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Report on

Quality of Life of Mine/ERW Survivors and Persons with Disabilities

for the six districts in Battambang, Banteay Meanchey and Pailin provinces

CAMBODIA *September 2024*

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ACRONYMS

APMBC	Anti-Personal Mine Ban Convention
ARMAC	ASEAN Regional Mine Action Center
CCBL	Cambodia Campaign to Ban Landmines and Cluster Munitions
CCM	Convention on Cluster Munitions
CMAA	Cambodian Mine Action and Victim Assistance Authority
CMVIS	Cambodian Mine/ERW Victim Information System
CRPD	Convention on the Rights of Persons with Disabilities
DAC	Disability Action Council
ERW	Explosive Remnants of Wars
HEF	Health Equity Fund
ICBL	International Campaign to Ban Landmines
ICRC	International Committee of the Red Cross
IDPoor	Identification of Poor Households Programme (IDPoor)
IMAS	International Mine Action Standards
JRS	Jesuit Refugee Service (Cambodia)
KOICA	Korea International Cooperation Agency
MoSVY	Ministry of Social Affairs, Veterans, and Youth Rehabilitation
NGO	Non-Government Organization
NDSP	National Disability Strategic Plan
NSAF	National Social Assistance Fund
NSSF	National Social Security Fund
OAP	Oslo Action Plan
QLS	Quality of Life Survey
QL	Quality of Life
SVN	Survivor Volunteer Networks
UNDP	United Nations Development Programme
VA	Victim Assistance

KEY TERMS USED

Victim Assistance: VA	This term refers to mine actions and other stakeholder responses as broader and specific efforts to address victims' needs and rights.
Explosive Ordnance: EO	This term refers to mine action's response to the following munitions: mines; cluster munitions; unexploded ordnance; abandoned ordnance; booby traps; other devices (as defined by CCW APII); and improvised explosive devices.
VA services	It is a set of activities addressing the needs and rights of people who are victims of explosive weapons and ordnances. VA services include emergency and continuing medical care, rehabilitation, psychological and psycho-social support, socio-economic inclusion, laws and policies, and data collection. However, victim assistance efforts or programs should not discriminate against persons impaired through other causes, persons with disabilities, or other people with similar needs.
Explosive Remnants of War: ERW	It is an unexploded ordnance and abandoned ordnanceUnder the International Mine Action Standards (IMAS), "Explosive Remnants of War" (ERW) refers to explosive devices that remain after armed conflict and pose risks to civilians, communities, and post-conflict recovery efforts. ERW encompasses two primary categories: 1. **Unexploded Ordnance (UXO)**: These are explosive devices such as bombs, grenades, mortars, rockets, and shells that were launched or deployed but failed to detonate as intended. UXO can remain volatile and dangerous long after conflicts have ended. 2. **Abandoned Explosive Ordnance (AXO)**: These are explosives that were left behind or stored by armed forces but were not used or disposed of before they departed an area. AXO may include stockpiles of ammunition, grenades, and other munitions.
Victims (of explosive weapons and ordnance)	People who have been killed or suffered either individually or collectively physical, emotional, and/or psychological injury, economic loss, social marginalization, or substantial impairment of the realization of their fundamental rights through acts or omissions related to the use of explosive ordnance and/or weapons with wide-area effects in populated areas. Under the International Mine Action Standards (IMAS), *Victim Assistance* (VA) refers to a comprehensive set of activities aimed at addressing the needs and rights of individuals injured by landmines, explosive remnants of war (ERW), or other explosive ordnance, as well as their families and communities. IMAS defines Victim Assistance as focusing on the following core components:

	1. **Emergency and Continuing Medical Care**: Providing immediate medical response and sustained health care to support the physical recovery of survivors. 2. **Physical Rehabilitation**: Ensuring access to services such as prosthetics, orthotics, and physical therapy to help survivors regain mobility and functionality. 3. **Psychological and Psychosocial Support**: Offering mental health services and community-based support systems to assist survivors in coping with trauma and rebuilding their lives. 4. **Socioeconomic Inclusion**: Facilitating access to education, vocational training, employment, and social protection services to empower survivors and reduce socioeconomic barriers. 5. **Laws and Public Policies**: Promoting the development and enforcement of policies and legislation that protect the rights of survivors and other persons with disabilities. IMAS emphasizes a survivor-centered, rights-based approach to Victim Assistance, advocating for the full inclusion of survivors in society and ensuring that assistance programs are accessible, equitable, and culturally appropriate.

ACKNOWLEDGMENT

I sincerely thank the following individuals and organizations for their invaluable support in completing this report on the quality of life of Mine/ERW survivors and persons with disabilities.

I am especially grateful to the Cambodian Mine Action and Victim Assistance Authority (CMAA) for granting access to critical data and resources for our analysis. Your dedication to improving the lives of Mine/ERW survivors and persons with disabilities has greatly inspired this work.

I also appreciate the entire CMAA management team, the victim assistance department director and his team, the 25 Survivor Volunteer Networks, which tirelessly contribute to gathering data on the ground, and especially Mr. NY Nhar, Deputy Director of the Victim Assistance Department, for their expert guidance and insights throughout the data analysis and reporting process. Their assistance has significantly improved the report's quality.

Moreover, I would also like to thank KOICA for supporting this project through UNDP Cambodia, the Clearing for Results Phase IV project, and the Humanitarian Demining Research and Development (HDR &D).

Finally, I acknowledge the respondents, especially Mine/ERW survivors and persons with disabilities, who shared their experiences and perspectives. Their voices are crucial for understanding the challenges and opportunities faced by Mine/ERW survivors and persons with disabilities.

Thank you all for your support and commitment to this important cause.

Sincerely,

Mr. Rithy YOEUNG
National Consultant

TABLE OF CONTENTS

ACRONYMS 1
KEY TERMS USED 2
ACKNOWLEDGMENT 4
TABLE OF CONTENTS 5
LIST OF FIGURES 7
LIST OF TABLES 7
EXECUTIVE SUMMARY 8
1. INTRODUCTION 12
1.1 Organizational Background 12
1.2 Project Background 12
1.3 Quality-of-Life Approach 13
2. OBJECTIVES OF THE QUALITY-OF-LIFE SURVEY 13
3. METHODOLOGY 13
3.1 Survey Location 13
3.2 Study Population 14
3.3 Study Design 15
3.4 Sampling Method 15
3.5. Data Collection 15
3.6. Data Encoding 17
3.7 Data analysis 17
3.8 Ethics 17
4. FINDINGS 17
4.1 Survey Respondent Profile 17
4.2 Mine/ERW Survivors and Persons with Disability Living Conditions 19
4.2.1 Healthcare Services 19
4.2.2 Rehabilitation services 22
4.2.3 Psychosocial Support services 23
4.2.4 Social Participation 24
4.2.5 Economic Inclusion 27
4.2.6 Disability Laws and Rights 31
4.3 Mine/ERW Survivors and Persons with Disability's Quality of Life 31
4.3.1 Mine/ERW Survivors and Persons with Disabilities Reflect on Quality of Life: Overall 32
4.3.2 Mine/ERW Survivors and Persons with Disabilities' Quality of Life by Components 35
4.4. Community Actions 41
6. CONCLUSION 42

6. RECOMMENDATIONS 43

7. ANNEX 47

7.1 Village Profile Form 47

7.2 Person with Disability Perception of Living Condition Form 48

7.3 Life with Dignity Assessment 50

7.4 Guide Questions for Focus Group Discussion to confirm data collection 51

LIST OF FIGURES

Figure 1: Survey location map: six districts in Battambang, Banteay Meanchey, and Pailin provinces 14
Figure 2: Respondents with types of impairment 18
Figure 3: Respondents with cause of impairments. 18
Figure 4: Respondents were welcomed by the health center staff. 19
Figure 5: Respondents have IDPoor card 20
Figure 6: Respondents have IDPoor Card per province 20
Figure 7: Respondents have NSSF card 21
Figure 8: Respondents have NSSF card per provinces 22
Figure 9: Respondents used assistive devices. 22
Figure 10: Respondents center receives the assistive devices 23
Figure 11: Respondents have friends in their village 23
Figure 12: Who helps you when respondents are depressed 24
Figure 13: Respondents' life happier and easier in the last five years 24
Figure 14: Respondents' children go to school 25
Figure 15: Respondents in school-aged students 25
Figure 16: Respondents attended a village meeting 26
Figure 17: Respondents speak at provincial, national, and international levels 26
Figure 18: Respondents attended community social events 27
Figure 19: Respondents have enough food to eat for a short time 27
Figure 20: Respondents who own the place to live 28
Figure 21: Respondents have their land legal document 28
Figure 22: Respondents have a micro-credit loan 28
Figure 23: Respondents aged 15-64 have a job 29
Figure 24: Respondents have a job per province 30
Figure 25: Respondents get a pension 30
Figure 26: Participants know about human rights and their rights 31
Figure 27: Respondents have heard about the law on the rights of persons with disabilities 31
Figure 28: Respondents evaluated their quality of life 32
Figure 29: Respondents evaluated their quality of life per province 33
Figure 30: Respondents evaluated their quality of life per age group 33
Figure 31: Respondents plan to improve quality of life 34
Figure 32: Respondents improve their quality of life per province 35
Figure 33: Respondents' Quality of Life Components scores 36
Figure 34: Respondents' Quality of Life Components scores by Gender 37
Figure 35: Respondents reflect QL: Healthcare 38
Figure 36: Respondents reflect QL: Rehabilitation 39
Figure 37: Respondents reflect QL: Psychosocial support 39
Figure 38: Respondents reflect QL: Social Participation 40
Figure 39: Respondents reflect QL: Socio Economic 40
Figure 40: Respondents reflect QL: Disability Laws and Rights 41
Figure 41: Village leaders know about disability law 41

LIST OF TABLES

Table 1: Districts of 3 provinces survey targeted 14
Table 2: Respondents profile 18
Table 3: Average score for each quality-of-life statement (n=3749) 37

EXECUTIVE SUMMARY

INTRODUCTION

The Cambodian Mine Action and Victim Assistance Authority (CMAA) is a key player in supporting Mine/Explosive Remnants of War (ERW) survivors and their families. The CMAA coordinates efforts from government, NGOs, and private sectors to provide a support network from emergency response to long-term medical care and rehabilitation. The CMAA emphasizes physical, psychological, and socio-economic support, offering vocational training to enhance survivors' employability and financial independence. The CMAA advocates for the rights and inclusion of Mine/ERW survivors and persons with disabilities, ensuring they can fully engage in society.

The Cambodian Campaign to Ban Landmine (CCBL) and Jesuit Refugee Service Cambodia (JRS) collaborated with the CMAA to develop a quality-of-life tool with input from survivors and persons with disabilities in 2012. Then, the CMAA launched the 25 Survivor Volunteer Network (SVN) to collect quality-of-life survey data in 2021. The data collection tool has three questionnaires: 1) Village Profile, 2) Perception of Living Conditions, and 3) Life with Dignity Assessment (see annexes).

OBJECTIVE OF THE QUALITY-OF-LIFE SURVEY

- To assess the availability of necessary services for Mine/ERW survivors and persons with disabilities in target districts to identify gaps and improve service delivery.
- To determine the level of social participation and the socioeconomic status of Mine/ERW survivors and persons with disabilities in target districts.
- To measure understanding of disability laws and rights for Mine/ERW survivors and persons with disabilities in the target districts.
- To gather reflections on the quality of life for Mine/ERW survivors and persons with disabilities.
- To assess local authorities' engagement and efforts in raising awareness of disability law and rights and properly taking action for Mine/ERW survivors and persons with disabilities.

METHODOLOGY

The study involved 3,749 individuals (1,040 women) from a total of 6,261 Mine/ERW survivors and persons with disabilities (26.8% women) of all ages in Battambang, Banteay Meanchey, and Pailin provinces, selected for face-to-face interviews using digital questionnaires. Three focus group discussions were held across different districts with seven participants each. The Cambodian Campaign to Ban Landmines (CCBL) and Jesuit Refugee Service Cambodia (JRS) collaborated with CMAA to create a quality-of-life assessment tool for Mine/ERW survivors and persons with disabilities. This tool consists of three questionnaires: a Village Profile, a Perception of Living Conditions for Persons with Disabilities, and a Life with Dignity Assessment.

Survey data were collected in the provinces from July 2021 to August 2024, while qualitative data from focus group discussions occurred from October 8 to 10, 2024. The Survivor Volunteer Network was designated as the data collector, assisting CMAA by providing training on data collection methods and digital questionnaires. The ArcGIS Survey123 online platform was utilized for efficient data collection, supported by training sessions from the Database Unit (DBU) of CMAA.

FINDINGS

This report provides a comprehensive analysis of the quality of life of Mine/ERW survivors and persons with disabilities living in three provinces that are the most mine-affected communities in Cambodia. The report additionally provides a disparities analysis demographic of districts between the six components of assistance to Mine/ERW survivors and persons with disabilities.

- **Mine/ERW survivors and Persons with Disability Living Conditions**

The survey data from six districts reveals that healthcare service users are satisfied with the welcoming atmosphere at health centres, highlighting a patient-centred approach. Most respondents used assistive devices, with Battambang Physical Rehabilitation Center being the most helpful. The community is robust, with 90.8% of respondents (22.5% women) reporting friendships in the village. Family support during depression is significant, as 79.3% of respondents (22.6% women) receive encouragement. The majority of respondents have appropriate shelter, children get jobs, and their children attend school. Most respondents are highly engaged in village meetings and social events, indicating a positive attitude towards community involvement. Food security is also high, with most having sufficient food. Food security is strong, with most people having sufficient food. A total of 66.0% of respondents own property (including 12.9% women), and 87.7% possess land (16.2% women). Only 14.8% have taken a micro-credit loan (1.9% women).

However, the survey revealed a significant coverage gap in the country, with only 67.1% of respondents (16.0% women) did not have IDPoor card, indicating a need for improvement. The National Social Security Fund (NSSF) card is also not widely used, with 67.4% of respondents (25.5% women) lacking it. 61.1% of school-aged children (24.0% girls) do not receive formal education. Participation in village meetings is a positive step towards inclusiveness, but only 5.8% (including 0.4% women) can voice concerns on larger platforms at the provincial or national level. Unemployment rates are high among Mine/ERW survivors and individuals with disabilities aged 15 to 65, with 49.3% of participants (18.0% women) unemployed. 66.3% of participants (26.1% women) do not have pensions, with some losing contact with pensioners or not meeting eligibility criteria. The survey also shows a significant gap in awareness regarding human rights, particularly for Mine/ERW survivors and persons with disabilities, with only 31.7% of respondents (4.1% women) knowing these rights.

The distribution of IDPoor Cards in Banteay Meanchey, Battambang, and Pailin reveals significant differences. In Banteay Meanchey, 29.0% of the population lacks an IDPoor Card, while 24.2% do. In Battambang, only 13.9% lack an IDPoor Card, while 20.5% have one. Pailin's lowest numbers are 8.8% and 3.6%, indicating varying poverty levels and access to government services. The IDPoor access criteria are very strict and can request an IDPoor interview by contacting their Commune/Sangkat office, village chief, or relevant people.

Banteay Meanchey has the highest percentage of respondents without an NSSF card, while Battambang has a more balanced distribution, and Pailin has the lowest percentages in both

categories. This comparison highlights the varying levels of social security enrollment across these provinces.

- **Mine/ERW Survivors and Persons with Disability's Quality of Life**

A participant survey showed that 63.2% (12.7% women) rated their quality of life as average, while 2.9% (0.6% women) felt it was good, 30.5% (13.6% women) considered it poor, and 3.4% (1.7% women) described it as very poor. Most participants (48.1%) suggested expanding crop planning (including 6.25% women) due to living conditions, while 16.0% (including 3.0% women) expected their children to receive education and 15.7% (3.6% women) considered skill training.

Mine/ERW survivors and persons with disabilities had average scores in rehabilitation, psychosocial support, and disability rights but poor quality in healthcare, social participation, and economic inclusion. There are some variations in the quality-of-life components between genders, most categories show close or equal ratings, with only slight differences in areas such as Healthcare and Economic Inclusion where males rate slightly higher than females.

Pailin boasts a higher quality of life rating compared to Battambang and Banteay Meanchey, with 25.6% of respondents rating it as good. Battambang leads in the percentage of respondents who feel their quality of life is neither poor nor good, followed by Banteay Meanchey at 15.0% and Pailin at 5.0%. Notably, all three provinces have nearly zero respondents rating their quality of life as very poor. The survey also reveals that older respondents, particularly those aged 55 and above, perceive their quality of life as poorer compared to younger respondents.

- **Community actions**

The survey reveals that 98.7% of local officials, particularly village leaders, know disability laws and rights; however, due to budget and plan, limited action is taken to promote disability laws and rights in the community. Local governments are committed to working with various stakeholders, such as district, provincial, and national governments and NGOs, to promote the rights and needs of individuals with disabilities and serve the most vulnerable.

RECOMMENDATIONS

- Strengthen victim identification and assistance through outreach programs in rural, remote areas and build local partnerships with a multi-sectoral approach. Regularly monitor and evaluate intervention on implementation of policy frameworks to ensure national policies effectively support mine/ERW survivors and persons with disabilities and are human rights-based.
- Improve healthcare accessibility and equity by promoting the use of the Health Equity Fund (HEF), National Social Security Fund, and IDPoor card to contribute to daily living conditions for Mine/ERW survivors and persons with disabilities. Increase outreach, create citizen platforms, implement food assistance programs, and engage local organizations for collaborative solutions also to assist Mine/ERW survivors.
- To enhance the quality of life, conduct detailed studies on Mine/ERW survivors and persons with disabilities individually and identify areas for improvement in healthcare and economic inclusion, particularly in job and life skills.

- Engage local organizations, community groups, and Mine/ERW survivors and persons with disabilities in designing and implementing programs to ensure culturally sensitive and context-appropriate solutions. Involve them in advisory roles to provide feedback and help monitor program impact. Addressing these barriers is essential for fostering a truly inclusive community where all members can actively contribute and thrive.
- Data collection tools and systems are crucial for understanding the living conditions of Mine/ERW survivors and persons with disabilities. Survey123 is a flexible tool for real-time data collection, fostering collaboration among governments, NGOs, and international bodies. The data collected informs local, national, and international policymakers to reflect survivor assistance frameworks and allows stakeholders to monitor success.
- To emphasize the need for mobile units, local partnerships, and inclusive health, education, and social services. Policy frameworks should be based on age and gender-disaggregated data, and social services should be tailored to different demographics. Human rights awareness campaigns should be conducted, and inclusive solutions should be developed through consultations.
- To emphasize the need for age and gender-specific healthcare and economic inclusion strategies, recognizing that older individuals may face mobility issues and chronic conditions, while younger individuals need skills training and job opportunities.

1. INTRODUCTION

1.1 Organizational Background

The Cambodian Mine Action and Victim Assistance Authority (CMAA) plays a crucial role in improving cooperation among various stakeholders to support Mine/Explosive Remnants of War (ERW) survivors and their families. CMAA coordinates efforts from government, NGOs, and private sectors to provide a support network from emergency response to long-term medical care and rehabilitation, aiding survivors' social reintegration. The CMAA emphasizes physical, psychological, and socio-economic support, offering vocational training to enhance survivors' employability and financial independence. Additionally, CMAA advocates for the rights and inclusion of Mine/ERW survivors and persons with disabilities, ensuring survivors can fully engage in society. By addressing immediate and long-term needs, CMAA and its partners aim to reduce the impact of landmine incidents and help survivors rebuild their lives.[1]

1.2 Project Background

The Mine Ban Treaty and the Convention on Cluster Munitions recognize Victim Assistance (VA) as vital to action.[2] The victim assistance framework in Cambodia is made up of components from treaty review conferences focusing on VA, as well as a 12-point plan developed by Cambodian survivors themselves to better the lives of Mine/ERW survivors and persons with disabilities.[3] The Convention on the Rights of Persons with Disabilities (CRPD) and its implementation in mine-affected countries, including Cambodia, has been instrumental in advancing the rights and support of Mine/ERW survivors and persons with disabilities. This convention has also made significant progress in supporting and assisting Mine/Explosive Remnants of War (ERW) survivors based on the Oslo Action Plan 2020-2024.

The Cambodian Mine/ERW Victim Information System (CMVIS) recorded 65,071 casualties from 1979 to August 2024, and extensive surveys and Survivor Volunteer Network are in place to assess survivor living conditions. According to Cambodia's statement at the Inter-sessional meeting in June 2024, 27,000 Mine/ERW survivors and persons with disabilities, including those who have received medical and physiotherapy services, and 25,000 Mine/ERW survivors and persons with disabilities access assistive devices.[4]

Despite these efforts, Cambodia faces significant challenges in resource allocation for emergency support, ongoing medical care, rehabilitation, and training services. In 2021, the Cambodian Mine Action and Victim Assistance Authority (CMAA) launched the 25 Survivor Volunteer Network (SVN) to collect quality-of-life survey data from July 2021 to July 2024 in 25 districts across Battambang, Banteay Meanchey, and Pailin, supported by UNDP under the project Clearing for Result Phase IV.[5]

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[1] *CMAA*. (2024, November 3). CMAA. https://cmaa.gov.kh/

[2] *The origins and influence of victim assistance: Contributions of the Mine Ban Treaty, Convention on the Rights of Persons with Disabilities and Convention on Cluster Munitions. (2022, November 1). International Review of the Red Cross. https://international-review.icrc.org/articles/the-origins-and-influence-of-victim-assistance-922*

[3] (Gaëtan de Beaupuis & Elke Hottentot, 2018)

[4] https://www.apminebanconvention.org/fileadmin/_APMBC-DOCUMENTS/Meetings/2024/IM24-2-VA-Cambodia.pdf

[5] (*CMAA Survey Shines Spotlight on Lives of Landmine Survivors*, n.d.)

1.3 Quality-of-Life Approach

The Quality-of-Life Survey (QLS) project is essential for helping organizations better understand the intricacies of their systems and services. Organizations can utilize QLS to show the complex interconnections between numerous components that contribute to delivering specific services. Understanding how these components interact and collaborate is crucial for optimizing service delivery.

These services include healthcare, rehabilitation, psychosocial support, social participation, economic inclusion, and disability laws and rights. Furthermore, the insights gathered from the QLS enable improved strategic planning, improving the effectiveness and scope of these services. By focusing on these elements, the QLS ensures a complete approach to satisfying the requirements of the affected individuals, which leads to more favorable and long-term results. Such a holistic strategy ensures that impacted individuals' needs and challenges are met correctly, improving their well-being and social integration. The QLS ensures that all stakeholders are included and feel like they contribute to the solution, fostering a sense of unity and responsibility.[6]

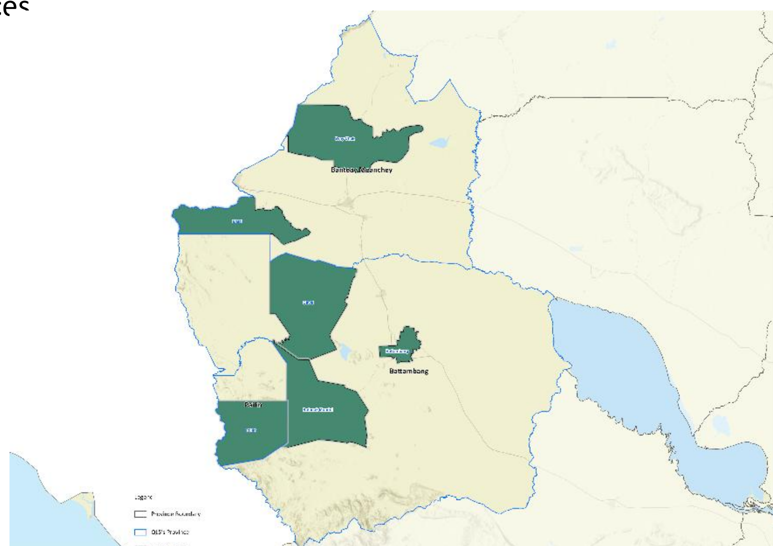
2. OBJECTIVES OF THE QUALITY-OF-LIFE SURVEY

- To assess the availability of necessary services for Mine/ERW survivors and persons with disabilities in target districts to identify gaps and improve service delivery.
- To determine the level of social participation and the socioeconomic status of Mine/ERW survivors and persons with disabilities in target districts.
- To measure understanding of disability laws and rights for Mine/ERW survivors and persons with disabilities in the target districts.
- To gather reflections on the quality of life for Mine/ERW survivors and persons with disabilities.
- To assess local authorities' engagement and efforts in raising awareness of disability law and rights and properly taking action for Mine/ERW survivors and persons with disabilities.

3. METHODOLOGY

3.1 Survey Location

The survey was conducted in all villages and all communes of the six districts in Battambang, Banteay Meanchey, and Pailin provinces



[6] (*Quality of Life Survey: 35+ Questions, Template and Best Practices*, n.d.)

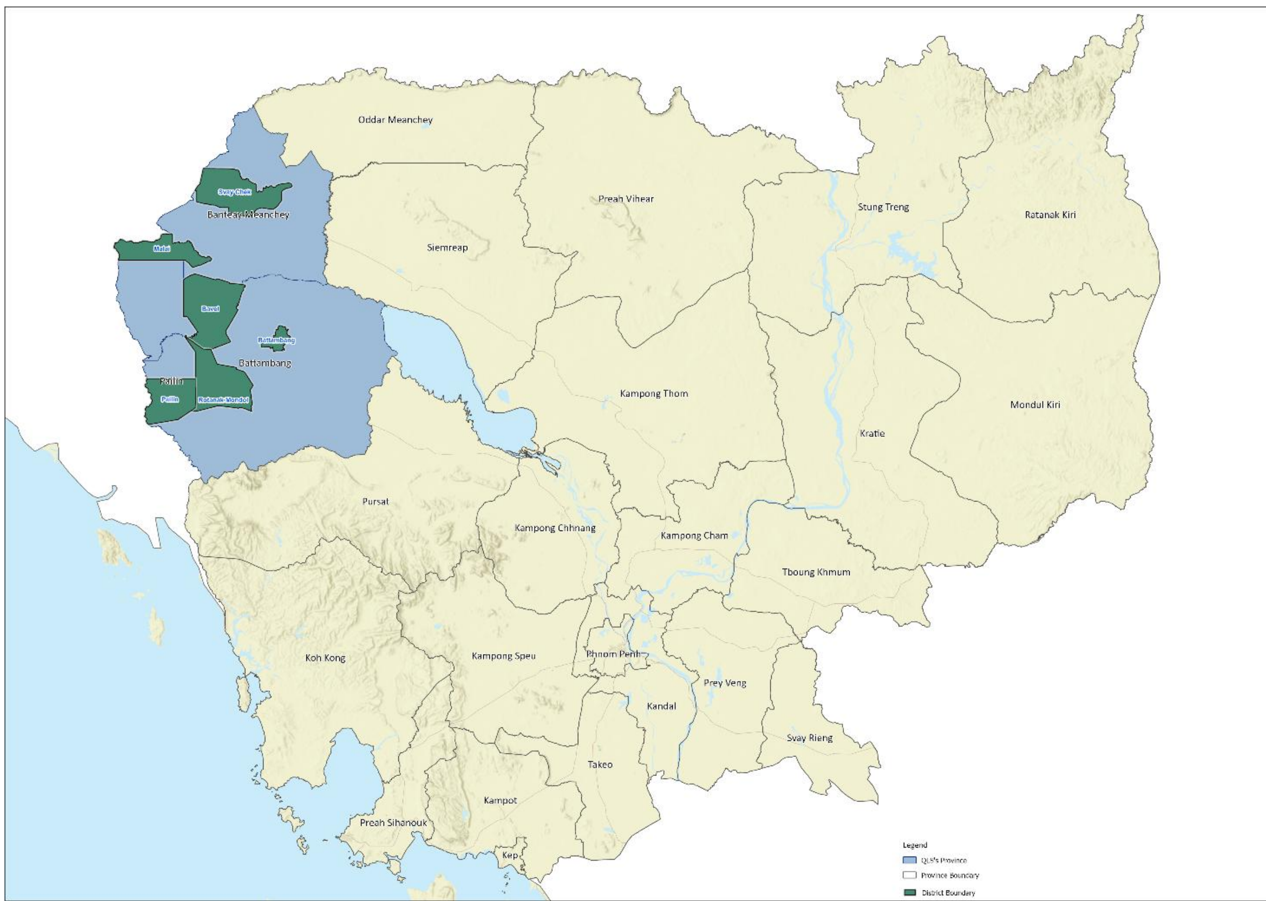


Figure 1: Survey location map: six districts in Battambang, Banteay Meanchey, and Pailin provinces

3.2 Study Population

The study population targeted 6,261 (26.8% women) Mine/ERW survivors and persons with disabilities identified by village leaders. All Sangkats/communes of Malai, Svay Check of Banteay Meancheay province, Bavel, Krong Battambang and Rottanak Mondol of Battambang province, and six districts of Battambang, Banteay Meanchey and Pailin provinces were selected in the study. The lower number of female survivors and persons with disabilities may be due to factors such as higher male exposure to explosive ordnance, labor roles and risk exposure, and gender differences in reporting and identification. Men are more likely to engage in high-risk activities, while women may engage in tasks with less direct interaction with potentially contaminated areas.

Table 1: Districts of 3 provinces survey targeted

Provines/districts	# Mine/ERW survivors and persons with disability
01 - BANTEAY MEANCHEY	**2375**
0108_svaychek	1127
0109_malai	1248
02 - BATTAMBANG	**2946**
0203_batdambang	1452
0204_bavel	808
0207_rotanakmondol	686
24 - PAILIN	**940**
2401_pailin	940
Total	**6,261**

3.3 Study Design

The QLS is a descriptive survey that gathers information from a target group. This survey collects respondents' characteristics, behaviors, opinions, or attitudes. Data on the quality of life of Mine/ERW survivors and persons with disabilities, including healthcare, rehabilitation, psychological support, social participation, economic inclusion, and disability laws and rights, were also collected through digitally completed questionnaires (ArcGIS survey 123).

Focus Group Discussions (FGDs) are an essential research method for gathering in-depth information about the living conditions and quality of life of specific populations, such as Mine/ERW survivors and persons with disabilities. These discussions provide valuable insights into the challenges and successes that quantitative surveys might miss. For example, FGDs can highlight the emotional effects of living with disabilities, assess the effectiveness of community support systems, and explore the aspirations of survivors beyond their immediate needs. This qualitative information is crucial for designing targeted interventions that can significantly enhance the quality of life for Mine/ERW survivors and persons with disabilities.

3.4 Sampling Method

3.4.1 Selection and Sample Size for Respondent Survey

The respondents were selected using purposive sampling. Village leaders provided a list of participants to be interviewed. A total of 3,749 participants, including 1,040 women, from all ages and representing 6,261 Mine/ERW survivors and persons with disabilities, were selected for face-to-face interviews at home using digital questionnaires in six districts, Battambang, Banteay Meanchey and Pailin provinces. Children under 15 years old are represented and assisted by their parents or guardians when answering questions during the interview to ensure accuracy and comfort. This selection was based on a 95% confidence level and a 1.01% margin of error.[7]

3.4.2 Selection and Sample Size for Respondent Focus Group Discussion

Three focus group discussions of mixed gender were held in various districts: Rottanak Mondol (Battambang province), Pailin (Pailin provinces), and Svay Chek (Banteay Menchey province). Each group had seven participants in the FGD. The responders were chosen by purposive sampling, with input from the Survivor Volunteer Network.

3.5. Data Collection

3.5.1 Data Collection Tools for the Survey

Back to the 11th Meeting States Parties (11MSP) of APMBC in Cambodia in 2011, the President of the 11MSP declared “Mine/ERW survivors is the heart of Anti Personal Mine Ban Convention (APMBC)” and after the meeting, the Cambodian Campaign to Ban Landmine (CCBL) and Jesuit Refugee Service Cambodia (JRS), with strong collaboration from the CMAA developed the Quality-of-Life initiative. This team created a quality-of-life tool with input from Mine/ERW survivors and persons with disabilities, and it was implemented in 2012. This tool was managed by CMAA in 2014,

[7] https://www.checkmarket.com/sample-size-calculator/

and it was updated yearly to simplify words for users and modify some questions related to available services, such as Disability Identification Card for persons with disabilities in Cambodia and disability framework accordingly.

The tool has three questionnaires:

- A Village Profile that briefly describes the village history, the village leaders' awareness of disability rights, and the number of Mine/ERW survivors and persons with disabilities living in the village.
- A Person with Disability Perception of Living Condition is a structured interview with each Mine/ERW survivor and persons with disabilities in each village at home to ascertain their situation by focus photo and GPS.
- A Life with Dignity Assessment is a Questionnaire for the quality of life of Mine/ERW survivors and persons with disabilities.

3.5.2 Data Collection Tools for the Focus Group Discussion

Three Focus Group Discussions (FGD) were conducted to explore participants' perceptions and experiences. The questions within the guide are typically open-ended to encourage discussion and provide qualitative data that complement the quantitative data from surveys. In quality-of-life research, an FGD can explore personal interpretations of living conditions and what it means to live with dignity, offering rich insights beyond numerical data.

3.5.3 Teams and Organization

- **Data collection period**

The survey data was collected in the six districts from July 2021 to August 2024. In addition, qualitative data collection using Focus Group Discussion was conducted from 8 to 10 October 2024.

- **Team and training**

The district authorities appointed the 25 Survivor Volunteer Network (including 3 women and 3 persons with disabilities) as a survey data collector in consultation with CMAA. This survey data collector has experience in the community and is proficient in smartphones. In addition to the two days of survey data collection training and field testing. The refresher training on data collection methods and using digital questionnaires, as well as knowledge of disability laws and rights, was provided twice a year.

The recruited national consultation conducted Focus Group Discussions (FGDs). These FGDs are a valuable qualitative method that can provide in-depth insights into the community's perceptions and experiences, enriching quantitative data.

- **Organisation of data collection**

The survey was conducted using digital questionnaires via ArcGIS Survey123 at the participant's home and lasted approximately 40 minutes per respondent. In addition, FGD, using the semi-structured interview questionnaire, was conducted in the commune council office and lasted approximately one hour per group.

- **Data Management and Quality Control**

The chief of quality-of-life data conducts weekly and monthly quality checks on the database system, and the Quality Control team conducts field visits to review data. This field visit includes verifying data with village leaders and focusing on disability types, family numbers, and demographics.

3.6. Data Encoding

In the data encoding and analysis phase, ArcGIS Survey123 was utilized as a key tool for efficient mobile data collection. This platform enhanced the accuracy and efficiency of data gathering through mobile devices. The Database Unit (DBU) of CMAA was responsible for designing the system and providing continuous technical support, including necessary training sessions. Meanwhile, the Victim Assistance Department plays a vital role in overseeing and managing the data collection process, ensuring that the gathered data is analyzed and processed for inclusion in the monthly and quarterly statistical reports.

3.7 Data analysis

Digital survey data was exported from ArcGIS Survey123 to an Excel sheet. Responses are cleaned, and incomplete responses follow the questionnaire's skip logic. The consultant securely stores data, ensuring data protection and compliance with privacy regulations. The consultant regularly backs up data to prevent data loss. The consultant used Excel (pivotable) to analyze quantitative data collected through the digital survey and construct a do-file (code/command file) for transparent data cleaning and analysis replication.

FGD data was analyzed using deductive and inductive methods to analyze the transcripts, classifying quotes and qualitative insights according to specific quantitative data. While quotes were categorized by respondents including type of disabilities, gender, age, and geography, all qualitative insights and quotes were anonymized to remove any identifying information about the interviewees.

3.8 Ethics

Data collectors were oriented and reminded of safeguarding policies, focusing on child protection and a code of conduct to ensure strict compliance. Informed consent was obtained (verbal), and respondents were assured confidentiality. Interviews were not conducted if consent was refused. Both female and male enumerators were employed for sensitivity. CMAA guaranteed that survey data would remain confidential and not be shared with other organizations. Comprehensive training was provided to ensure the survey's professional and proper completion.

4. FINDINGS

4.1 Survey Respondent Profile

A survey in the six districts of Battambang, Banteay Meanchey, and Pailin provinces involved 3,749 respondents, of whom 27.7% identified as women. Among them, 58.2% were aged 55 or older, 32.6% were aged 25-54, 4.8% were aged 15-24, and 4.4% were aged 0-14. Of the respondents, 67.0% were married, 20.3% were single, and 12.7% were widowers.

Table 2: Respondents profile

Respondents	%	Respondents	%	Respondents	%
Gender		**Family Status**		**Age group**	
Women	27.7%	Single	20.3%	0-14	4.4%
Male	72.3%	Married	67.0%	15-24	4.8%
		Widower	12.7%	25-54	32.6%
				>=55	58.2%

A survey of respondents in the six districts revealed that 69.8% had physical impairments, 14.2% had visual impairments, 4.6% had mental and 3.9% intellectual impairments, 1.4% had speech impairments, and 3.8% had hearing impairments. Additionally, 2.3% reported other conditions, including chronic diseases, HIV, abdominal injuries, epilepsy, and head injuries.

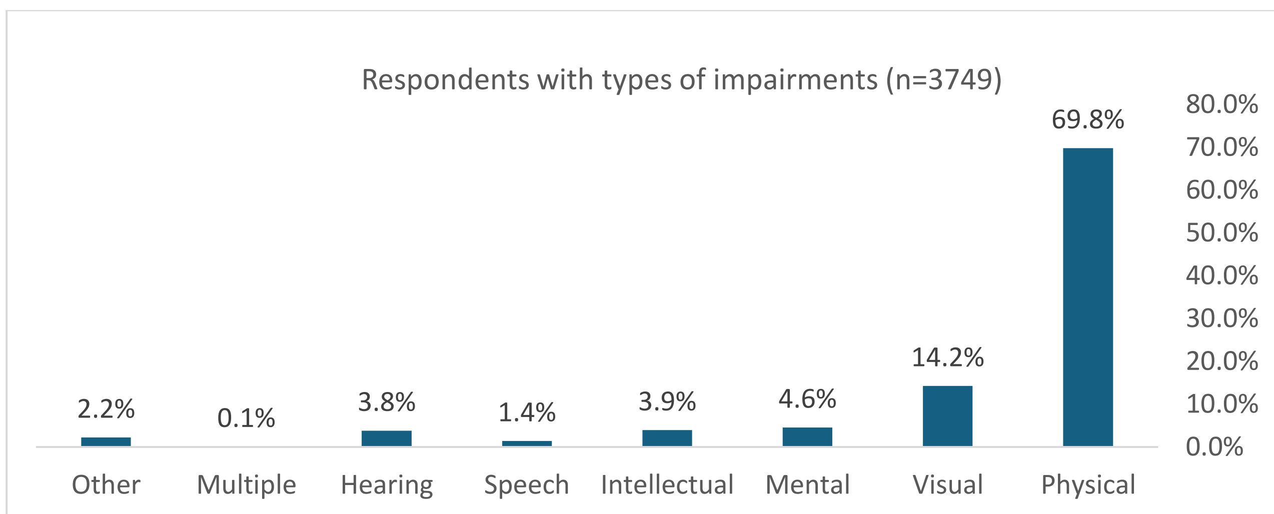


Figure 2: Respondents with types of impairment

A survey of respondents in the six districts found that 42.3% experienced impairments due to mines, 8.4% from explosive remnants of war, 16.9% from disease, and 16.9% from birth-related issues. Additionally, 5.2% were impaired by road accidents, while 10.3% were attributed to other causes.

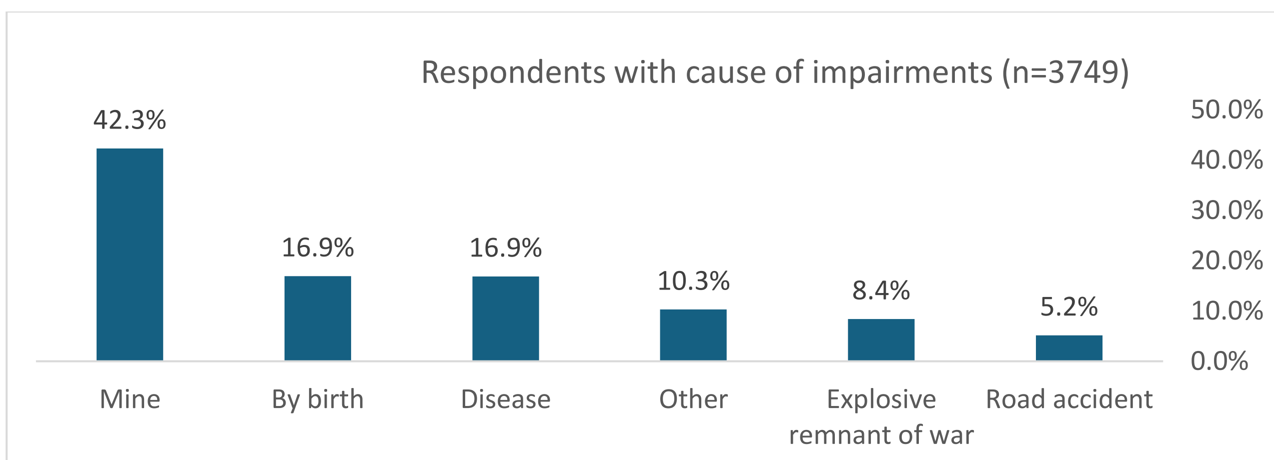


Figure 3: Respondents with cause of impairments.

4.2 Mine/ERW Survivors and Persons with Disability Living Conditions

4.2.1 Healthcare Services

Data collected from six districts shows that healthcare service users are very satisfied with the most welcome feeling at health centers. This positive feedback highlights the patient-centered approach to these facilities. However, 5% of respondents (2.7% women) indicated they did not feel welcome, pointing to an opportunity for improvement. It suggests that healthcare services should work towards creating a more inclusive and welcoming environment for all patients.

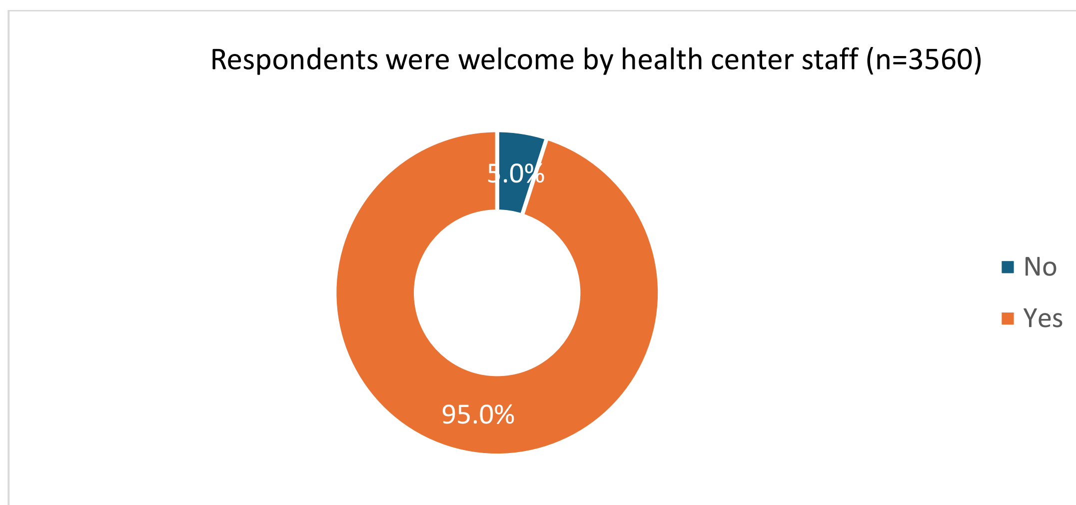


Figure 4: Respondents were welcomed by the health center staff.

The survey conducted in the six districts reveals significant data on the distribution and utilization of the IDPoor card and the National Social Security Fund (NSSF) card. The IDPoor and NSSF cards play a crucial role in Cambodia's social welfare system, particularly for Mine/ERW survivors and persons with disabilities. These cards enable access to essential healthcare services at no cost, significantly benefiting those often among society's most vulnerable.

Of the respondents, only 32.9% possess (including 11.1% women) the IDPoor card, highlighting a coverage gap that may need addressing. Furthermore, the high usage rate among cardholders, 67.1% (including 16.0% women), suggests that the card is a valuable resource for those with it. This information could be vital for policymakers to improve the reach and impact of the National Social Assistance Fund (NSAF)[8].

According to FGD, some participants explained that they did not get an IDPoor card because they did not meet the criteria set by the government. This can include factors such as income level, family size, or lack of proper documentation. Additionally, some people did not know how to apply for the card or may not have access to the application process.

"I do not get an IDPoor card because my household status does not meet the criteria set by the government," said a participant from Svay Chek district, Banteay Mean Chey province, Male, physical impairment, age group (25-54).

[8] The National Social Assistance Fund (NSAF) is a public administrative institution under the Ministry of Social Affairs and the Ministry of Economy and Finance

"I lost my family book, and I do not know how to apply for the card," said a participant from Svay Chek district, Banteay Mean Chey province, Male, physical impairment, age group (>=55).

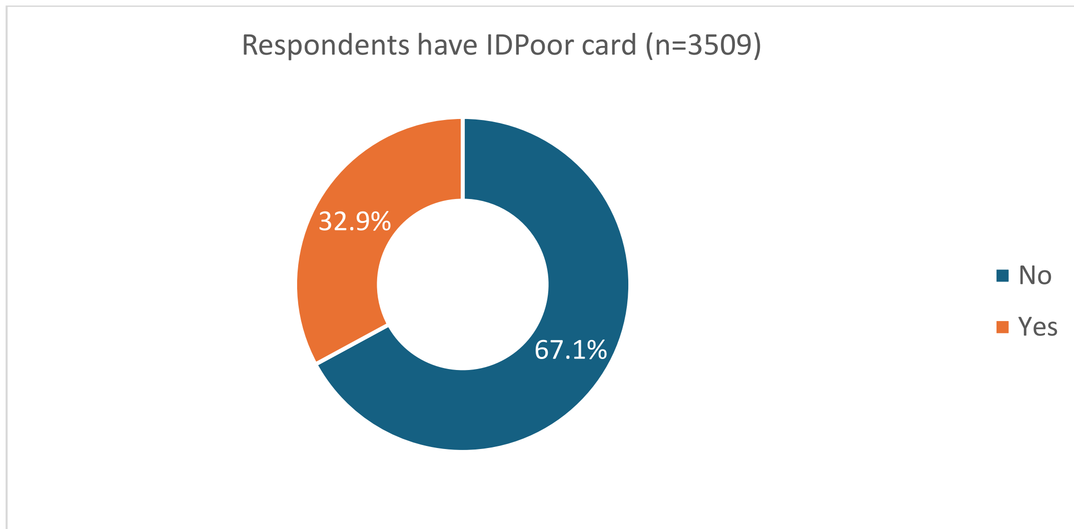


Figure 5: Respondents have IDPoor card

In Banteay Meanchey, Battambang, and Pailin, the distribution of IDPoor Cards among respondents varies significantly. In Banteay Meanchey, 29.0% lack an IDPoor Card, while 8.8% possess one. In Battambang, the figures are 24.2% without a card and a higher 20.5% with one, indicating greater access to the benefits offered by the card compared to Banteay Meanchey. Pailin has the lowest numbers, with only 13.9% of respondents without an IDPoor Card and just 3.6% having one. This stark contrast underscores Pailin's distinct situation, marked by both lower need and distribution of IDPoor Cards. These differences across the provinces may reflect varying poverty levels and access to government services, illustrating a diverse socio-economic landscape.

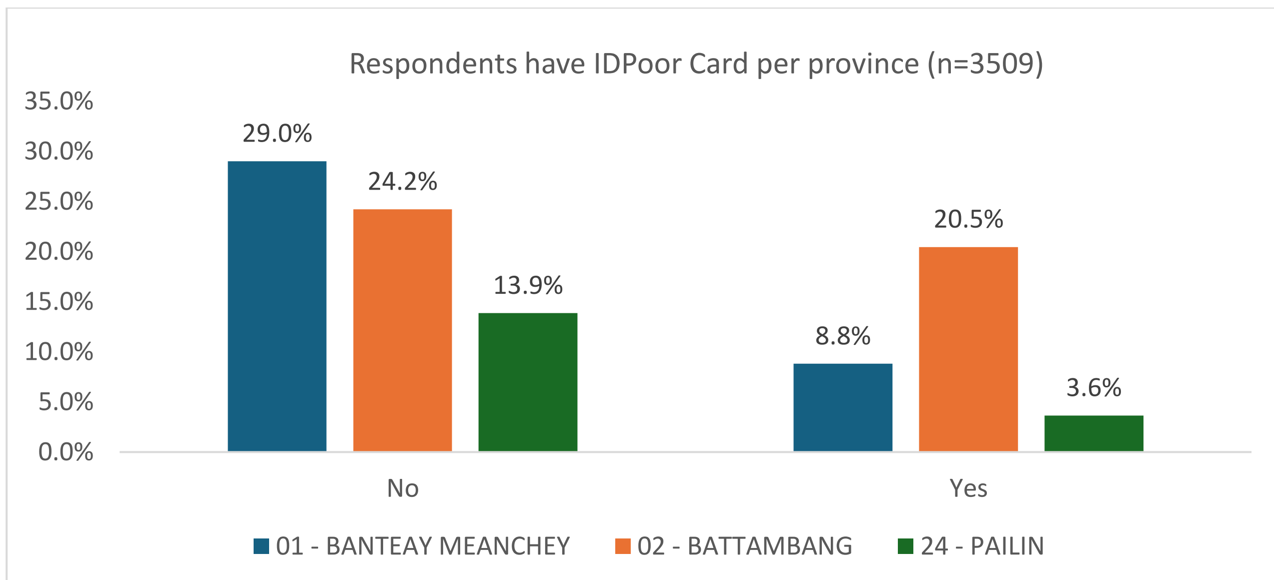


Figure 6: Respondents have IDPoor Card per province

The survey conducted in the above districts reveals insightful data on the National Social Security Fund (NSSF) card's access and usage. 32% of respondents (1.6% women) have an NSSF card, while 67.4% (25.5% women) do not. Notably, among those with the NSSF card, 69.6% (including 3.6% women) actively use it, showcasing its practical utility for most cardholders.

According to FGD, some participants did not have a National Social Security Fund (NSSF) card. They did not know about the program or how to apply for it. Others were not eligible because they do not work in jobs that require an NSSF card, like formal employment with registered companies. Additionally, some participants do not see the need for it or may have difficulty accessing the application process.

"I do not know about the program or how to apply for it, and I am not sure my age is over that I am not eligible to apply it," said a participant from Ratanak Mondol district, Battambang province, male, with physical impairment, age group (25-54).

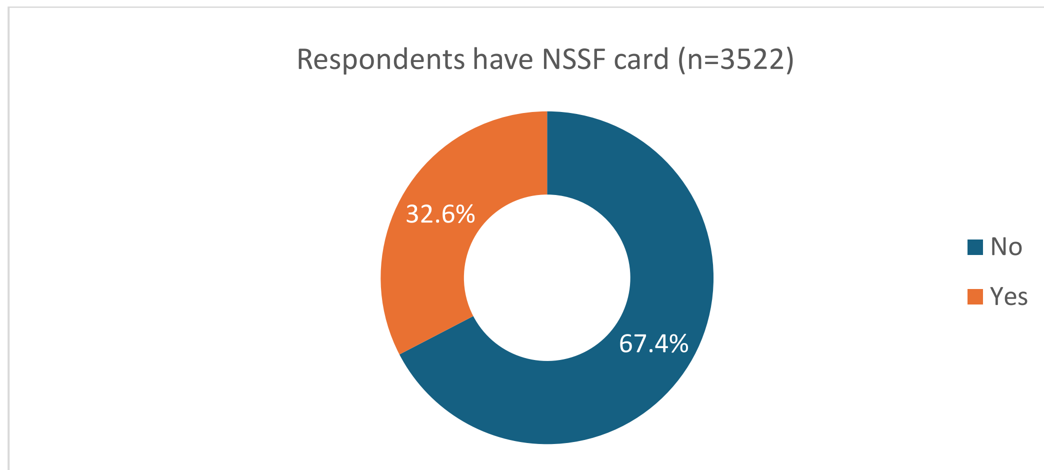


Figure 7: Respondents have NSSF card

The bar chart below shows the distribution of NSSF cards among respondents in three provinces, Banteay Meanchey, Battambang, and Pailin:

In Battambang, 32.6% of respondents do not have an NSSF card, while only 12.0% do have one, indicating a high level of non-enrollment.

Banteay Meanchey has a more balanced distribution, with 26.9% of respondents lacking an NSSF card and 11.2% possessing one, suggesting slightly better enrollment than Battambang.

Pailin has the lowest percentage; only 7.9% of respondents do not have an NSSF card, while 9.5% do. This may indicate lower overall enrollment or fewer respondents surveyed in Pailin.

In summary, Battambang shows the highest percentage of non-enrollment, Banteay Meanchey has a more balanced distribution, and Pailin displays the lowest percentages for both categories. This comparison illustrates varying levels of social security enrollment among these provinces.

This discrepancy underscores the need for increased outreach and awareness campaigns to ensure more individuals are informed about the benefits and process of enrolling for an NSSF card.

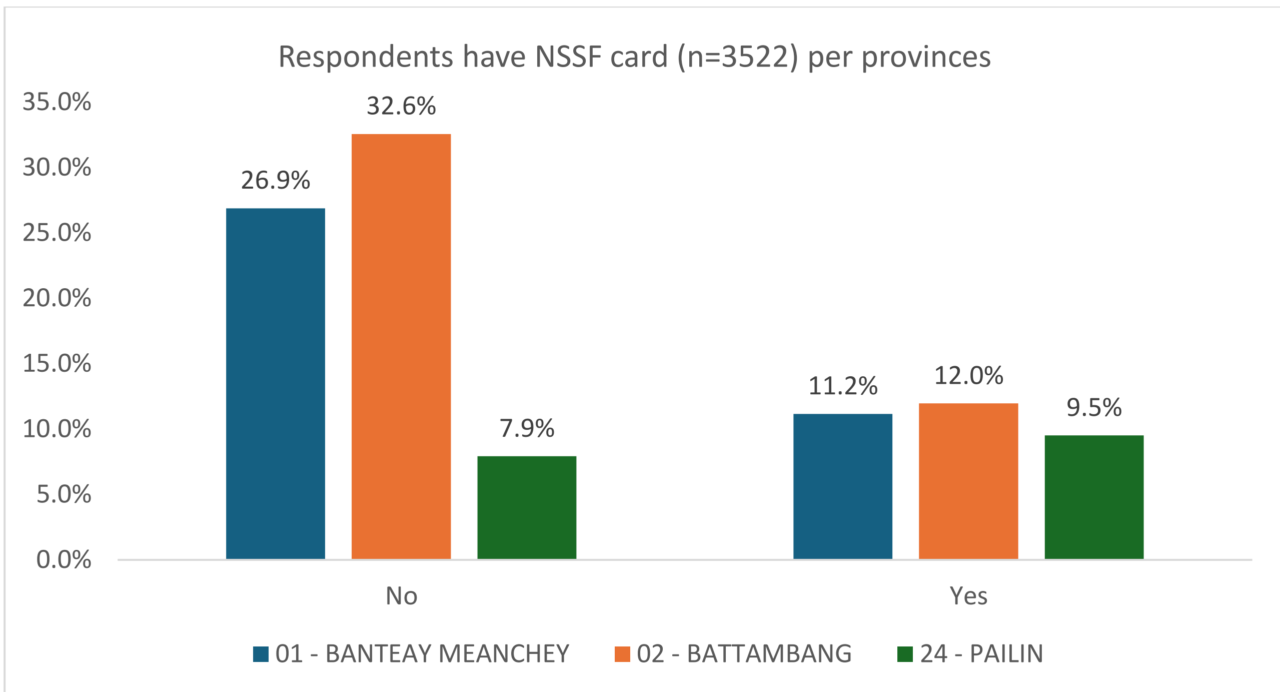


Figure 8: Respondents have NSSF card per provinces

4.2.2 Rehabilitation services

The survey conducted across six districts provides valuable insights into the usage of assistive products. It reveals that 35.1% of respondents (5.9% women) needed and utilized assistive devices, while 64.9% (including 21.9% women) did not need them due to their type of impairment. Among those who did use assistive devices, 61.2% (including 5.0% women) utilized prostheses or orthoses, 21.3% (5.3% women) used crutches, 13.9% (5.6% women) used wheelchairs, and 3.5% (1.1% women) used other types of devices.

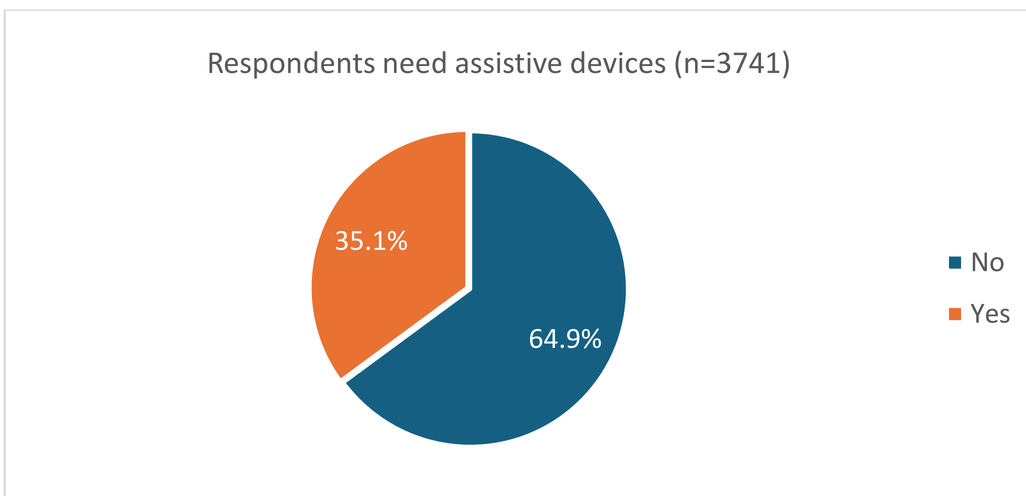


Figure 9: Respondents used assistive devices.

Among the participants who used assistive devices, Battambang Physical Rehabilitation Center assisted most people who use assistive products (74.7%), and others got the assistive devices, including 10.5% made by themselves, 5.6% other organizations, 4.0% bought by themselves, and 3.6% charity. In addition, a smaller percentage sought assistance from centres in neighbouring provinces because they needed to follow up and renew their assistance easily in those provinces.

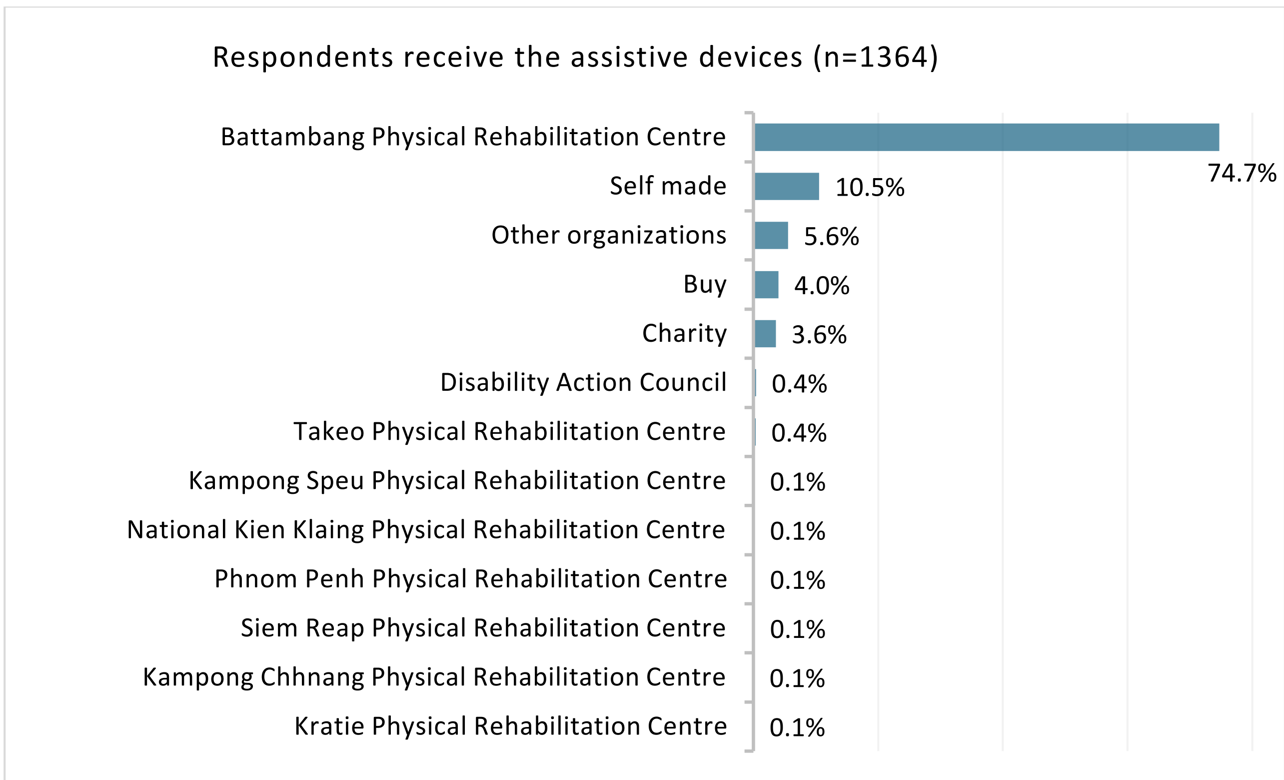


Figure 10: Respondents receive the assistive devices

4.2.3 Psychosocial Support services

The respondents reveal a strong sense of community, with 90.8% (including 22.5% of women) reporting friendships within the village. This high percentage suggests that social connections are valued and prevalent, contributing to the area's social relationships. On the other hand, 9.2% of participants (4.5% women) did not have friends in the village, which may indicate opportunities for community-building initiatives to ensure everyone feels included and connected.

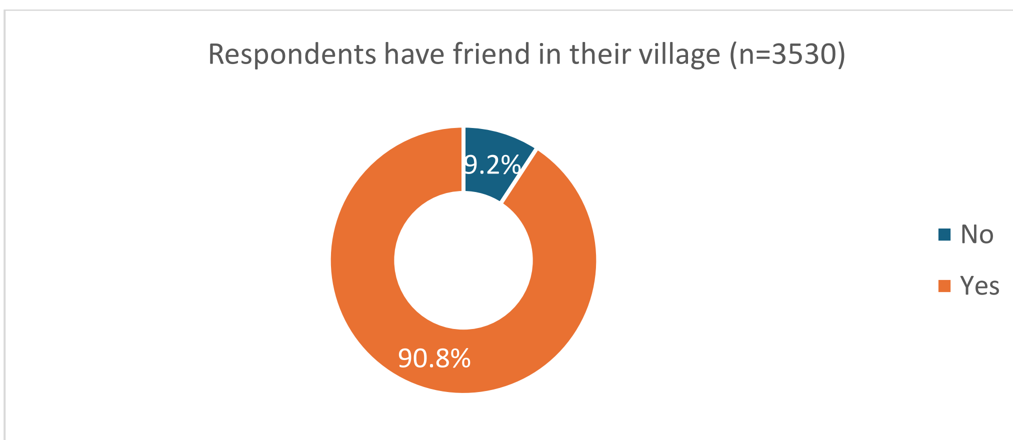


Figure 11: Respondents have friends in their village

The survey results from those districts expose a strong network of support for individuals during times of depression, with a significant majority (79.3%) of encouragement from families (including 22.6% of women). A combination of families, persons with disabilities, and non-governmental organizations (NGOs) was identified as 16.3% (3.3% women). This result also indicates a collaborative community effort to provide emotional and practical assistance, and the involvement

of NGOs highlights their crucial role in supplementing family and social support by 2.9% (0.5% women). Such data underscores the importance of a multifaceted support system for mental health well-being.

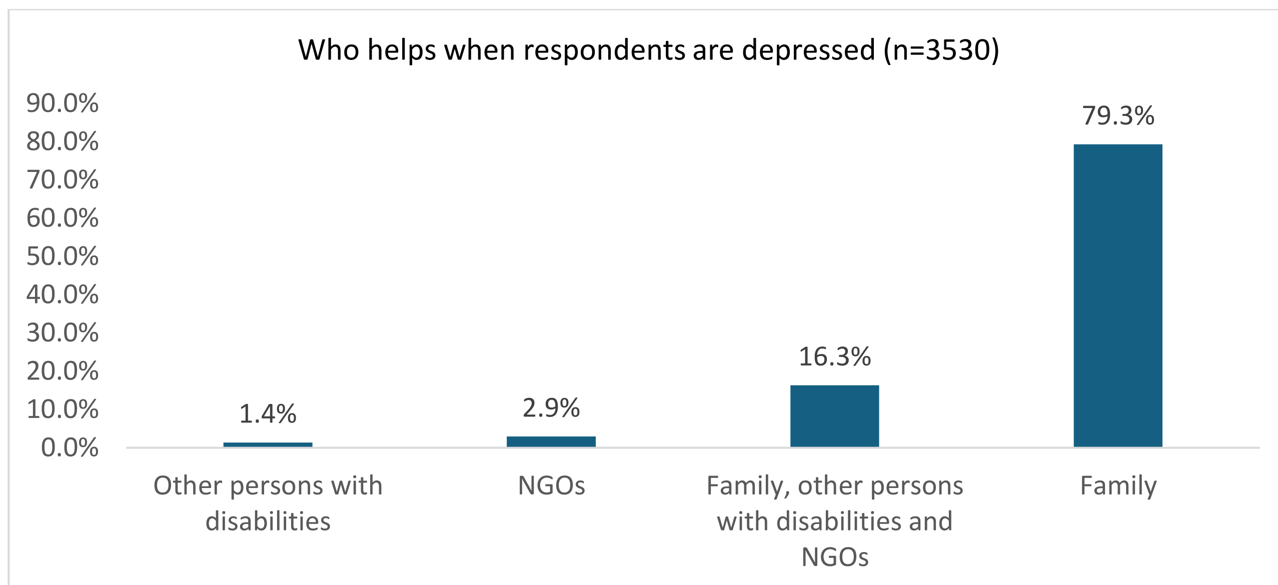


Figure 12: Who helps you when respondents are depressed

A study of respondents inquired into what has improved the lives of mine/ERW survivors and persons with disabilities in the last five years. Among them, 55.6% (15.3% women) stated they had appropriate shelter, 28.4% (including 6.0% women) said their children got jobs, and 5.4% (1.1% women) said they bought tools for everyday work. However, 10.7% (4.6% women) indicated dissatisfaction with their lives, citing difficulties such as renting a home, living with relatives, lacking a land title, having no jobs, or living with their families.

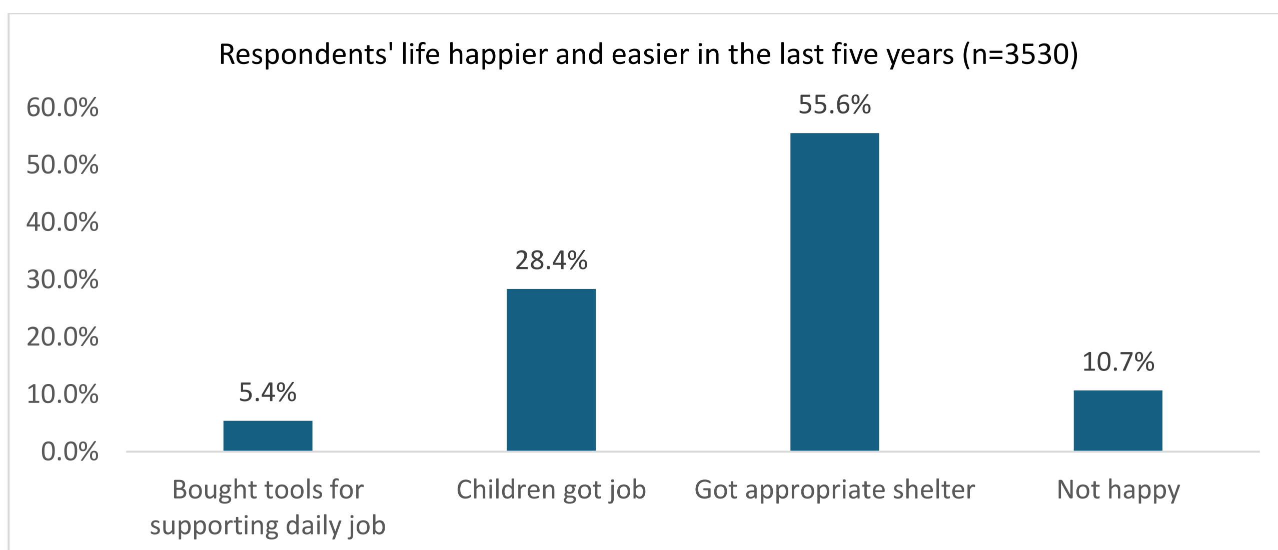


Figure 13: Respondents' life happier and easier in the last five years

4.2.4 Social Participation

The survey provides valuable information about student enrollment. Respondents said that their children attend school. Of the participants, 97.8% enrolled in school to take advantage of

educational opportunities, while 2.2% of students were not enrolled. The survey also finds that 68.2% of 3,749 respondents can read and write, while 36.8% cannot.

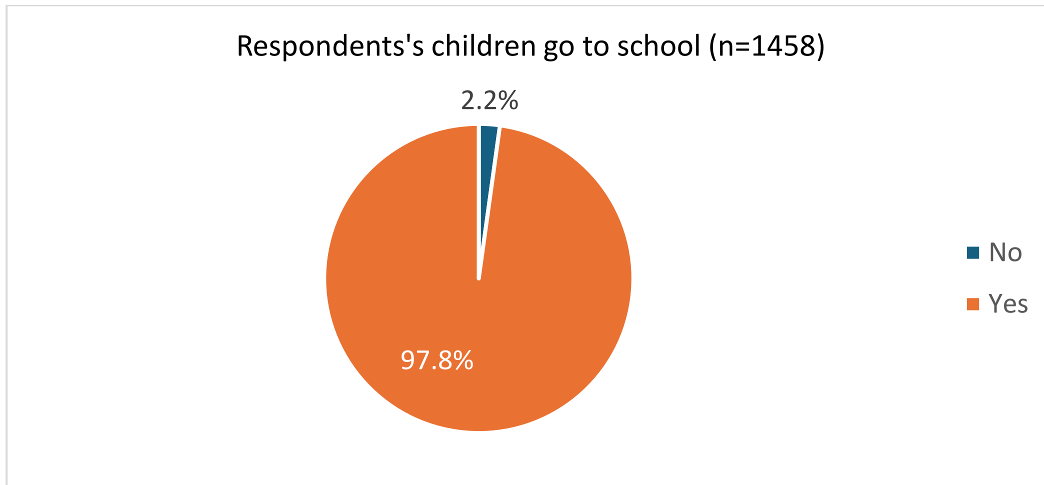


Figure 14: Respondents' children go to school

221 respondents who have school-aged students were asked about their school attendance. According to the survey, 61.1% of 221 children (including 24.0% girls) did not obtain formal education, up from 38.9% (including 15.8% girls) who did. It's essential to delve deeper into the reasons behind these figures to address the root causes of educational exclusion. Such statistics call on policymakers, educators, and communities to investigate the area's educational barriers, disability status, and the respondents' personalities to develop strategies to increase school attendance. Ensuring access to education for all children is crucial for their individual development and the progress of the community and society at large.

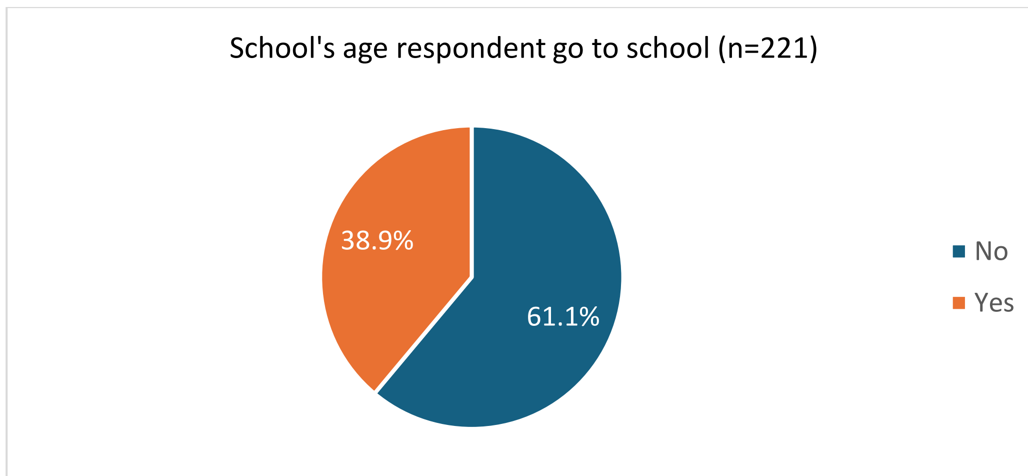


Figure 15: Respondents in school-aged students

The findings show that respondents were highly engaged in village meetings, with 64.4% (9.8% women) attending. Notably, those who participated were also quite active, with 63.9% of 2273 participants (5.9% women) expressing their concerns, indicating that the meetings are a valuable forum for community discourse. This demonstrates a trend toward active civic participation and may

suggest community strength in which individuals feel empowered to express their opinions and contribute to conversations.

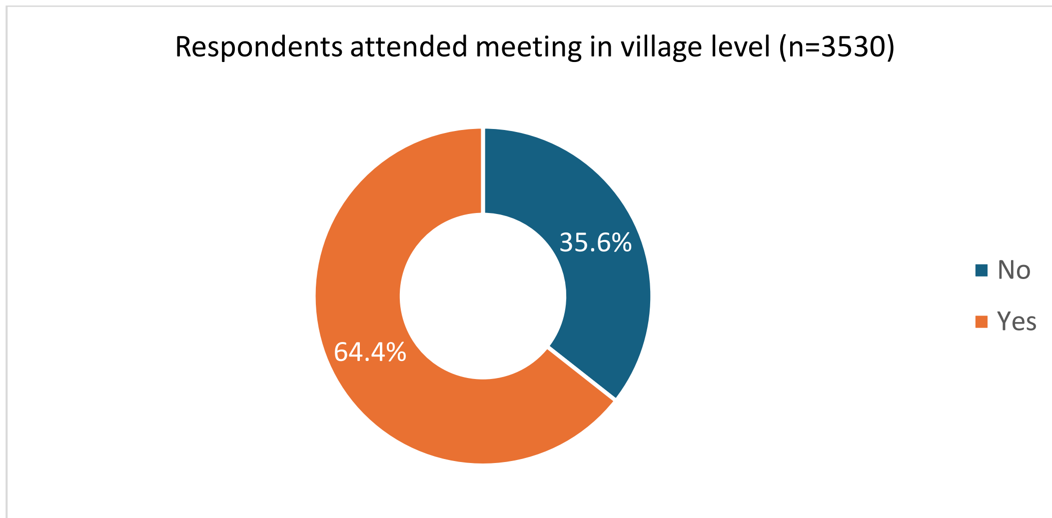


Figure 16: Respondents attended a village meeting

Participating in individuals of Mine/ERW survivors and persons with disabilities in village meetings is a positive step towards inclusivity. However, the data indicates that only a tiny (5.8%) portion (including 0.4% of women) could voice their concerns on larger platforms at the national or provincial level, which highlights a significant gap. It suggests the need for more supportive structures and platforms to increase their voices beyond the local level, ensuring that their valuable perspectives and experiences contribute to decision-making processes at all levels of governance.

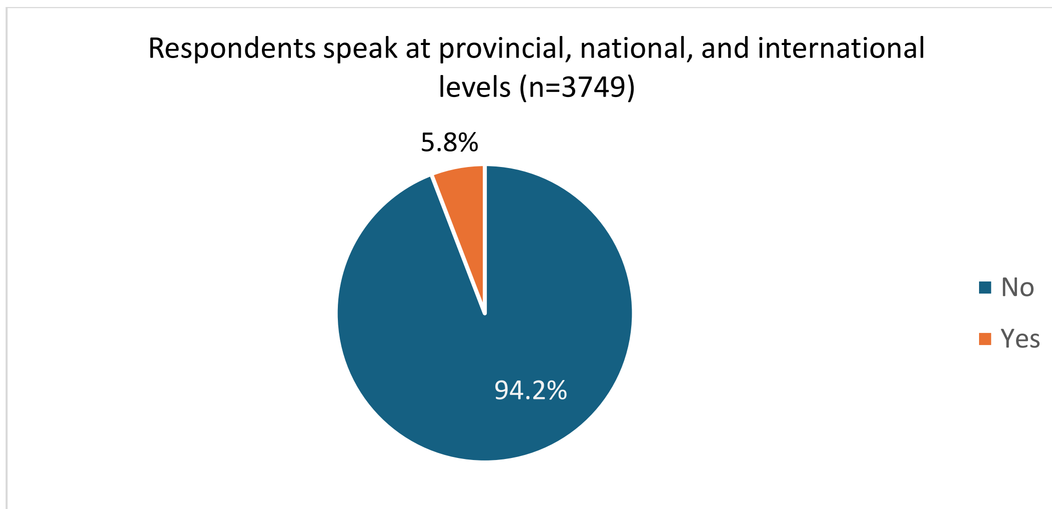


Figure 17: Respondents speak at provincial, national, and international levels

The data indicates strong community engagement among the respondents, with a majority of 72.1% (including 14.2% women) actively participating in social events. This reflects a positive inclination towards community involvement and suggests that such events are well-received. The remaining 27.9% (12.8% women) who did not participate may represent an opportunity for people living in the community to explore potential barriers to participation and to encourage free involvement.

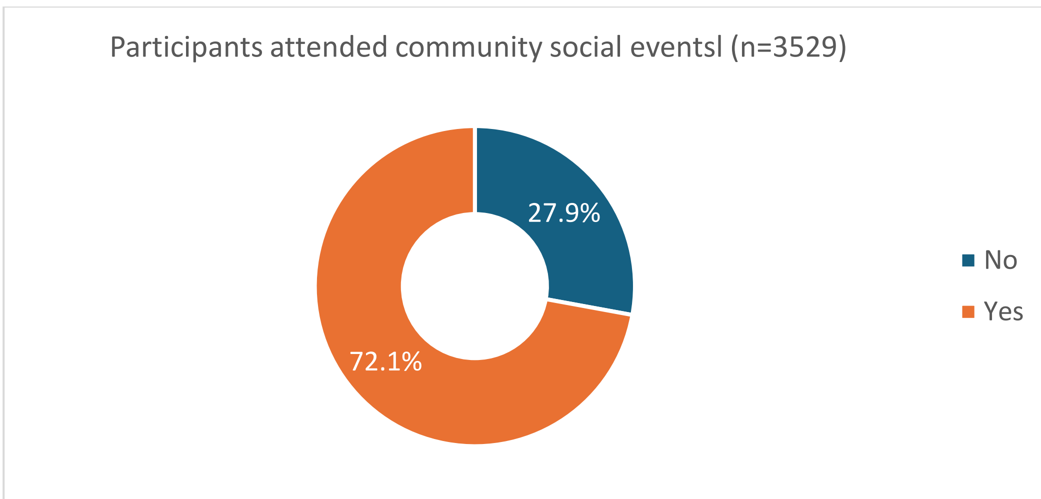


Figure 18: Respondents attended community social events

4.2.5 Economic Inclusion

The survey results highlight food security, with most respondents saying they have sufficient food. However, 7% of respondents (3.0% women) who say they lack enough food for a short time are critical areas for intervention. Addressing this gap is essential for ensuring that all individuals Mine/ERW survivors and other persons with disabilities have access to the necessities of life.

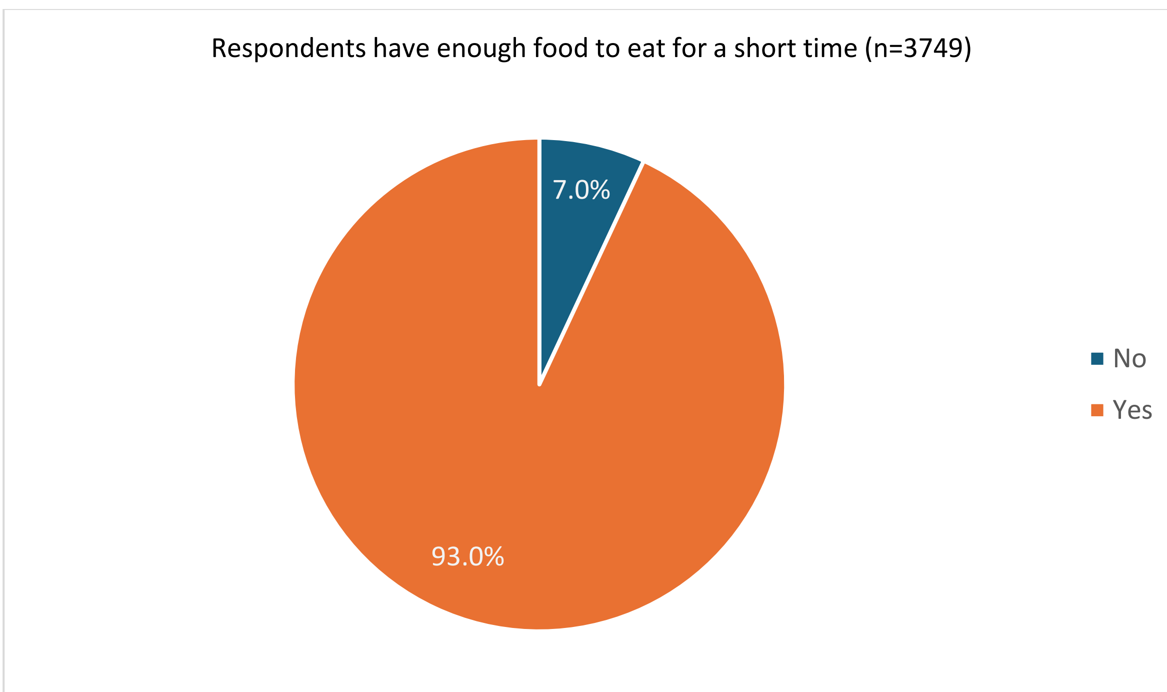


Figure 19: Respondents have enough food to eat for a short time

The data indicates that 97.0% of respondents (26.5% women) have a place to live. Among the participants with a place to live, 66.0% (12.9% women) own a place, which suggests a high level of property ownership. Meanwhile, 17.7% (7.6% of women) live in a parent's home, 7.4% (3.5% of women) with other relatives, and 9% (3.3% of women) are children in their own home. This distribution provides insights into the varied living arrangements within the community.

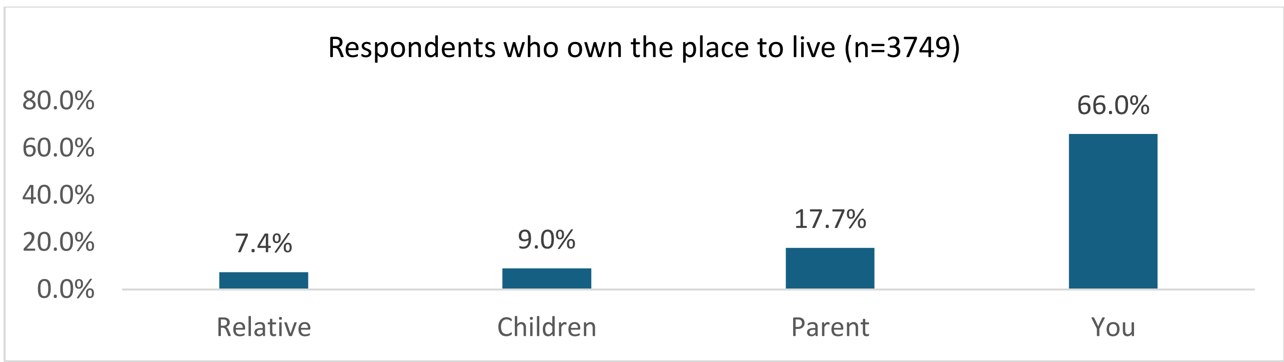


Figure 20: Respondents who own the place to live

The data indicates that 87.7% of respondents (16.2% women), possess their land ownership, confirming their legal ownership of the property to stable property belonging. However, a small portion, 12.3% (3.3% women), do not have this crucial document, potentially leading to legal complications or instability regarding their living situation. Additionally, the status of 0.5% of respondents remains uncertain.

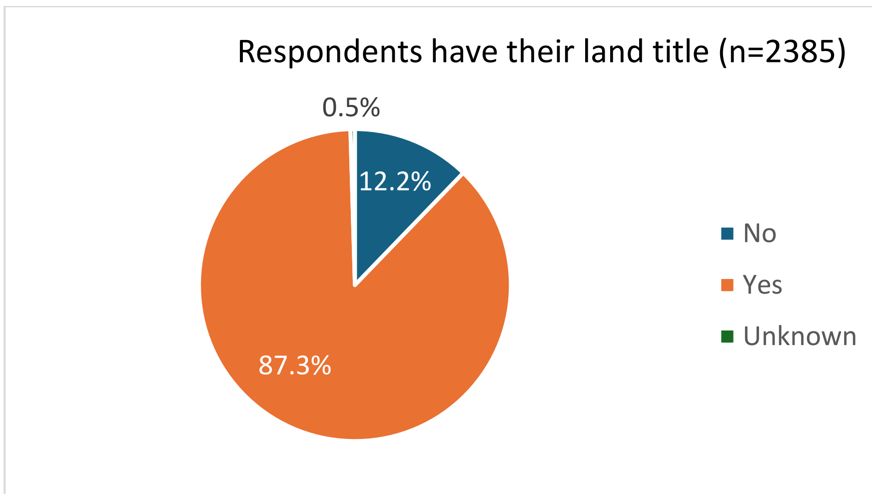


Figure 21: Respondents have their land legal document

Only 14.8% of the respondents (1.9% women) had taken a micro-credit loan, while 85.2% (25.2% women) did not need the loans. Among 43.8% of lenders (6.5% women), these loans can help improve people's lives or businesses.

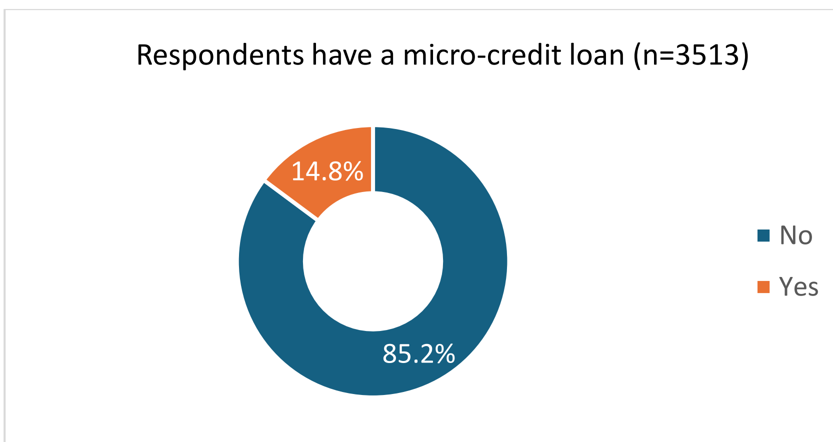


Figure 22: Respondents have a micro-credit loan

According to the report, mine/ERW survivors and persons with disabilities between the ages of 15 and 65 have about the same employment (49.3%) including 18.0% women and unemployment (50.7%) including 9.7% women. Of those employed, approximately 58.3% (8.6% women), work in agriculture, which may be easier for them or more prevalent in their society. 19.6% (5.0% women) work for themselves, while 10.7% (2.5% women) work casually. Fewer people work in government and a small percentage work for non-governmental organizations or private corporations. This shows some work opportunities, although they are not particularly diverse.

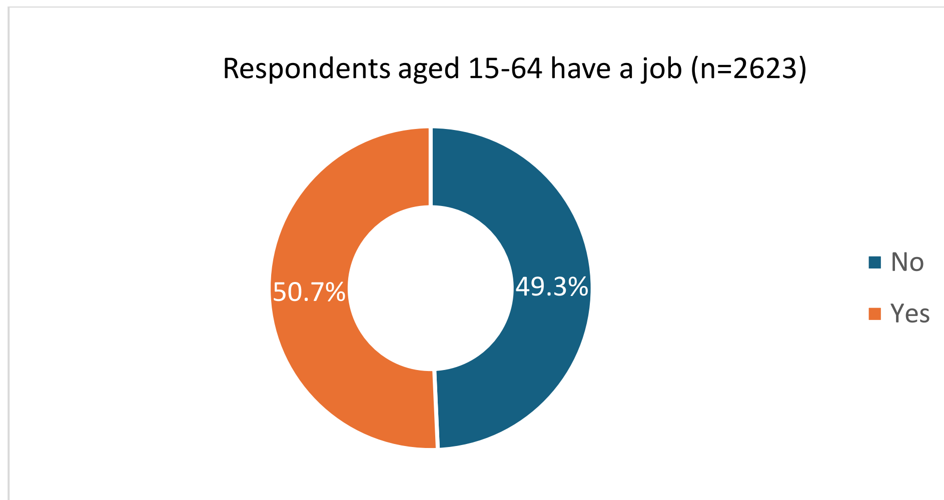


Figure 23: Respondents aged 15-64 have a job

According to FGD, some Mine/ERW survivors and persons with disabilities did not have jobs because of a lack of opportunities, limited education, and technical skills. Some employers did not understand their abilities or did not have the resources to make workplaces accessible.

"I do not have opportunities to apply for any job due to my limited education and technical skills," said a *participant from Rothanak Mondol district, Battambang province, male, physical impairment, age group (25-54).*

The bar chart below compares the employment status of respondents across three provinces, Banteay Meanchey, Battambang, and Pailin.

In Banteay Meanchey, 21.7% of respondents reported being unemployed, while 15.8% were employed. Battambang shows a similar pattern, with 19.6% of respondents being unemployed and 27.3% employed. Pailin stands out, with only 8.0% of respondents being unemployed, while a notable 7.6% were employed.

In Banteay Meanchey, the unemployment rate is significantly higher than the employment rate. This suggests that a large portion of the population is struggling to find jobs. The gap between the unemployed and employed indicates potential economic challenges in the province.

Battambang shows a slightly better employment situation compared to Banteay Meanchey. The employment rate is higher than the unemployment rate, indicating a more balanced job market. However, the unemployment rate is still relatively high, suggesting that there are still issues to address in terms of job availability and economic stability.

Pailin stands out with a notably lower unemployment rate compared to the other two provinces. However, the employment rate is also low. This could imply that a significant portion of the population is either not actively seeking employment or is engaged in informal or subsistence activities that are not captured in the survey.

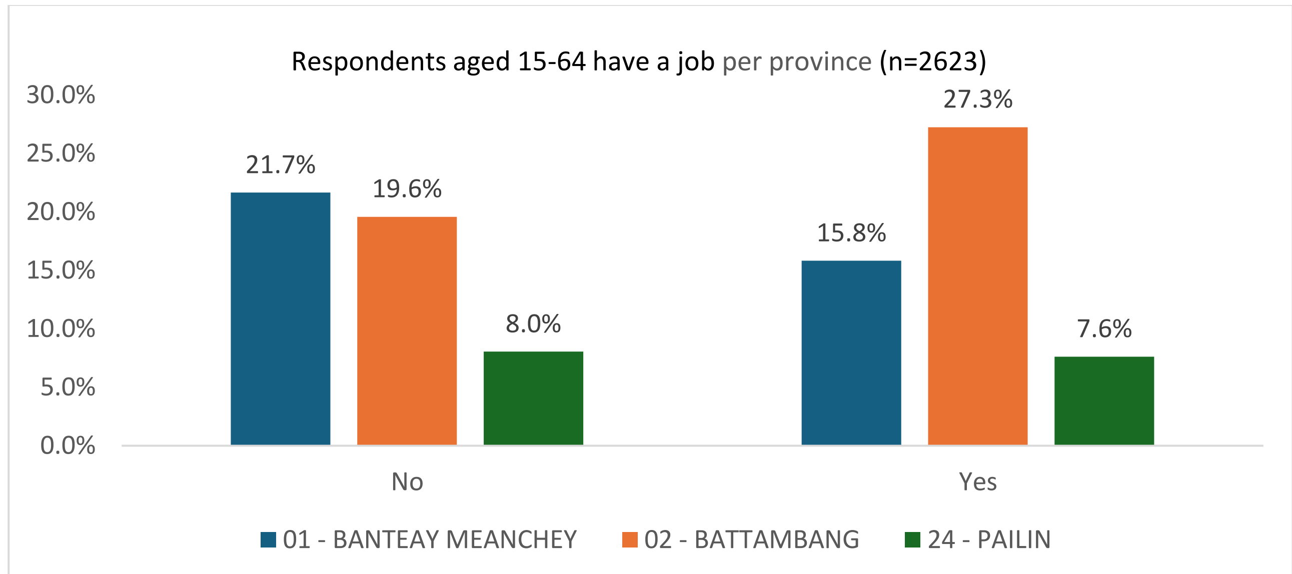


Figure 24: Respondents have a job per province

The data shows that 33.7% of people (0.9% women) get a pension, while 66.3% (26.1% women) do not. The reasons the participants do have pensions.

According to FGD, they confirmed that they lost contact with the person in charge of pensions and others did not meet the eligible criteria to get pensions.

" I do not have a pension as I am a citizen and I am not working with the government," said a participant from Svay Chek district, Banteay Meanchey province, male, physical impairment, age group (25-54).

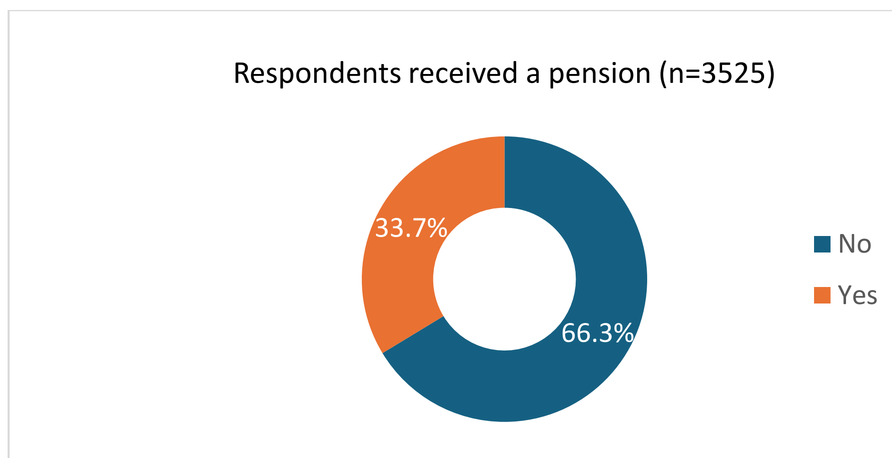


Figure 25: Respondents get a pension

The survey results indicate a significant gap in awareness regarding human rights, especially the rights of Mine/ERW survivors and persons with disabilities. 68.5% of participants (23.0% women)

did not know about human rights and their rights while only 31.7% of respondents (4.1% women) knew about their rights, highlighting the need for increased awareness and advocacy. Raising awareness is crucial, as understanding and respecting these rights are fundamental to the inclusion and empowerment of all individuals in society.

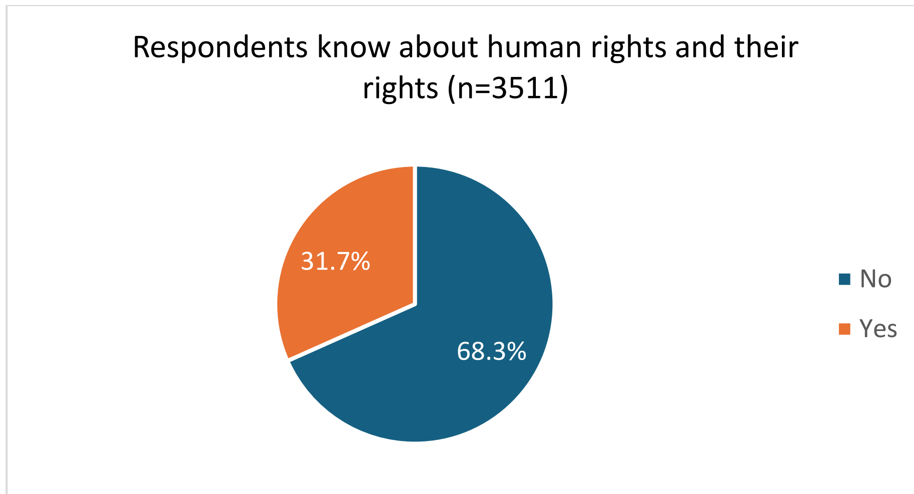


Figure 26: Participants know about human rights and their rights

4.2.6 Disability Laws and Rights

Of the respondents, 31.7% (including 4.1% women) had heard about the disability rights of persons with disabilities, while 63.7% (23.0% women) did not. The survey results indicate that awareness of the law on the rights of Mine/ERW survivors and persons with disabilities is limited, with 36.3% of respondents (5.1% women) being informed about it. This highlights a significant knowledge gap that could be addressed through targeted educational campaigns and accessible information dissemination. Enhancing public awareness is crucial to ensure that the rights of Mine/ERW survivors and persons with disabilities are recognized and upheld in society.

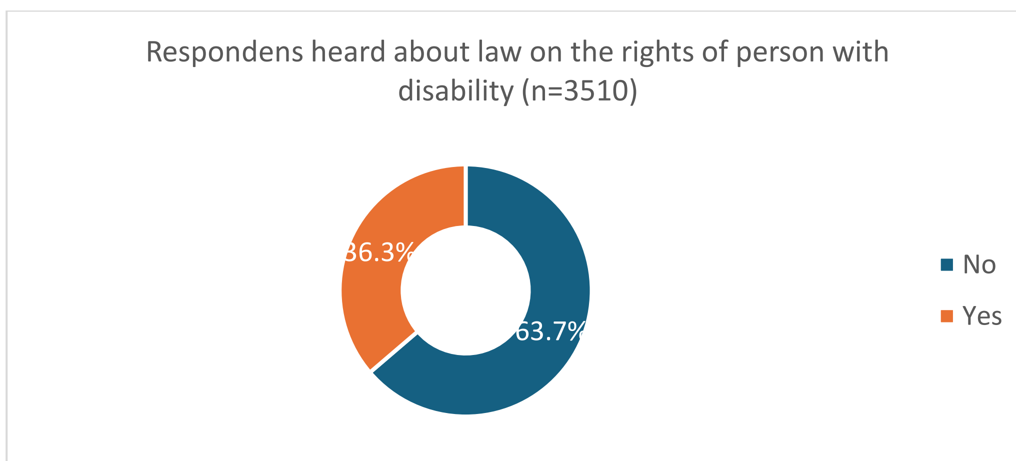


Figure 27: Respondents have heard about the law on the rights of persons with disabilities

4.3 Mine/ERW Survivors and Persons with Disability's Quality of Life

Mine/ERW survivors and persons with disabilities rated their quality of life with six components: healthcare, rehabilitation, psychosocial support, social participation, economic inclusion, and disability laws & rights. There were 20 questions covering these 6 components.

Each question was scored on a scale of 1 to 5 (5 = strongly agree, 4 = agree, 3 = average, 2 = disagree, and 1 = not at all). The average score is calculated for 20 questions (statements) to assess quality of life. Categorized quality of life was defined as ranging as the following:

- > 4.5 = Very good QL
- 4- 4.5 = Good QL
- 3- 3.9 = Neither poor nor good QL
- 2- 2.9 = Poor QL
- <2 = Very poor QL

4.3.1 Mine/ERW Survivors and Persons with Disabilities Reflect on Quality of Life: Overall

The survey data shows that 63.2% of participants (22.6% women) feel their quality of life (QL) is neither poor nor good and 30.5% (13.6% women) considered it poor quality of life. A significant 2.9% (including 0.6% women) consider their situation to be a good QL, while 3.4% (including 1.7% women) describe it as very poor.

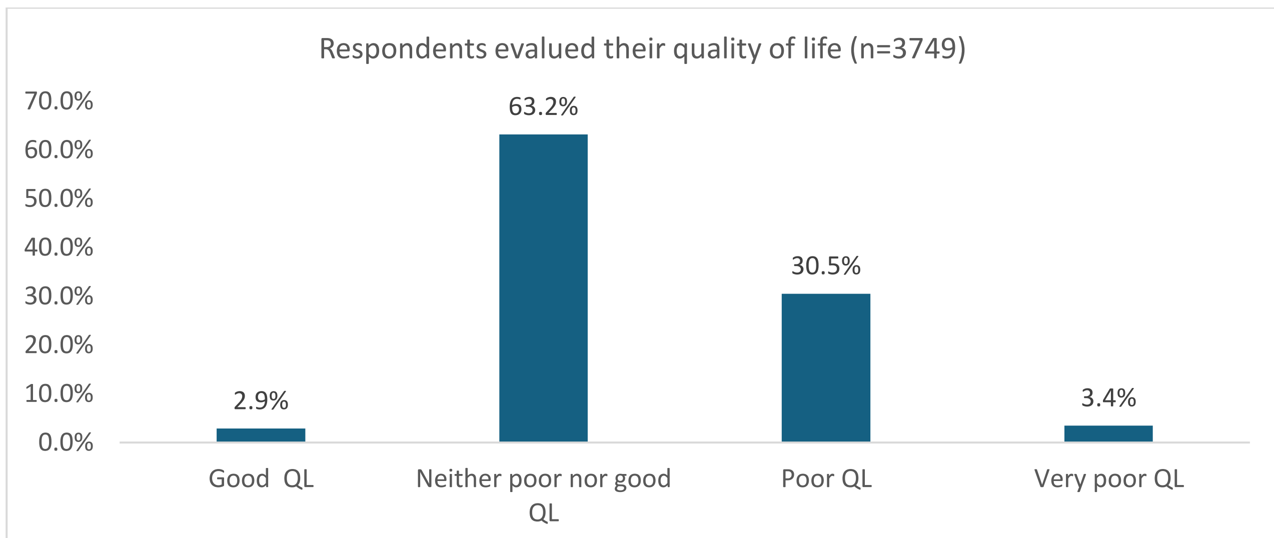


Figure 28: Respondents evaluated their quality of life

The bar graph compares the quality of life in three provinces: Pailin stands out, with about 2.4% of respondents rating their quality of life as good, compared to only 0.2% in Battambang and 0.3% in Banteay Meanchey.

Battambang has the highest percentage (25.6%) of respondents who feel their quality of life is neither poor nor good, followed by Banteay Meanchey (22.6%) and Pailin (15%).

Battambang has the highest percentage of respondents rating their quality of life as poor (16.8%), followed by Banteay Meanchey (13.6%) and Pailin (0.1%). All three provinces have nearly zero respondents rating their quality of life as very poor.

Overall, Pailin province generally perceives quality of life more positively than the other two provinces.

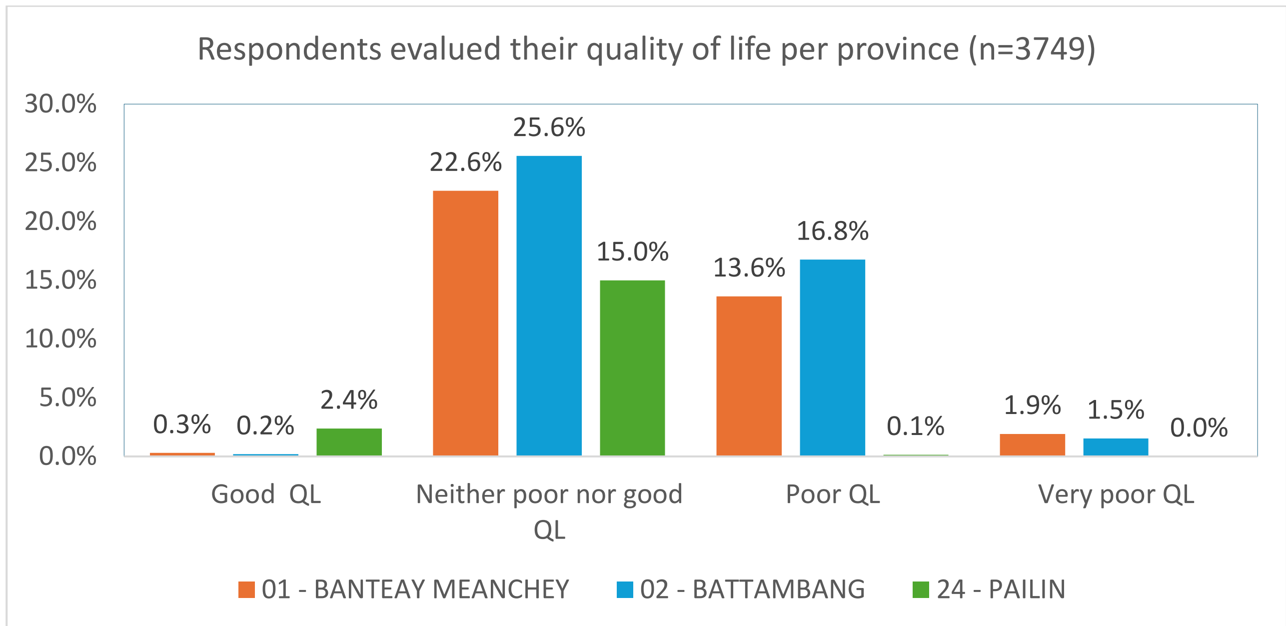


Figure 29: Respondents evaluated their quality of life per province

The graph shows respondents' perceptions of their quality of life (QL) across age categories. Notably, only about 1% of respondents of all ages said their quality of life was good. A demonstrating finding is that around 40.6% of people 55 and older evaluated their quality of life as neither poor nor good, in contrast to other age groups. While the rates of poor quality are slightly greater, they remain small across all groups. Poor QL scores are also minimal, indicating that few respondents thought their quality of life was poor. Overall, the 55-and-over age group has a significantly higher number of people who rate their quality of life as neither poor nor good.

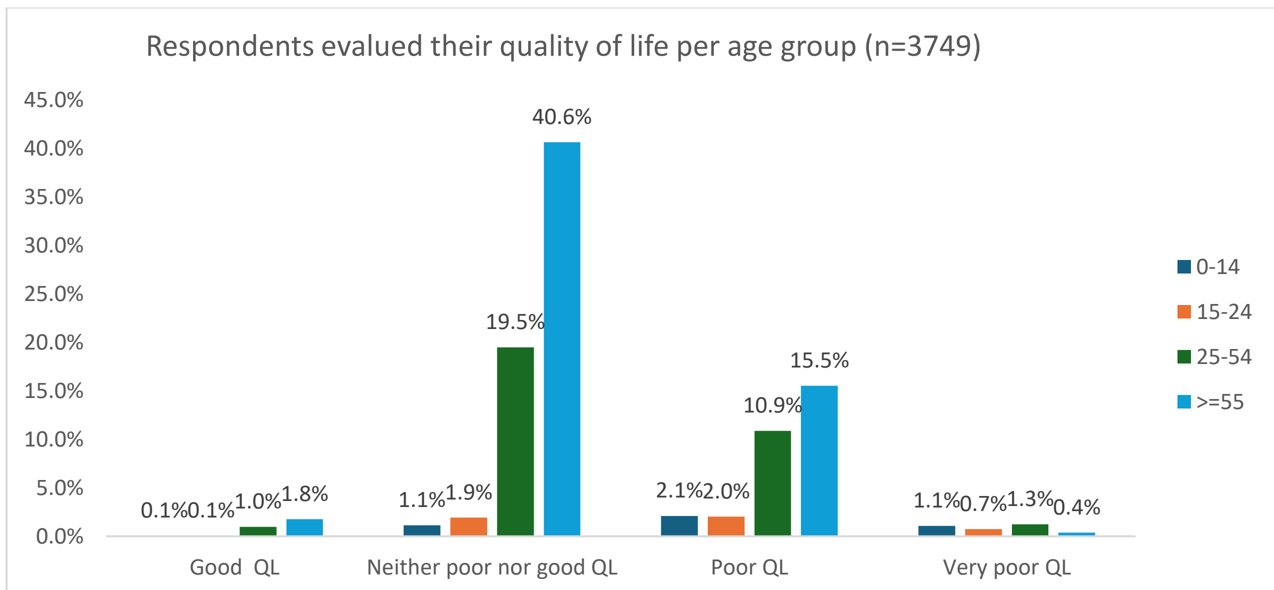


Figure 30: Respondents evaluated their quality of life per age group

The study, which included 3,530 participants, addressed improving one's quality of life. Most participants (48.1%) including 6.2% women indicated expanding crop planning due to the location of their living conditions. Others expected their children to receive an education (16.0%) including 3.0% women, and 15.7% (3.6% women) considered receiving skill training and thought about small business (12.3%) including 2.8% women.

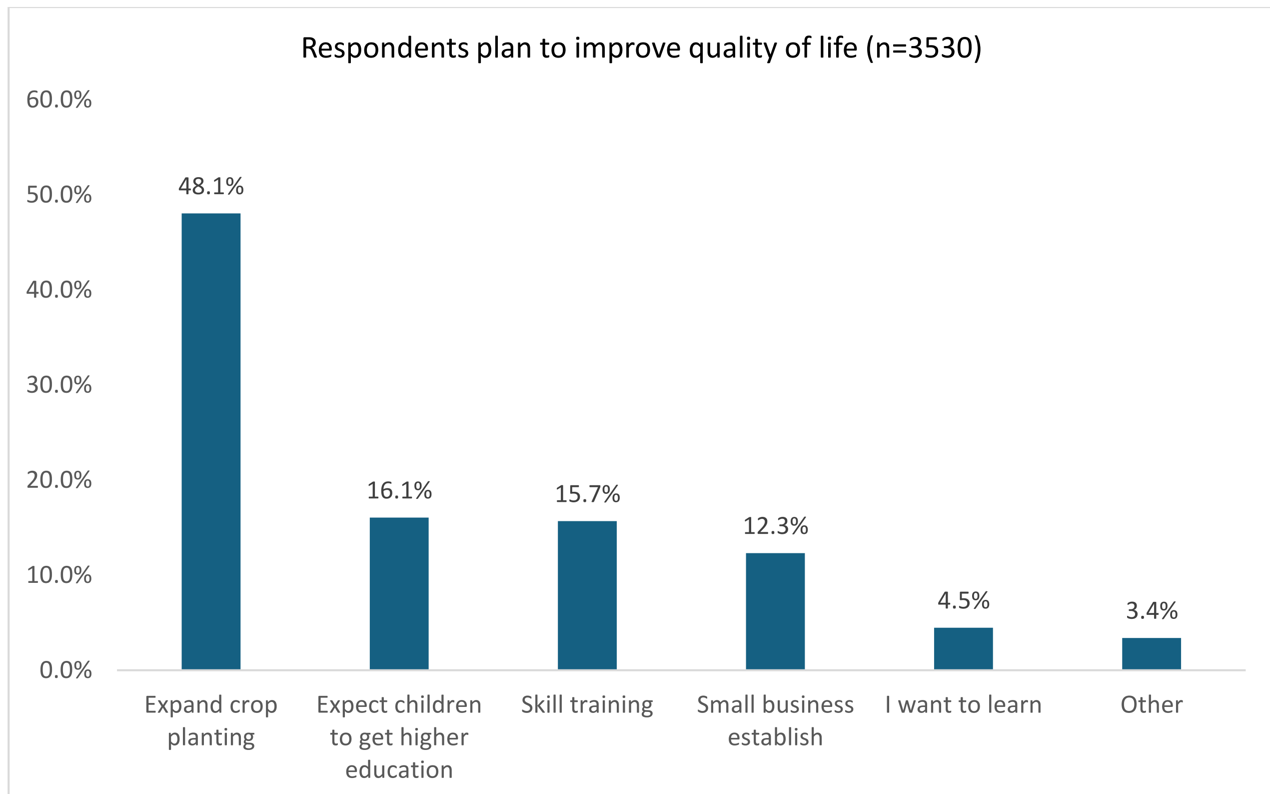


Figure 31: Respondents plan to improve quality of life

Overall, the chart below highlights the different priorities and perceptions of quality-of-life improvements across the three provinces, reflecting their unique needs and circumstances.

In Pailin, respondents (23.3%) feel that expanding crop planting is the best way to enhance their quality of life. This is followed by 0.5% who believe that ensuring their children receive higher education is crucial. A smaller percentage (0.1%) think that skill training would be beneficial, while 4.2% see establishing a small business as a way to improve their lives. Only 0.5% of respondents are interested in learning other skills.

In Battambang, expanding crop planting is also seen as the most effective way to improve quality of life, with 17.9% of respondents supporting this option. Expecting children to get higher education is the second most popular choice at 4.0%. Skill training is considered important by 14.0% of respondents, and 6.3% believe that starting a small business would help. Additionally, 1.1% of respondents are interested in learning other skills.

In Banteay Meanchey, expanding crop planting is seen as beneficial by 6.9% of respondents, and the highest percentage of respondents (11.6%) believe that their quality of life can be improved by ensuring their children receive higher education. Skill training is valued at 1.6%, while 3.1% are

interested in learning other skills. Establishing a small business is the least popular option, with only 1.8% of respondents supporting it.

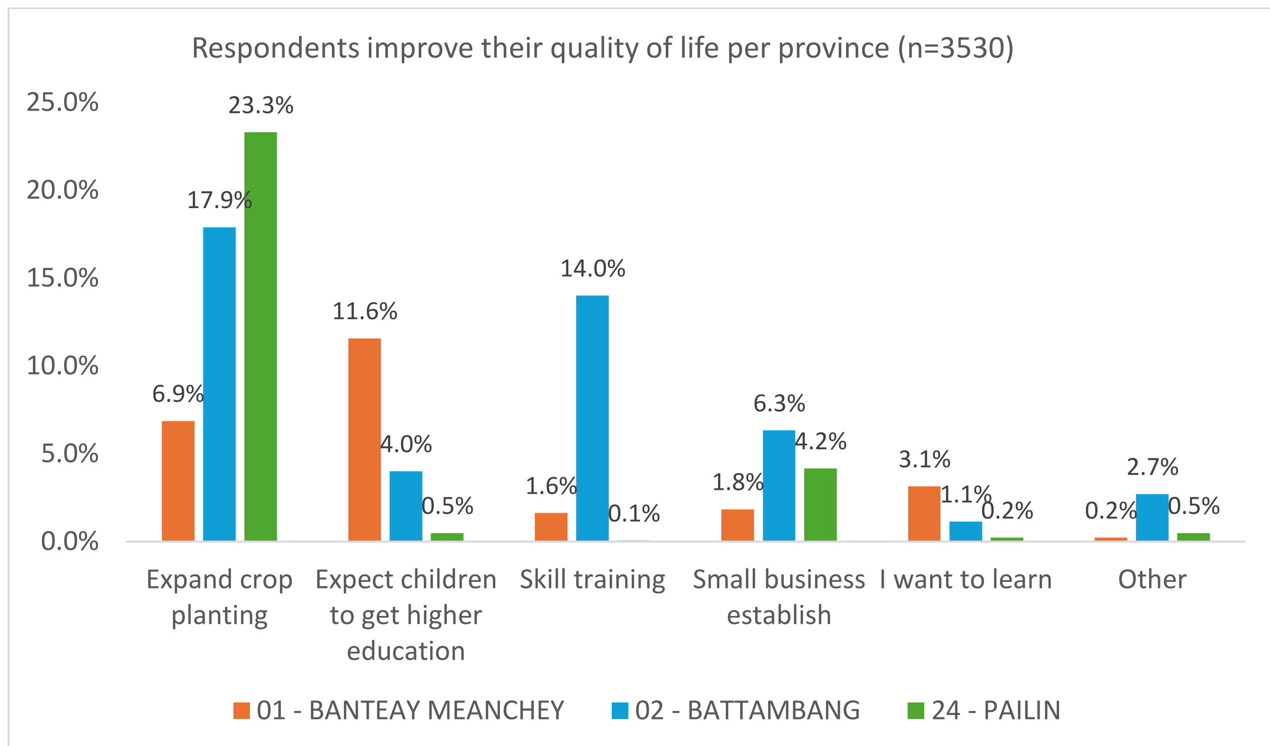


Figure 32: Respondents improve their quality of life per province

4.3.2 Mine/ERW Survivors and Persons with Disabilities' Quality of Life by Components

Mine/ERW survivors and persons with disabilities have average quality of life scores (3-3.9) regarding rehabilitation, psychosocial support, and disability rights. However, they experience poor quality of life (2-2.9) in healthcare, social participation, and economic inclusion. This allows for a detailed analysis of their experiences, highlighting their satisfaction areas and those needing improvement.

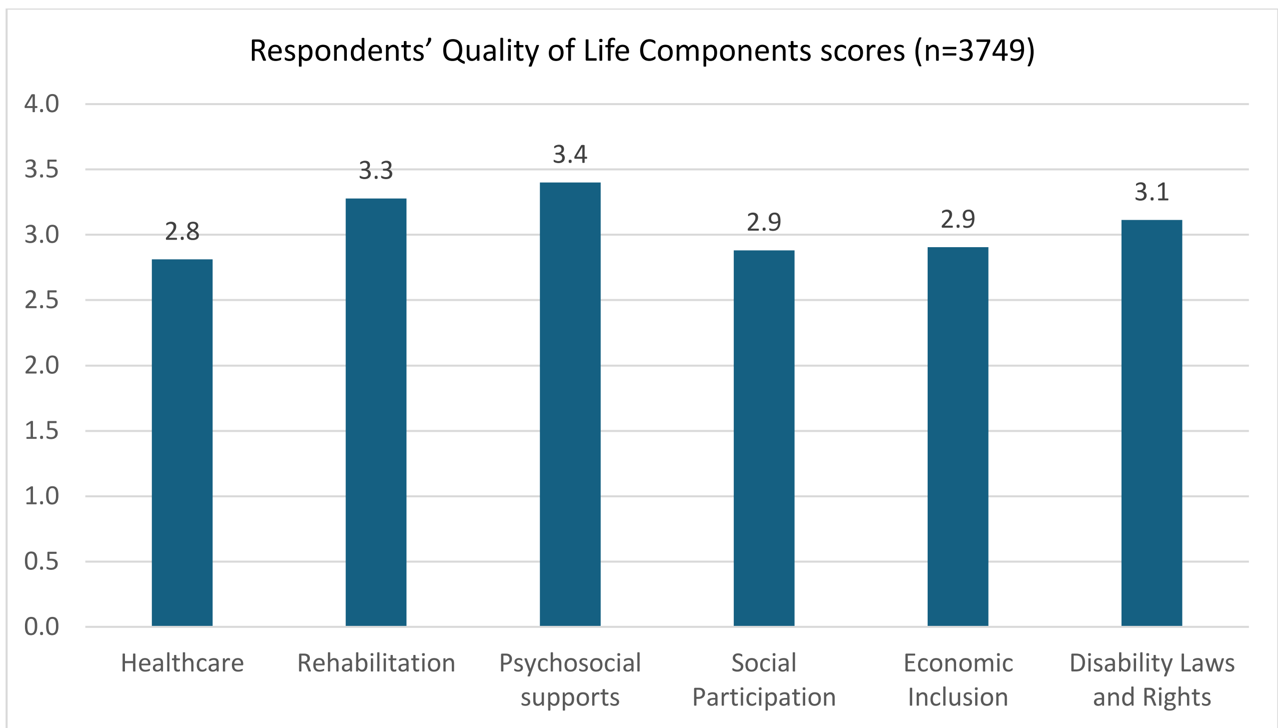


Figure 33: Respondents' Quality of Life Components scores

The bar chart below compares the quality-of-life components for persons with disabilities, broken down by gender across six categories: Healthcare, Rehabilitation, Psychosocial supports, Social Participation, Economic Inclusion, and Disability Laws and Rights.

In the Healthcare category, females have a score of 2.7, slightly lower than males who score 2.9. For Rehabilitation services, both genders are rated almost equally at 3.3 and 3.2 scores. When it comes to Psychosocial support, females score 3.2, marginally higher than males at 3.5.

Social Participation rates are slightly difference for both genders at 2.7 and 2.9. However, in Economic Inclusion, females score lower at 2.7 compared to males who score 3.0. Lastly, in the Disability Laws and Rights category, females 3.0 lower than 3.2.

Overall, the chart indicates that while there are some variations in the quality-of-life components between genders, most categories show close or equal ratings, with only slight differences in areas such as Healthcare and Economic Inclusion where males rate slightly higher than females.

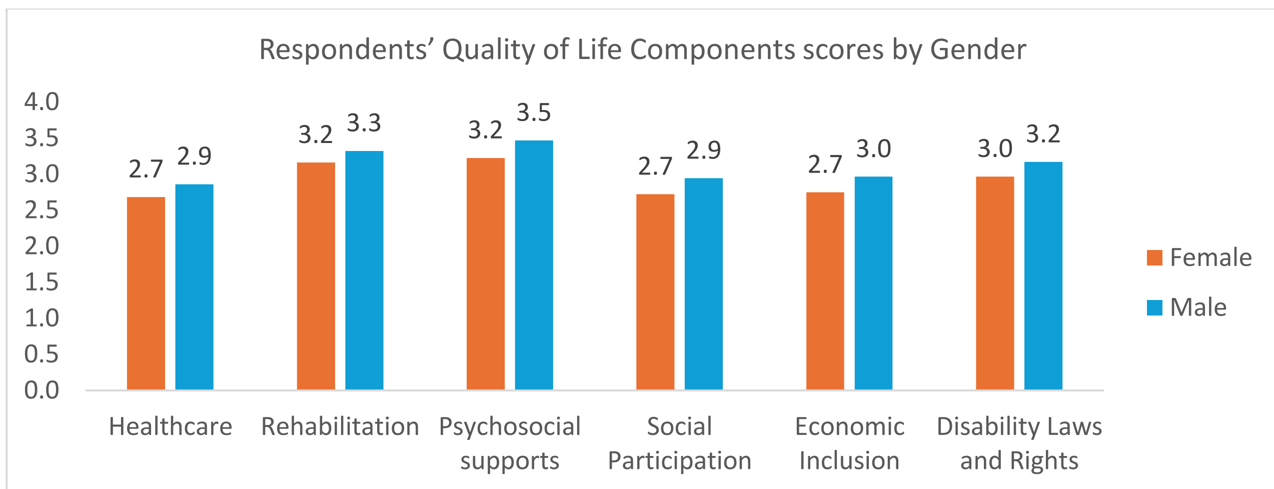


Figure 34: Respondents' Quality of Life Components scores by Gender

Out of 20 statements, it was calculated as average among the total participants. The survey shows that respondents rated the statements as the following:

Table 3: Average score for each quality-of-life statement (n=3749)

Components	Quality-of-life statement	Average score	QL evaluation
Healthcare (average score: 2.8)	9- I feel healthy	2.8	Poor QL
Rehabilitation (average score: 3.3)	5- I am satisfied with the physical access around my home and public places	3.2	Neither poor nor good QL
	8- I am satisfied with my access to rehabilitation services	3.4	
Psychosocial support (average score: 3.4)	1- I feel I have good friends that I can trust	3.0	Neither poor nor good QL
	3- My family likes me	3.8	
	11- I am happy I am alive	3.5	
	18- I feel safe in my community	3.2	
	19- I have things to do in my free time	2.2	Poor QL
	20- When I work, I enjoy the work	2.5	
Social Participation (average score: 2.9)	10- I am satisfied with my access to education/training	2.8	Poor QL
	12- I feel included in my community's decisions	3.2	Neither poor nor good QL
	13- I feel my opinion is respected in public	2.8	Poor QL
	15- I try to help others in my community	2.9	
	16- I enjoy taking part in community activities	2.9	
	17- I like to learn new things	2.6	
Economic Inclusion (average score: 2.9)	2- I feel I have enough food to eat	3.1	Neither poor nor good QL
	4- I am happy with my shelter	3.3	

	6- I have enough income to live with dignity	2.3	Poor QL
Disability Laws and Rights (average score: 3.1)	7- I feel my rights are respected	3.0	Neither poor nor good QL
	14- I respect the rights of others	3.2	

4.3.2.1 Mine/ERW Survivors and Persons with Disabilities Reflect on Quality of Life: Healthcare

The survey results show that 72.0% of participants (18.2% women) reported neither poor nor good quality of life, 6.7% (1.3% women) indicated a good healthcare-related quality of life, 0.1% rated it as very good, 16.9% (6.2% women) described it as poor QL and another 4.4% (4.4% women) as very poor QL.

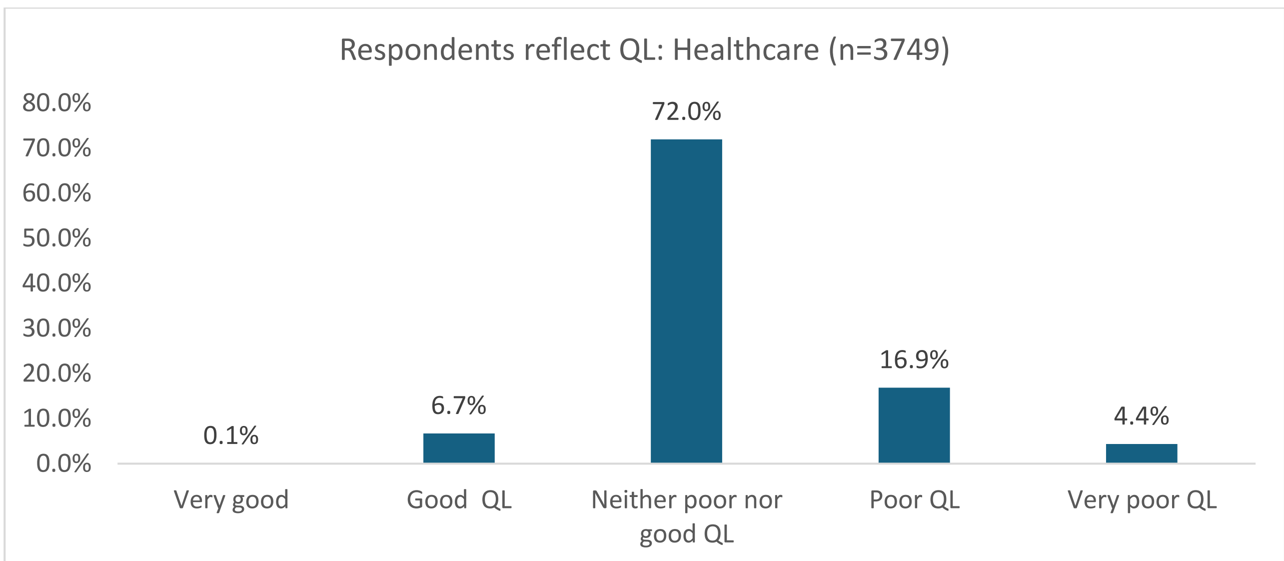


Figure 35: Respondents reflect QL: Healthcare

4.3.2.2 Mine/ERW Survivors and Persons with Disabilities Reflect on Quality of Life: Rehabilitation

The survey results revealed that 75.0% of participants (21.0% women) rated their rehabilitation-related quality of life as neither poor nor good, with 15.9% (2.7% women) indicating a good quality of life. In comparison, 5.5% (2.5% women) rated poor quality of life, and 3.0% (1.4% women) claimed very poor quality of life.

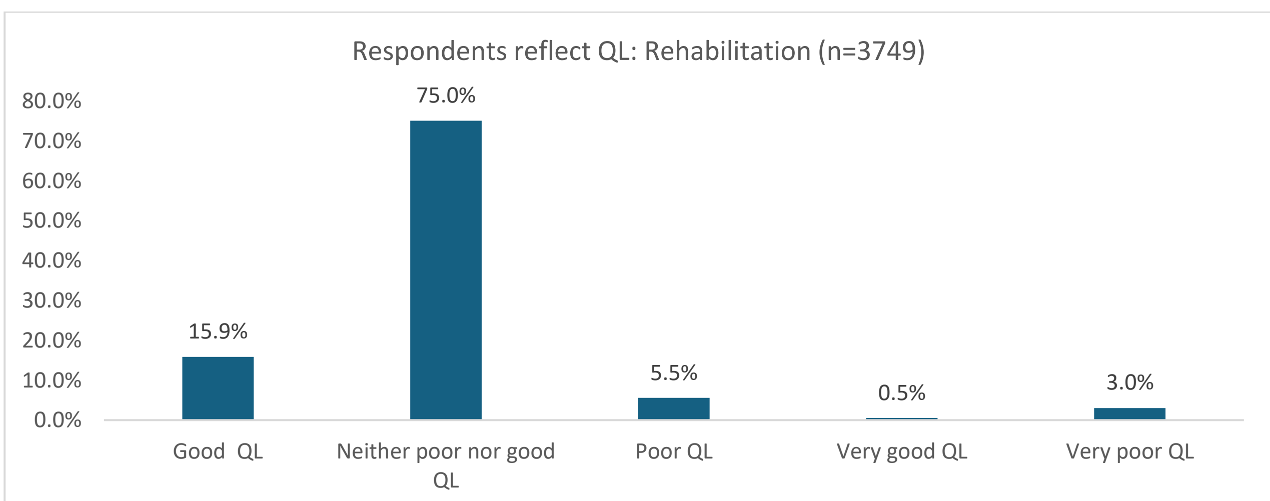


Figure 36: Respondents reflect QL: Rehabilitation

4.3.2.3 Mine/ERW Survivors and Persons with Disabilities Reflect on Quality of Life: Psychosocial support

The survey results indicate participants' quality of life (QL) and attitudes toward psychological help. Furthermore, a substantial proportion of respondents, 59.7% (17.9% women), stated that their QL is neither poor nor good, and 29.9% (6.1% women) reported having robust psychosocial support. It is worth noting that 1.7% (including 0.1% women) ranked their quality of life as very good, 6.7% (2.7% women) reported poor QL, and 2.1% considered it very poor QL.

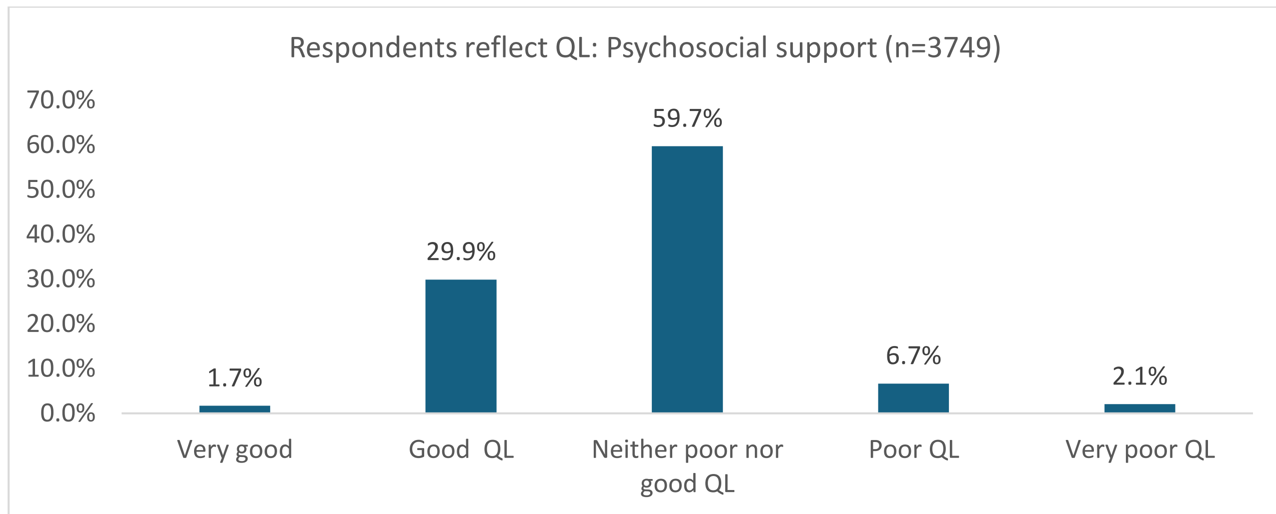


Figure 37: Respondents reflect QL: Psychosocial support

4.3.2.4 Mine/ERW Survivors and Persons with Disabilities Reflect on Quality of Life: Social Participation

The survey results reveal a significant insight into participants' perceptions of quality of life. A majority, 64.0% (15.2% women), perceive their quality of life as neither poor nor good. This could suggest a balance in their experiences or a hesitation to definitively classify their quality of life. Meanwhile, a smaller group, 3.4% (0.7% women), feel good about their social participation, a crucial aspect of overall well-being. However, it's concerning that 26.2% of respondents (8.7% women) view their quality of life as poor regarding social participation, with 6.4% (including 3.1% women) rating it as very poor, indicating a need for increased attention and efforts to improve their life satisfaction and social inclusion.

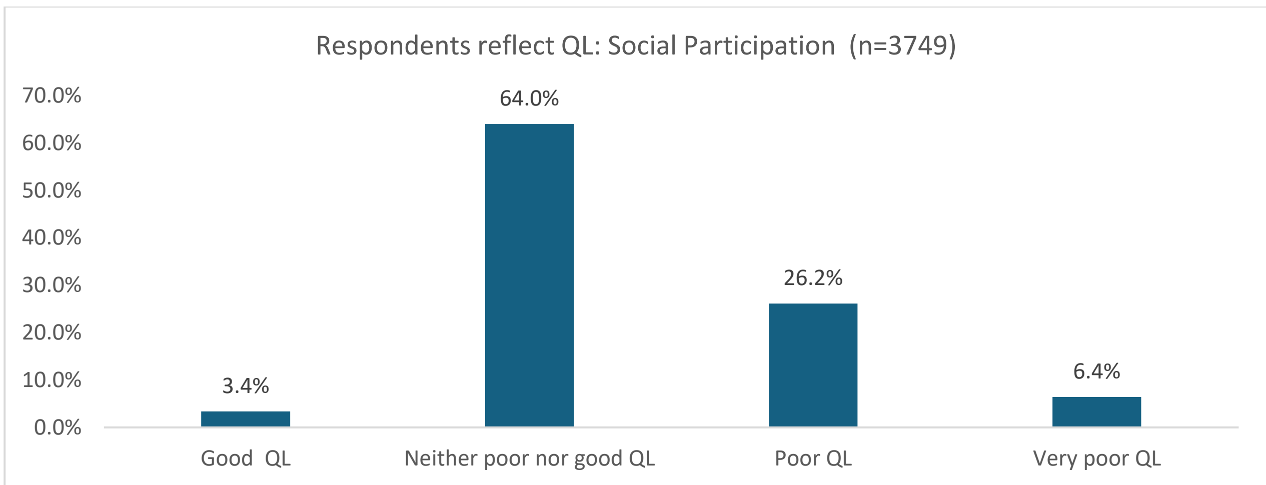


Figure 38: Respondents reflect QL: Social Participation

4.3.2.5 Mine/ERW Survivors and Persons with Disabilities Reflect on Quality of Life: Socio-Economic

The survey results revealed that 58.5% of participants (13.0% women) rated their quality of life as neither poor nor good, while 2.2% (0.3% women) reported good quality of life-related socio-economic status. Additionally, only 0.1% indicated a very good quality of life associated with socio-economic, and 36.4% of respondents (13.2% women) reported a poor quality of life due to economic factors. The most considered to take action is 2.8% (1.3% women), who feel very poor in socio-economic status.

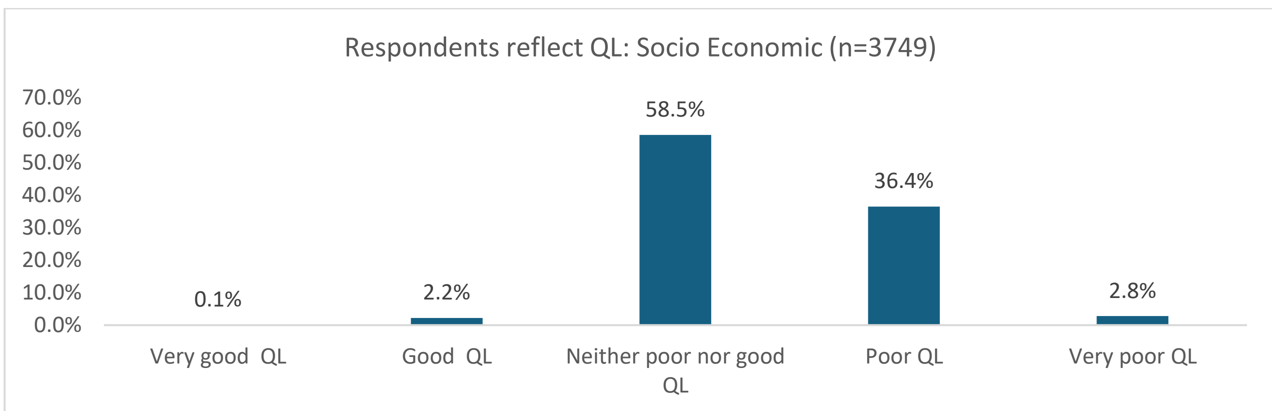


Figure 39: Respondents reflect QL: Socio Economic

4.3.2.6 Mine/ERW Survivors and Persons with Disabilities Reflect on Quality of Life: Disability Laws and Rights

The survey revealed that 75.1% of respondents (19.5% women) felt their quality of life regarding disability laws and rights was neither poor nor good. In comparison, 14.7% (including 3.4% women) reported a good quality of life, 5.5% (2.6% women) had poor QL, and 4.7% (2.3% women) indicated a very poor quality of life.

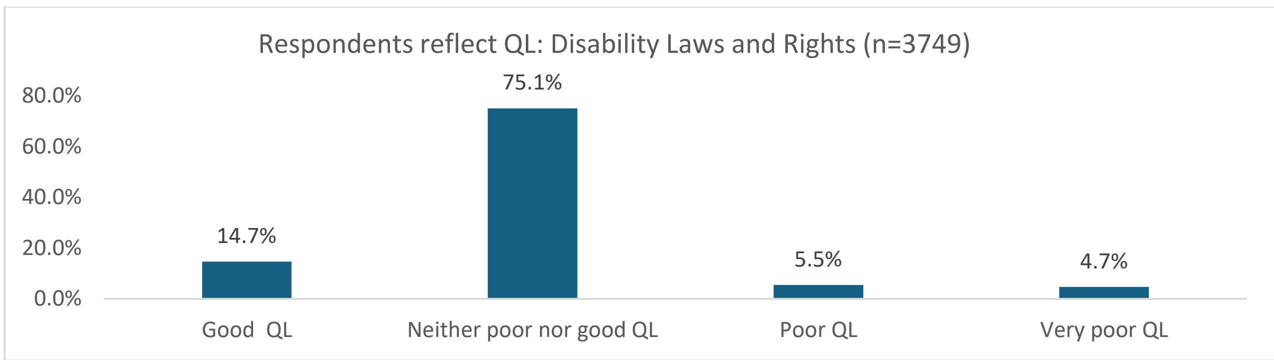


Figure 40: Respondents reflect QL: Disability Laws and Rights

4.4. Community Actions

The survey assesses local governments' efforts to improve awareness of disability laws and rights. It indicated that most local officials (98.7%), notably village leaders, were aware of disability legislation and rights, while 1.3% were unaware. The Survivor Volunteer Network (SVN) gave those local officials a 30-minute presentation on disability legislation and rights.

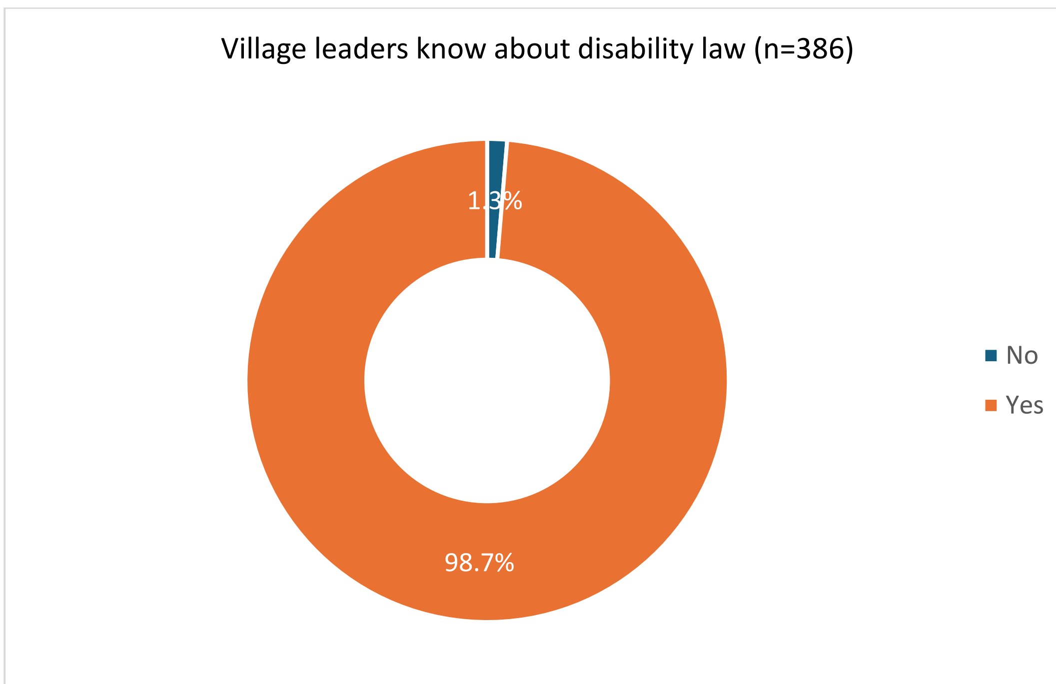


Figure 41: Village leaders know about disability law

The survey highlights a significant awareness of disability laws among local officials. Yet, it also underscores a gap in active engagement and knowledge sharing with Mine/ERW survivors and persons with disabilities. This suggests enhanced training and initiatives to ensure awareness translates into meaningful action. The commitment of local governments to work alongside various stakeholders is a positive step towards fostering an inclusive environment where the rights and needs of individuals with disabilities are actively supported and promoted.

Local governments are committed to promoting the rights of persons with disabilities and serving the needs of the most vulnerable by collaborating with other stakeholders, such as district, provincial, and national governments and non-governmental organizations (NGOs).

5. CONCLUSION

A survey from six districts revealed that healthcare service users are satisfied with the welcoming atmosphere at health centres, with most using assistive devices. The community is strong, with 90.8% reporting friendships within the village. Family support is prevalent during times of depression, and most respondents have appropriate shelter. Food security is high, and most respondents own a place. However, there remains a gap in some parts of the country, with only 32.9% of respondents having the IDPoor card and 67.4% without the National Social Security Fund card. Unemployment rates are high for survivors and Mine/ERW persons with disabilities aged 15 to 65 years old, and 66.3% do not have pensions. A significant gap in awareness regarding human rights is also apparent.

The survey indicates that Mine/ERW survivors and women with disabilities encounter greater challenges in accessing employment than men, due to cultural norms and a lack of targeted vocational training and support. Different age groups have distinct needs; for instance, younger Mine/ERW survivors and individuals with disabilities (ages 25-54) need focused support for education and vocational training to improve employability, while older individuals may prioritize healthcare access. Women face additional barriers to healthcare and rehabilitation services due to caregiving responsibilities and social constraints. Focus group discussions reveal that women are less likely to attend healthcare appointments because of time or cultural restrictions, highlighting the need for accessible, female-friendly services and outreach. Although family support is generally strong, its quality may differ; younger women with disabilities may depend more on family than their male peers, affecting their autonomy and mobility.

In contrast, older men may feel isolated without family support, which can harm their mental health. A lack of awareness about human rights may disproportionately impact groups like women and older individuals, who often have limited educational opportunities and access to information. Tailoring rights awareness programs to effectively reach these groups is essential for empowering them to advocate for their rights. Additionally, older Mine/ERW survivors and individuals with disabilities often lack a pension.

Mine/ERW survivors and persons with disabilities have average scores in rehabilitation, psychosocial support, and disability rights but poor quality in healthcare, social participation, and economic inclusion. Local officials, particularly village leaders, know disability laws and rights, but limited action is taken to promote these rights in the community due to budget and plan constraints.

The survey indicates that while some areas demonstrate improved community cohesion, family support, and satisfaction with healthcare, significant gaps persist in economic security, healthcare quality, and social inclusion. High unemployment, limited pension access, and inadequate financial protection (evident in low IDPoor and National Social Security Fund coverage) highlight inequities impacting the quality of life and long-term recovery for Mine/ERW survivors and persons with disabilities. There is a notable gap between awareness and action on disability laws and rights among local officials and community leaders. Though awareness is relatively high, budget constraints and a lack of structured plans hinder effective implementation. Despite high levels of

community bonding reported by respondents, individuals with disabilities experience limited social participation and economic inclusion. Low engagement in community activities and few opportunities for meaningful employment suggest that social support does not sufficiently lead to inclusive practices or economic independence.

Respondents report average access to psychosocial support and rehabilitation. Enhancements are needed to address the specific needs of Mine/ERW survivors and individuals with disabilities. Increased investment in specialized rehabilitation and customized mental health services is essential for promoting full recovery and community reintegration. The low awareness of human rights, coupled with limited social safety nets like pensions and social security, highlights the need for expanded education on rights and entitlements, as well as improved socioeconomic inclusion. Data indicates that without intervention, this lack of awareness and support will continue to perpetuate vulnerability, undermining the resilience and autonomy of individuals with disabilities.

6. RECOMMENDATIONS

To improve identification, assistance, and comprehensive approaches to programming:

- **Increase Outreach in Rural and Underserved Areas:** Deploy mobile units equipped with healthcare and counseling services to remote areas and establish partnerships with local organizations to reach Mine/ERW survivors and persons with disabilities who may otherwise lack access to these services. Encourage community involvement to help identify and connect individuals needing assistance. Furthermore, set up mobile units or partnerships that recognize gender and age-specific challenges. For instance, women and elderly survivors may face mobility issues or societal constraints in accessing services. Mobile units should be staffed with diverse teams trained to address specific cultural sensitivities and barriers faced by women, men, the elderly, and youth.
- **Build Local Partnerships with a Community-Centered Approach:** Strengthen collaboration with community organizations, local authorities, healthcare providers, and social workers to ensure a seamless flow of resources and services for Mine/ERW survivors and persons with disabilities. Develop formalized agreements to create referral pathways, case management, and resource-sharing mechanisms that can be sustained long-term.
- **Implement a Holistic, Multi-Sectoral Support System:** Coordinate across health, education, social services, and employment sectors to develop an integrated support plan. This approach ensures that survivors receive comprehensive care, from healthcare access and education to job placement, reducing fragmentation in service delivery.
- **Enforce and Expand Legal and Policy Frameworks:** Advocate for the development, enforcement, and monitoring of disability-inclusive policies that provide Mine/ERW survivors with access to healthcare, social services, and economic opportunities. Align national policies with international standards, emphasizing human rights and health equity, and include regular reviews to address gaps.

- **Establish a Robust Monitoring and Evaluation System:** Develop indicators to track program effectiveness, using community feedback and data from a centralized database to refine programs regularly. This M&E framework should include gender and age-disaggregated data to identify and address specific needs within the population.

To improve living conditions for intervention:

- **Expand Access and Awareness for ID Poor, Health Equity Fund, and Social Security Programs:** Launch targeted outreach initiatives in partnership with local leaders to educate Mine/ERW survivors about eligibility and enrollment processes for IDPoor, Health Equity Fund (HEF), and National Social Security Fund programs, ensuring they are able to access free healthcare and social protections. Propose actionable steps, such as improving IDPoor and National Social Security Fund card distribution, ensuring adequate funding for local disability programs, enhancing rights-based awareness campaigns.
- **Enhance Access to Inclusive Education:** Establish partnerships with educational institutions to support formal and informal education for children with disabilities, especially in remote areas. Provide transportation or school-based support as needed to reduce barriers to attendance. Breaking down the data by age group could provide insights into how support services can be better tailored to meet specific life stage requirements.
- **Strengthen Community Representation and Participation:** Develop training and support for Mine/ERW survivors and their families to participate actively in decision-making forums. Create regular dialogue opportunities with local and national policymakers, giving these groups a stronger voice in shaping relevant policies.
- **Increase Economic Opportunities for Vulnerable Groups:** Launch targeted vocational and entrepreneurial training programs designed for Mine/ERW survivors and persons with disabilities, offering skills that align with local market demands. Collaborate with businesses to create inclusive employment opportunities and provide financial literacy training for sustainable income generation. Data on unemployment rates could be broken down by gender to illustrate any differences and emphasize the need for gender-responsive economic inclusion programs. There is an established social safety net, as this group may be especially vulnerable without long-term financial security. Conversely, younger Mine/ERW survivors and persons with disabilities might benefit from educational scholarships or skill-building programs that prepare them for independence and self-sufficiency.
- **Raise Human Rights Awareness and Empowerment:** Conduct accessible and inclusive human rights education campaigns, focusing on the specific rights and resources available to Mine/ERW survivors and persons with disabilities. Use local media, workshops, and public events to foster a supportive environment and increase community awareness. It must enhance advocacy, focus resource allocation, and implement actionable policies to connect awareness with practice, improving the quality of life for individuals Mine/ERW survivors and persons with disabilities.
- **Strengthen Community-Led Solutions:** Engage local organizations, community groups, and Mine/ERW survivors and persons with disabilities in designing and implementing programs

to ensure culturally sensitive and context-appropriate solutions. Involve them in advisory roles to provide feedback and help monitor program impact.

To improve quality-of-life for intervention:

- **Conduct Detailed Needs Assessments and Studies:** Implement in-depth surveys and focus groups to capture specific, nuanced information on the physical, social, and economic needs of Mine/ERW survivors and persons with disabilities. This data should inform targeted interventions and future planning.
- **Address Key Healthcare Gaps and Build Life Skills Programs:** Prioritize the development of life skills programs and job training initiatives tailored to local market needs, addressing healthcare service gaps by integrating rehabilitation and mental health support into community health programs.

Lessons learned on data collection tools and systems:

- **Utilize Data-Driven Decision-Making for Targeted Support:** Establish a confidential, centralized database to collect and analyze disaggregated data on the living conditions and needs of Mine/ERW survivors and persons with disabilities. This information should guide funding allocation, intervention planning, and advocacy efforts to address identified gaps.
- **Leverage Technology for Efficient Data Collection and Analysis:** Use tools like ArcGIS Survey123 to collect, manage, and analyze field data efficiently, ensuring real-time data availability. Train field staff on digital tools to enhance data accuracy and streamline reporting.
- **Strengthen Collaborative Data-Sharing Networks:** Build a centralized data system managed by a coordinating body (e.g., the CMAA) that allows NGOs, government agencies, and international bodies to share insights and resources effectively. This approach improves coordination and reduces duplication, strengthening the impact of collective efforts.
- **Translate Data into Actionable Policy Development:** Use the collected data to advocate for and shape policies at local, national, and international levels that address gaps in Mine/ERW survivor assistance and disability rights. The data can also serve as a benchmark to evaluate program effectiveness and make evidence-based adjustments.

To address the geographic disparities in quality of life, the following district-specific actions are recommended:

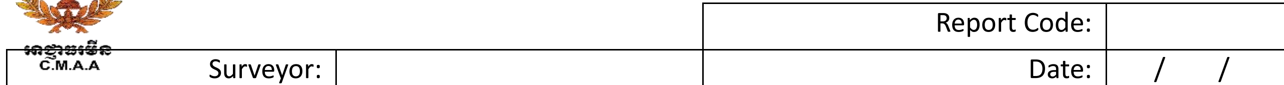
- Tailor Outreach and Services by District: Expand outreach efforts in districts where healthcare satisfaction and service access are low, such as in Rotanak Mondol districts of Battambang provinces. Mobile health units and remote service provision can help bridge the gap in healthcare services for isolated or underserved communities.
- Strengthen Economic Inclusion in Lagging Areas: In areas with lower economic inclusion scores, implement targeted job training and microfinance programs. For instance, Bavel district of Battambang province may benefit from specialized employment programs that align with the local economy and address unique regional employment barriers.

- Enhance Social Support Networks in Areas with Low Community Engagement: Develop community engagement programs in districts where social participation and support networks are weak. Community-based support groups, peer networks, and training for local leaders can strengthen community bonds and create safer, more inclusive spaces for all survivors.
- Increase Awareness of Disability Rights Based on Regional Gaps: Conduct rights awareness campaigns with a focus on districts where knowledge of disability rights is limited. This might involve partnering with local NGOs and community organizations to deliver tailored information that resonates with specific cultural or local issues.
- Improve Access to Education and Employment Opportunities by Location: In areas where educational and employment access is particularly limited, like the Malai district of Banteay Meanchey provinces, create partnerships with educational institutions and vocational training providers. Programs could be designed to fit the local context, addressing specific barriers related to gender, age, and economic conditions.
- Conduct Further Studies in Regions with Low QoL Scores: In districts where QoL scores are significantly lower than average, such as the Bavel district of Battambang province and Malai district of Banteay Meanchey province, conduct in-depth qualitative research to better understand the challenges and barriers to improving quality of life. This data can guide future targeted interventions and policy adjustments.
- Establish Regional Data Collection and Monitoring Systems: Develop data collection systems that capture geographic variations and enable ongoing monitoring of QoL indicators across districts. This will help track progress, identify emerging gaps, and continuously adapt programming to evolving regional needs.

7. ANNEX

7.1 Village Profile Form

Village Profile Form



		Report Code:	
Surveyor:		Date:	/ /

s

❶Village:	commune:	District:	Province:

❷ Short history of village:(Describe about village situation including landmine/ERW accident and demining effort)

....

....

❸Population in village:

No. of family:	
Male include children:	
Females include children:	
Total population:	

4 How do people earn a living in this village?				
	1. Farmer	%	4. Migrants	%
	2. Civil Servants	%	5. Business	%
	3. Workers	%	6. Others	%

❺ No. of persons with disability living in the village (estimated): ....persons

❻ Informer:	Name	Sex	Tel no.	Persons with disabilities by
Village chief:		○ Male ○ Female		○Mine ○ Other
Village vice:		○ Male ○ Female		○Mine ○ Other
Other:		○ Male ○ Female		○Mine ○ Other

❼ Did the village leader know or heard about disability law?	○ Yes ○ No
❽ If he/she doesn't know about the law, did you talk with them (village leader) about it?	○ Yes ○ No

❾ How does a village community try to uphold the rights of persons with disabilities and meet the needs of the most vulnerable?...

7.2 Person with Disability Perception of Living Condition Form

Person with Disability Perception of Living Condition Form

		Village code:	....
CMAA-VAQLS Code	*CMAA/VAQLS/.............*	*Survey date:*	/ /
		ID card:	☐*Yes* ☐*No*
		Interviewee: (for Deaf, Intellectual or child below 10yrs)	

Village:	*Survivor name:*	*Sex:* ☐*M* ☐*F*	*Year o Birth*	*Y o accident*
Disability type:	*Accident cause:*	*No. of child*	*Family Status* ☐ *Single* ☐ *Married* ☐ *Widow/Widower* ☐ Children	
Extremely poor ☐ *Yes* ☐ *No*	*Telephone number*	☐ *Personal* ☐ *Other* (List name)→		

Question	Answer
1) *Are you happy?*	☐ *Yes* ☐ *No*
2) *Do you have enough food to eat?*	☐*Yes* ☐ *No*
3) *Do you have a place to live?* ☐*Yes* ☐*No (if yes, please fill)*	*It belongings to* O *You* O *Parent* O *Children* O *Relative*
4) *Do you have a land title?*	☐*Yes* ☐ *No* ☐ *Unknown*
5) a. *Do you have children go to school?*	☐*Yes* ☐ *No* *(if child, chose C)*
b. *Does your children go to school?*	☐*Yes* ☐ *No*
c. *if you are a child, do you go to school?*	☐ Yes ☐*No*
6) *Does your health center welcome survivors?*	☐*Yes* ☐*No*
7) Do you have any card? *Do you have a Health Equity Card?* *Do you have a National Social Security Fund Card?* *Do you have an ID Card for Persons with Disabilities?*	☐ *Yes* ☐*No* *(if no, skip to 9)*
8) *Have you used it?*	☐*Yes* ☐ *No*
9) *What prosthetic do you have?*	☐*Yes* ☐ *No* *(if yes, please choose below)* ☐ *Wheelchair* ☐ *Prosthetic / Orthotics* ☐ *Other devices* ....
10) *Where did you get it?*...........(List of cernters name)........................and *who gave it to you?*	☐ *made it by yourself* ☐ *boughs* ☐ *generous*
11) *Do you have a friend in your village?* ☐ *Yes* ☐No	
12) *Who helps you if you are depressed?*	☐ *family* ☐ *Other Persons with disabilities in the village*

	☐ *NGOs* ☐ *other..............................*
13) *Do you have a micro-credit loan?*	☐*Yes* ☐*No (if no, skip to 16)*
14) *Do you have difficulty with loans?*	☐ *Yes* ☐ *No*
15) *Does a loan help you live better?*	☐ *Yes* ☐ *No*
16) *Do you have a job?*	☐ Yes ☐ No *(if no, skip to 18)*
17) *What types of jobs do you have?*	☐ *Government* ☐ *NGOs* ☐ *Farmer* ☐ *Self-employ* ☐ *Private company* ☐ *Casual work*
18) *Do you get a pension?*	☐ *Yes* ☐ *No (if no, please indicate) Are you military?* ○*Yes* ○ *No*

19) *Do you attend village meetings?*	☐ *Yes* ☐ *No*
20) *Do you speak at the village meeting?*	☐ *Yes* ☐ *No*
21) Have you spoken at provincial, national and international levels?	☐ *Yes* ☐ *No*
22) *Do you know about human rights, particularly the rights of persons with disability?*	☐ *Yes* ☐ *No*
23) *Have you heard about the law on the rights of persons with a disability?*	☐ *Yes* ☐*No*
24) Do you attend community social events? eg. wedding...etc.	☐ *Yes* ☐ *No*
25) *Can you read and write?*	☐*Yes* ☐ *No*
Other comment or describe (if any)	

1) *What has made your life happier and easier in the last five years?*
☐ *Children got jobs* ☐ *bought tools to support daily job*
☐ *Got appropriate shelter* ☐ *Other...*

2) *How can you improve your quality of life?*
☐ *Skill training* ☐ *Small business* ☐ *Expand crop planting* ☐ *Want children to get higher study*
☐ *I want to learn* ☐ *incapacities to learn* ☐ *Other ....*

7.3 Life with Dignity Assessment

Life with Dignity Assessment
(Quality of life measure)

Please tick (✓) the value that you think is right for you

Descriptions	Strongly Agree:5	Agree:4	Average:3	Disagree:2	Not at all:1
1. I feel I have good friends that I can trust					
2. I feel I have enough food to eat					
3. My family likes me					
4. I am happy with my shelter					
5. I am satisfied with the physical access around my home and public places					
6. I have enough income to live with dignity					
7. I feel my rights are respected					
8. I am satisfied with my access to rehabilitation services					
9. I feel healthy					
10. I am satisfied with my access to education /training					
11. I am happy I am alive					
12. I feel included in my community's decisions					
13. I feel my opinion is respected in public					
14. I respect the rights of others					
15. I try to help others in my community					
16. I enjoy taking part in community activities					
17. I like to learn new things					
18. I feel safe in my community					
19. I have things to do in my free time					
20. When I work I enjoy the work					

Data Gathering and Quality Control

	Surveyor	**Checker**	**Approval**
Name:	....	....	....

Title:	....	....	....
Date:	............./............/...........	........../.........../............	............./............../...................
Contact Number:	....	....	....

7.4 Guide Questions for Focus Group Discussion to confirm data collection

Objective:	**Guide questions**	**Remark**
To double-check the missing data	Why is there missing data for questions about the village profile? "Did you talk with them about it?"	3 districts

Persons with disability Living Conditions	• How do the services available meet your specific needs?
	  ○ ID Poor card, HEF, NSSF, NSAF
	  ○ Homelessness
	  ○ Economic.
	• What are the barriers (e.g., financial, social, cultural) that prevent survivors and persons with disabilities from accessing these services?
	• What resources or support systems are available to help improve the socioeconomic status of survivors?	

Quality of life	• Most people (>60%) are neither poor nor good with their quality of life in terms of Rehab, healthcare, social participation, economic and disability laws, and rights); why? • Do survivors and persons with disabilities consider the most important for their overall quality of life? • What challenges do survivors and persons with disabilities face that impact their quality of life?	