Gender impacts due to different approaches in the Rehabilitation centers in Cambodia

Between 1979 and December 2017: 64 720 mine or ERW casualties:

- 58 495 were men and boys (90%)
- 6 162 were women and girls (10%)

Between 2012 and 2017 in the rehabilitation centers

- Agency A and D have the highest number of mine/ERW survivors (53% and 63% respectively)
- HI and agency B&C have a broader approach to VA (but % under 40%)
How to increase the access of girls and women to rehabilitation services

• Specific Victim assistance efforts must improve the inclusion and well being of survivors, other men and women with disabilities and indirect victims
• Rehabilitation centers should adopt a user-centered approach
• Develop rehabilitation services, which include a registry of survivors’ location and provide rehabilitation support through home visits.
• Rehabilitation centers should include trained female and male staff
• Provide age-responsive rehabilitation services by providing adapted child rehabilitation.
• Ensure access to rehabilitation resources outside of rehabilitation services, eg mobile units, CBR
Challenges (in Cambodia)

- There is a limited availability of trained personnel to deliver disability and gender specific services (e.g., PT, only 1 active female P&O) and to render mainstream services accessible to all.
- Long term strategic vision for the rehabilitation sector doesn’t include home visits, mobile units, social services.
- It is a challenge to reach rural and remote areas to provide assistance to the victims.
- Unsufficient VA earmarked funding.
- Broader efforts do not sufficiently reach survivors, indirect victims and other men and women with disabilities.
- Lack of gender sensitive information on the needs of survivors and for them where they can find accessible services in the country, especially at provincial level.
Thank you