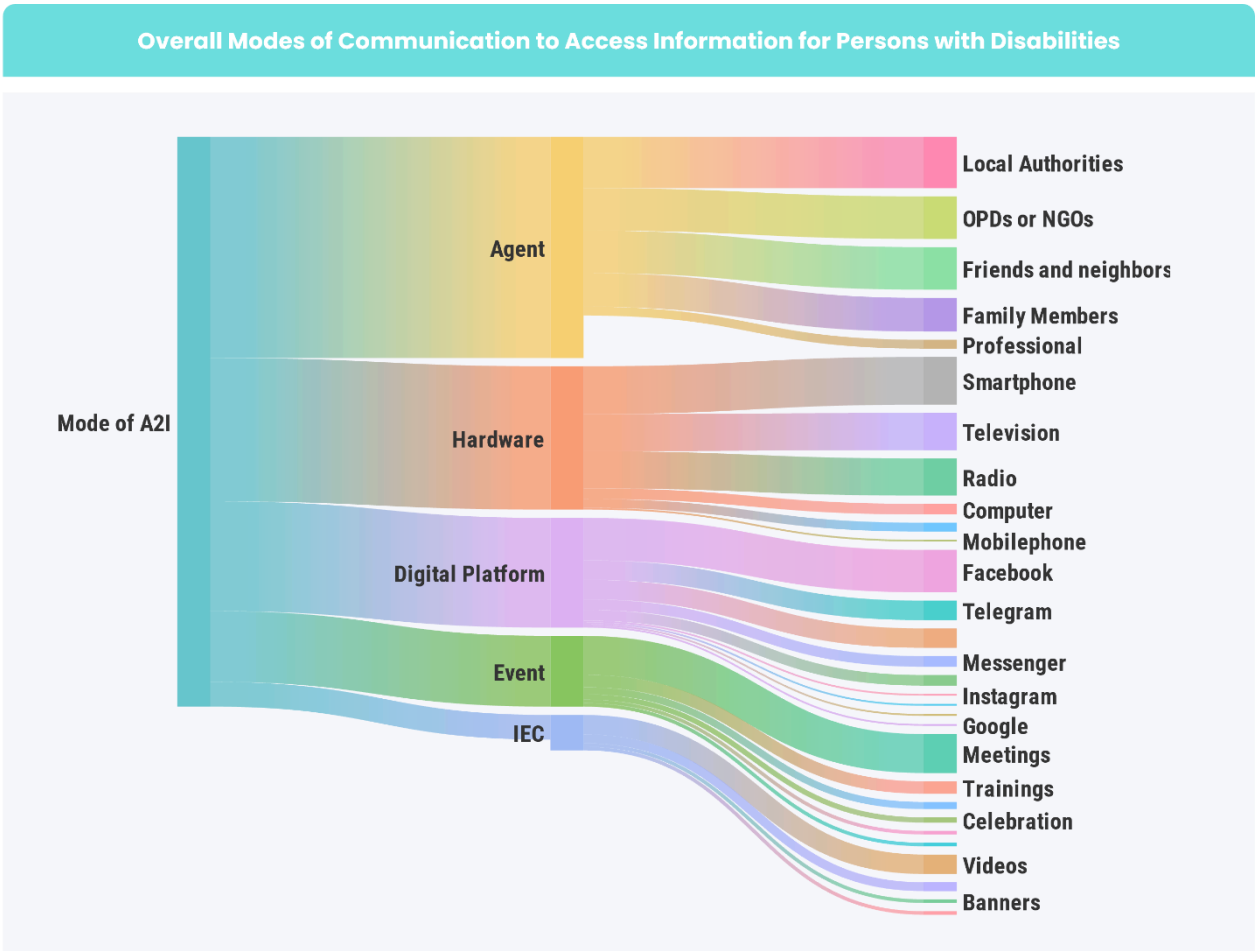
"[…] we can get a scholarship to study at the university after we finish high school. For example, two of my friends, who are blind, can go and continue their Master's studies in Australia. They are also the national athletes who played at the Paralympic Games." – Person with difficulty in seeing

"Children can learn until grade 12 with a full scholarship, but it might be costly when they go to university." – Person with difficulty in walking/climbing

3.3.3. Modes of Access to Information

In Cambodia, there were four major modes of communication that persons with disabilities used to access different types of information in their daily lives. Those modes were mass media (hardware and digital platforms), agents, events, and IEC material (Figure 12). Following were discussions of how people with different disability domains and severities used these four major modes to access information. There was then a brief examination of whether there was any divergence in the modes of access to information between the information seekers/demand side (persons with disabilities) and information providers/supply side (RGC, DPs, OPDs, or NGOs).

Figure 12. Overall Modes of Communication to Access Information – Qualitative Strand



Agents:

As can be seen from Figure 12, the agent was the most popular mode of communication that persons with disabilities relied on to access information. Agents were professionals, family members or caretakers, their friends and neighbours, OPDs or NGOs, and local authorities. Among these agents, persons with disabilities seemed to access information most frequently

from their local authorities, such as the commune or village chief, where the persons with disabilities resided. Following this are their friends and neighbours as well as OPDs or NGOs.

"She informs me whenever there are gifts from the benefactors or training about this and that. Last time, there were people giving rice, so she brought the rice to me because she knew it was hard for me to go to her. […] There's no one who knows us better than persons who also have disabilities." – Person with difficulty in remembering/concentrating, self-care, and walking/climbing

"They tell us about the election, ID cards, and IDPoor cards as the current village chief sees that I am in a difficult situation, unlike the previous village chief who did not accept me." – Person with difficulty in seeing

Regardless of the number of instances, persons with disabilities reported to rely on and trust the information that they attained from OPDs or NGOs more than the rest of the agents. Additionally, they felt more comfortable sharing information with OPDs or NGOs. This could be explained by the fact that most OPDs or NGOs had good knowledge of disability inclusion, and the majority of their staff were also persons having disabilities which brought comfort and hope to them that they could also live a better life like those staff. Their work and initiations were not profit-oriented but more of trying to bring benefits and empowerment to persons with disabilities through different means and mechanisms.

Mass media:

The second most accessed mode of communication that persons with disabilities use was mass media. Two recurring themes emerged under this mode of communication: they were hardware and digital platforms.

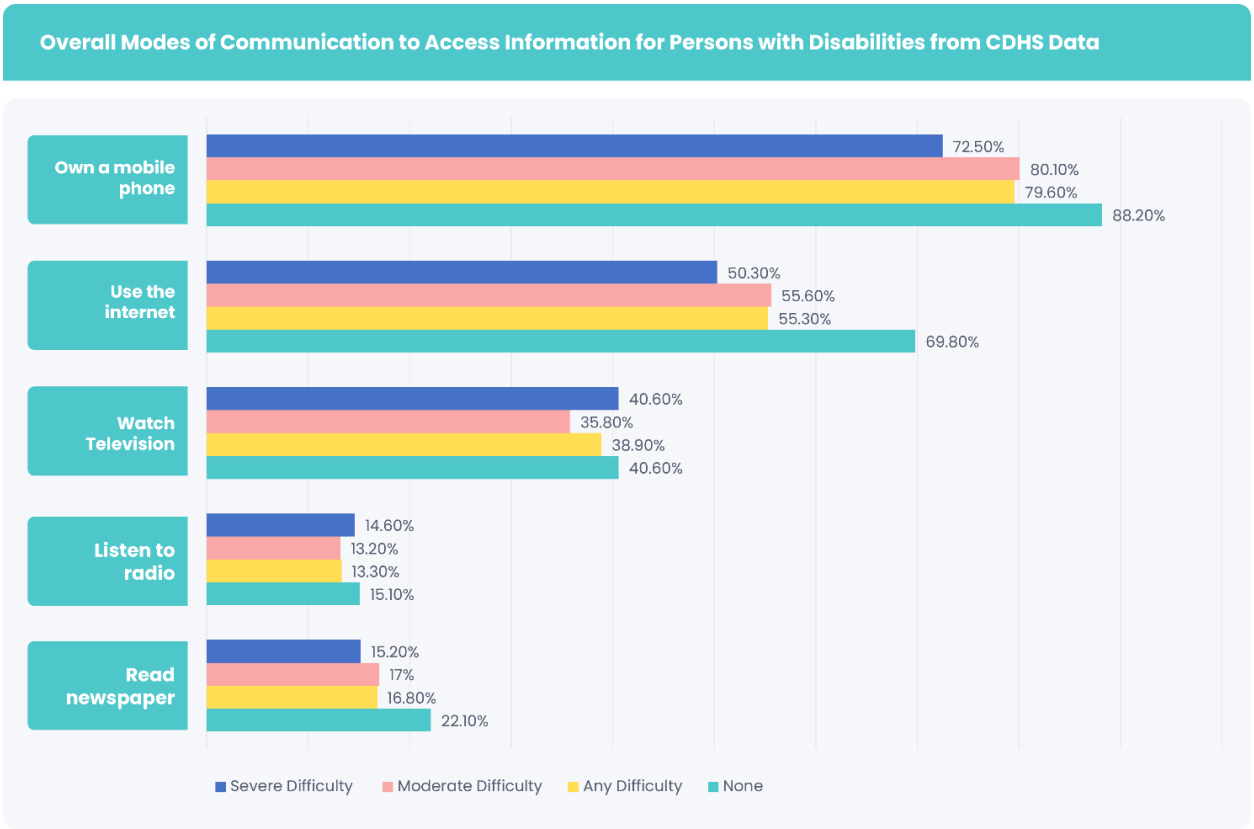
Hardware included computer, loudspeaker, mobile phone, television, radio, and smartphone (Figure 12 – Panel Hardware). Smartphone was the most popular among all the hardware, and this was consistent across different types and severity of disabilities. Even though not many persons with disabilities could afford to own one to themselves, they often used shared family devices to access and share information. This finding was also confirmed with data from the CDHS 2021-22. Figure 13 depicted the modes of communication to access information for persons with disabilities, from CDHS data. It show five pathways to access information, including reading newspapers, listening to the radio, watching television, owning a mobile phone, and using the Internet. Between 73%-80% of persons with disabilities reported owning a mobile phone. Because data from CDHS also showed that more than 60% of persons with disabilities used the Internet almost every day, data from mobile phones in the survey was then equivalent to smartphones, as reported by both FGDs and IDIs data. This was consistent among different types

of disabilities and severity. Compared with persons without disabilities, the gap was between 10% to 20% for both the case of owning a smartphone and using the internet.

Radio and television were still being used, but mostly by persons having difficulties in seeing, walking, climbing, and multiple disabilities who were living in remote regions and were of old age. Information obtained from these two types of hardware was mostly related to national and international security affairs, entertainment, and sometimes regarding the rights of persons with disabilities. Information that was disseminated through an amplifier or mobile microphone was mentioned less as it usually only happened during health and national election campaigns.

"They have microphone announcements on the cars about diseases like stomach and intestine disease. When it is rainy season, we should use an abate pill, which is provided by the village chief, for water storage to prevent mosquitos." – *Person with difficulty in seeing*

Figure 13. Overall Modes of Communication to Access Information-CDHS 2021-22



Compared with the traditional modes of mass media in the CDHS data, it confirmed that newspaper, TV, and radio were indeed not commonly used by persons with disabilities to access information anymore, with only between 15%-40% user rate. The proportion was similar for persons without disabilities. Nevertheless, watching TV attained the highest user rate among the three traditional modes of mass media (about 39% for persons with disabilities and 41% for persons without disabilities). Insights from the interview revealed two specific explanations for the decreasing rate of TV and radio usage. First, both TV and radio had a lot of advertisements and content that was not appropriate for persons with disabilities. There was also no means to access information that had already been published or broadcasted if persons with disabilities did not get to access that information by their publishing or broadcasting time. Second, all features and functions in both radio and television were now available on smartphones. Hence, it would be more sensible and economical to purchase and use just one device that could serve many different purposes. Interestingly, between 73%-80% of persons with disabilities reported owning a mobile phone, and more than 60% also used the internet almost every day. This was consistent among different types of disability and severity (Figure 14).

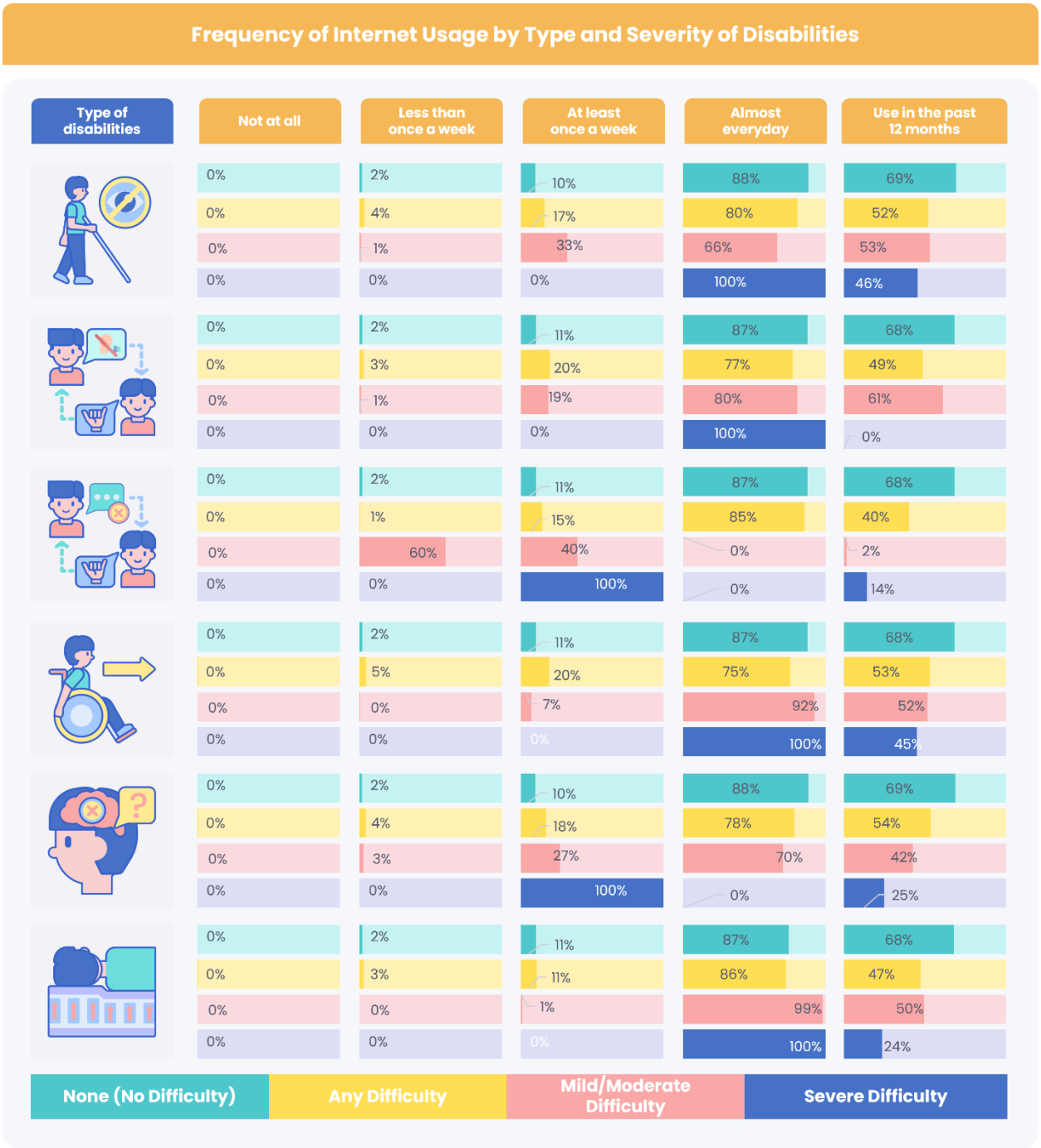
Examining closely the frequency of internet usage by type and severity of disabilities, it was worth highlighting that 100% of persons who had severe difficulty in seeing, hearing, walking, and self-care used the internet almost every day. Even though it was not almost every day, 100% of persons with severe difficulty in communicating and remembering/concentrating still reported using the internet at least once a week. This proportion of daily and weekly internet usage was even higher than persons without disabilities. Persons with difficulties in walking/climbing and seeing appeared to have relatively higher internet access rates than those with other types of disabilities. These findings were further confirmed and expanded upon by both FGDs and IDIs. Persons with disabilities reported using different digital platforms, and the operation mostly required the availability of the Internet. Amidst all the digital platforms reported being used by persons with disabilities, Facebook was the most prominent, followed by Telegram and YouTube. There were also different perceptions and purposes for using these three digital or social media platforms. While the information on Facebook and YouTube tended to be more general and acquaintance-based, those that were accessed and shared on Telegram were reported to be more specific and professional. The quality and extensiveness of information shared via Telegram were also better than the other two.

"I've checked Facebook and YouTube to learn more about persons with mental and intellectual difficulty, especially intellectual disability, and autism. I also like watching football and bowling from these two social media platforms." – Person with difficulty in remembering/concentrating

"I also get a lot of information from YouTube. When I learn new English words from my university class, I go to YouTube and study from it." – Person with difficulty in hearing and communicating

"We also have a telegram group among other people with difficulty in seeing that they share about new technology that can assist us. Those voiceover apps are really great, because they can speak in English and Khmer at the same time, or you can change them based on your preferences. [...] I think there are about 200-300 members in that group" – Person with difficulty in seeing.

Figure 14. Frequency of Internet Usage by Disability Type and Severity – CDHS 2021-22



Event:

Organised activities like formal and informal meetings, training, sports activities, celebrations, workshops, and conferences were also modes of communication from which persons with disabilities in Cambodia could access information. These activities could help teach new skills, facilitate shared experiences, build networks, express opinions, and have fun. For instance, formal and informal meetings in their village or community could be a platform for persons with disabilities to discuss issues that affect them, such as accessibility, inclusion, rights, and policies. They could also exchange information and ideas with their local authorities and OPDs or NGOs on how to improve the situation and advocate for their needs.

"I don't remember the name of the NGO, but they invited us to join their meeting and taught us about the rights of people with disabilities, women's and children's rights, domestic violence, etc." – Person with difficulty in self-care

Training was reported as another way for people with disabilities to acquire new competencies and qualifications that could enhance their employability or career prospects as well as their living conditions. Case in point, while some NGOs helped match the job demand with the skills that persons with disabilities attained after the training, others provided specific skill training on agriculture or animal raising. This could help improve the living conditions of many persons with disabilities. Some persons with disabilities also reported soft-skills training and training related to digital literacy.

"I am able to learn new skills through courses with NGOs. I have met a lot of people such as the NGOs' officers, government officers, and even high-ranking officers. They do not discriminate against me and always encourage me and other people with every type of disability. They even help and ask me if I need something or need help when I go to the toilet. I feel so happy and joyful." – Person with difficulty in walking/climbing

Sports activities were also reported as circumstances or places in which persons with disabilities could access information. They could be sources of physical and mental health benefits, as well as social interaction and empowerment for them as well. This rang true across different types of disabilities, even for persons with difficulties in remembering and concentrating. A good example of this was the opportunity for persons with disabilities to receive training and participate in the SEA Games and Paralympics Games. Similarly, celebrations, whether local or national, could be an opportunity for persons with disabilities to access and exchange information, as well as to enjoy cultural diversity and solidarity. Workshops and conferences were also another mode for persons with disabilities, but they were more common for those who have a good educational background or have been working in the field for quite some time.

IEC Material:

Information, Education, and Communication (IEC) material like videos, documents, banners, and pictures were also one mode of communication for persons with disabilities to access information. Among them, short videos or sports advertisements were the most accessible ones, as persons with disabilities usually saw them on their social media newsfeeds. Regardless of their disability type and severity, almost all persons with disabilities preferred watching and/or listening to those short videos. They revealed that those short clips could communicate complex information in a way that was easy to understand, and they were very interesting, like short movies. Some videos were also captioned and integrated with sign language, which made them even more accessible to people with different types of disabilities. Printed documents like brochures and booklets were reported to bring more detailed information than pictures or banners. Some were printed in large font or even braille, and now they could be made available in audio format.

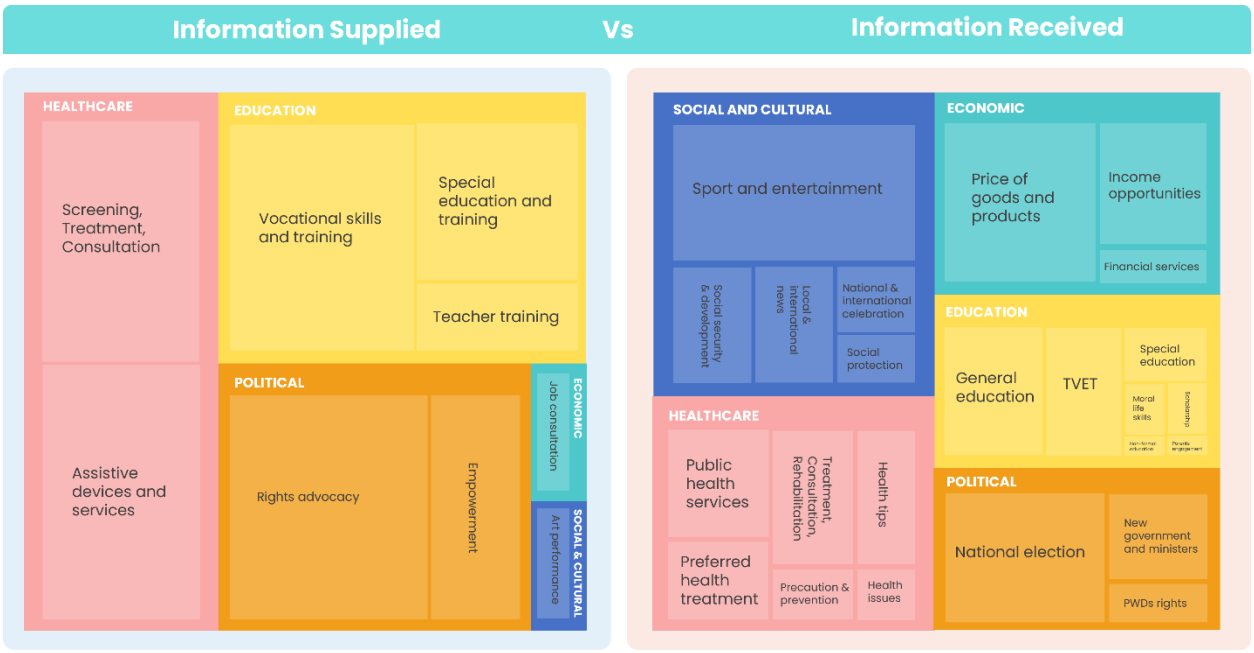
3.3.4. Comparison between the Supply and Demand Side of Information

This section depicted two main comparisons. It first portrayed the similarities and differences between the type of information provided to and received by persons with disabilities. The discussion then moved on to compare the mode to access or disseminate information by stakeholders, including RGC, DPs, NGOs, OPDs, and persons with disabilities.

Information and Interventions Provided vs Received

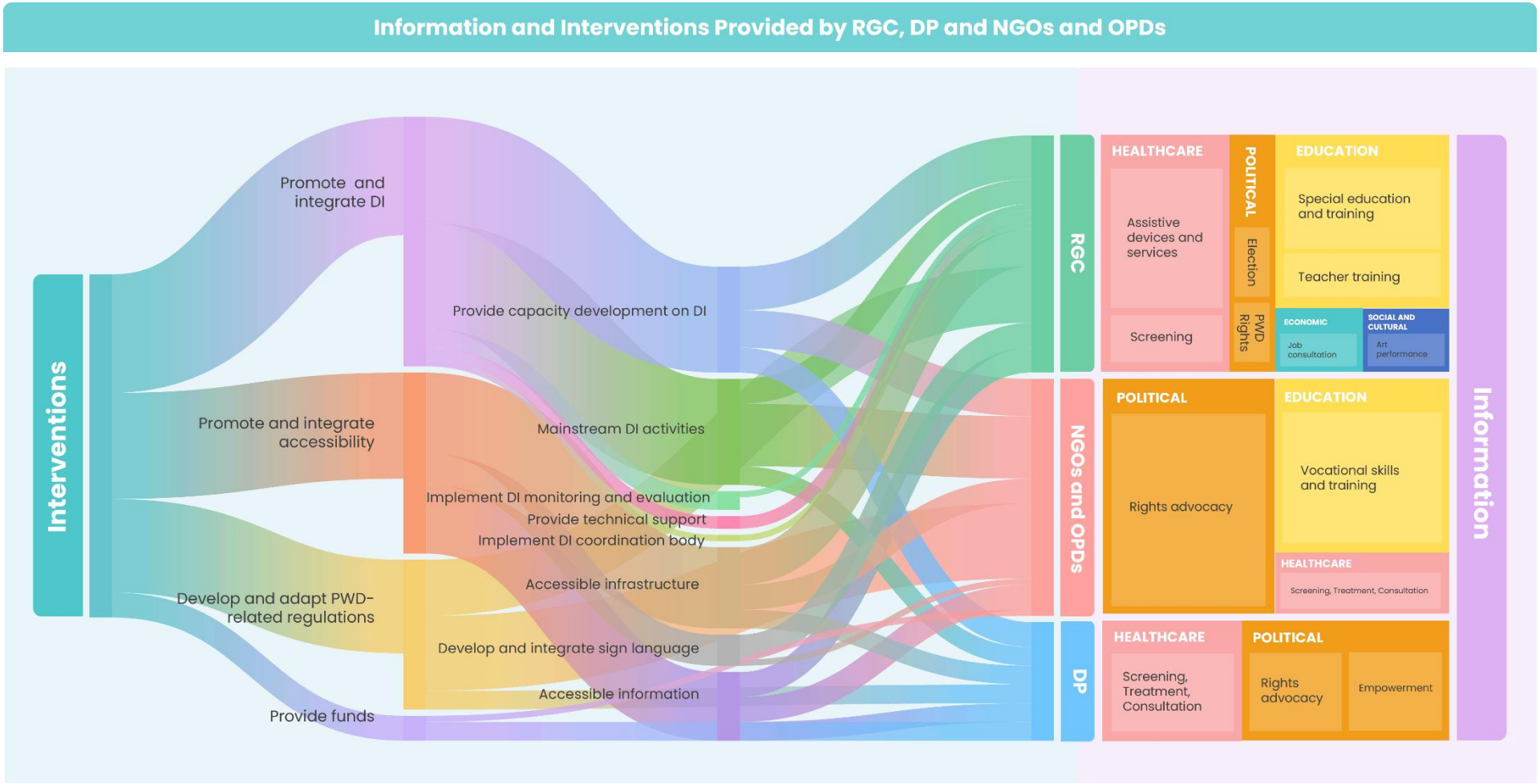
There was no divergence between the type of information provided to and received by persons with disabilities in Cambodia. However, differences emerged when closely examining the proportion and accessibility extension of those information types.

Figure 15. Information Supplied to Versus Received by Persons with Disabilities



As can be seen from the left panel tree map of Figure 15, healthcare information was the most common type of information that RGC, DPs, NGOs, and OPDs provided. This followed consecutively by education, political, economic, social, and cultural information. Interestingly, the type of information that has been least supplied by the aforementioned stakeholders seemed to be received the most by persons with disabilities. This was clear in the case of social and cultural information and economic information. Such a mismatch could occur due to three reasons. First, RGC, DPs, NGOs, and OPDs might have neither produced nor disseminated those types of information in accessible formats for persons with disabilities. Second, it was worth noting that besides those four actors, there were different information producers and providers in the ecosystem, such as the private sector and other independent media houses, whose information might have been better reached by persons with disabilities.

Figure 16. Information and Interventions Provided by the Royal Government of Cambodia (RGC), Development Partners (DPs), Non-Governmental Organisations (NGOs) and Organisations for People with Disabilities (OPDs) to Persons with Disabilities



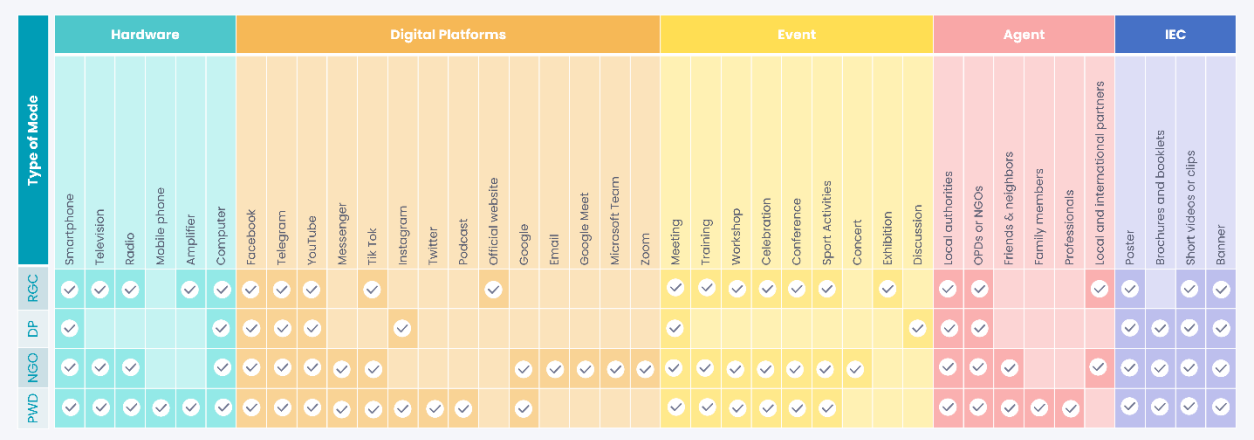
Last but not least, the type of information that persons with disabilities accessed also depended upon their personal demand. It was commonly echoed across the study informants that unless they demanded specific information for certain purposes in their daily lives at a specific circumstance, they would not pay much attention to what was available or accessible out there.

Regardless of the proportion and accessibility of information provided to persons with disabilities, it could be seen that only the RGC seemed to have provided all five domains of information (Figure 16-Right Panel-Information). The focus of NGOs and OPDs remained more within rights advocacy for persons with disabilities, vocational skills and training, and other types of health care information. This trend was also similar for DPs. In addition to the information provided, there were various interventions that RGC, DPs, NGOs, and OPDs implemented for persons with disabilities (Figure 16-Left Panel-Interventions). The interventions ranged from developing and adapting persons with disabilities-related regulations, promoting and integrating disability inclusion, and promoting and integrating accessibility, and providing funds to different stakeholders to further implement many other activities related to enhancing access to information. Please refer to Section 3.2.2. to gain further insight into the adequacy and effectiveness of these interventions.

Modes of Access to Information: Comparison of Supply and Demand Side

There was not much difference in the modes of access to information between the information seekers/demand side (persons with disabilities) and information providers/supply side (RGC, DPs, OPDs, and NGOs).

Figure 17. Matrix of Modes to Access Information by the Royal Government of Cambodia (RGC), Development Partners (DP), Non-Governmental Organisations (NGOs), and Persons with Disabilitiess



As can be seen from the matrix of Figure 17, almost all actors (RGC, NGOs, and persons with disabilities) have used various modes of communication to both access and share information. Nonetheless, as previously discussed in section 3.2.2, the number of communication modes to access and share information did not necessarily imply their appropriateness to make

information accessible to different kinds of disabilities. This was also true for persons with disabilities who, with available resources, tried to use as many modes of communication as they could to access information that catered to their disabilities. In contrast, DPs seemed to use the least modes of communication to share information. This could be explained by the fact that their work dealt mainly with the national or subnational level rather than directly interacting with persons with disabilities. Most of their work also involved the provision of funds and technical support to different stakeholders instead of the direct implementation of a certain project related to persons with disabilities.

3.4. Barriers to Access to Information

The demand for information for persons with disabilities was high and growing. Regardless of the currently accessible information being supplied in different modes of communication, it was agreed among both the information receivers/seekers' side and information producers/suppliers' side that it was still not meeting the demands. In alignment with the study's conceptual framework, there were three major factors that hindered persons with disabilities from accessing information. They were external factors, health conditions, and internal factors.

3.4.1. External Factors

Among the three factors, external factors had the highest tendency to restrict persons with disabilities from accessing information. In Cambodia, there were **limited accessible products and technology** that could help persons with disabilities access information. Indeed, there were existing products and technologies currently available that required no reinvention of the wheel, including screen readers and magnifiers, alternative keyboards, braille displays, text-to-speech and speech-to-text software, closed captioning and subtitles, and sign language interpretations, among others. Both the RGC and DPs have cooperated to develop products and technologies that either assist or inform persons with disabilities, specifically in the form of mobile applications. However, these products and technologies were *not responsive to the Cambodian context*, and digital divides persist. First, there were observed language barriers. Current assistive products and technologies were originally developed in a foreign language (English) rather than Khmer. This made it difficult for persons with disabilities who had low literacy, either in Khmer or English, to even access, least used them. The situation was even worse for indigenous groups who also had their own spoken language. Linked to competency, the digital literacy level of persons with disabilities was still relatively low. This further hindered them from utilising any existing or new assistive products and technologies to access information. Most of those technologies were digitally run with an Internet connection. However, as of January 2023, Cambodia's Internet penetration rate was 67.5% of the total population, although more prevalent in urban areas than in rural areas. Such findings might be contradictory at first to those in Section 3.3.3, in which there was about 80% of persons with any disabilities and 100% of persons with severe disabilities who accessed the Internet almost every day or every week. Nevertheless, insights from the interviews revealed that most persons with disabilities only knew very basic functions of digital devices, like

calling or scrolling. Additionally, it was stated that much of their daily or weekly internet access was spent responding to unstable internet connections that hindered them from accessing complete information in one take. Importantly, there was a scarcity of mechanisms to promote persons with disabilities awareness and uptake of existing products and technologies that could help them access information. Without any *extensive promotion or an awareness-raising campaign*, available products and technologies will not be utilised to their full potential.

The lack of access to information for persons with disabilities was also often rooted in the **limited support and relationships from their families and surrounding communities**. Commonly, they did not have adequate knowledge of disability inclusion, resources, or a willingness to assist persons with disabilities. On the one hand, the majority of persons with disabilities and their families had poor living conditions and education levels. Therefore, their *priority was spending most of their time working to gain an income* rather than spending time to provide or exchange information to persons with disabilities unless there was an urgent issue, such as a health emergency. Their family and community also did not understand how to best help persons with disabilities accessed information better. Instead, they perceived that *persons with disabilities could not do anything other than stayed at home*, so there was no use for them to attain any information. They also thought that persons with disabilities seemed to put more pressure on household income and bring increased barriers to improving overall family and societal conditions. Some families, however, were not confident in engaging persons with disabilities in different activities in society because they were afraid that the *engagement might worsen their current condition or create further disabilities*. On the other hand, there have been many initiatives from RGCs and DPs to raise awareness of disability inclusion and engaging persons with disabilities in society. An example of this was the previously mentioned Sub-Decree No.18 titled "Quota for Recruitment of Disabled Persons", which stated that the workforce of public and private institutions should comprise 1% and 2%, respectively, of persons with disabilities. Despite some good progress in the implementation of this sub-decree, some public and private institutions still could not provide and retain appropriate accessibility to persons with disabilities. This was particularly notable in the case of information accessibility. In addition to the information shared not being appropriate content for different types of disability, there was also the *issue of timeliness and cost*. Persons with disabilities needed to spend money in order to receive information, but the information might not be accurate by the time the information reached them. In the realm of DPs and NGOs, it was observed that initiations related to persons with disabilities were mostly project or resource-bound. The beneficiaries would only be those in the targeted locations, disability domains, and within their timeframe. Among all the domains or types of disabilities, those who had difficulty in remembering/concentrating, specifically intellectual and mental disability, received the least intervention. There remained minimal understanding of this group.

Closely linked to the previous issue, persons with disabilities also encountered **attitudinal and service-related barriers** that could further deter their access to information. The lack of understanding and acceptance of disability among families and communities led to *discrimination and exclusion*, which made it difficult for persons with disabilities to access

information and participate in society. Within the family, there were also reports of *violence and exploitation* of persons with disabilities. This mostly happened to persons with difficulty in hearing and communicating, remembering/concentrating, or a combination of both disability domains. Discrimination also extended past persons with disabilities by taking into consideration the type, number, and severity of disabilities with their socio-economic condition. The target would be those with multiple and severe disabilities living in poor socio-economic conditions. Additionally, there was also a problem with the *lack of attention and understanding from local authorities and public service providers*. Oftentimes, local authorities only provided information related to communal and national elections, which happened only once every five years. Indeed, there was a substantial increase in the promotion of disability inclusion and awareness among local authorities. However, awareness did not imply action or implementation of what was stated or promoted. Sometimes local authorities only knew the existence of persons with disabilities' rights and their responsibilities in helping persons with disabilities to realise their rights. Yet, they did not know clearly how to go about exercising those policies. There also seemed to be no clear public budget or resources designated for the implementation of policies related to access to information for persons with disabilities at the local level. These issues also reflected another aspect of external factors, which is the **gaps in the system and policies** related to access to information for persons with disabilities. This confirmed what was discussed in Section 3.2.1.

Lastly, the **condition of the natural and built environment** in which persons with disabilities lived also hampered their access to information. Many persons with disabilities in Cambodia *lived in remote areas, far from essential services and infrastructure*. They often had to travel long distances on foot, by bicycle, or by motorbike to reach schools, health centres, markets, or other sources of information. The poor condition of roads often made it challenging for persons with disabilities to travel to these locations. Most of the roads in rural areas were often unpaved, bumpy, muddy, or flooded, making them difficult or impossible to navigate. Moreover, the living conditions of many persons with disabilities were often inadequate, *lacking basic amenities* like electricity and proper sanitation facilities. These conditions could further isolate persons with disabilities and make it difficult for them to access information and participate in society. In 2019, the Technical Standards on Physical Accessibility Infrastructure for Persons with Disabilities in Cambodia was developed to provide comprehensive guidelines for the design and construction of accessible infrastructure, covering a wide range of public and private spaces, including buildings, public spaces, residential dwellings, as well as transportation. Nonetheless, the availability of *public transportation in Cambodia was neither extensive nor accessible* for people with different types of disabilities. Thus far, there were only public bus services in the capital city, and not many were built with disability inclusion in mind. Affordable and reliable private transportation options were also scarce. Many newly built public buildings and facilities were observed to integrate some guidance from the 2019 technical standards. However, there was *little renovation on the existing buildings and public spaces*, especially those in the remote regions of the country, including government offices, schools, and healthcare facilities. Cambodia is a country prone to *natural disasters*, including floods, typhoons, and droughts. These disasters could have a devastating impact on persons with disabilities, who were often more vulnerable to their effects. For instance,

during floods, persons with disabilities might be trapped in their homes or unable to evacuate safely. Additionally, *global climate change* is expected to exacerbate the frequency and intensity of natural disasters in Cambodia, further endangering the lives and livelihoods of persons with disabilities. *Insecurity* within the built environment that persons with disabilities lived in also limited them from accessing information. The impact was more prevalent on women with disabilities as they were usually confronted with violence and sexual harassment. Some families would not allow their daughters to travel outside of their own homes at all for fear of facing such issues.

3.4.2. Health Condition

In addition to the physical and environmental barriers that persons with disabilities might encounter, the condition of their health also significantly impeded their ability to access information. Noticeably, the **type of disability** a person had could have a profound impact on their information accessibility. For instance, persons with difficulty in seeing found it challenging to read printed materials or navigate digital interfaces, while those with difficulties in hearing found it difficult to participate in auditory-based information sessions or follow instructions in audio formats. Similarly, persons with difficulties in remembering/concentrating faced challenges in understanding complex information or processing large amounts of data. These challenges were further compounded by the lack of accessible information formats and communication methods tailored to the specific needs of their disability type. **The intersection of ageing and the number and severity of disabilities** additionally amplified the challenges in accessing information. Those who had severe multiple disabilities and were getting older (e.g. 60 years or older) also experienced a decline in their overall physical and cognitive abilities, making it increasingly difficult to access and utilise information. **Recurring health conditions** could also pose more barriers for persons with disabilities in accessing information. Diabetes, obesity, asthma, and dementia, for example, could lead to periods of hospitalisation, fatigue, and pain, making persons with disabilities not able to engage in activities that required sustained concentration or physical exertion. Furthermore, recurring health conditions could lead to financial constraints, as individuals might need to prioritise medical expenses over other essential needs, such as access to technology or transportation.

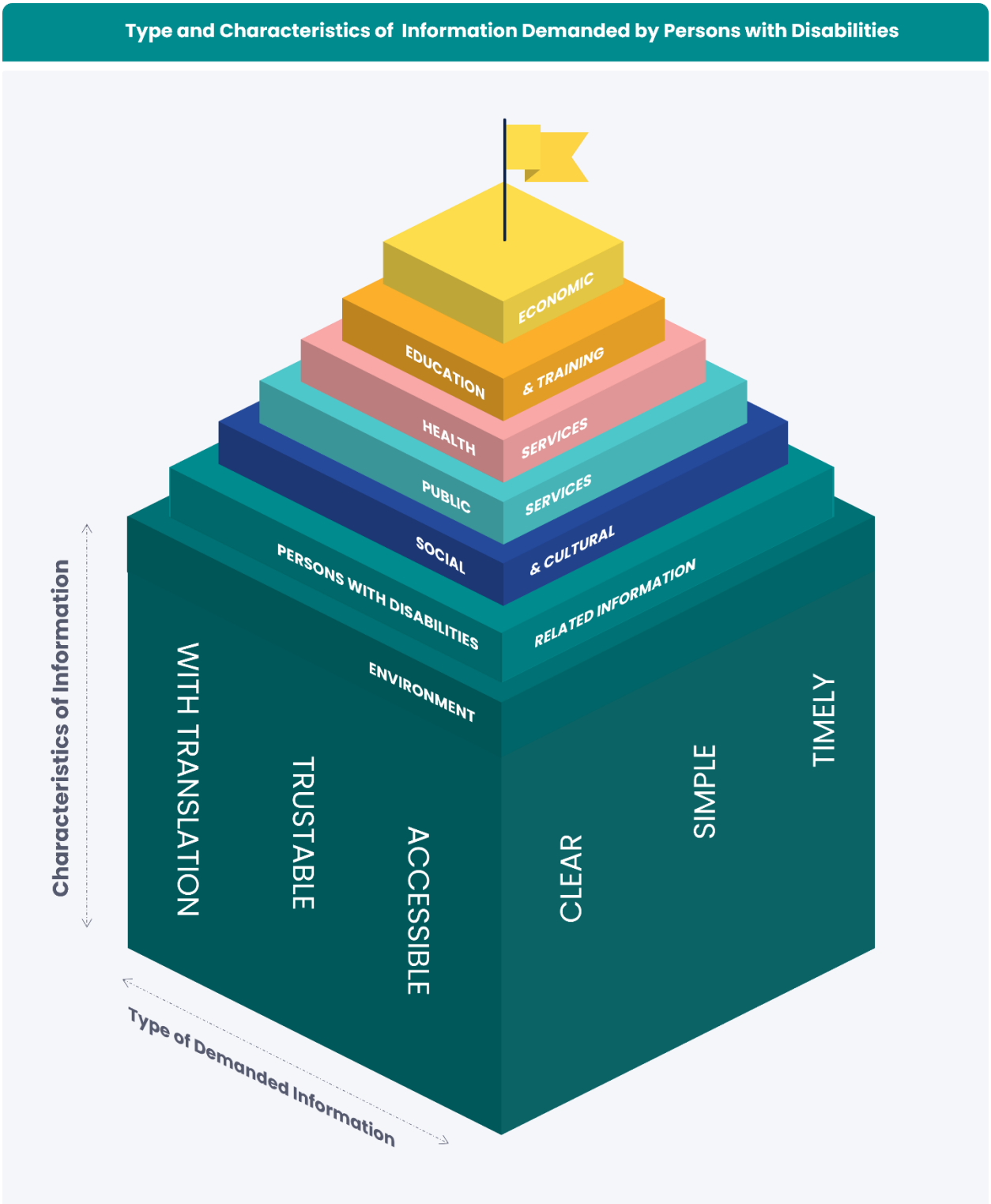
3.4.3. Internal Factors

While external factors and health conditions could significantly hinder persons with disabilities from accessing information, internal factors also played a crucial role in shaping their abilities to seek out, receive, evaluate, utilise, and share information. Two key internal factors recurringly emerged under this theme: the **lack of motivation and confidence** of persons with disabilities. Persons with disabilities seemed to lack motivation to access information due to various factors such as past experience of failure or difficulty in accessing or understanding information, feelings of isolation, discrimination or marginalisation, low self-esteem or self-perception of their own abilities, and limited awareness of the relevance or importance of information for their lives. When persons with disabilities lacked motivation, they were not inclined to seek our information, even

when it was readily available. This lack of motivation could lead to a cycle of exclusion and further hindered their ability to participate in society. Closely intertwined with motivation was self-confidence. Persons with disabilities might lack confidence in their abilities to understand, process, apply, and even share their ideas. They seemed to have negative perceptions of their own abilities and intelligence and fear of failure or embarrassment in seeking out or utilising information. This was also due to the fact that they lacked experience or exposure to information-seeking strategies as well as role models or mentors who could provide them with encouragement and guidance to access information better.

3.5. Needs Assessment on Access to Information

Figure 18. Type and Characteristics of Information Demanded by Persons with Disabilities



To date, persons with disabilities in Cambodia had access to different kinds of information ranging from social, cultural, economic, healthcare, and political to education and training. Different modes of communication have been employed by various stakeholders in order to allow access to such information, including agents, mass media, events, and IEC materials. Despite the variety of both information received and modes of communication used, persons with disabilities unanimously agreed that they did not receive enough information. The study observed that there were seven types of information that persons with disabilities needed more in their daily lives and that information should consist of six characteristics that could help improve information accessibility and utilisation of persons with disabilities in Cambodia (Figure 18).

3.5.1. Type of Information Needed

As can be seen from Figure 18, there were seven types of information that persons with disabilities in Cambodia wanted to access more. These were: economic; education and training; health services; different public services; social and cultural; information related to persons with disabilities; and environmental information. **Economic information was found to be of highest demand**. Intriguingly, rather than information related to the daily price of goods and products, it was expressed that information related to jobs or income opportunities would be more desired. This did not imply that information related to the daily price of goods and products was not needed, but rather that enough information on the topic was available for now. In relation to jobs or income opportunity information, there was a specific demand to access data regarding what kind of job opportunities were available for different types of disability and their severity. There was also an interest in understanding the process for accessing these opportunities as well as whether there were any governmental authorities or consulting services that offered guidance. In addition to this, there was an eagerness to receive more information related to investment opportunities like small grants or loan provisions. This was noticeable among persons with disabilities who had their own or small joint family businesses in agriculture, animal husbandry, and crafting.

The second type of information that persons with disabilities needed more was **education and training**. So far, such information was also the least accessible (see Section 3.3.2). It was observed that vocational or skill training information was highly preferred over general education or literacy classes. A large proportion of persons with disabilities aged between 30 and 60 years old, so they would prioritise any learning or training that enabled them to generate some income within a short timeframe in order to support and/or improve their living conditions. Some specific vocational skills training that were raised were mechanical training, hairdressing, handicrafts, agriculture, and animal husbandry. Some persons with disabilities were also open to receiving consultations or suggestions as to which vocational skills training fit best with their disability type and severity. It was worth highlighting that some persons with disabilities who already graduated from grade 12 wished to access information related to which public or private education institution could provide undergraduate education.

Information related to **health services** was the third most demanded information by persons with disabilities. Normally, persons with disabilities had specific health needs that required specialised care and support. Therefore, it was essential that they had access to reliable and relevant information related to health services, such as the availability, quality, cost, and location of different providers and assistive and rehabilitation facilities. As previously discussed, the prevalence of disabilities increased with age, which also put already vulnerable people at risk of a number of other chronic or recurring health conditions, such as heart diseases, diabetes, and obesity. Hence, information related to preventive care and management of these chronic diseases is essential. The majority of persons with disabilities also revealed that they were easily prone to poor mental health conditions, such as depression and anxiety. Some even reported attempting suicide. Information related to mental healthcare and consultation services would help to manage their symptoms and improve their quality of life. More information related to the application and usage of IDPoor Cards and Disability Cards was also highly requested.

Persons with disabilities also wanted to access more information related to **other public services** available to them, specifically information related to public transportation, justice, and local governance and administration. Transportation was the first realm as it acted as a bridge to connect and utilise other services like education, healthcare, employment, or social gathering. In the pursuit of justice, persons with disabilities needed information about their legal rights and protections, accessible court procedures, and available support services. This knowledge would enable them to not only realise their rights but also to navigate the legal system with confidence, seek redress for grievances, and secure fair treatment. Additionally, information about available legal aid services and alternative dispute-resolution mechanisms could empower persons with disabilities to resolve legal issues without resorting to formal court proceedings. Information related to local administration and governance was also crucial for persons with disabilities. Such information attainment would help them to access other public services, such as the development or verification of their national identity card, birth certificate, wedding certificate, family book, etc. This information uptake was also an indication of their full participation in society.

Social and cultural information was also in demand for persons with disabilities. Entertainment and social security aspects of this type of information, such as sports, music, movies, and traffic accidents, were well received. There has been an expression of interest, however, for information that allowed direct engagement with society and culture. Oftentimes, persons with disabilities encountered many barriers, particularly infrastructure related issues, that limited access to historical, social, and cultural venues, such as temples, pagodas, museums, theatres, and community centres. There should be information about the accessibility of these venues, including the availability of ramps, elevators, and accessible restrooms, to ensure participation in cultural activities. There is also a need to be more aware of the current social norms that govern their communities so that persons with disabilities can interact effectively with others in social situations. This was not limited to cultural etiquette but extended to appropriate behaviour in different settings and the expectations placed upon persons with disabilities.

Access to different comprehensive **information about disability-related** issues was also essential for persons with disabilities. Information about how to live independently and manage their disability effectively was required. This included resources or information on assistive products and technologies and adaptive living techniques. Furthermore, information about available support programmes, funding sources, and donation opportunities to access the resources they needed to live fulfiling lives were also needed. Increasing community awareness and understanding of disability-related issues was crucial for creating a more inclusive and supportive society. Persons with disabilities also wanted to know whether they could play a role or help educate their communities about disability inclusion, sharing their experiences, and challenging stereotypes and discrimination.

With climate change happening globally, persons with disabilities also wanted to access more **information related to the environment**. Such information was reported to help plan their daily activities, ensure their health and safety, access services and facilities as well as participate in social and cultural activities. For example, persons with disabilities needed to be aware of emergency preparedness plans in their communities and how to access assistance in case of an emergency like a flooding or fire. This included information about evacuation routes, emergency shelters, and communication protocols. Some persons with disabilities were employed to work on farms which usually used certain chemicals or pesticides which they were more sensitive to than people without disabilities. Hence, information was also demanded relating to these hazards and how to avoid or decrease exposure. Daily weather information in their area was also essential to prepare for travel and avoid accidents.

3.5.2. Characteristics of Information Needed

Any information that persons with disabilities need, or that is to be provided, should bear six specific characteristics. The information should **be accessible to different types of disabilities, trustable and credible, with translation, and clear, simple, and timely**.

Persons with disabilities had diverse requirements and abilities, and the information they required should be tailored to their specific needs. For example, persons with difficulties in seeing might need information in braille, audio, or large print formats, while those who had difficulty in hearing or communicating might need sign language interpretation or closed captioning. Clear, concise, and easy-to-understand picture format information was needed for those who had difficulties with remembering/concentrating. When it came to making informed decisions about health, finances, and other aspects of daily life, persons with disabilities needed to be able to trust the information they accessed. This mean that the information should be credible and trustworthy with easily identified sources. Most extensive information was still in foreign languages rather than in Khmer and/or indigenous groups' local dialects; hence, information should be available in appropriate translations to ensure that all persons with disabilities can have access to the information they need. The translation could be provided through mobile applications, websites, or human translators. Akin to general people, persons with disabilities needed information that was clear,

simple, and easy to understand. This means using plain language, avoiding jargon or technical terms, and breaking down complex information into smaller or shorter sentences with bullet points and visuals to help convey information effectively and easily. Finally, persons with disabilities need access to timely and updated information in order to make informed decisions about their lives. This was especially important for information related to health, finance or employment, and other beneficial opportunities. There should be easy-to-access channels for communicating updates to persons with disabilities.

4. CONCLUSION

This study provided a comprehensive analysis of the current state of information accessibility for persons with disabilities in Cambodia. It captured different angles of the issue, from the status of the legal framework to the progress of its implementation as well as the current accessible information, hindering factors that persons with disabilities face, and the information that is needed.

The study implemented an explanatory sequential design of mixed methods in which a quantitative phase was conducted with a subsequent qualitative phase that followed to further explain the initial results. The researchers first analysed CDHS data and then followed up with qualitative interviews and policy reviews to understand the reasons behind the quantitative findings. The researchers interviewed people with various disabilities, government officials, and NGOs from different locations in Cambodia.

Roughly, about one in four people over the age of five in Cambodia experienced some form of disability. This group skew older, female, and rural. The most common types of disability included difficulties in seeing, remembering, and walking/climbing. Difficulty in self-care and communication were the most common among children and youth aged 5-14 years old. Difficulty in seeing, walking/climbing, and remembering/concentrating increased in relative frequency as people with disabilities reach middle age. All kinds of disabilities were common among those aged 60 years and older. Education and employment opportunities were limited for people with disabilities, with most never attending school and very few reaching higher education. They were more likely to be unpaid labourers, and women with severe disabilities faced especially low work participation. People with disabilities in Cambodia also had poorer health, limited access to sanitation, and a lower quality of life compared to the general population.

To date, there remained no specific law or legal framework in Cambodia addressing access to information specifically for persons with disabilities, making it difficult to enforce. While the government and businesses shared information, the formats were not often accessible to people with disabilities. There was also a lack of support for using assistive technologies and limited training on disability inclusion for media and the public.

Access to information was crucial for people with disabilities in Cambodia. It empowered them to participate in society, make informed choices, and improve their lives. Social and cultural information was most readily available, followed by economic, healthcare, political, and education. However, there were significant gaps in accessibility. Women with multiple disabilities, those in rural areas, and elderly or indigenous people faced the biggest challenges in accessing information.

In Cambodia, there were four major modes of communication that persons with disabilities used to access different types of information in their daily lives: agents, mass media (hardware and

digital platforms), events, and IEC material. There was not much difference in the mode of access to information between persons with disabilities and information providers (RGC, DP, OPD, or NGO). Nonetheless, the number of communication modes to access and share information did not necessarily imply their appropriateness to make information accessible to persons with different types of disability.

Three major factors were observed to hinder persons with disabilities from accessing the information that they need. The biggest challenges were external, including a lack of accessible technology, supportive environments, and proper infrastructure. Additionally, factors like age, the type and severity of a disability, and health conditions could increase the challenge of information accessibility. Lastly, the lack of motivation and confidence to access information by persons with disabilities themselves could also significantly hinder effective access to information.

Regardless of the current accessed information and different access modes, persons with disabilities expressed their demand for seven other types of information. These included information related to economics, education and training, health services, other public services, social and culture, information related to persons with disabilities, and environmental information. Any information that persons with disabilities need or to be provided to them should bear six specific characteristics: tailored to different types of disabilities; trustworthy; with translation; clear; simple; and, timely.

5. RECOMMENDATIONS

Cambodia has made progressive strides in promoting and improving the realisation of the rights of persons with disabilities. Nevertheless, barriers remain for persons with disabilities to access information, ultimately restricting their active engagement in society and exercising their rights. The study proposed the following recommendations to six main stakeholder groups to take into account better access to information for persons with disabilities in Cambodia.

FOR THE ROYAL GOVERNMENT OF CAMBODIA (RGC)

1. Legal Frameworks

- Review the development of the Law on Access to Information to align with the principles stated in Article 9 and Article 21 of the UNCRPD.
- Expedite the enactment of the Law on Access to Information.
- Develop National Guidelines on Accessibility of Information.

2. Oversight Body and Implementations

- Initiate specialised body or institution with a formal structure and adequate resource allocation to oversee, coordinate, and implement mandatory compliance with the National Guidelines on Accessibility of Information.
- Create a standardised platform for monitoring, implementing, and reporting access to information and information accessibility across all governmental bodies.
- Establish or enhance the capacity of the Disability Working Group or Committee in each governmental body, especially public service providers on disability-inclusive communication and service delivery.
- Increase efforts for producing and sharing both offline and online information in multiple accessible formats, including text, audio, video, and sign language.
- Offer alternative communication methods and support for persons with disabilities in any official interactions.
- Ensure infrastructure accessibility of government buildings and public spaces as well as publicly accessible communication channels.

3. Funding and Partnerships

- Allocate dedicated budgets for implementing initiatives and capacity building on disability inclusion, information accessibility, and digital and media and information literacy across national, sub-national, and local levels.
- Initiate official recognition and public partnerships with OPDs for any policy development and implementations.
- Collaborate with DPs and the private sector to leverage resources and expertise.

FOR THE DEVELOPMENT PARTNERS (DPs)

1. Technical Assistance

- Continue to provide technical support to the government in finalising and implementing the Law on Access to Information as well as the potential National Guidelines of Accessibility of Information.
- Offer regular capacity-building programmes or exchanges for government officials, NGOs, OPDs, and private sector actors on best practices for information accessibility.

2. Funding and Advocacy

- Allocate funding specifically for information accessibility programmes and projects.
- Ensure mandatory disability inclusion for any funding programme to incorporate information accessibility.
- Advocate for the inclusion of information accessibility priorities in national policies, development plans, and budgets.

FOR NGOs and OPDs

1. Awareness Raising and Capacity Building

- Conduct more public awareness campaigns on the importance of information accessibility for government entities (especially local authorities), persons with disabilities, and their families.
- Offer training and resources on disability inclusion, information accessibility, and other related best practices for both the public and private sectors.
- Advocate for capacity development programmes on accessible communication methods for healthcare workers, social workers, and other public service providers.
- Collaborate in developing and implementing accessibility initiatives.
- Raise awareness about the available assistive technologies and software that can help persons with disabilities better access information.

2. Technical Assistance

- Assist in developing and disseminating accessible information for persons with different types of disabilities and severities.
- Offer contextualised assistive technologies and other communication support services like captioning, audio description, alt text for pictures, translation, and sign language interpretations.

FOR THE MEDIA SECTOR

1. Accessible Content

- Use plain language and keep the content short and clear, focusing on conveying information efficiently. If possible, provide direct Khmer translations and explanations for any technical terms used.
- Provide transcripts for all audio and video content.
- Integrate sign language interpreters and captions for any videos and live broadcasts.
- Explore and use alt text to describe images accurately for screen readers.
- Use appropriate colour palettes and ensure text legibility.
- Increase the representation of persons with disabilities in media coverage.
- Address the specific needs of different disability groups when developing content.
- Implement and stay updated on any changes to the National Guidelines on Accessibility of Information.
- Conduct regular information accessibility tests across the used dissemination platforms and content produced.

2. Dissemination on Platforms

- Include alt text for any images and GIFs on social media posts.
- Ensure website and app interfaces are compatible with screen readers and other assistive technologies by conducting accessibility feature tests for different types and severity of disabilities.
- Offer downloadable transcripts, audio files, or braille versions of content.

3. Collaboration

- Train content creators, editors, influencers, and youth in the field of information accessibility principles on best practices for developing and providing accessible information.
- Partner with NGOs, OPDs, and experts to raise more awareness on information accessibility.
- Document and share examples of successful disability inclusion and accessibility efforts.

FOR THE PRIVATE SECTOR

1. Accessibility of Products and Services

- Design and develop all products and services with disability inclusion and accessibility in mind from the outset.
- Conduct accessibility tests and address any identified barriers.
- Offer alternative formats and communication methods as well as relevant assistance for accessing products and services.

2. Employment Practices

- Create an inclusive and accessible work environment.
- Promote disability inclusion knowledge and practice in the workplace.
- Employ and promote persons with disabilities within the workforce.

3. Engagement and Partnership

- Partner with the government, NGOs, and OPDs to learn more about how to make products and services more accessible.
- Contribute either in-cash or in-kind support, especially in developing local assistive technologies or information accessibility guidelines.

FOR PERSONS WITH DISABILITIES AND THEIR FAMILIES

- Explore and utilise assistive technologies like screen readers, braille displays, and speech recognition software, as well as available free sign language classes.
- Connect with other persons with disabilities and their families for knowledge exchange and collective advocacy or create peer support groups.
- Reach out to local media outlets to raise awareness and advocate for change by sharing experiences.
- Participate or become members of NGOs or OPDs to promote and advocate the right to access information.
- Engage in literacy classes and other available training related to different vocational skills, rights advocacy, or empowerment for persons with disabilities.
- Be supportive and understanding of any family members with disabilities.

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ANNEXES 1: Sample of FGD Guide and IDI and KII Protocols

Information Needs Assessment for Persons with Disabilities in Cambodia **Focus Group Discussion Guide** (For OPD)

Focus group number:	
Date:	
Time:	
Location:	
Interviewer team:	

Interviewee(s) gender:	Female:_____	Male: _____
Age-group:	15-64: _____	65+: _____
Any disability? ☐ Seeing ☐Hearing ☐Communicating ☐Walking or climbing ☐Remembering ☐Self-care		

Introduction and group consent: 10 minutes
<u>Seating Arrangement:</u> [**Moderator:** Ask everyone to sit in a circle. The moderator should sit in the circle. Notetaker: sit outside the circle]

Greetings. I am_____, [Moderator and notetaker introduces himself or herself]. We are from a policy research institute called the Cambodia Development Resource Institute (CDRI). Recently, CDRI, in partnership with UNESCO Cambodia, will conduct a research study on information needs assessment for persons with disabilities in Cambodia, to better understand the current state of information accessibility among persons with disabilities and to provide evidence-based recommendations to strengthen existing systems and capacities of the involved stakeholders.

We would like to talk with you about experiences that you and others in your communities have had related to accessing public information. Our discussion today is part of several such discussions we are having across the country that are intended to give information to involved stakeholders to improve the accessibility to information for persons with disabilities.

Earlier each of you was asked if you would be willing to participate in this group discussion. You are here because you said "yes". The group discussion will last about 1 hour and 30 minutes. We will be using information from this discussion to prepare a report on your experience and needs concerning accessibility to information. We will be sharing this information with involved stakeholders. With your permission, we would also like to take photographs of the group that we can use in our report on, and to audio record the discussion so that we can later make sure that we were able to understand all the problems you share with us today. However, no one outside of this group will be told you participated, and we will not mention your name or any other details about you that could be used to track back to you. Any contact information that may have been collected to invite you to participate in today's discussion will be destroyed after the discussion. We will also destroy what we write down today and today's audio recordings after we put them in a computer.

Consent:

Do have any questions? ☐Yes ☐No

[**Moderator:** Wait a couple of minutes and make sure everyone in the group has time to consider if they have any questions. If anyone has questions, answer those, note down the questions and the answers you have on a separate piece of paper and then continue.]

Do you agree to participate in this FGD, with the understanding that the discussions will be audio-recorded and photographed? Even if you say yes now, but if at any point during the discussion, you are uncomfortable with being recorded or photographed, you can let me know, and we will stop. This does not have negative consequences for you or for anyone else.

☐Yes ☐No

[**Moderator:** If anyone says no to any of these two things or they are not sure, please permit them pleasantly to leave the discussion, even if they had earlier given individual consent. Note

down how many did not consent and continue only if there are at least four people left in the discussion.]

Ground rules: 5 minutes

Thank you very much for agreeing to talk with us. Before we begin, can you suggest what rules we should abide by during the discussion? [Moderator: list the point below if not already suggested by participants and say, "I'd like to add a few things to the list that I hope we can all agree to."]

1. During our discussion, let us all turn off or put our phones into silent mode.
2. We are interested in all your ideas and experiences, so please feel free to say what is on your mind. If you do not agree with something, I, my colleague, or any of your neighbors in this group say it is all right. Remember, there are no right or wrong answers. We just want to hear your opinions. Please feel free to disagree with one another. We would like to have many points of view.
3. We want this to be a group discussion, so you need not wait for me to call on you. Still, please speak one at a time so that we are all able to listen to one another and the recorder can pick up everything.
4. It is very important that you do not discuss anything that takes place during the discussion with anyone once you leave here. This means that you should not tell anyone outside of this group who was here or what they said. This will protect everyone's right to confidentiality.
5. During this discussion, I would request you to please respect each other and each other's opinions expressed here. This means that, while you are free to disagree with each other, please do not single out anyone in the group for criticism or negative comments about their opinions. If either of us feels that any behaviour is disrespectful or disruptive, we may interrupt the discussion.

These may seem like a lot of "rules," so does anyone have any questions before we begin? [Take note of questions. Once all questions. Once all questions are answered, proceed.]

Section I: General background and roles (10 minutes)	
Question	**Note**
1. Please tell us briefly about your institution, its roles and your current roles.	
Section II: Awareness and usage of public information (10 minutes)	
Question	**Note**

1. Do you know what is public information? Can you give some examples of public information?	
2. What kind of information do you need in your daily life? • Information related to Economic • Information related to Education • Information related to Healthcare • Information related to Political • Information related to Social and Cultural	
3. Why or what are your purposes in using public information?	

Section III: OPD-Experience in access to public information (15 minutes)	
Question	**Note**
1. How do you normally access public information? • Through who? • Which or what are the platforms? • Which or what are the tools?	
2. How is your experience in accessing public information? • Do you have any difficulty accessing public information? • Can you share some good experiences in accessing public information?	
Section IV: OPD Perception on PWD's experience in access to public information (20 minutes)	
Question	**Note**
1. How do PWD normally access public information? • Through who? • Which or what are the platforms? • Which or what are the tools?	

2. How is PWD experience in accessing public information? • Do they have any difficulty accessing public information? • Do they have adequate information and digital literacy?	

Section V: Gaps in public information and recommendation (20 minutes)	
Question	**Note**
1. What do you think of the availability and comprehensiveness of the current public information? • Information related to Economic • Information related to Education • Information related to Healthcare • Information related to Political • Information related to Social and Cultural	
2. Are those public information supplied to you and PWD adequately? • If partly, what are the barriers in accessing those public information? • If not yet, how do you want to access to public information in a better way?	

Information Needs Assessment for Persons with Disabilities in Cambodia
Focus Group Discussion Guide
(For PWD)

Focus group number:
Date:
Time:
Location:
Interviewer team:

Interviewee(s) gender:	Female:_____ Male: _____
Age-group:	15-64: _____ 65+: _____
Disability Group: ☐ Seeing ☐Hearing ☐Communicating ☐Walking or climbing ☐Remembering ☐Self-care	

Introduction and group consent: 10 minutes

Seating Arrangement:

[**Moderator:** Ask everyone to sit in a circle. The moderator should sit in the circle.
Notetaker: sit outside the circle]

Greetings. I am_____, [Moderator and notetaker introduces himself or herself]. We are from a policy research institute called the Cambodia Development Resource Institute (CDRI). Recently, CDRI, in partnership with UNESCO Cambodia, will conduct a research study on information needs assessment for persons with disabilities in Cambodia, to better understand the current state of information accessibility among persons with disabilities and to provide evidence-based recommendations to strengthen existing systems and capacities of the involved stakeholders.

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Earlier each of you was asked if you would be willing to participate in this group discussion. You are here because you said "yes". The group discussion will last about 1 hour and 30 minutes. We will be using information from this discussion to prepare a report on your experience and needs concerning accessibility to information. We will be sharing this information with involved stakeholders. With your permission, we would also like to take photographs of the group that we can use in our report on, and to audio record the discussion so that we can later make sure that we were able to understand all the problems you share with us today. However, no one outside of this group will be told you participated, and we will not mention your name or any other details about you that could be used to track back to you. Any contact information that may have been collected to invite you to participate in today's discussion will be destroyed after the discussion. We will also destroy what we write down today and today's audio recordings after we put them in a computer.

Consent:

Do have any questions? ☐Yes ☐No

[**Moderator:** Wait a couple of minutes and make sure everyone in the group has time to consider if they have any questions. If anyone has questions, answer those, note down the questions and the answers you have on a separate piece of paper and then continue.]

Do you agree to participate in this FGD, with the understanding that the discussions will be audio-recorded and photographed? Even if you say yes now, but if at any point during the discussion, you are uncomfortable with being recorded or photographed, you can let me know, and we will stop. This does not have negative consequences for you or for anyone else.

☐Yes ☐No

[**Moderator:** If anyone says no to any of these two things or they are not sure, please permit them pleasantly to leave the discussion, even if they had earlier given individual consent. Note down how many did not consent and continue only if there are at least four people left in the discussion.]

Ground rules: 5 minutes

Thank you very much for agreeing to talk with us. Before we begin, can you suggest what rules we should abide by during the discussion? [Moderator: list the point below if not already suggested by participants and say, "I'd like to add a few things to the list that I hope we can all agree to."]

1. During our discussion, let us all turn off or put our phones into silent mode.
2. We are interested in all your ideas and experiences, so please feel free to say what is on your mind. If you do not agree with something, I, my colleague, or any of your neighbors in this group say, it is all right. Remember, there are no right or wrong answers. We just want to hear your opinions. Please feel free to disagree with one another. We would like to have many points of view.
3. We want this to be a group discussion, so you need not wait for me to call on you. Still, please speak one at a time so that we are all able to listen to one another and the recorder can pick up everything.
4. It is very important that you do not discuss anything that takes place during the discussion with anyone once you leave here. This means that you should not tell anyone outside of this group who was here or what they said. This will protect everyone's right to confidentiality.
5. During this discussion, I would request you to please respect each other and each other's opinions expressed here. This means that, while you are free to disagree with each other, please do not single out anyone in the group for criticism or negative comments about their opinions. If either of us feels that any behavior is disrespectful or disruptive, we may interrupt the discussion.

These may seem like a lot of "rules," so does anyone have any questions before we begin? [Take note of questions. Once all questions. Once all questions are answered, proceed.]

Section I: Awareness and usage of public information (20 minutes)	
Question	**Note**
1. Do you know what is public information? Can you give some examples of public information?	
2. What kind of information do you need in your daily life? • Information related to Economic • Information related to Education • Information related to Healthcare • Information related to Political • Information related to Social and Cultural	
3. Why or what are your purposes in using public information?	

Section II: Experience in access to public information (30 minutes)	
Question	**Note**
3. How do you normally access public information? • Through who? • Which or what are the platforms? • Which or what are the tools?	
4. How is your experience in accessing public information? • Do you have any difficulty accessing public information? • Can you share some good experiences in accessing public information?	
Section III: Gaps in public information and recommendation (25 minutes)	
Question	**Note**
6. What do you think of the availability and comprehensiveness of the current public information? • Information related to Economic • Information related to Education • Information related to Healthcare • Information related to Political	

• Information related to Social and Cultural	
7. Are those public information supplied to you adequately? • If partly, what are the barriers in accessing those public information? • If not yet, how do you want to access to public information in a better way?	

Information Needs Assessment for Persons with Disabilities in Cambodia

In-depth Interview Protocol – For PWD

Interview Date:	
Interview Time:	
Interview Location:	
Interview team:	
Interviewee Gender: ☐ Female ☐ Male	**Age group:** ☐ 15-64 ☐ 65+
Disability type: ☐ Seeing ☐ Hearing ☐ Communicating ☐ Walking or climbing ☐Remembering ☐Self-care	

Section I: PWD Background Information	
Question	**Note**
1. Can you tell us briefly about yourself? • Name? • Disability type? Natural, accident, impairment? • Demographic background: education level and economic situation?	

Section II: Awareness and usage of public information	
Question	**Note**
1. Do you know what is public information? Can you give some examples of public information?	
2. What kind of information do you need in your daily life? • Information related to Economic • Information related to Education • Information related to Healthcare • Information related to Political • Information related to Social and Cultural	
3. Why or what are your purposes in using public information?	

Section III: Experience in access to public information	
Question	**Note**
1. How do you normally access public information? • Through who? • Which or what are the platforms? • Which or what are the tools?	
2. How is your experience in accessing public information? • Do you have any difficulty accessing public information? • Can you share some good experiences in accessing public information?	

Section IV: Gaps in public information and recommendation	
Question	**Note**
1. What do you think of the availability and comprehensiveness of the current public information? • Information related to Economic • Information related to Education • Information related to Healthcare • Information related to Political • Information related to Social and Cultural	
2. Are those public information supplied to you adequately? • If partly, what are the barriers in accessing those public information? • If not yet, how do you want to access to public information in a better way?	

Information Needs Assessment for Persons with Disabilities in Cambodia

Key Informant Interview (KII)-Protocol

Interview Date:	
Interview Time:	
Interview Location:	
Interviewer team:	

Interviewee(s) name:	
Interviewee(s) gender:	Female:_____ Male: _____

Any disability? ☐ Seeing ☐Hearing ☐Communicating ☐Walking or climbing ☐Remembering ☐Self-care

Section I: General background and roles	
Question	**Note**
1. Please tell us briefly about yourself and your current roles.	
2. Please tell us briefly about your institution and main activities thus far in Cambodia.	
Section II: Experience in supplying or facilitating access to information for PWD	
Question	**Note**
1. What has your organization done to enable access to information for persons with disabilities?	
2. Are there any supports or enabling mechanisms that help your institution's activities or current works related to access to information for persons with disabilities?	

Section III: Perception of PWD's awareness, usage and demand of public information	
Question	**Note**
1. Do you know what public information is? Can you give some examples of public information?	
2. What kind of information do persons with disabilities need in their daily life?	

3. How do persons with disabilities normally access and use information? • Through whom? • Which or what are the platforms? • Which or what are the tools?	

Section IV: Experience in accessing and using information	
Question	**Note**
1. Do persons with disabilities encounter any challenges or difficulties in accessing and using information? (Poor internet connection, lack of money, discrimination, type of disability, low self-esteem and confidence, illiteracy, and low digital literacy…)	
2. Does your institution encounter any challenges or difficulties in initiations or current works related to access to information for persons with disabilities?	
Section V: Gaps in information and recommendation	
Question	**Note**
1. Does the current available information match the demand of persons with disabilities? If not yet, what kind of information do persons with disabilities need more in their daily lives?	

2. What can we do, or what are your recommendations to help improve access to information for persons with disabilities in Cambodia? (Involvement or mechanisms from the government, sub-national officials, development partners, private sectors etc…)	