Cambodia Situational Analysis of the Education of Children with Disabilities in Cambodia Report

Submission Date: May 18, 2018

AID-OAA-TO-16-00017 Number: REQ-ASIA-16-00017
TOCOR: Mitch Kirby

Prepared by: RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709-0155
Tel: (919) 541-6000
This document was produced for review by the United States Agency for International Development.
All Children Reading – Asia (ACR-Asia)

Cambodia Situational Analysis of the Education of Children with Disabilities in Cambodia Report

Activity Start Date and End Date: September 30, 2016, to September 29, 2021
Contract No. AID-OAA-TO-16-00017 Number: REQ-ASIA-16-00017

Prepared for
Mitch Kirby USAID/Asia Bureau, Senior Education Advisor
1300 Pennsylvania Ave, NW Washington, DC 20523

And

USAID/Cambodia Mission, Education Team

Prepared by
Ms. Anne Hayes and Dr. Jennae Bulat
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709-0155
Tel: (919) 541-6000

March 13, 2018

The authors’ views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
# Table of Contents

List of Figures .................................................................................................................. v
List of Tables .................................................................................................................. v
Abbreviations ................................................................................................................... vi

1 Executive Summary ........................................................................................................ 1
2 Introduction ..................................................................................................................... 7
3 Methodology .................................................................................................................... 8
  3.1 Methodology Overview ............................................................................................... 8
  3.2 Literature Review ......................................................................................................... 8
  3.3 Stakeholder Interviews ............................................................................................... 8
  3.4 Survey of DPOs and Parents of Children with Disabilities ........................................ 9
  3.5 Initial Findings Workshop .......................................................................................... 9
  3.6 Limitations .................................................................................................................. 9

4 Analysis and Findings ...................................................................................................... 10
  4.1 Stakeholders Engaged in the Education of Children with Disabilities ...................... 10
    4.1.1 Analysis and Findings ......................................................................................... 12
  4.2 International, Regional, and National Legal Frameworks, Policies, and Strategic Plans .......................................................................................................................................................... 12
    4.2.1 International Legislation ..................................................................................... 12
    4.2.2 Regional Legislation ............................................................................................ 13
    4.2.3 National Policies, Legislation, and Strategic Plans ............................................ 14
    4.2.4 Analysis and Findings ......................................................................................... 17
  4.3 Definition/Classification of Disability and Disability Prevalence Rates ..................... 18
    4.3.1 Definition/Categorization of Disability ............................................................... 18
    4.3.2 Prevalence Rates ............................................................................................... 19
    4.3.3 Analysis and Findings ......................................................................................... 22
  4.4 Access to School: Enrollment Rates of Students with Disabilities, Out-of-School Children, and Dropout Rates ....................................................................................................................................... 22
    4.4.1 Enrollment Rates ............................................................................................... 22
    4.4.2 Out-of-School Children with Disabilities ............................................................ 23
    4.4.3 Dropout Rates .................................................................................................. 25
    4.4.4 Analysis and Findings ......................................................................................... 26
  4.5 Educational Settings ..................................................................................................... 27
    4.5.1 Special/Segregated Schools ............................................................................... 27
    4.5.2 Integrated Classrooms/Schools .......................................................................... 28
    4.5.3 Inclusive Education Initiatives ........................................................................... 29
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5.4</td>
<td>Findings and Analysis</td>
<td>31</td>
</tr>
<tr>
<td>4.6</td>
<td>Identification of Children with Disabilities</td>
<td>31</td>
</tr>
<tr>
<td>4.6.1</td>
<td>Identification Processes and Tools</td>
<td>31</td>
</tr>
<tr>
<td>4.6.2</td>
<td>Analysis and Findings</td>
<td>33</td>
</tr>
<tr>
<td>4.7</td>
<td>Teacher Training</td>
<td>34</td>
</tr>
<tr>
<td>4.7.1</td>
<td>Teacher Attitudes</td>
<td>34</td>
</tr>
<tr>
<td>4.7.2</td>
<td>General Education/Mainstream Teachers</td>
<td>34</td>
</tr>
<tr>
<td>4.7.3</td>
<td>Special Education Teachers</td>
<td>36</td>
</tr>
<tr>
<td>4.7.4</td>
<td>Teaching and Learning Materials (TLM)</td>
<td>37</td>
</tr>
<tr>
<td>4.7.5</td>
<td>Analysis and Findings</td>
<td>37</td>
</tr>
<tr>
<td>4.8</td>
<td>Classroom Supports</td>
<td>38</td>
</tr>
<tr>
<td>4.8.1</td>
<td>Access to Assistive Devices</td>
<td>38</td>
</tr>
<tr>
<td>4.8.2</td>
<td>Access to Braille/Large Print</td>
<td>39</td>
</tr>
<tr>
<td>4.8.3</td>
<td>Access to Sign Language</td>
<td>39</td>
</tr>
<tr>
<td>4.8.4</td>
<td>Reasonable Accommodations</td>
<td>40</td>
</tr>
<tr>
<td>4.8.5</td>
<td>Analysis and Findings</td>
<td>40</td>
</tr>
<tr>
<td>4.9</td>
<td>Curriculum, IEPs, and Other Related Supports</td>
<td>41</td>
</tr>
<tr>
<td>4.9.1</td>
<td>Curriculum</td>
<td>41</td>
</tr>
<tr>
<td>4.9.2</td>
<td>IEPs</td>
<td>42</td>
</tr>
<tr>
<td>4.9.3</td>
<td>Available Services and Therapies</td>
<td>43</td>
</tr>
<tr>
<td>4.9.4</td>
<td>Transportation</td>
<td>43</td>
</tr>
<tr>
<td>4.9.5</td>
<td>Analysis and Findings</td>
<td>44</td>
</tr>
<tr>
<td>4.10</td>
<td>Parent and Community Engagement</td>
<td>44</td>
</tr>
<tr>
<td>4.10.1</td>
<td>Parent Engagement</td>
<td>44</td>
</tr>
<tr>
<td>4.10.2</td>
<td>Community Engagement</td>
<td>45</td>
</tr>
<tr>
<td>4.10.3</td>
<td>Analysis and Findings</td>
<td>47</td>
</tr>
<tr>
<td>5</td>
<td>Recommendations</td>
<td>47</td>
</tr>
<tr>
<td>5.1</td>
<td>General Findings and Recommendations</td>
<td>48</td>
</tr>
<tr>
<td>Annex A</td>
<td>Cited References</td>
<td>53</td>
</tr>
<tr>
<td>Annex B</td>
<td>List of Stakeholder Interviews</td>
<td>59</td>
</tr>
<tr>
<td>Annex C</td>
<td>Stakeholder Interview Questions</td>
<td>61</td>
</tr>
<tr>
<td>Annex D</td>
<td>Survey for DPO Leaders and Members</td>
<td>65</td>
</tr>
<tr>
<td>Annex E</td>
<td>Survey for Parents/Guardians of Children with Disabilities</td>
<td>70</td>
</tr>
<tr>
<td>Annex F</td>
<td>Agenda for Findings Workshop</td>
<td>76</td>
</tr>
<tr>
<td>Annex G</td>
<td>Participant List for Findings Workshop</td>
<td>77</td>
</tr>
<tr>
<td>Annex H</td>
<td>February Workshop Agenda</td>
<td>79</td>
</tr>
<tr>
<td>Annex I</td>
<td>February Workshop Participant List</td>
<td>80</td>
</tr>
</tbody>
</table>
List of Figures

Figure 1: DPO Members and Parents of Children with Disabilities (CWD) Perceptions of Educational Laws in Cambodia ................................................................. 17
Figure 2: Parent Survey Responses on School Enrollment ........................................... 23
Figure 3: Reasons Why Children with Disabilities (CWD) are not Enrolled in School .. 25
Figure 4: Reasons Why Children with Disabilities Drop Out of School ..................... 26
Figure 5: Parents of Children with Disabilities and DPO Members’ Views on General Education Teachers’ Knowledge about Teaching Children with Disabilities. 36
Figure 6: UNESCO’s Recommended Hierarchy of Teacher Training for Inclusion ...... 37
Figure 7: DPO Members’ and Parents’ Perceptions of Access to the Curriculum for Students with Disabilities ................................................................. 42
Figure 8: Parents of Children with Disabilities and DPO Members’ Perceptions on the Benefits of Inclusive Education ......................................................... 45
Figure 9: Parents of Children with Disabilities and DPO Members’ Perceptions on the Best Educational Setting for Children with Severe Disabilities .......... 45
Figure 10: DPO Members’ and Parents’ Responses Regarding Whether Children with Disabilities Experience Discrimination in the Community ..................... 46
Figure 11: DPO Members’ and Parents’ Responses Regarding Whether Children with Disabilities Experience Discrimination in Schools or by Teachers .............. 47

List of Tables

Table 1: Situational Analysis Findings and Corresponding Recommendations .......... 3
Table 2: Prevalence Rates by Country and Methodology Used ................................. 20
Table 3: Prevalence Rates by Category of Disability According to the CSES.............. 21
Table 4: Situational Analysis Findings and Corresponding Recommendations ........ 48
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAR</td>
<td>Association for Aid and Relief</td>
</tr>
<tr>
<td>ACR</td>
<td>All Children Reading</td>
</tr>
<tr>
<td>CABDICO</td>
<td>Capacity Building for Disability Cooperation</td>
</tr>
<tr>
<td>CBM</td>
<td>Christian Blind Mission</td>
</tr>
<tr>
<td>CDPO</td>
<td>Cambodian Disabled People’s Organization</td>
</tr>
<tr>
<td>CFS</td>
<td>child-friendly school</td>
</tr>
<tr>
<td>CIPS</td>
<td>Cambodia Inter-Censal Population Survey</td>
</tr>
<tr>
<td>CRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
</tr>
<tr>
<td>CSES</td>
<td>Cambodian Socio-Economic Survey</td>
</tr>
<tr>
<td>CSL</td>
<td>Cambodian Sign Language</td>
</tr>
<tr>
<td>CWD</td>
<td>children with disabilities</td>
</tr>
<tr>
<td>DAC</td>
<td>Disability Action Council</td>
</tr>
<tr>
<td>DDP</td>
<td>Deaf Development Program</td>
</tr>
<tr>
<td>DPO</td>
<td>Disabled Persons Organization</td>
</tr>
<tr>
<td>ECD</td>
<td>early childhood development</td>
</tr>
<tr>
<td>ECED</td>
<td>Early Childhood Education Department</td>
</tr>
<tr>
<td>EGR</td>
<td>early grade reading</td>
</tr>
<tr>
<td>EGRA</td>
<td>Early Grade Reading Assessment</td>
</tr>
<tr>
<td>EMIS</td>
<td>Education Management Information System</td>
</tr>
<tr>
<td>ESP</td>
<td>Education Strategic Plan</td>
</tr>
<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (German Society for International Cooperation)</td>
</tr>
<tr>
<td>HHC</td>
<td>Hands of Hope Community</td>
</tr>
<tr>
<td>IEP</td>
<td>Individualized Education Plan</td>
</tr>
<tr>
<td>IMM</td>
<td>Independent Monitoring Mechanism</td>
</tr>
<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
</tr>
<tr>
<td>KPF</td>
<td>Komar Pikar Foundation</td>
</tr>
<tr>
<td>KT</td>
<td>Krousar Thmey</td>
</tr>
<tr>
<td>LPPRPD</td>
<td>Law on the Protection and Promotion of the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>MoEYS</td>
<td>Ministry of Education, Youth and Sport</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MoSVY</td>
<td>Ministry of Social Affairs, Veterans and Youth Rehabilitation</td>
</tr>
<tr>
<td>NEP</td>
<td>NGO Education Partnership</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
</tr>
<tr>
<td>OIC</td>
<td>Organization to Improve Communication Swallowing Therapy Services in Cambodia</td>
</tr>
<tr>
<td>PACHID</td>
<td>Parents Association of Children with Intellectual Disabilities</td>
</tr>
<tr>
<td>PED</td>
<td>Primary Education Department</td>
</tr>
<tr>
<td>PTTC</td>
<td>Provincial Teacher Training Centre</td>
</tr>
<tr>
<td>SED</td>
<td>Special Education Department</td>
</tr>
<tr>
<td>TLM</td>
<td>teaching and learning materials</td>
</tr>
<tr>
<td>TTD</td>
<td>Teacher Training Department</td>
</tr>
<tr>
<td>UDL</td>
<td>Universal Design for Learning</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNESCAP</td>
<td>United Nations Economic and Social Commission for Asia and the Pacific</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>USD</td>
<td>United States dollar</td>
</tr>
<tr>
<td>VSO</td>
<td>Volunteer Services Organization</td>
</tr>
<tr>
<td>WFD</td>
<td>World Federation of the Deaf</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
1 Executive Summary

Cambodia has a long-standing history of directly addressing disability issues, from supporting the rehabilitation of landmine survivors to promoting the current disability-inclusive development. The government of Cambodia has committed to improving the education of children with disabilities through its ratification of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) and by developing and passing national legislation regarding the provision of education to children with disabilities. Within the last 20 years, the government and other stakeholders have implemented multiple projects to help improve the education of children with disabilities in the country. While these efforts initially focused on supporting segregated education, they have slowly transitioned toward establishing an inclusive education setting.\(^1\) To facilitate the government’s interest and commitment in moving toward a more inclusive system, the United States Agency for International Development (USAID) has provided supplemental funding to the All Children Reading project in Cambodia to help strengthen inclusive education for children with disabilities in the country. This is implemented by RTI International and has the objective of strengthening reading outcomes for all children, including those with disabilities.

To ground All Children Reading-Cambodia’s inclusive education programming, a situational analysis of the education of children with disabilities in Cambodia was conducted from November 2017 to February 2018. Through this multimodal assessment, All Children Reading-Cambodia reviewed more than 80 documents, laws, and academic articles; conducted interviews with 52 stakeholders from 20 organizations; and distributed, compiled, and analyzed 27 surveys from Disabled Persons Organization (DPO) members and 53 surveys from parents of children with disabilities in Cambodia. The Special Education Department (SED) of the Ministry of Education, Youth and Sport (MoEYS) and the Cambodian Disabled People’s Organization (CDPO) were key partners throughout the situational analysis.

More specifically, the situational analysis focuses on the following core research questions:

- What findings and/or recommendations can be used to develop activities, strategies, materials, and other forms of support related to All Children Reading-Cambodia?
- How can this additional information best support the MoEYS in its efforts to provide quality education for children with disabilities in Cambodia?
- Who are the stakeholders or potential partners currently engaged in inclusive education?

Additional supporting questions were also explored:

- What are the relevant policies and strategic planning documents related to the education of children with disabilities in Cambodia?
- What data exist on the extent to which children with disabilities are accessing education in general education/mainstream schools, segregated settings, or other formal and/or non-formal settings?
- What are the existing tools and methodologies for screening students with potential disabilities and processes and services for the referral and identification of disabilities?

\(^1\) In Cambodia, inclusive education can also refer to the education of ethnic minorities and over-aged students. For the purpose of this report, inclusive education is defined as educating children with disabilities in local schools with their peers without disabilities in age-appropriate classrooms.
• What adaptive technologies, assistive devices, and other materials are currently available and being used to assist in providing educational services to children with disabilities?

• What are the existing training programs, training materials, and other resources currently available and being used to train educational personnel to promote inclusive education strategies and address the needs of students with disabilities?

• What types of services and support are currently available for families of children with disabilities?

This report presents the findings of the situational analysis and includes the current and past educational practices and programming for students with all types of disabilities—physical, sensory, learning, intellectual, and developmental. Topics addressed in the report include the following:

• Stakeholders engaged in the education of children with disabilities

• Legal frameworks, policies, and strategic plans

• Definitions/classification of disability and disability prevalence rates

• Enrollment rates of students with disabilities, numbers of out-of-school children, and dropout rates

• Educational settings

• Screening and identification of children with disabilities

• Teacher training

• Classroom supports

• Curriculum, Individualized Education Plans (IEPs), and other related supports

• Parent and community engagement

The report also recommends concrete steps that the MoEYS and other local stakeholders could take to most effectively transition toward an updated inclusive system that is aligned with the CRPD and other international best practices. This updated inclusive education system would allow the government to provide a quality education for all students with disabilities and, in the end, incur less cost than would be incurred by expanding a segregated system. The report findings and their corresponding recommendations are listed in Table 1. More detailed recommendations are listed in Section 5.1 (General Recommendations to Strengthen Inclusive Education in Cambodia). More specific recommendations for how All Children Reading-Cambodia can best support children with disabilities and build upon existing initiatives are provided in Section 5.2 (Recommendations for All Children Reading-Cambodia).
Table 1: Situational Analysis Findings and Corresponding Recommendations

<table>
<thead>
<tr>
<th>Finding</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stakeholder Engagement and Coordination</td>
<td>Ministries of Education, Youth and Sport; Health; and Social Affairs, Veterans and Youth Rehabilitation (MoEYS, MoH, MoSVY)</td>
</tr>
<tr>
<td>Many stakeholders work in the area of inclusive education. Some coordination and collaboration exists, although important areas of collaboration, such as platforms are in place but they are not well-linked. For example, Nongovernmental Organization (NGO) Education Partnership (NEP) and Disability Action Council (DAC) have both established platforms related to disability, but these platforms largely operate in isolation from each other.</td>
<td>• Continue to work closely with NEP’s Working Group on Inclusion and Disabilities and other relevant mechanisms and stakeholders. The objective should be to promote greater coordination and collaboration among them and between them and the government (such as between NEP and DAC, and the MoEYS Technical Committee on Inclusive Education). Collaboration should include, for example, sharing financial resources, technical expertise, and tools.</td>
</tr>
<tr>
<td>2. Legislations and Strategic Planning</td>
<td>MoEYS MoSVY, MoH, Ministry of Labor and Vocational Training, Ministry of Women’s Affairs, other relevant ministries</td>
</tr>
<tr>
<td>Current laws and policies related to the education of children with disabilities are in place. These laws and policies are not yet fully aligned with the Convention on the Rights of Persons with Disabilities (CRPD) goal of fully inclusive, quality education. However, these laws and policies take important steps toward achieving the longer-term goals of the CRPD. In addition, operational guidelines on how to implement the policies are lacking.</td>
<td>• Ensure that the revised Policy on the Inclusive Education takes additional steps that are needed to move toward the goals of the CRPD.</td>
</tr>
<tr>
<td>Finaly, 93 percent of Disabled Persons Organization (DPO) members reported that persons with disabilities, DPOs, or parents/guardians of children with disabilities either did not know that they could contribute to policy development or were not “very active” in helping to develop policies. Twenty-five percent of parents surveyed remain unaware of these laws and the rights of children with disabilities.</td>
<td>• Ratify the Optional Protocol of the CRPD and the Marrakesh Treaty.</td>
</tr>
<tr>
<td>Finally, 93 percent of Disabled Persons Organization (DPO) members reported that persons with disabilities, DPOs, or parents/guardians of children with disabilities either did not know that they could contribute to policy development or were not “very active” in helping to develop policies. Twenty-five percent of parents surveyed remain unaware of these laws and the rights of children with disabilities.</td>
<td>• Ensure that stakeholders, including parents of children with disabilities and DPO members, are involved in reviewing existing and new policies,</td>
</tr>
<tr>
<td>3. Definition/Categorization of Disability and Prevalence Rates</td>
<td>MoEYS MoSVY, MoH, Ministry of Labor and Vocational Training, Ministry of Women’s Affairs, other relevant ministries</td>
</tr>
<tr>
<td>Several different sources of data (including census reports and earlier Cambodia Demographic and Health Survey (CDHS surveys) are used to determine disability prevalence rates in Cambodia; however, they are not comparable and, based on World Health Organization (WHO) estimates (10–15%), are likely underestimating the true prevalence rates. This issue has been addressed by the Ministry of Planning, and its CDHS 2014 data on disabilities appear to be the most valid.</td>
<td>• Disseminate the revised Policy on the Inclusive Education to all stakeholders, at all levels, including DPOs and parents of children with disabilities.</td>
</tr>
<tr>
<td>The current disability categories do not fully align with international best practices.</td>
<td>• Put processes and tools in place to monitor the implementation of policies and plans and to evaluate their impact.</td>
</tr>
<tr>
<td>4. Enrollment, Out-of-School, and Dropout Rates</td>
<td>MoEYS, MoH, MoSVY</td>
</tr>
<tr>
<td>According to parents surveyed, 52 percent of children with disabilities are either not enrolled in school or have dropped out of school. The most common reasons given by parents for non-enrollment are concern for the child’s safety (88 percent of parents</td>
<td>• Use the Ministry of Planning CDHS data (which includes Washington Group questions) to inform funding allocations and implementation decisions for MoEYS and other key relevant ministries to ensure that students with disabilities receive appropriate supports.</td>
</tr>
<tr>
<td>Development partners and relevant ministries</td>
<td>• Revise the current disability categories to better align with international frameworks such as the WHO-endorsed International Classification of Functioning, Disability and Health (ICF).</td>
</tr>
</tbody>
</table>

Cambodia Situational Analysis on the Education of Children with Disabilities in Cambodia Report 3
### Finding

Surveyed) and concern that the school is not accessible for students with disabilities (64 percent of parents surveyed). Children with more severe disabilities, especially those with intellectual disabilities or multiple disabilities, are most likely to not enroll in school.

### Recommendation

- Develop indicators on inclusive education in the new Education Strategic Plan (ESP) 2019–2023 that are consistent with the new policy on inclusive education to ensure access to quality inclusive education.
- Engage DPOs, self-help groups, and parents of children with disabilities in school enrollment campaigns to add a specific focus designed to encourage children with disabilities to enroll/re-enroll in school.

### 5. Educational Settings

Although inclusive education efforts have taken place in Cambodia, segregated and integrated education systems are still supported by NGOs and the government. Additionally, the government does not have a clear plan on how to transition to a fully inclusive education system. Where children with disabilities are in mainstream schools, they are not always provided with the appropriate services or supports to reach their full academic potential.

Potential resources exist, such as in Krousar Thmey schools, that could be used to support teachers of inclusive classrooms.

### Recommendation

- MoEYS
  - Develop a strategic plan that outlines how the government will transition to an inclusive education system over time with the active participation of local and national DPOs and parents of children with disabilities. This strategic plan should outline clearly the roles and responsibilities of relevant stakeholders who will implement the plan.
  - Provide additional capacity building to key stakeholders on international best practices so that all understand best practices and have a shared vision.
  - Strengthen the cluster-level Thursday Technical Meeting mechanism to be well-functioning as a way to support teachers.
  - Use the DAC accessibility guidelines, once they are completed, in all new construction of schools and to retrofit existing construction.

### 6. Identification of Children with Disabilities

Although the MoEYS and several NGOs (Handicap International, Save the Children, and the German Society for International Cooperation [GIZ]) have developed their own screening tools, these tools are not comprehensive and are not yet used in all schools. These tools do not rule out medical and external factors that can cause learning problems. The lack of a comprehensive screening tool and guidelines has negatively impacted the ability of schools and educational systems to identify students with disabilities and provide appropriate services.

### Recommendation

- MoEYS, MoH
  - Together with MoH, pilot and establish national guidelines and screening tests for vision and hearing for all pre-primary and primary school children. This must be one of the first steps before additional evaluation can take place.
  - Develop a screening tool for speech and language challenges.
  - Include vision, hearing, and speech/language screening as a mandatory/regular requirement in schools’ general health checks.
  - Establish additional screening guidelines to determine if external factors may be causing a child’s additional learning needs.
  - Engage health personnel to conduct screening and testing to determine the specific type and severity of a given child’s disability.

### 7. Teacher Training

Cambodia has made great progress in training teachers—both pre-service and in-service training — on educating children with disabilities. For example, 9-month diploma courses have been developed for hearing and vision disabilities, and Save the Children and Rabbit Schools have developed an in-service training manual on intellectual disabilities. With the exception of the 28-hour introduction manual on inclusive education that is included in pre-service.
### Finding
Training, no more specific disabilities-related pre-service training is available to teachers at the Provincial Teacher Training Centres.

Additional clarification is needed on how special education teachers can be used to support inclusive education teachers.

### Recommendation
- Establish a diploma course for teacher training to support children with intellectual disabilities. Over time, all trainings should focus on moving toward an inclusive system (such as training disabilities specialists who can support inclusive education teachers).
- Ensure that the new Teacher Career Pathway provides additional credit and incentives to teachers who have undertaken additional training related to teaching children with disabilities.
- Provide appropriate support to individuals with disabilities when they take the teacher entrance exam, and recruit persons with disabilities to become teachers and to work in the MoEYS Special Education Department.

### 8. Classroom Supports
Classroom supports—such as assistive devices, braille materials, and sign language interpretation—are typically provided in segregated and integrated settings. Typically, these services are provided by NGOs. The provision of sign language interpretation is very limited in mainstream inclusive schools. Other appropriate supports are also not typically provided to students with disabilities who are being educated in inclusive setting.

MoEYS and relevant development partners
- As part of the proposed Inclusive Education Strategic Plan, work with NGOs to explore ways in which assistive devices, braille, large print, and sign language materials can be provided to students with disabilities educated in an inclusive setting.
- Consider piloting a sign language immersion school/classroom. This would include classrooms with peers who are both deaf and can hear, who are all instructed in sign language and receive instruction in sign language.
- Define and develop protocols for appropriate supports. This would include examples of supports and guidance on how these could be offered in the classroom.
- Train more sign language interpreters to support students learning in inclusive classrooms.

### 9. Curriculum, Individualized Education Plan (IEPs), and Other Related Supports
When enrolled in school, students with disabilities typically follow the national curriculum, at a minimum up to grade 3. However, IEPs and other related supports, such as therapy and transportation are not typically services provided through the education system.

MoEYS
- Revise textbooks and develop teachers’ activity guides using the Universal Design for Learning principles—for example, using different teaching strategies (e.g., group work, peer learning, and interactive play)—and in a way that makes them easier to adapt for all learners’ needs. Provide guidelines in the teacher’s activity guide on how to adapt the content and methods to make them appropriate for children in the classroom who have disabilities.
- Include in the revised Policy on Inclusive Education a statement that all children have the right to be taught according to the national curriculum. This means that all NGO-run and other private schools will adhere to the national curriculum when teaching students with disabilities, adapting it as needed to make it relevant and meaningful for each child.
- As part of the special education diploma curriculum, train teachers on how to develop IEPs and monitor student progress.
- Evaluate what other supports are needed in the classroom to ensure that all children can learn; develop a plan for making these supports available.
<table>
<thead>
<tr>
<th>Finding</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Parents and Community Engagement</td>
<td>MoEYS, development partners, local authorities</td>
</tr>
</tbody>
</table>
| Although there are activities for parents of children with disabilities that raise awareness of their children’s right to education, many parents still hesitate to send their children with disabilities to school. Two of the most common reasons given were concern over children’s safety and that schools were not accessible. Many families of children with disabilities also face harsh discrimination within their communities. | • Special Education Department should revisit the MoEYS existing guidelines for enrollment campaigns and household mapping and strengthen implementation to better reach more children with disabilities.  
• Provincial Office of Education (POE)/District Office of Education (DOE) and schools, together with DPOs, self-help groups and parents of children with disabilities, and local authorities should work to build the awareness of parents of children with and without disabilities on the benefits of inclusive education and awareness of disability.  
• Building upon existing work in the community, POE/DOE and schools should look for ways to educate the general community on the importance of inclusive education. |

The following are recommendations that can be implemented by All Children Reading-Cambodia:

- **All Children Reading-Cambodia Recommendation 1: Train General Education Teachers.** Ensure that all teachers have received training in how to differentiate instruction to support the learning needs of all children in the classroom. Include principles of inclusive education and effective classroom management in all teacher training activities and specific strategies for integrating inclusive approaches in reading instruction. Also, train and promote the concepts of Universal Design for Learning (UDL) to increase teachers’ knowledge of how to educate children with different learning needs.

- **All Children Reading-Cambodia Recommendation 2: Train Coaches to Support the Implementation of Inclusive Education.** Build the capacity of selected professionals (i.e., by engaging NGO staff and, ideally, staff within the existing MoEYS structure) to serve as coaches for general education teachers who have children with disabilities in their classroom. These coaches will provide regular support and ongoing monitoring to teachers, working with them to help parents engage with their children in literacy activities in the home. This initiative will build upon existing training manuals and provide supplementary materials and tools as needed to ensure that coaches are prepared to support teachers.

- **All Children Reading-Cambodia Recommendation 3: Develop Inclusive Teaching and Learning Materials (TLM).** Build MoEYS capacity to develop inclusive TLM using UDL principles and adhering to the guidelines in the *USAID Guide for Strengthening Gender Equality and Inclusiveness in Teaching and Learning Materials.* Ensure that all project-supported materials include information on inclusive education and portray persons with disabilities in an empowering manner. Introduce multi-sensory teaching methods and sign games to support phonics instruction and sensory books to schools to promote UDL. Produce adapted versions of TLM for those who are blind/low vision and those who are deaf/hard of hearing.

---

• **All Children Reading-Cambodia Recommendation 4:** Pilot Vision and Hearing Screening. Develop vision and screening tools and protocols that can be piloted in target areas. Utilize the current database on service providers, which was developed with the support from the project, to refer students who have vision or hearing needs to available assistive devices. Train teachers and/or other designated school staff on how to conduct screenings.

• **All Children Reading-Cambodia Recommendation 5:** Explore Possibilities to Pilot Screening for Learning Challenges Not Caused by Sensory Disabilities. Work with partners to explore possibilities for additional screening tools that can be used to identify students who may have learning needs beyond hearing and vision loss. Pilot these tools in target areas if feasible tools are available.

• **All Children Reading-Cambodia Recommendation 6:** Develop Adapted Early Grade Reading Assessment (EGRA) and School Readiness Tools. Develop assessment tools and protocols for students in preschool and primary school who use braille and large print and bilingual tools for students who use Cambodian Sign Language (CSL). Use these tools to monitor and evaluate the progress of students who are deaf/hard of hearing and those who are blind/low vision.

• **All Children Reading-Cambodia Recommendation 7:** Social and Behavior Change Communication Strategies. Show positive images of persons with disabilities in classrooms, schools, and communities to show that children with disabilities have great potential for success in life.

• **All Children Reading-Cambodia Recommendation 8:** Identify Community Volunteers to Support Children with Disabilities. Explore possibilities to identify adult volunteers within the community who can support children's access to education. Ideally these volunteers would have disabilities themselves, or would be a family member of children with disabilities. In addition, they could serve as teachers of sign language or braille while qualified teachers are being recruited, or build their skills with a view to them becoming accredited teachers. Community volunteers could provide support within inclusive classes.

2 **Introduction**

During the 1970s, the Khmer Rouge regime essentially dismantled the Cambodian education system. Because teachers were targeted by the regime and schools were closed, it was difficult for the post-Pol Pot government to find trained teachers and support the children who had lost years of education. Since that time, Cambodia has made impressive gains, rebuilding school infrastructure, training teachers, and establishing new policies and educational strategic plans. As a result, enrollment and literacy rates have increased significantly. For example, the gross enrollment rate rose from 76.4 percent in 2000–2001 to 94.3 percent in 2012–2013 (United Nations [UN] Educational, Scientific and Cultural Organization [UNESCO], 2015). However, educational equity within Cambodia remains a challenge, and the majority of children with disabilities are either not in school or are not being given the supports they need to reach their full academic potential.

International research has found that inclusive education academically benefits students with and without disabilities (Cole, Waldron, & Majd, 2004; Cosier, Causton-Theoharis, & Theoharis, 2013). Additionally, inclusive education even benefits students with severe disabilities (Wagner et al., 2006). USAID’s All Children Reading-Cambodia program will assist the Ministry of Education, Youth and Sport (MoEYS), its development partners, nongovernmental organizations (NGOs), and the private sector to harmonize early grade reading (EGR) teaching and learning approaches in Cambodia and coordinate the implementation of rigorous, feasible, practical, and scalable EGR interventions and models.
in Cambodia. The inclusive education component of the project will promote, support, and pilot additional activities that will help to ensure that improvements in EGR benefit children with disabilities. The inclusive education component targets three outcomes:

1. **Outcome 1:** Schools provide quality education for all children through strengthened partnerships and coherence to support EGR objectives in Cambodia that are inclusive and support students with physical and cognitive disabilities;

2. **Outcome 2:** Children with disabilities can meaningfully participate in the learning process and academically perform better in EGR, writing, and mathematics; and

3. **Outcome 3:** The education system supports mechanisms and policies that are more inclusive, relevant, and responsive to the needs of children, particularly those with disabilities, as the MoEYS effectively manages national-, provincial-, district-, and school-level, evidence-based EGR programs.

This situational analysis will help to inform activities and programs that All Children Reading-Cambodia can implement, building upon existing programming, that best meet the needs of children with disabilities in Cambodia.

### 3 Methodology

The methodology, findings, and recommendations were developed in close collaboration with the MoEYS and Cambodian Disabled People's Organization (CDPO). The methodology used and the limitations of the analysis overall are described below.

#### 3.1 Methodology Overview

The research methodology was designed with input from the United States Agency for International Development (USAID), MoEYS, and CDPO. The assessment team included four individuals: RTI's Director of Teaching and Learning, an international inclusive education expert consultant, the All Children Reading-Cambodia Inclusive Education Advisor, and a local consultant with extensive experience in inclusive education and disability-inclusive development. The assessment team addressed the research questions through a three-pronged approach: (1) an extensive literature review, (2) interviews with key stakeholders engaged in the education of children with disabilities in Cambodia, and (3) surveys of Disabled Persons Organization (DPO) members and parents of children with disabilities in Cambodia.

#### 3.2 Literature Review

From November 2017 to January 2018, the assessment team conducted a review of available resources on the education of children with disabilities in Cambodia. This included regulations, legal texts, published academic works, and documentation published by local and international NGOs working on disability issues in Cambodia. When appropriate, this research was complemented by an analysis of global best practices and standards for the education of children with disabilities. **Annex A** presents the more than 80 documents that were reviewed and consulted for the report.

#### 3.3 Stakeholder Interviews

The assessment team conducted interviews with key stakeholders from November 27 to December 6, 2017. In total, 20 interviews took place with 52 representatives from local and international organizations, including one DPO, three technical departments of MoEYS and the Disability Action Council (DAC), and several local and international NGOs. **Annex B** provides the full list of stakeholders interviewed. Although most interview questions applied
to all stakeholders, some questions were tailored to reflect the specific stakeholder involvement. The interview questions are listed in Annex C.

3.4 Survey of DPOs and Parents of Children with Disabilities

As a complement to the desk review, the assessment team surveyed DPO members (see Annex D for the DPO member survey) and parents of children with disabilities (see Annex E for the survey for parents of children with disabilities) to obtain their perspectives on the current situation of children with disabilities. Respondents were asked to describe the quality of current education practices, access to services, availability of trained specialists, and use of assistive technology as relates to children with disabilities. The surveys also asked about attitudes toward special and inclusive education and reasons why children with disabilities might not be currently enrolled in school. Assurances were provided to DPOs and parents that no identifying information about themselves or their children would be used for this activity.

On November 27, 2017, a focus group was held with the MoEYS and various members of the disability community to review and provide input on the draft tools. Stakeholder organizations that attended the 3-hour meeting included CDPO, Handicap International, Parents Association of Children with Intellectual Disabilities (PACHID), Krousar Thmey (KT), the Deaf Development Program (DDP), and the Special Education Department (SED) of the MoEYS.

The DPO member surveys were distributed and collected during the CDPO quarterly network meeting on December 1, 2017. A total of 27 DPO member surveys were collected and analyzed. DPOs were also asked to distribute surveys for parents of children with disabilities to the parents in their networks. They were also asked to send parent surveys to parents in both rural and urban areas, with a goal of returning five surveys per geographic area within each DPO’s area of activity. A total of 53 parent surveys were collected and analyzed.

3.5 Initial Findings Workshop

On December 7–8, 2017, the All Children Reading-Cambodia assessment team hosted a consultative workshop in Kep province to share initial findings from the literature review and interviews with key selected stakeholders and solicit additional information from stakeholders participating in the workshop. During this workshop, participants were also asked to review and comment on the service provider survey that will be used as part of future research conducted in Siem Reap. Thirty-four individuals from 20 organizations attended, including three technical departments of the MoEYS, DPOs, and international and local NGOs; the workshop agenda can be found in Annex F, and the list of workshop attendees can be found in Annex G.

3.6 Limitations

The situational analysis was broadly supported by the MoEYS, CDPO, and all engaged stakeholders. Certain limitations did exist related to the parent survey, however. Most parents who completed the survey are active members of a DPO; because parents who are active DPO members may have different perspectives than parents who are not active, the responses obtained may not be representative of all parents of children with disabilities. Additionally, although five parent surveys were obtained from each of 11 (out of the 25 total) provinces in Cambodia, these may not fully represent the views of all individuals living in both rural and urban areas in Cambodia. The parent survey responses should, therefore, be interpreted with some caution.
4 Analysis and Findings

4.1 Stakeholders Engaged in the Education of Children with Disabilities

A 2014 mapping of stakeholders found that 138 entities were working on disabilities issues across all provinces in Cambodia (Bailey & Nguon, 2014). Several of these specifically focused on the education of children with disabilities. While a more current mapping was not undertaken, the primary stakeholders currently leading efforts to promote quality education for children with disabilities are listed below.

- **MoEYS**: The MoEYS established the Office of Special Education as part of the Primary Education Department (PED) in 2000. In 2016, through sub-decree No. 156, the responsibility for the education of children with disabilities was moved from the Office of Special Education to the newly created Special Education Department (SED). The role of the SED includes preparing inclusive education guidelines, collecting statistics on children with disabilities, monitoring the education of children with disabilities, and monitoring and evaluating different programs operated by NGOs in this area. The Ministry has stated that one of its goals is transitioning from providing education in predominantly segregated, or special schools toward an inclusive education system. However, it faces some challenges in doing so. One of the main challenges faced by the SED is a lack of budget. The MoEYS does provide limited in-service teacher training (K. L. Chen, personal communication, December 5, 2017). The MoEYS also supplements the salaries of special education teachers working within NGO-run segregated special schools. The current 655 million Cambodian Riels budget per annum (as of 2017–2018) does not, however, cover the cost of other supports and services, such as providing assistive devices to students or giving funding to provinces for inclusive education.

- **Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)**: The Ministry of Health (MoH) and other ministries are also engaged in disability issues in Cambodia. For example, the MoSVY has recently taken over all the physical rehabilitation centers after they have been run by NGOs for years. The MoH oversees and is responsible for governing the healthcare industry in Cambodia, which includes health-related NGOs (Devex, 2018). Although the MoH does not have jurisdiction over educating children with disabilities, it does have as strategic priorities reducing non-communicable diseases (e.g., blindness through improving access to eye care) and improving access to treatment and rehabilitation for individuals who have had accidents or injuries (Department of Planning and Health Information, 2008).

- **DAC**: Established in 2009 with the passing of the Law on the Protection and the Promotion of Persons with Disabilities, DAC is a national coordination and advisory body that supports the Royal Government of Cambodia on disability-related issues. DAC currently has 58 members who are nominated by the government. They include members from 15 different ministries. The DAC has five units: (1) administration and finance, (2) rights of persons with disabilities, (3) welfare and rehabilitation, (4) integration of persons with disabilities, and (5) development for disability service. Inclusive education primarily falls under the rights unit (DAC, 2017).

---

3 655 million Cambodian Riels is the equivalent of 163,750 United States dollars (USD).
4 Ministries that are part of the DAC include the MoSVY; Ministry of Interior; Ministry of National Defense; MoH, Ministry of Economy and Finance; Ministry of Commerce; Ministry of Planning; Ministry of Land Management, Urban Planning and Construction; Ministry of Justice; MoEYS; Ministry of Rural Development; Ministry of Agriculture, Forestry and Fishery; Ministry of Information; Ministry of Public Affairs and Transportation; Ministry of Tourism; Ministry of Women’s Affairs; Ministry of Labor and Vocational Training; and Ministry of Culture and Fine Arts.
• **DPOs**: CDPO is an umbrella organization that includes as its members 73 DPOs that operate at the provincial and district levels and that represent all types of disabilities.\(^5\) CDPO represents the voice of persons with disabilities at the national level. It advocates for positive changes for persons with disabilities and the rights of persons with disabilities to equal participation in a barrier-free society.

District-level DPOs are often self-help groups, or informal, community-based groups of persons with disabilities that meet regularly to provide mutual support and address common issues (Bailey & Nguon, 2014). A priority issue for these organizations is to advocate for inclusive education.

CDPO meets with its members regularly to build their capacity on disability issues, including issues related to inclusive education. CDPO would like to see Cambodia transition to a more inclusive education system with improved policies building upon the experiences of other countries in the region. (S. Ngin, personal communication, November 30, 2017).

• **National NGOs**: Many national NGOs are working on disability issues in Cambodia. Some of these NGOs provide direct education services to schools and children (see Section 8). Other NGOs provide health and employment services to persons with disabilities. Within Cambodia, the NGO Education Partnership (NEP) plays an important role in helping to coordinate national and international NGOs working in education sector. Even with the assistance of NEP, though, collaboration and coordination among NGOs remains a challenge. Finding a way to strengthen this coordination, such as sharing tools and coordinating where and how to provide support, is an opportunity for NEP and other stakeholders to explore.

• **International NGOs/International Agencies**: International NGOs have a strong history of interest and involvement in disability issues in Cambodia, starting from the landmine survivor movement of the 1990s (Kalyanpur, 2011). Many of these international NGOs focus on inclusive education (see Section 4.5 for more information). Many of these international NGOs, but not all, are active in the NEP. Additionally, several UN agencies—such as the UN Children’s Fund (UNICEF) and the UN Development Programme (UNDP)—and donors such as USAID, the Japan International Cooperation Agency (JICA), and Finish Aid support disability inclusion issues.

Many stakeholders do not have financial and human capacities to meet the needs of persons with disabilities in Cambodia (Bailey & Nguon, 2014). NGOs participating in the NEP mapping exercise reported the ‘lack of training, capacity and technical skills in dealing with children with disabilities’ as their main challenges (NEP, 2017). Because of this lack of technical capacity, groups implementing programs may not always follow international standards or programming aligned with the UN Convention on the Rights of Persons with Disabilities (CRPD).

---

\(^5\) For a full list of DPOs, please visit the CDPO website at [http://www.cdpo.org/en/membership/list-of-dpos/](http://www.cdpo.org/en/membership/list-of-dpos/).
4.1.1 Analysis and Findings

Finding 1: Stakeholder Engagement and Coordination. Although many stakeholders work in the area of inclusive education, they do not always coordinate their efforts. Some also lack capacity related to inclusive education and CRPD compliance.

This lack of collaboration often results in organizations duplicating efforts. For example, the MoEYS and several NGOs have developed separate screening tools, although these efforts could have been coordinated. Organizations are also often unable to build off of existing resources. NEP tries to improve the coordination between national and international NGOs and actively engages CDPO to increase coordination. The MoEYS participates in the NEP Working Group on Education and Disabilities. However, not all relevant ministries and bilateral and multilateral donors participate in this working group, and this limits the coordination between the NGOs and government and donors. Many education NGOs lack technical capacity in the areas of inclusive education. There is a demonstrated and expressed need to build the capacity of different stakeholders to understand better global standards and best practices related to inclusive education to ensure that all programming aligns with the CRPD.

4.2 International, Regional, and National Legal Frameworks, Policies, and Strategic Plans

4.2.1 International Legislation

Cambodia has signed and ratified several international policies and frameworks related to the education of children with disabilities. Most notably, Cambodia ratified the CRPD on December 20, 2012 (UN Office of the High Commission for Human Rights, 2017). The CRPD shifts thinking from viewing disability through the medical or charity model lenses to viewing disability issues as fundamental human rights. The CRPD is also the primary international standard for inclusive education and outlines the rights of children with disabilities. Article 24 on education mandates that State Parties must ensure the following (UN, 2006, art. 24):

- “Persons with disabilities are not excluded from the general education system on the basis of disability, and... children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
- Persons with disabilities can access an inclusive, quality, and free primary education and secondary education on an equal basis with others in the communities in which they live;
- Reasonable accommodation of the individual’s requirements is provided;
- Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
- Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.”

The CRPD also requires that governments provide access to learning Braille and sign language and to augmentative and alternative modes of communication (UN, 2006, art. 24). To help clarify expectations for implementing Article 24 of the CRPD, the CRPD Committee developed the General Comment No. 4 on the right to inclusive education.6 This document

---

6 The CRPD Committee is a body of independent experts on disability (most of whom are persons with disabilities) that monitors the implementation of the CRPD by State Parties. It is their responsibility to review State Party and Independent country reports.
was developed in collaboration with international DPOs and experts on inclusive education. It clarifies the definition of inclusive education, the need for trained teachers, and a holistic approach to educating children with disabilities. In this document, the committee also states that governments must act as quickly as possible to implement inclusive education. It also states that maintaining a dual system of inclusive education and segregated education is not compatible nor aligned with the CRPD (UN, 2016).

The CRPD requires that State Parties (governments that have ratified the CRPD) submit an initial report on the implementation of the CRPD within 2 years of ratification and then subsequently every 4 years after that (UN Office of the High Commissioner for Human Rights, 2017). Five years after ratifying the CRPD, Cambodia has not yet submitted a State Party report to the CRPD Committee. The DAC stated that the government intended to finalize and submit a report to the Committee in December 2017, but that deadline has been extended to early February 2018. As no national human rights institute exists in Cambodia at this stage, the DAC also plans to serve in the capacity of an Independent Monitoring Mechanism (IMM) and will submit a report in that role (T. P. Pheary, personal communication, November 29, 2017). Because the designated IMM should be an independent, nongovernmental agency that submits an alternative report that verifies or presents alternative views to the official State Party Report, it is unclear whether or not the DAC will be allowed to serve as the IMM.

The CRPD also has a complimentary Optional Protocol that allows for individuals or groups of individuals to submit a violation claim against a State Party. Although Cambodia signed the CRPD Optional Protocol on October 1, 2007, the country has not yet ratified it. The DAC is planning to propose ratification of the optional protocol this year upon submission of the first CRPD report (C. Check, personal communication, January 5, 2018).

In addition to the CRPD, Cambodia has ratified or publically supported the following international treaties or frameworks that address the right or need to educate children with disabilities:

- Salamanca Statement on Special Education Needs of 1994

On June 28, 2013, Cambodia signed the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled; however, it has not yet ratified the treaty (World Intellectual Property Organization, 2017)

### 4.2.2 Regional Legislation

At the regional level, Cambodia has signed and participated in regional policies and legal frameworks that support the education of children with disabilities. For example, Cambodia has participated in the following:

- The Biwako Millennium Framework for Action Towards an Inclusive, Barrier-Free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific (UNESCAP, 2011)
- Incheon Strategy to “Make the Right Real” for Persons with Disabilities of 2013 (UNESCAP, 2013)
• Education 2030 Incheon Declaration Framework for Action Toward Inclusive Equitable Quality Education and Lifelong Learning for All

4.2.3 National Policies, Legislation, and Strategic Plans

Cambodia has developed several policies and strategic planning documents related to the education of children with disabilities. A summary of the main policies related to education and disability in Cambodia is presented below.7

- **Cambodian Constitution.** Chapter 6 of the Cambodian Constitution addresses education, culture, and social affairs. Although the Constitution does not specifically address the educational rights of children with disabilities, Article 65 states that the government of Cambodia will “protect and upgrade citizens’ rights to quality education at all levels and shall take necessary steps for quality education to reach all citizens” (Kingdom of Cambodia, 1993, Article 65). Likewise, Article 66 states that the government will establish a comprehensive and standard education system that will ensure that all citizens have equal opportunity to earn a living. Article 68 states that the government will provide primary and secondary education to all citizens in public school. Article 74 of the Constitution specifically addresses disability and states that “the State shall assist the disabled and the families of combatants who sacrificed their lives for the nation” (Kingdom of Cambodia, 1993, Article 74).

- **Education Law of 2007.** Article 38 of this law creates a provision for special education services for children with disabilities and identifies the need to develop a special education curriculum. Article 39 of this law states that students with disabilities have the same educational rights as students without disabilities. The Article goes on to state that “disabled learners of either sex have the right to study with able learners if there is sufficient facilitation in the study process for the disabled learner to fulfill the educational program of the educational institutions” (Kingdom of Cambodia, 2007a). This policy does not provide additional explanation on what sufficient facilitation would include. Those students who are not able to learn within mainstream classrooms have the right to be educated in separate special classes (Kingdom of Cambodia, 2007a). The law does not address budget or how additional services will be provided. The lack of specific examples about what is a reasonable provision also gives schools a wide scope to claim that a child would require too many supports to be in the classroom. This law reinforces the concept that it is the responsibility of the child to adapt to the classroom environment; it does not reflect the preferred international standard of providing appropriate supports or adaptations in the classroom so that students with disabilities can reach their full academic potential within an inclusive education setting.

- **Child-Friendly School (CFS) Policy (December 2007).** This policy is written to further support the national education goals, respond to the Millennium Development Goals, achieve the goals and targets of the National Plan of Education for All, and achieve the Education Strategic Plan (ESP) and Education Sector Support Program annual rolling plan (Kingdom of Cambodia, 2007b). Within this policy, a CFS recognizes and nurtures the achievement of children’s basic rights: CFSs work with all commitment holders, especially parents and guardians of students, and are characterized by equity, balance, freedom, solidarity, non-violence, and a concern for physical, mental, and emotional health. These characteristics lead to the development of knowledge, skills, attitudes, values, and morals so that children can live together in a harmonious way. Specifically, this policy states that all children should have access to inclusive education, including children with disabilities. The

---

7 This section only provides an overview and analysis of the policies and strategies. How these policies are implemented is discussed throughout the findings section.
policy is accompanied by the CFS checklist and additional training on the importance of including children with disabilities and ethnic minorities in schools.

- **Law on the Protection and Promotion of Rights of Persons with Disabilities (LPPRPD) 2009.** This law was passed to protect the rights of people with disabilities, including the right to employment and the right to education. Article 28 of the law states that the State will develop policies and strategies for the education of students with disabilities, such as promoting inclusive education to the extent possible and creating special classes to respond to the needs of students with disabilities (Kitamura, Edwards, Williams, & Sitha, 2016). The law does not clarify or define what “to the utmost extent possible” means, nor is there budget allocated for the education of children with disabilities in the law. Article 46 of this law establishes a Persons with Disabilities Fund, which is responsible for funding services for people with disabilities (e.g., education and health) and promoting the welfare of people with disabilities (Kingdom of Cambodia, 2009).

- **Teacher Policy of 2013.** This policy was passed to develop a set of standards for teachers, with the ultimate goal of improving teacher performance and knowledge. The policy promotes teacher training centers, teacher in-service training, and professional development and creating legislature mechanisms to ensure implementation (Kingdom of Cambodia, 2013a). However, this policy does not include information or teaching guidance related to children with disabilities.

- **National ESP for 2014–2018.** This strategic plan seeks to ensure equitable access for all children, including children with disabilities. The plan also aims to increase enrollment in early childhood education, including inclusive public programs for children with disabilities; expand inclusive education for children with disabilities in public primary schools; and create a special education program that includes accelerated classes, multi-grade classes, bilingual education, and support for children with hearing- and vision-related disabilities (Kingdom of Cambodia, 2014a).

- **National Policy on Early Childhood Care and Development.** This policy sets out a vision that all children aged 0–6 should be provided with care and development services, particularly disadvantaged, vulnerable, and poor children. This care and development includes an expansion of health services for all children aged 0–3, “with regular health checkup, provision of timely and adequate immunization and monitoring on nutrition provision services for children with malnutrition, chronic illnesses, delayed development and disabilities” (Kingdom of Cambodia, 2010).

- **National Disability Strategic Plan 2014–2018.** The main goal of this strategic plan is to promote the rights of people with disabilities. To do so, it establishes 10 objectives, including poverty reduction, access to healthcare, access to education, participation in political life, participation in social activities, and empowerment of women and children with disabilities (Kingdom of Cambodia, 2014). The strategic plan has been developed for a mid-term review of the effectiveness of implementation. The DAC will soon begin to develop the 2019–2023 strategic plan (T. P. Prak, personal communication, November 29, 2017).

- **Policy on Education for Children with Disabilities of 2008.** This policy specifically relates to the education of children with disabilities and has four main purposes: 1) “to increase awareness and acceptance of disability among institutions, communities, and stakeholders; 2) to provide early identification and intervention to all children with disabilities from birth to age five; 3) to provide education or vocational training to children and youth with disabilities; and 4) to increase enrollment, promotion and survival rates in schools” (Kingdom of Cambodia, 2008a).

The policy lays out six strategies to achieve its stated goals (Kingdom of Cambodia, 2008a):
1. **Identify and enroll children with disabilities.** This strategy includes a campaign to build public awareness of the education policy. It also includes developing a tool for identifying children with disabilities and training school staff and community health workers to use it to screen children to collect statistics and to refer children to clinics or development partners. It lays out plans for using community mapping and Education Management Information System (EMIS) data, and notes the need to establish a referral system.

2. **Provide early intervention to children with disabilities.** This strategy focuses on services and supports for children aged 0–5 and promotes connecting with relevant ministries to help with prevention and rehabilitation for children aged 0–5, “particularly children who are at risk of becoming disabled” (Kingdom of Cambodia, 2008a). It also places children and states that children with disabilities who are aged 3–5 will be placed in age-appropriate and inclusive pre-schools that provide differentiated instruction and appropriate supports. Additionally, it states that children who do not pass pre-school will be placed in school readiness programs (i.e., short courses of instruction for children before they start the Grade 1 curriculum, either during the school holidays or at the beginning of the Grade 1 school year). However, this access is not being provided; the only school readiness programs currently available are supported by NGOs and are only in small numbers of schools.

3. **Create and implement an inclusive education program.** This strategy aims to provide students with disabilities assistive devices, such as mobility aids, adapted learning materials, transportation, and accessible classrooms and toilets that adhere to universal design standards. Additionally, according to this strategy, students with disabilities must be given modifications or alternative assessments on national standardized tests.

4. **Increase the enrollment of girls with disabilities.** This strategy aims to collect statistics on girls with disabilities, with the ultimate goal of increasing their school enrollment rates. Under this strategy, girls with disabilities are to be given non-monetary incentives\(^8\) to attend school and flexible scheduling of classes so that they can balance school with their home and community responsibilities. The government should offer scholarships to girls with disabilities who attend school and complete basic education and vocational training at the secondary level.

5. **Raise awareness and understanding about disability.** This strategy aims to disseminate the implementation plan and information about school infrastructure accessibility to all district and provincial offices. Under this strategy, persons with disabilities are invited to participate in school activities as role models, and peer groups should be created to support children with disabilities. Additionally, the strategy includes the promotion of understanding of disability and the rights of children with disabilities, with parents encouraged to set up self-help groups.

6. **Support the education system in providing educational services for children with disabilities.** This strategy aims to develop an inclusive education module for all in-service teachers that is accompanied by instructional materials and teaching aids for teachers to use. Additionally, training in inclusive education should be provided as part of CFS training. Training should be provided in braille instruction and sign language through the provincial and regional training colleges. General education teachers should also be trained in inclusive education, braille, and sign language, and more teachers placed in rural areas to improve the quality of basic education for children with disabilities. Finally, a

\(^8\) The policy does not provide examples of non-monitory incentives.
quality standard should be established to measure and evaluate the success of the special education program.

The Policy on Education for Children with Disabilities, however, only guarantees school educational services for children with disabilities through primary school. The MoEYS intends to update and strengthen the policy and, in doing so, plans to hold consultation meetings with DPOs and other stakeholders. The MoEYS has stated that it will begin consultation meetings on the new version of the policy in December 2017 and that it expects the policy to be completed by March 2018 (S. Tim, personal communication, November 27, 2017).

Most DPO members (52 percent) and parents (53 percent) surveyed as part of this situation analysis felt that current laws were adequate but could be strengthened. Figure 1 summarizes the perceptions of DPO members and parents of children with disabilities regarding the quality of educational laws related to disability within Cambodia. Engagement in the drafting of the law is reported to be minimal, with only 7 percent of the DPO members who responded to the surveys reporting that they were active in the drafting of past disability-related laws. Most of the respondents (56 percent) were not aware of any consultation process. In addition to the lack of a consultation process, parents of children with disabilities and DPO members appear to be widely unaware of the existing laws related to the education of children with disabilities. An estimated 73 percent of all parents participating in the survey responded that they were not familiar with the National Policy on the Education of Children with Disabilities of 2008, compared to 52 percent of DPO members. In comparison, more stakeholders were aware of the LPPRDP. For example, 52 percent of DPO member reported familiarity with the law, compared to 51 percent of parents.

Figure 1: DPO Members and Parents of Children with Disabilities (CWD) Perceptions of Educational Laws in Cambodia

<table>
<thead>
<tr>
<th>Perception</th>
<th>Parents</th>
<th>DPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am not aware of current laws or regulations</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Current laws do not address the needs or ensure that CWD can access education</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Current laws are adequate to ensure the education of CWD but need to be strengthened</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Current laws are strong and do not need to be improved</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

4.2.4 Analysis and Findings

Finding 2: Legislations and Strategic Planning. Although laws related to the education of children with disabilities are in place, these laws are not fully aligned with the standards outlined in the CRPD. In addition, stakeholders overall do not feel that they were widely
engaged in the policy development, and many parents remain unaware of relevant laws and the rights of children with disabilities.

UNESCO provides minimum standards for national legal frameworks through its Policy Guidelines for Inclusion in Education document. This document suggests that all national policies should (1) ensure a transition plan for students with disabilities, (2) identify stakeholders and their responsibilities, (3) provide resources for students with disabilities, and (3) establish monitoring and evaluation mechanisms for ensuring that education is truly inclusive (UNESCO, 2009). Additionally, effective domestic policies should provide information on funding allocation for special education services, define “reasonable accommodations,” promote access to assistive devices and technology, promote access to learning in braille and sign language, and indicate how individuals can address complaints or obtain redress of grievances (Hayes & Bulat, 2017). Although the 2008 Policy on Education for Children with Disabilities promotes critical services and resources, it does not address several of the other recommended elements for domestic inclusive education policy. As the newly revised policy on inclusive education is still under consideration, it is a great opportunity for MoEYS to align with the CRPD and take into account the recommended practices.

4.3 Definition/Classification of Disability and Disability Prevalence Rates

4.3.1 Definition/Categorization of Disability

The definition and classification categories of disability in Cambodia have changed several times in the last several years. The 2009 LPPRPD defines disability as:

“any person who lack, lose, or suffer impairment of their physical or mental being resulting in disturbance to their daily life or activities such as physical disabilities, visual, audio and mental impairments, consciousness disorder and other forms of disabilities resulting in an abnormal state” (Kingdom of Cambodia, 2009).

The 2008 Policy on Education for Children with Disabilities also provided a definition of children with disabilities:

“children who have difficulty with daily life activities as a result of a loss or impairment or lack in physical, intellectual or behavioral function or structure. For example, some children may have difficulty seeing, hearing, or communicating, perhaps as a result of loss of vision, hearing or speech. Some may have difficulty in movement, perhaps as a result of loss of limb or through illness, such as polio. Some children may exhibit behaviors that are considered inappropriate within their culture.” (Kingdom of Cambodia, 2008a).

The original disability classification system in Cambodia included 14 categories of disabilities, all of which were related to orthopedic or physical challenges (e.g., one-leg amputation or two-leg amputation) (Kalyanpur, 2016). In 2003, the MoSVY developed an eight-category classification system that included the following (JICA, 2002).

1. Seeing difficulties or visual impairment
2. Hearing difficulties or hearing impairment
3. Speaking difficulties or mute/speaking impairment
4. Moving difficulties or physical impairment
5. Feeling difficulties
6. Abnormal behavior or mental impairment
7. Learning difficulties or intellectual impairment
8. Fits

In 2008, these eight categories were expanded to include an “other” category. However, in 2010, technical advisors to the DAC noted that a large number of children were falling under the “other” category, indicating that the original categories were inadequate (Kalyanpur, 2016). Other government agencies have used entirely different categories, further complicating the issue. For example, the Cambodian Socio-Economic Survey (CSES) used five categories of disabilities: vision, hearing, mobility, feeling [tactile], and mental function.

In an attempt to streamline and simplify the classifications of disabilities, the MoSVY and MoH more recently developed four categories of disabilities (Inter-Ministerial Prakas on Classification of Types and Levels of Disability, 2492 MoSVY.BK, dated November 22, 2011). These categories are as follows:

- Physical (including persons with mobility disabilities, persons who are blind/low vision and/or deaf/hard of hearing, and those with communication challenges),
- Intellectual disabilities (including Downs Syndrome, autism, and cerebral palsy),
- Mental (behavior challenges, emotional challenges, and challenges with thinking), and
- Others (e.g., dwarfism and chronic illness) (Kalyanpur, 2016).

Many stakeholders are critical of this classification system, as they find it to be overly simplistic. This system does not account for children who may have multiple or co-occurring disabilities. Likewise, it does not account for the category of developmental disabilities; for example, it incorrectly assumes that all persons with autism and cerebral palsy have an intellectual disability. The MoSVY and MoH are currently revising the classification to include a new system that is more aligned with the World Health Organization (WHO) International Classification of Functioning, Disability and Health (T. P. Prak, personal communication, November 29, 2017).

Prominent causes of disability in Cambodia include poor prenatal care, serious childhood illnesses, childhood stunting, and injuries resulting from accidents and landmines (VanLeit, Channa, & Rithy, 2007). One estimate places the number of amputees in Cambodia as high as 40,000 people, or one out of every 290 Cambodians (Haas, 2013).

The language used for disability or disability-related terms in Khmer tends to have negative connotations. For example, the term “deaf and dumb” is still commonly used in many settings, and the term for epilepsy can be translated as “mad pig” (Moreira, 2011).

### Intellectual versus Developmental Disabilities

For the purposes of this report, there is a distinction between intellectual disability and developmental disability. These categories of disability can be defined as follows:

- **Intellectual disabilities** are characterized by a limited mental capacity or reduced cognitive ability.
- **A developmental disability** is a chronic disability that can impact language, learning and/or mobility.

While someone with a developmental disability (such as autism or cerebral palsy) may also have intellectual disabilities, many individuals with developmental disabilities experience no challenges with learning or intelligence.

---

9 For the purposes of this report, a distinction is made between intellectual disability and developmental disability. Intellectual disabilities are characterized by limited mental capacity or reduced cognitive ability. A developmental disability is a chronic disability that can impact language, learning, and mobility. Although someone with a developmental disability (e.g., autism or cerebral palsy) may also have intellectual disabilities, many individuals with developmental disabilities experience no challenges with learning or intelligence.
For example, information collected from the census in 2008 estimated the total population of persons with disabilities to be approximately 1.44 percent, or roughly 200,000 people (Kingdom of Cambodia, 2008b).

Based on these census data, Cambodia reports one of the lowest prevalence rates in the world. Table 2 shows the prevalence rate reported in the Cambodian census compared to other countries worldwide based on the methodology used.

Table 2: Prevalence Rates by Country and Methodology Used

<table>
<thead>
<tr>
<th>Country</th>
<th>Source</th>
<th>Year</th>
<th>% of disability</th>
<th>approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>census</td>
<td>2010</td>
<td>23.90%</td>
<td>functionality</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>survey</td>
<td>2014/15</td>
<td>20%</td>
<td>functionality</td>
</tr>
<tr>
<td>United States</td>
<td>census</td>
<td>2000</td>
<td>19.40%</td>
<td>functionality</td>
</tr>
<tr>
<td>United States</td>
<td>census</td>
<td>2010</td>
<td>19%</td>
<td>functionality</td>
</tr>
<tr>
<td>Canada</td>
<td>census</td>
<td>2001</td>
<td>18.50%</td>
<td>functionality</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>survey</td>
<td>2007</td>
<td>18%</td>
<td>functionality</td>
</tr>
<tr>
<td>Norway</td>
<td>unknown</td>
<td>unknown</td>
<td>12.15%</td>
<td>functionality</td>
</tr>
<tr>
<td>Brazil</td>
<td>census</td>
<td>2000</td>
<td>14.50%</td>
<td>functionality</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>census</td>
<td>1991</td>
<td>12.20%</td>
<td>functionality</td>
</tr>
<tr>
<td>Poland</td>
<td>census</td>
<td>2011</td>
<td>12.20%</td>
<td>functionality</td>
</tr>
<tr>
<td>Poland</td>
<td>census</td>
<td>1988</td>
<td>10%</td>
<td>functionality</td>
</tr>
<tr>
<td>Jamaica</td>
<td>unknown</td>
<td>unknown</td>
<td>6.30%</td>
<td>disability</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>unknown</td>
<td>1984</td>
<td>3.80%</td>
<td>disability</td>
</tr>
<tr>
<td>Cambodia</td>
<td>census</td>
<td>2008</td>
<td>1.44%</td>
<td>disability</td>
</tr>
<tr>
<td>Turkey</td>
<td>unknown</td>
<td>unknown</td>
<td>1.40%</td>
<td>disability</td>
</tr>
<tr>
<td>The Philippines</td>
<td>unknown</td>
<td>unknown</td>
<td>1.30%</td>
<td>disability</td>
</tr>
<tr>
<td>Jordan</td>
<td>census</td>
<td>2004</td>
<td>1.20%</td>
<td>disability</td>
</tr>
</tbody>
</table>

The data collection methods used for this census are considered unreliable, however, because the census relies on asking if a person has a disability. This method is known to result in underestimates because of a misunderstanding of the term ‘disability’ and concerns about related stigma and discrimination. Many groups interviewed as part of this analysis indicated that the published prevalence rate in Cambodia does not reflect the actual number of persons with disabilities living in Cambodia.

---

10 In this table, ‘functionality’ in the chart refers to census data collected using the Washington Group Questions on disability in the census, whereas ‘disability’ refers to the approach in which the census asks an individual “Do you have a disability?”

11 This approach typically results in 1–5 percent prevalence rates, compared to the functionality approach, according to which approximately 10–20 percent of the population indicates that they have a disability (Mont, 2007). The functionality question approach, which was developed by the UN Washington Group, comprises a set of questions about a respondent’s functionality or activity level. Questions designed for children aged 5–17 are referred to as the Child Functioning Module. These questions are available at the following website: http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/Child_Functioning_for_Children_Age_5_to-17_Oct-2016_FINAL.pdf
Other surveys and questionnaires used in Cambodia have resulted in different prevalence rates. For example, the Household Questionnaire of the Cambodia Inter-Censal Population Survey (CIPS) of 2013 reported a disability prevalence rate of 2.1 percent. This survey used eight categories of disability that were slightly different from the eight categories used by the MoSVY. For example, this categorization included a category for multiple disabilities but did not include a category of ‘fits.’

Furthermore, the CSES, which used targeted household sampling and data from several organizations working with people with disabilities in Cambodia, estimated that 4.7 percent of the population has a disability. Table 3 shows the estimated prevalence rates of types of disabilities within Cambodia according to recent CSESs.

Table 3: Prevalence Rates by Category of Disability According to the CSES

<table>
<thead>
<tr>
<th>Type of Difficulty Listed within the CSES</th>
<th>CSES 2001</th>
<th>CSES 2009</th>
<th>CSES 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing</td>
<td>1.5</td>
<td>3.9</td>
<td>1.7</td>
</tr>
<tr>
<td>Hearing</td>
<td>0.5</td>
<td>1.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Speaking</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Moving</td>
<td>1.1</td>
<td>1.6</td>
<td>1.1</td>
</tr>
<tr>
<td>Feeling or sensing</td>
<td>0.4</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Psychological</td>
<td>0.3</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Learning</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Fits</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Source: Kartika, 2017

Other studies provide much higher estimates of persons with disabilities. One study used the Ten Questions Screening Instrument developed by WHO and found the prevalence rate for children with disabilities in Cambodia to be 15.59 percent, which is 10 times higher than the 2008 census report for the same age group (Evans et al., 2014). Likewise, whereas the CSES of 2014 estimates that speaking challenges impact 0.2 percent of the population, the Organization to Improve Communication Swallowing Therapy Services in Cambodia (OIC)—a Cambodian NGO that provides and works to strengthen speech therapy and communication supports—estimates that at least 15 percent of children between the ages of 2 and 9 have some form of communication challenge (R. Bryce, OIC, personal communication, December 6, 2017.). Similarly, based on a 2012–2013 survey conducted by the Cambodia Campaign to Ban Landmines & Cluster Munitions with other local groups, approximately 9.9 percent of the population has a disability (Bailey & Nguon, 2014).

Almost half of the individuals with disabilities in Cambodia are under the age of 20 (Kartika, 2017). There is also a disproportionate number of persons with disabilities living in poverty. A 2006 World Bank study of 500 households in Cambodia that include a family member with a disability reported that 49 percent of families with disabilities lived on 1 USD per day, compared to 34 percent of the general population. The CIPS also reports a larger percentage of persons with disabilities out of the whole population, depicting that those living in rural areas is almost twice compared to those living in urban areas, which is 2.3 % and 1.3 % respectively (Kingdom of Cambodia, 2013b). On the other hand, the 2014 CDHS reports the percentage of disability at the level of “some difficulty” among the population aged from 5 years old and above, following the Washington group questions, as 9.7% and 8.7% in rural and urban areas respectively and that at the level of “a lot of difficulty” as 2.1% and 2.2% in rural and urban areas respectively. The two sources of data present different percentage of persons with disabilities living in the rural and urban areas considering the fact that not the same tools were administered.
According to 2014 CDHS, 10 percent of persons age 5 and over have some form of disability. Difficulties in seeing, walking or climbing stairs, and concentrating are the most common types of disabilities reported. Five percent of household members have difficulty seeing, 3 percent have difficulty hearing, 4 percent have difficulty walking or climbing stairs, and 4 percent have difficulties with remembering or concentrating. Only 1 percent of the population has at least some difficulty with self-care and 2 percent with communicating.

### 4.3.3 Analysis and Findings

**Finding 3: Definition/Categorization of Disability and Prevalence Rates.** The prevalence rates in Cambodia are unreliable and most likely highly underestimate the actual number of persons with disabilities in Cambodia. The changes in the categorization of disability have resulted in a confusing and convoluted process, further impeding the accuracy and validity of reported prevalence rates.

The Cambodian census reports that this country has one of the lowest prevalence rates in the world. However, given the past challenges with landmines and other factors (e.g., poverty, nutrition, and poor prenatal healthcare), the current estimates are most likely inaccurate. In comparison, for example, the WHO estimates that 15 percent of any population has a disability (WHO, 2011), which is significantly higher than the official Cambodian census estimates. A common classification system within Cambodia is lacking, which further impedes obtaining accurate prevalence rates. Inaccurate statistics could feasibly negatively impact policy and programming in Cambodia. For example, the special education budget could be reduced if there is the incorrect assumption that only a few thousand children in the country have disabilities.

### 4.4 Access to School: Enrollment Rates of Students with Disabilities, Out-of-School Children, and Dropout Rates

#### 4.4.1 Enrollment Rates

Access to education is a substantial challenge for many children with disabilities worldwide. WHO estimates that a significantly large number of children with disabilities are out of school (WHO, 2011). Likewise, the World Bank estimates that approximately 40 million, or 35 percent, of the 115 million children who are out of school have a disability (World Bank, 2003). Once enrolled in school, children with disabilities are less likely to graduate than their peers without disabilities. For example, of all children with disabilities who do attend school, typically, only 5 percent graduate from primary education (Peters, 2003). Enrollment rates also differ by disability type. In most countries, children with sensory (blind or deaf) and intellectual or developmental disabilities are less likely to be enrolled in school compared to children with physical or mobility-related disabilities.

The enrollment rates of children without disabilities have increased significantly in Cambodia over the last few years. UNICEF estimates that net primary enrollment (including in private schools) increased from 87 percent to 98 percent between 2001 and 2015. However, children from poor families, ethnic minorities, and those with disabilities are less likely to benefit from education (UNICEF, 2017). The total number of students with disabilities enrolled in school in Cambodia remains largely unknown. Figures and statistics provided by the government on students with disabilities are not readily available, and they are typically not included as part of larger government educational reports. For example, the 2016–2017 Educational Statistics and Indicators provided by the MoEYS do not include data on students with disabilities (Kingdom of Cambodia, 2017).

---

12 The WHO does not give an estimate of the number of children who are out of school but states that all research indicates that the number is significant.
In 2008, the MoEYS began collecting data on children with disabilities within the EMIS (Handicap International, 2009). An inclusive EMIS is fundamental to an inclusive education system as it will allow governments “to meet the objectives of developing policies to increase the participation of children with disabilities in education, monitoring their implementation and evaluating their success” (UNICEF, 2014, p. 8). However, information on children with disabilities in Cambodia has not yet been made available to the general public, and the extent to which the data are being analyzed and used within the MoEYS remains unclear. Many of the obstacles to collecting data through the EMIS are directly related to the challenges of categorization and misunderstandings relating to disability. Teachers need training on disability awareness and identification techniques before they can accurately identify students with disabilities in their classrooms (K. L. Chen, personal communication, December 5, 2017). This lack of understanding can lead to underreporting or misclassification. For example, one study found that a teacher categorized a girl who was obese/overweight as having a disability within the EMIS (Kalyanpur, 2011).

The 2013 CIPS reports a literacy rate among persons with disabilities of 58 percent, which is significantly lower than the national average of 79.8 percent.13 Individuals with disabilities living in urban areas (72.7 percent) are more likely to be literate than those living in rural areas (55.5 percent). Similarly, men with disabilities have a higher literacy rate than women with disabilities (69.1 percent and 45.5 percent, respectively) (Kingdom of Cambodia, 2013b).

Only 44 percent of parents reported that their child was enrolled and currently attending school. Figure 2 presents parents’ survey answers on whether their child with a disability is enrolled in school.

4.4.2 Out-of-School Children with Disabilities

Of the 54 parents of children with disabilities who participated in the survey performed for this analysis, 38 percent reported that their children had never been enrolled in school. Another 6 percent stated their children are enrolled in school but not regularly attending classes, and 8 percent stated that their children were once enrolled but have since dropped out.

---

13 This research does not disaggregate by age. Many adults may acquire disabilities after graduating from school and, thus, after obtaining literacy skills.
out of school. Thus, approximately half of the parents indicated that their children were either never enrolled in school or dropped out. A 2010 UNESCO study, however, estimated that 68 percent of children with disabilities in Cambodia are out of school (UNESCO, 2017), whereas Handicap International estimated that 90 percent of children with disabilities in Cambodia have little or no access to any form of education (Handicap International, 2009). One 2007 study of 500 households found that only 55 percent of children with disabilities have ever been enrolled in school and that many drop out of school in Grades 1–4 (VanLeit et al., 2007). These numbers are in contrast to the numbers provided by the CSES, which states that only 2.6 percent of all boys and 2.9 percent of girls aged 5–17 are out of school because of some form of disability (Kartika, 2017).

Under the CFS Framework, the MoEYS developed household mapping guidelines, entitled The Household Mapping, to help schools identify all school-aged children within the school catchment areas. This mapping will help to quantify how many school-aged children with disabilities are not in school.

Although the data on the total number of children with disabilities within schools are inconsistent, more agreement exists on the reasons why children are not attending school. A 2007 study found that the major reasons for not attending school included “problems with transportation, teachers not knowing how to teach children with disabilities, difficulties with accessibility, lack of special equipment, expenses associated with school, sickness, pain, a need for the child to help with work around the house, and discrimination” (VanLeit et al., 2007, p.40).

As captured by the DPO and parent surveys conducted in this analysis, concerns about child safety were the primary reasons why children with disabilities are not in school. Approximately 70 percent of DPO members and 68 percent of parents selected child safety as a principal cause for not enrolling children with disabilities in school. Very few individuals reported the need to keep the child at home to support household income or being denied education by the principal administrator (9 percent of DPO members and 7 percent of parents for both options) as reasons for not enrolling children with disabilities in school. Figure 3 presents the full responses of the DPO members and parents regarding the reasons why children with disabilities are not enrolled in school.
Of the 15 parents of children with intellectual disabilities who participated in the survey, 73 percent reported that their child is not in school and has never been enrolled.

4.4.3 Dropout Rates

Once in school, children with disabilities are more likely to drop out than their peers without disabilities. The high percentage of dropouts is also observed within segregated schools. Lavalla School estimates that 10–20 percent of students drop out because they miss their family or are unable to access the curriculum because of an intellectual disability (S. Oum, personal communication, December 5, 2017). The Association of the Blind Cambodia estimates that as many as 50 percent of ABC-supported students attending KT schools drop out before graduating secondary school, primarily because of challenges with paying school-related fees (B. Mao, personal communication, December 6, 2017).

High levels of absenteeism, which can lead to dropping out of school, were also reported as a concern for children with disabilities. A 2016 study stated that for children with disabilities, absenteeism was reported in almost every stakeholder interview (Hackett, Hudson, West, & Brown, 2016).

These surveys indicate that the costs associated with school, concerns for safety, bullying, and the student not feeling welcome or supported are reasons why children with disabilities drop out of school. Although 60 percent of parents stated that concern for child safety was the main reason why children with disabilities drop out of school, only 23 percent felt that children drop out of school after experiencing school-related, gender-based violence. As for enrollment, few DPO members and parents (7 percent and 9 percent, respectively) indicated that the need for children with disabilities to do household chores or support the family in earning an income was a principal reason for school dropout. Figure 4 provides a summary of the different reasons that children drop out of school according to DPO members and parents of children with disabilities.
4.4.4 Analysis and Findings

Finding 4: Enrollment, Out-of-School, and Dropout Rates. Although the data are not consistent, it is clear that a large percentage of children with disabilities are not enrolled in school or have dropped out for various reasons. Children with more severe disabilities, especially those with intellectual disabilities or multiple disabilities, are most likely to not enroll in school.

Access to reliable data on the numbers of children with disabilities who are enrolled in school, are out of school, or have dropped out of school is a challenge in Cambodia. Currently, the EMIS in Cambodia does not effectively capture reliable data on children with disabilities in schools. The number of children out of school also remains unknown, but surveys and studies indicate that a large percentage of children with disabilities have never been enrolled in school or have dropped out after only attending a few years of primary school. Findings also suggest that children who are deaf and/or blind, and especially children with intellectual or multiple (co-occurring) disabilities, are less likely to enroll and stay in school. General agreement exists regarding the different reasons why children with disabilities are not in school. Some of the most prominently reported reasons include not being able to afford associated costs, concerns for the child’s safety, and transportation. The CFS Policy (Kingdom of Cambodia, 2007b) does call for school and household mapping to identify children who are not in school; this process should be implemented in all schools throughout Cambodia to capture comprehensive data.
4.5 Educational Settings

4.5.1 Special/Segregated Schools

Beginning in 1997, many NGOs in Cambodia began to establish segregated schools (Kalyanpur, 2010). Segregation was initially established as the preferred educational option for children with disabilities for several reasons. (1) There was no legislative framework promoting inclusion. (2) Teachers in the general education setting were not prepared to support children with disabilities in a mainstream classroom, and additional special education supports did not exist. (3) A societal misconception that segregated education would provide better educational outcomes for children with disabilities existed (Kalyanpur, 2016). Today, most children with disabilities who are receiving an education are educated in one of the country’s seven segregated or integrated schools. The main schools are as follows:

- **KT**: Established in 1994, KT is one of the largest providers of segregated education in Cambodia and operates five schools: four for both students who are blind and those who are deaf and one for students who are deaf only. In 2015, 600 children who are deaf and 350 children who are blind were enrolled in KT schools (P. Neang, personal communication, November 29, 2017). These schools are based in Siem Reap, Battambang, Kampong Cham, and Phnom Penh (Phnom Penh Thmey and Chbar Ampouv) and support children from Kindergarten to Grade 12. For individuals after Grade 12, KT has a department that helps to coordinate the transition to university. Beginning in Grade 3 for students who are blind and Grade 5 for those who are deaf, KT students attend inclusive education in public schools for the half-day school day (see the subsection on inclusive schools below). KT follows the national curriculum set by the MoEYS. The KT school in Phnom Penh is both day and residential (residential for students who live in the provinces). KT teachers were teaching in public schools before coming to work with KT. Then, they received additional KT specialized training. KT is currently operating as an NGO, and in 2011, the MoEYS officially recognized KT and started subsidizing teacher salaries. In July 2017, the government issued sub-decree No. 117 for the establishment of a National Institute for Special Education to be housed in the KT school in Phnom Penh Thmey. By 2020, the management of KT schools and the training institute will transition and become the responsibility of the MoEYS. Technical support will continue to be provided by KT staff.

- **The DDP**: The DDP provides both basic education to adults aged 16 and older and vocational training support (S. Thuch, personal communication, December 1, 2017). The first year of basic education focuses on learning Cambodian Sign Language (CSL) (Moriarty Harrelson, 2017). Currently, 67 students are enrolled at the three DDP locations (Phnom Penh, Kompot, and Kampong Cham). DDP provides sign language training to parents in the community free of charge. The DDP also provides a specific curriculum on deaf culture and history that includes six main themes,
Daycare and residential centers for children with disabilities also exist in Cambodia. For example, Hands of Hope Community (HHC) provides daycare services and rehabilitation therapy for children with intellectual disabilities. HHC does have a program that is focused on inclusive education (see the subsection on inclusive education below) (HHC, 2017). Additionally, Komar Pikar Foundation (KPF) provides three daycare centers for children with severe physical or intellectual disabilities in a rural district of Kampot. These programs focus more on life skills and technical training programs and do not provide academic instruction aligned with the national curriculum (KPF, 2017). KPF also works to strengthen and improve residential institutions for persons with disabilities.

4.5.2 Integrated Classrooms/Schools

The MoEYS and NGOs began introducing integrated classrooms in 2005 (Kalyanpur, 2011). In 2008, the government reported having 42 integrated classrooms for children who are blind or deaf in 12 provinces. The Rabbit School is an example of an NGO that provides education for children with intellectual disabilities in integrated classrooms within a mainstream school. Within the Rabbit School, the curriculum is adapted from the MoEYS national curriculum but is available only until Grade 3. The student:teacher ratio is typically 15:1, and a total of 62 students attend Toul Kork Primary School, a public school. The 30 contract teachers working with the Rabbit School receive their salary of 80 percent of a full salary of those who are officially recognized teacher from the MoEYS, with a supplemental salary of an additional same amount provided by the Rabbit School. For example, if they receive 80$ from the MoEYS and they also receive another 80$ from the Rabbit School. The additional salary serves as an incentive to the teachers to teach in a special education setting. Although the children are provided educational instruction in a segregated setting, social interaction with peers without disabilities occurs during recess and informal play time (T. Hun, personal communication, November 29, 2017). In 2018, the Rabbit School will work in 17 schools in various provinces. The Disability Development Services Program (DDSP), a Cambodian NGO, also supports integrated classes of children with intellectual disabilities in Pursat province.

Under a MoEYS directive in 2014, any five children having the same diagnosis (blind, deaf or intellectual disabilities) attending a school or living in the surrounding community can be educated within an integrated classroom. If there are more than 10 children with the same diagnosis, two classrooms can be established. The teachers in these integrated classrooms are entitled to receive a supplementary salary in addition to their regular pay. KT follows this guidance and supports 73 integrated classes throughout the country to allow children with disabilities in rural areas to attend school (Kartika, 2017).

---

14 Who is supporting or implementing most of these integrated classrooms is unclear.
In general, however, many students from integrated classes report having very little interaction with their nondisabled peers (Kalyanpur, 2011).

4.5.3 Inclusive Education Initiatives

Starting in 2001, many NGOs began promoting inclusive education programs in Cambodia (Kalyanpur, 2016). In fact, NEP lists 23 organizations that implement programs that promote and provide inclusive education services. However, inclusive education in Cambodia also means support for minority language and over-age learners, and NEP cannot say whether all 23 reported members are working on inclusive education programs for children with disabilities (NEP, 2017). Existing programs support initiatives related to teacher training, policy guidance, identification, and the promotion of a more accessible environment. Almost all 23 programs include an awareness-raising component, and five include a related research component in their programming (NEP, 2017).

One of the first inclusive education efforts occurred between 2000 and 2001 and included pilot projects in one cluster school in Svay Rieng province. This project was implemented by MoEYS, DAC, and UNICEF and ultimately expanded to 14 cluster schools and 80 schools in 15 provinces. This initiative was not viewed as successful because of the lack of technical expertise and trained teachers (Kartika, 2017).

- **KT:** KT began implementing an inclusive program in 1997. Starting in Grade 3 for blind students and Grade 5 for deaf students, students spend a half day in the local mainstream school. KT provides training for the mainstream teachers during the summer. These teachers receive a small per diem for their time during the training. Although it is open to all teachers in schools participating in the inclusive education program, it is found that many teachers do not participate in this training and, instead, work over the summer months tutoring or teaching in private schools (P. Neang, personal communication, November 29, 2017). KT also provides transition support for blind students who would like to attend university. KT estimates that approximately 100 students from their schools have attended university (P. Neang, personal communication, November 29, 2017). KT provides the mainstream schools their students attend with braille materials to support the students' learning. Starting in Grade 5, deaf students are mainstreamed into general classrooms without access to a full-time sign language interpreter. As a result, inclusion efforts for students who are deaf in Cambodia have:

> “paradoxically resulted in their becoming more excluded because they could communicate with no one while the trained sign language interpreter straddled several classrooms. It also denied them the opportunity to develop a sense of identity as a deaf person and to be a part of a deaf community as this evolved” (Kalyanpur, 2011, pg. 1065).

- **Save the Children:** Save the Children also supports inclusive programs, focusing primarily on access. Save the Children has provided ramps and retrofitted 124 existing mainstream primary schools to ensure they are accessible to students with mobility-related disabilities (S. Keo, personal communication, November 30, 2017). The project also works with district and local authorities to educate them on inclusive education and the need to bring out-of-school children into the classroom. Students

---

15 A cluster school is an arrangement in which a group of three–five schools that are geographically close to one another at the commune level within the same district. Of those three–five schools, one school functions as a core school (and is better resourced than the others), and the others are treated as satellite schools that can receive technical and management support from the core school.

16 The school day in Cambodia is a half day.

17 KT states that children who are blind may not attend all-inclusive classes (e.g., sewing class or library time) because such classes are not accessible. Instead, these students return to the main campus to review their lessons with their specialized teachers (Vannack, n.d).
with intellectual disabilities, however, are not mainstreamed into Save the Children’s inclusive schools; instead, they are referred to other programs. In addition, Save the Children is working with KT to develop CSL instruction videos that can be used by families and peers of children who are deaf (S. Keo, personal communication, November 30, 2017)

- **Catholic Relief Services**: Additional initiatives include the Social Care and Inclusive Education Project, which Catholic Relief Services (CRS) implemented with local NGOs during 2014–2015 in 18 primary schools in Takeo province (Kuroda et al., 2017). The approach that CRS used was focused at the system and child/community levels. At the system level, CRS collaborated with the SED to support teacher training at the pre-primary and primary levels and provided teachers with mentoring and coaching on a quarterly basis. At the child and community level, they formed school management committees to support implementation, trained key staff from these committees on how to screen for disabilities, and partnered with schools to refer children for additional testing and services. Within this project, the school followed up with each child after referral to determine what services were received and what are next steps. These school support committees monitored parental satisfaction and school performance, met with teachers, and performed home visits. After the home visits, CRS helped teachers develop Individualized Education Plans (IEPs) and used them as monitoring and follow-up tools (K. Sean, personal communication, November 29, 2017).

- **Association for Aid and Relief**: Another initiative is the work of Association for Aid and Relief (AAR) Japan in Kandal province. This project provides general education teachers with a 5-day training that covers the basic principles of inclusive education and general screening techniques to identify children with disabilities. The training also covers how to adapt lesson plans for different children with disabilities. Participating schools are retrofitted with ramps and accessible bathrooms to facilitate the inclusion of students with physical disabilities (AAR Japan, 2017).

- **Capacity Building for Disability Cooperation** (CABDICO) has worked on inclusive education since 2009, and through this program, they have worked with 543 children with disabilities who were placed in 84 schools (of which 257 [47 percent]) attended mainstream classes (Kartika, 2017).

- **Other**: Other groups that have reported supporting inclusive education programs in the past include Handicap International (V. Dattler, personal communication, December 1, 2017), Caritas, CBM, Volunteer Services Organization (VSO), and Light for the World (Kuroda et al., 2017). For example, VSO previously implemented the Mainstreaming Inclusive Education Project, which addressed the broader definition of inclusive education by working to promote the education of girls, ethnic minority groups, and children with disabilities. This project also addressed general access to education and attempted to reduce dropout rates. In addition, VSO supported an inclusive education advisor within the Special Education Office for a few years.

However, once students with disabilities are accepted and enrolled in school, they receive minimal or no support. These students are typically enrolled in mainstream schools without additional assistive devices or accommodations. Although a few children may receive glasses or hearing aids, little other support is provided, and even fewer changes are made in instructional approaches. For example, students with noticeable sight challenges have been placed in the front of the classroom to allow them to see better (Reimer, 2012); however, systematic and universal supports for students with disabilities have yet to be implemented in most classrooms.

---

18 From the meeting with AAR, whether individuals screened as having a possible disability are referred to a specialist for additional screening was unclear.
The parent surveys reveal that most of the children involved in this study (64 percent) were being educated in a mainstream/inclusive setting, whereas 14 percent were being educated in segregated schools and 22 percent in integrated classrooms. In a few cases, parents stated that their child with an intellectual disability did not have the capacity to be educated.\footnote{This took place through additional written comments included in the survey and subsequently translated into English.}

The MoEYS is currently committed to expanding inclusive education services within Cambodia but does not yet have a transition plan on how they will do so. Whether stakeholders working in this area have made commitments to provide inclusive education for all children is also unclear, as many of the participants in the December 2017 workshop stated that segregated schools are the preferred setting for children with more severe disabilities.

4.5.4 Findings and Analysis

Finding 5: Educational Settings. Although inclusive education efforts have been implemented in Cambodia, segregated and integrated education systems are still supported by NGOs and the government. Additionally, the government lacks a clear roadmap on how to transition to a fully inclusive education system. In cases where children with disabilities are in mainstream schools, they are not provided with the appropriate services or supports to reach their full academic potential.

The CRPD states that inclusive education is the preferred educational setting for children with disabilities, and governments that continue to support and expand education in segregated settings are not aligned with the principles of the CRPD (UN, 2016). Segregated schools tend to be more expensive than inclusive schools, partly because of the limited number of schools available within a country and the need to provide residential housing (McGregor & Vogelsberg, 1998). In addition to the increased costs, segregated settings are less preferred pedagogically, as students educated in segregated settings tend to have lower educational outcomes than those educated in inclusive settings (Falvey, 2004).

Transitioning an education system to being fully inclusive, however, is a long-term goal, even in a country like Cambodia where many important steps have already been made. Currently, segregated and integrated educational settings remain the preferred option and are provided by many NGOs. Children with disabilities who are in mainstream/inclusive education settings are typically not provided with assistive devices, accommodations, and other supports. Likewise, many teachers have not yet received training on how to modify their curriculum to support students with different learning needs. Furthermore, the current curriculum is not designed in a way that is easily adaptable. Although the government of Cambodia has committed to providing an inclusive education system, it is unclear how this transition will take place. These are important gaps that will have to be addressed for Cambodia to continue moving toward the goal of inclusive education.

4.6 Identification of Children with Disabilities

4.6.1 Identification Processes and Tools

Identifying students who may require additional educational support is an essential element of a special education system. Thus, screening children with disabilities is a priority for many education stakeholders in Cambodia. Many groups have trained teachers on how to identify students with disabilities and have developed screening and identification tools, although the success of these efforts has varied. The NEP mapping study reports that 15 of the 28 NGOs active in this area have developed their own disability screening tools in the last 5 years. No information is available on the process that these groups used to develop the tools, how they were adapted to the cultural context, or their effectiveness (NEP, 2017). Additionally,
although screening tools should not be used to diagnose disability, unfortunately, this often occurs in Cambodia.

Currently, four predominant identification tools are used in Cambodia:20 (1) the government checklist related to five categories of disabilities, (2) the Save the Children screening tool, (3) the Handicap International early childhood health screening tool, and (4) the Deutsche Gesellschaft für Internationale Zusammenarbeit (German Society for International Cooperation [GIZ]) childhood milestones. Summaries of these tools are presented below.

1) **MoEYS Checklist for Identification of Children with Disabilities.** This checklist provides simple yes or no questions to help assess if a child may have a visual impairment, hearing loss, physical disability, intellectual disability, or speaking impairment. The checklist does not provide a process for actual vision or hearing screening/testing but rather lists general physical symptoms that might indicate a possible vision or hearing challenge. The checklist was developed for use by teachers; however, the tool may be overly simplistic because it does not capture variations (from mild to severe) in challenges, nor does it capture whether these challenges are short or long-term issues. Likewise, the questions relating to intellectual disabilities may instead capture physical disabilities, and the tool does not rule out external factors that might impact learning.

The AAR Japan inclusive education program provided trainings on the content of the tool but did not provide teachers with the actual tool to screen children as part of the training. Instead, teachers tend to look for physical signs of vision or hearing challenges and then refer the child to the AAR Project Coordinator who performs a vision or hearing test for that particular child (D. Nhem, personal communication, December 4, 2017).

2) **Save the Children Screening Tool.** The Save the Children tool comprises a series of functional and academic activities to observe, covering pre-primary, primary I, primary II, and primary III. Activities include personal/activities of daily living (such as washing hands before a meal), social (such as differentiating strangers from familiar people and greeting people appropriately), academic (such as counting or giving change), occupational (such as wiping glasses), recreational indoor (such as playing with blocks), and recreational outdoor (such as playing running and catching games) (Singh, 2017). The tool screens for five types of disabilities: (1) learning challenges (cognitive capacity), (2) specific learning challenges (processing difficulties), (3) speech and communication, (4) physical and movement challenges, and (5) vision and hearing. Different tools are used to help identify different disabilities. The tool is intended for use by teachers, head teachers, community members, health care workers, education officers, social workers, and parents.

3) **Handicap International Physical Screening Tool for Children 1 month–5 years.** Handicap International developed this tool for use by health professionals working with young children; it was not originally intended for a school setting. This one-page tool assesses certain, but not all, physical challenges. It also addresses medically apparent vision or hearing challenges but does not capture more subtle challenges. Additionally, the tool does not address possible intellectual disabilities or developmental delays. The MoH has endorsed this screening tool, and Handicap International plans to periodically revise and strengthen it in the future (V. Dattler, personal communication, December 1, 2017). Handicap International would like to explore with Plan International ways to use this tool in a pre-school setting.

4) **GIZ Childhood Milestones.** Since 2009, GIZ has been adapting the Denver Developmental Screening Test II to the cultural context in Cambodia. This tool

---

20 The four tools were the ones most commonly referred in the stakeholder interviews. It is unclear why these tools are more widely referred or used compared to the other 15 tools developed in Cambodia.
assesses milestone development from the first month to 5 years and is intended for use by health professionals, parents, and potentially, teachers working in early childhood development (ECD) (K. Baesel & P. Demay, personal communication, December 1, 2017). The tool has four domains: gross motor, fine motor, language, and personal/social. Research from this process highlighted the need to culturally adapt tools to ensure that they are reliable and accurate (Ngoun et al., 2012). GIZ has already piloted the tool twice and then revised and updated it according to their findings. GIZ is expanding the pilot test sample to 1,440 young children. These children were selected based on the fact that they are most likely meeting their typical milestones, which will help ensure that recommended milestones are appropriate to the Cambodian context. Once tested, GIZ will use the tool with other children, including those with disabilities, to assess whether the tool identifies possible disabilities or developmental delays.

Of the four primary screening and identification tools, none rules out other medical or external factors that may impact learning. For example, one academic journal stated that of "the large number of students with ‘learning difficulties’ many of whom may be failing because of impoverished conditions rather than biological incapacity…the problem is more economic than medical" (Kalyanpur, 2011, p. 1061, cited in Hackett et al., 2016, p. 5).

Although KT has access to an audiologist and provides vision and hearing tests for its students, vision and hearing tests are not routinely provided to all students attending primary or secondary schools (A. Lubell, personal communication, November 30, 2017). As a result, many students who have low vision or low hearing are likely not being appropriately identified.

4.6.2 Analysis and Findings

**Finding 6: Identification of Children with Disabilities.** Although the MoEYS and several NGOs have developed their own screening tools, these tools are not comprehensive, do not rule out medical and external factors that can cause learning problems, and are not yet used in all schools. The lack of a comprehensive screening tool and protocols has negatively impacts the ability of schools and educational systems to identify students with disabilities and provide appropriate services.

The current identification system presents many challenges and, as a result, may not be accurately identifying students with disabilities in the classroom. Teachers may be using different tools to help identify students with disabilities, and the accuracy and validity of these tools are questionable. Although GIZ has adapted its early childhood milestones to the cultural context of Cambodia, it is unclear if other groups have followed similar processes. In addition, some groups have developed tools that only identify children with severe sensory or physical disabilities and, thus, do not capture other mild or moderate disabilities. Therefore, it is likely that students with disabilities are being under- or misidentified as having a disability. This lack of a comprehensive screening and identification process impedes schools’ ability to correctly identify children with disabilities and provide them with the appropriate educational supports.

Furthermore, while Washington Group Questions can be used to determine prevalence rates, they should not be used to try to diagnose a particular disability. Identifying or diagnosing a student who may have a disability, and what educational supports they need, is often a longer and more complex process. Ideally, all students should be provided with general vision and hearing screenings in the school setting. This will help to rule out vision or hearing challenges that might impede their learning (Hayes et al., 2017). Students who may continue to struggle academically should then be screened using culturally relevant tools to assess if they might benefit from additional learning supports. It is important to note that there are many reasons why a child may struggle in school apart from having a disability, such as illness, hunger/poverty, and an unsafe home environment. It is important to look at
all factors that may influence school performance as part of an effective screening process. After conducting screenings, a detailed process conducted by a multidisciplinary team over a long period using multiple culturally adapted tools is necessary before a diagnosis can be provided for many students.

4.7 Teacher Training

4.7.1 Teacher Attitudes

In general, teachers have been fairly open to accepting students with physical disabilities into their mainstream classrooms, as their participation requires minimal instructional modifications. In fact, most teachers in Cambodia report themselves to be open to the concept of teaching students with disabilities in an inclusive setting. A JICA study published in 2017, in which 448 Cambodian teachers were interviewed, found that 47.5 percent supported the concept of educating children with disabilities in an inclusive setting. Conversely, teachers tend to be less receptive to including students who are blind and require braille materials or students who are deaf and require sign language instruction (Kalyanpur, 2011). For example, a 2014 report by Plan International stated that they found only children with minor physical disabilities participating in mainstream/inclusive education settings (Mauney, 2014). Of the teachers interviewed by JICA, 37.9 percent felt that students with disabilities should be educated in segregated settings, and 14.1 percent of teachers felt that it should be the parents’ right to choose between a segregated or an inclusive class for their child (Kartika, 2017).

4.7.2 General Education/Mainstream Teachers

Several of the organizations implementing inclusive education programs support teacher training as part of their programming. The NEP mapping survey revealed that 21 of the 28 NGOs supporting the education of children with disabilities focus their work on teacher training (NEP, 2017). For example, Handicap International developed a teacher training module in 2011 in Battambang province. This 5-day training was conducted by staff from Enabling Education Network and was provided to four itinerant teachers, 14 mainstream teachers, 16 school directors, and six participating NGOs and local authorities. Training topics included teachers’ attitudes, basic principles of inclusive education, existing barriers to inclusion, and IEPs (Handicap International, 2011). VSO also reported having trained 113 pre-service teachers in 2009 on disability awareness and inclusive practices. In addition, the project produced disability training manuals in partnership with the DAC (VSO, 2010).

A 2013 academic study collected sample data from the Heads of Provincial Teacher Training Centres (PTTCs) and trainers (both trained and untrained in inclusive education) in eight regions. This study showed that the Heads of the PTTCs and the trainers self-reported that they were very supportive of inclusive education; however, only a small number of PTTCs (two out of the eight) were offering and had received training in this area. The PTTC training lasted 4–5 days, and most teachers stated that this was insufficient as they still lacked knowledge on teaching methodologies for different types of disabilities (Šiška, Pather, & Šumníková, 2013). This study also showed that teachers identified the lack of teacher competency as one of the main barriers to inclusive education in Cambodia (Šiška et al., 2013).

A 2017 teacher study supported by JICA found that of the 448 teachers surveyed, only 20.5 percent reported having received any training related to inclusive education. The teachers surveyed specifically asked for additional training related to the teaching methodologies for children with different types of disabilities. The surveyed teachers also indicated that they found the cascade model (i.e., the training of one teacher who subsequently trains other teachers) ineffective as the teacher trainers often did not sufficiently share the training material (Kuroda et al., 2017).
In 2011, the MoEYS established the first training on inclusive education for general education teachers. The *Inclusive Education for Children with Disabilities, Facilitation Guide* outlines a 35-hour training developed by MoEYS provides guidance on how to teach students with different types of disabilities, information on the role of the teacher in inclusive education, and a general overview of inclusive education.

The government has since created a manual describing a 28-hour pre-service training on inclusive education. This training was designed specifically to educate general education teachers on inclusive education. As of December 2017, approximately 50 in-service teachers in three provinces (Banteay Meanchey, Otdar Meanchey and Preah Sihanouk) have received this training (A. Lubell, personal communication, November 30, 2017). This manual is divided into three sections: (1) understanding inclusive education (six sessions), (2) understanding the teaching methodologies of inclusive education (six sessions), and (3) how to become active teachers (one session). This training manual was designed to help both in-service and pre-service teachers. According to the SED, before the 28-hour training manual was rolled out the MoEYS already trained 1,484 in-service teachers on basic inclusive education. The MoEYS and the disability community hope that this 28-hour training manual can be used by all teacher training colleges in the future. The MoEYS is also developing *The Teacher Career Pathway* to improve the quality of teaching and provide professional development opportunities. This initiative will link teacher standards and performance with pay and also give teachers the opportunity to become specialists in key areas, such as reading. At this time, whether inclusive education expertise will be a part of this initiative is unclear (C. Wyatt, personal communication, January 19, 2018).

To support the inclusion of children with disabilities in early education, the Early Childhood Education Department (ECED) of the MoEYS has developed a training for pre-school teachers. This training focuses on both general information and other information with the goal of improving the attitudes of teachers regarding accepting students with disabilities in their classrooms. The initial training occurred in 2012 and was supported by UNICEF and Handicap International. It included 30 days of non-sequential training. Early intervention is provided through working with the parents of children who have been identified as having a disability on how to support their children and the provision of community resources (K. Brak, personal communication, December 5, 2017). In 2015, 254 pre-school teachers received the training on inclusive education, and in 2016, 261 pre-school teachers received this training (Kingdom of Cambodia, n.d). One teacher who attended the ECD training stated that it provided a general overview of inclusive education but did not provide teachers with the skills they need to differentiate learning for students with different types of disabilities (S. Cheam, personal communication, December 4, 2017).

Although general education teachers may not have received training on how to educate children with disabilities, most of the surveyed parents of children with disabilities and even the DPO members felt confident in general education teachers’ skills and knowledge. Figure 5 shows the responses of parents and DPO members regarding general education teachers’ knowledge and skills.

---

21 Statistics from other years were not available.
4.7.3 Special Education Teachers

Previously, most teachers trained in special education were trained by NGOs that provided education in segregated settings. These teachers received on-the-job training to allow them to teach in one of the NGOs’ schools. These on-the-job trainings were not standardized or endorsed by the MoEYS (Kalyanpur, 2011). KT offers inclusive education training, but these trainings tend to be sparsely attended as “schools that are already facing a shortage are reluctant to second their teachers to the integrated programme” (Kalyanpur, 2011, p. 1065).

The Teacher Training Department (TTD) of MoEYS is developing a 9-month special education diploma course for teachers to specialize in either deaf or blind education. The deaf education component was supported by the National Technical Institute of the Deaf, whereas Perkins School for the Blind developed the training for teachers of students who are blind. Both organizations are based in the United States but have international programming. The training for teachers who will support deaf students includes seven international standards training modules, a trainer’s guide, and a trainee’s booklet. The seven modules are (1) introduction to learners with visual impairment; (2) low vision; (3) literacy for students with visual impairment; (4) orientation and mobility; (5) science, technology, engineering, and mathematics for students with visual impairment; (6) expanded core curriculum; and (7) final project and presentation (Perkins International, 2017). The TTD hopes to have the teacher training curriculum completed in December 2017 and plans to train 20 teachers in either deaf or blind education. It is unclear whether the trained teachers will work in inclusive or segregated settings or if MoEYS will train additional teachers (S. Moa, personal communication, November 30, 2017).

The MoEYS has also developed a training manual in collaboration with the Rabbit School, Save the Children, and Hands of Hope Community on how to support the education of children with intellectual disabilities. This manual will be used during in-service teacher training. Currently, no diploma course is available on how to support children with intellectual disabilities. In addition, the Paññāsāstra University of Cambodia is developing a 4-year ECD teacher training course into which they intend to add a speech therapy component.

Of the parents participating in the study survey, 49 percent felt that their teacher has the skills and knowledge to educate and support their child; 34 percent stated they were
uncertain of the teacher's skills. Only 45 percent of parents reported that teachers actively engage with children with disabilities in the classroom.

### 4.7.4 Teaching and Learning Materials (TLM)

The educational needs of students with disabilities are typically not addressed by textbooks and learning materials in Cambodia. Most classroom activities are not adapted to incorporate the needs of various types of disabilities (e.g., recognizing the need to engage students who are blind or deaf in the classroom). In addition, persons with disabilities are rarely portrayed in textbooks as characters or examples. A recent study conducted by All Children Reading-Cambodia reviewed one Grade 1 Khmer textbook with illustrations of 89 people. In these illustrations, there were two men wearing glasses and one boy with a possible physical disability who was crying. Another similar study of textbooks found that textbooks do not reflect gender equity and that there is only minor inclusion of persons with physical disabilities in textbooks. Often, this inclusion consisted of a man or boy with a physical disability (typically leg amputation) and did not reflect the diversity of disability (Reimer, 2012).

### 4.7.5 Analysis and Findings

**Finding 7: Teacher Training.** Cambodia has made great progress in training teachers on educating children with disabilities. However, additional clarification is needed on how special education teachers will support inclusive education efforts. Additionally, the proposed diploma system does not provide teacher training on how to educate children with intellectual disabilities or learning disabilities.

Having a cadre of skilled educators and professionals is essential to implementing a functioning inclusive education system. UNESCO recommends diversification and a hierarchy of teacher training. This includes providing in-service and pre-service training to all general education teachers on inclusive education. It also includes providing general education teachers with access to special education teachers and experts who can provide support, coaching, and mentorship as needed (UNESCO, 2003). *Figure 6* demonstrates the recommended hierarchy of teacher training.

**Figure 6: UNESCO’s Recommended Hierarchy of Teacher Training for Inclusion**
Substantial effort has been made to train teachers in Cambodia on how to teach children with disabilities. Not all have been fully effective, however. The MoEYS has developed a 28-hour training for all general education teachers and has also established a new diploma course on educating children who are blind or deaf. These are two great accomplishments. The introduction of inclusive education at the early childhood level is also very impressive. However, the MoEYS should make clear where these special education teachers will teach: segregated or inclusive schools and classrooms. The diploma training program does not currently train special education teachers who are generalists and who can support, mentor, and coach general education teachers. Additionally, this training program does not yet cover how to teach children who may have intellectual or learning disabilities. Existing training has been criticized for only providing information on the general principles of inclusive education without specific advice for instructional approaches to support students with different types of disabilities.

One effective way to differentiate learning for students with various types of disabilities is to use the concepts of Universal Design for Learning (UDL). This instructional approach recognizes that all children, including those without disabilities, learn differently and benefit from different teaching styles. UDL engages all students by using different teaching strategies (e.g., group work, peer learning, and interactive play), uses a variety of local materials, includes movement in learning, provides information in both written and oral formats, and allows for flexible assessments (Rose & Meyer, 2002). This approach has not yet been introduced into teacher training in Cambodia but may be an effective way to engage and educate students with disabilities in inclusive settings. MoEYS’s current plan to revise the syllabus for all subjects for all grades and develop a teacher’s guides represents an exciting opportunity to include some of these principles in the design of TLM and corresponding training.

The development of the supplementary TLM also provides an opportunity to include images and stories of both boys and girls with disabilities in TLM. USAID’s Guide to Promote Gender Equality and Inclusiveness in Teaching and Learning Materials (USAID, 2015) recommends that at least 15 percent of all images and stories should include persons with disabilities. This will reflect the actual diversity within the country. Images and stories should portray boys and girls with all types of disabilities as valued members of schools and society.

4.8 Classroom Supports

4.8.1 Access to Assistive Devices

The provision of appropriate assistive technologies is mandated as part of Article 24 of the CRPD because assistive technologies have been proven to significantly increase the participation of students with disabilities in the classroom and can be valuable teaching tools (CRPD Res. 61/106, Annex 1, Article 2). Assistive devices and technologies can include braille devices, magnifiers, mobility devices, communication devices, and hearing aids. Unfortunately, in low-income countries, only 5–15 percent of children with disabilities have access to assistive technologies or assistive devices (Saebones et al., 2015). One study conducted in Cambodia showed that of the parents who had children with mobility-related disabilities, only 52 percent reported owning any form of mobility aid. Of those without mobility devices, 51 percent of the parents did not seek support, as they did not feel the condition was severe enough to need a mobility device. The other 49 percent reported that they were unaware of where to obtain a device or could not afford to pay for the equipment (VanLeit et al., 2007). Similarly, of the 125 respondents who stated that their child had “some difficulty” or “difficulty” seeing, only 2 percent of their children wore glasses. Additionally, of
the 123 children who had at least some difficulty hearing, only five children wore hearing aids (VanLeit et al., 2007).

Many groups are providing assistive devices to children with disabilities in Cambodia, such as Fred Hollows, which provides vision screening, eyeglasses, and surgeries as needed (Fred Hollows, 2017). Other groups, such as the Rabbit School, refer students with suspected vision challenges to Fred Hollows. However, there is poor coordination among the NGOs working in this area, and many schools and groups may not be fully aware of all the services available for children with disabilities in Cambodia. Most parents are unaware of available resources and, thus, underutilize the existing resources supplied by international and national NGOs (VanLeit et al., 2007).

4.8.2 Access to Braille/Large Print

Article 24 of the CRPD states that students who are blind or have low vision should have access to materials in braille, be taught to read and write in braille, and be provided other braille literacy tools, such as appropriate assistive devices (CRPD Res. 61/106, Annex 1, Article 2). KT established the braille code in Cambodia in 1991 (B. Mao, personal communication, December 6, 2017). They have since established the only braille printing operation in the country and also produce audio books. Students who attend KT schools have access to brailiers, slates and styluses, braille materials, and large-print materials (Vannak, n.d.). In contrast, students who have low vision and attend mainstream schools that are not connected to a KT school do not have access to materials in alternative formats. The Executive Director of the Association of the Blind in Cambodia estimates that only 5 percent of its members are literate in braille (B. Mao, personal communication, December 6, 2017).

4.8.3 Access to Sign Language

The need to promote linguistic identity is highlighted as a right within Article 24 of the CRPD (CRPD Res. 61/106, Annex 1, Article 24). The World Federation of the Deaf (WFD) also promotes local sign language as an integral component of a country’s linguistic diversity that should be recognized as a national minority language by each government (World Federation of the Deaf, 2007). The WFD promotes the use of “bilingual” education for students who are deaf. Bilingual education, according to the international deaf community, is educating students who are deaf in both their local, indigenous sign language and the national written language.

Internationally, only an estimated 1–2 percent of persons who are deaf receive an education in sign language. In Cambodia, it is estimated that 50,000 people are deaf and that an additional 500,000 are hard of hearing. Of these individuals, only an estimated 1,800 persons have been taught sign language (Šiška & Suchánek, 2015). Currently, several forms of CSL are in use in Cambodia.22 The two primary sign languages are those used in KT schools and by DDP, which are described as follows:

“Cambodian Sign Language, as used at Krousar Thmey, incorporates initialized signs from American Sign Language, fingerspelling using handshapes based on the sounds of spoken Khmer and grammar following spoken Khmer. The Cambodian Sign Language used at DDP incorporates handshapes representing the Khmer alphabet and signs collected (or invented by deaf people and then recorded) from different provinces in the beginning days of the Cambodian Sign Language development project.” (Moriarty Harrelson, 2017, p. 2).

Since 1997, there has been an ongoing effort by DDP and KT to harmonize and agree upon a common CSL for use in Cambodia. This process consists of meeting regularly, agreeing upon, and then documenting different signs to be incorporated into the CSL dictionary. Most

---

22 CSL is also referred to as Khmer Sign Language.
persons who are deaf in rural areas use their own ‘homesign’ sign language and do not have the opportunity to learn CSL (Moriarty Harrelson, 2017). Currently, the government of Cambodia does not recognize CSL as a national language.

DDP provides instruction in CSL, along with job training and non-formal education support for youth. DDP states that currently, seven interpreters (five hearing individuals and two deaf individuals) who are fluent in CSL are working in Cambodia. In addition, DDP provides sign language instruction for interested community and family members. It also provides direct sign language interpretation services for local news stations and as needed through the judiciary system (S. Thuch, personal communication, December 1, 2017). DDP has also developed and published a CSL dictionary and other supplemental sign language instruction books (Bailey & Ngoun, 2014). KT reproduces MoEYS textbooks in sign language and provides signs for certain words.

4.8.4 Reasonable Accommodations

As defined by Article 2 of the CRPD, reasonable accommodations comprise the “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms” (CRPD Res. 61/106, Annex 1, Article 2). Within the educational sphere, reasonable accommodations can be defined as making changes or modifications to services to ensure that children with disabilities have equitable access to the curriculum and other aspects of education. For example, reasonable classroom accommodations can include rearranging classroom furniture to allow for special seating, providing students with teaching assistant or tutor support, allowing additional time for testing or for questions to be read aloud, and providing space within a classroom for students to work without undue distractions (Hayes & Bulat, 2017).

Within Cambodia, reasonable accommodations are often limited to changes in infrastructure (e.g., the building, ramps, and accessible toilets) to facilitate access to learning for students with mobility-related disabilities. Additional time for testing, teacher assistants, or other similar supports are generally not provided in segregated or inclusive settings. However, KT students who are blind and attend mainstream inclusive schools are allowed to take their tests orally. Additionally, if written tests are needed, blind students can sit in separate rooms to write braille responses, which are then graded by the specialized teachers in segregated settings (Vannak, n.d.).

4.8.5 Analysis and Findings

Finding 8: Classroom Supports. Typically, classroom supports, such as assistive devices, braille materials, and sign language, are only provided in segregated settings and are usually provided by NGOs rather than by the government. Reasonable accommodations are also not typically provided to students with disabilities who are being educated in inclusive settings.

Students with disabilities need assistive devices, braille, and sign language in order to learn as well as students without disabilities. In Cambodia, these services are primarily only provided by NGOs and typically in segregated settings. Currently, the MoEYS does not provide these services to students with additional classroom supports, but it works with NGOs to help provide students with the services they need. Today, the numbers of assistive devices and braille materials are insufficient to serve all children with disabilities who require them in Cambodia. Reasonable accommodation is generally considered to comprise modifications to promote accessible physical environments for students with mobility-related disabilities. However, few schools are physically accessible to children with disabilities. One study found very few schools with ramps or other accommodations, and when asked why no
arrangements were made, the common response was “We don’t have those here” (Reimer, 2012).

Although progress is being made, the lack of a unified sign language impedes the ability of people who are deaf to learn a common language. The WFD supports the education of children who are deaf in sign language immersion schools. These schools would follow the national curriculum and allow for students to learn both CSL and written Khmer. These immersion schools would ideally be open to all individuals, regardless of their hearing abilities, as long as students who are not deaf are willing to be fully immersed in the use of sign language in the classroom (Jokinen, 2015). Currently, this type of system does not exist in Cambodia. The only options for students who are deaf are to attend a KT school, an integrated classroom where peers in other classes cannot communicate in sign language, or a mainstream classroom without any form of sign language or interpretation. Additional support to provide equitable education for children who are deaf in Cambodia is needed.

4.9 Curriculum, IEPs, and Other Related Supports

4.9.1 Curriculum

International best practice dictates that students with disabilities should have access to the national curriculum that is used by students without disabilities. However, the curriculum may need to be modified or adapted to respond to students’ individual needs. Adapting a curriculum does not mean developing a separate or alternative curriculum based on a student’s diagnosis; instead, the curriculum should be adapted based on the student’s individual needs (Hayes & Bulat, 2017). In Cambodia, some segregated schools follow the national curriculum, whereas others follow the curriculum only until certain grades. For example, KT states that all students have access to the national curriculum but also notes that there are challenges providing access to some courses, such as physics, chemistry, and geometry (Vannak, n.d.). The Lavalla School also reports following the national curriculum for all students (S. Oum, personal communication, December 5, 2017). The Rabbit School reports adapting the curriculum for students with intellectual disabilities but only follows the national curriculum until Grade 3 (H. Touch, personal communication, November 29, 2017).

Mainstream teachers who have children with disabilities in their classroom typically have not received training and, thus, lack the skills necessary to modify their curriculum effectively. However, there is a general perception among parents and the DPO community in Cambodia that teachers are already adapting or ensuring that students with disabilities have access to the national curriculum. For example, in the surveys provided to parents of children with disabilities and DPOs, most either strongly agreed or agreed that children with disabilities are taught the same curriculum as students without disabilities. Figure 7 presents the full responses to the survey question on the curriculum.
4.9.2 **IEPs**

IEPs are an integral part of special education support as they help identify academic strengths and challenges, set academic goals, and outline required accommodations or supports to reach students’ full academic potential. Developed through a multidisciplinary process involving parents, teachers, administrators, students, and other relevant support staff and service providers, IEPs establish the individual needs, learning goals, and objectives of students with disabilities. IEPs are informed and developed by conducting a comprehensive assessment that identifies a student’s academic strengths and weaknesses. IEPs are also highly individualized and determine the appropriate teaching strategies and required classroom accommodations (Hayes & Bulat, 2017).

With the exception of the Rabbit School (Kuroda et al., 2017), IEPs are not developed or used within segregated or mainstream schools. At the Rabbit School, teachers develop IEPs tailored to a student’s specific intellectual and physical needs, often with the long-term goal of enrolling the student in the school’s integrated classrooms (Educate a Child, 2015). However, this is a rare example of an IEP being used. For example, the AAR Japan-supported school that was visited by the assessment team reported not using IEPs for students with disabilities in mainstream classes (S. To, personal communication, December 4, 2017). Given the large classroom size and the lack of access to technical special education experts, developing and monitoring IEPs in inclusive settings in Cambodia is highly challenging (Kalyanpur, 2016).

The Handicap International Training in Battambang province provided a module on IEP development and a draft IEP form. This form includes a space to fill in goals, plans of action, target dates, and evaluations. The draft IEP form also identifies learning difficulties but not learning strengths and does not provide space to address reasonable accommodations (Handicap International, 2011). The diploma training for teachers of students who are blind/low vision does not appear to include instructions or guidance on how to develop IEPs.23

---

23 The assessment team did not have access to the overview of the training modules for students who are deaf; thus, it is unclear if this program will provide training on IEPs.
4.9.3 Available Services and Therapies

Additional support services and therapies, such as access to regular speech therapy, physical therapy, or occupational therapy, can be very beneficial for students with disabilities and are needed to support educational achievement. Previously, most speech therapy services offered in Cambodia were offered by foreign speech therapists in private settings outside of the classroom, such as hospitals. Some professionals may have training in general speech therapy techniques, but how many have been trained and the extent of their training remains unknown. In 2013, OIC and CABDICO implemented a training program for 180 participants in six provinces on how to identify children with communication challenges and provide basic strategies to support these children in the classroom (Bryce et al., 2016). OIC is also working to introduce a bachelor’s degree in speech therapy in Cambodia that has recently been approved by the MoH (R. Bryce, personal communication, December 6, 2017). The ultimate goal is to have 100 speech therapists employed by the government by 2030 (Bryce et al., 2017).

Physical therapy as an occupation is more developed within Cambodia, partly because of the focus on rehabilitation support for landmine survivors. The Technical School for Medical Care provides a 3-year course on physiotherapy (Bailey & Nguon, 2014). OIC staff members estimate that more than 400 trained physiotherapists are in Cambodia; however, not all of these individuals are practicing physiotherapy. Most practicing physiotherapists provide rehabilitation support in hospitals (C. Net, personal communication, December 6, 2017). Some primary schools offer physiotherapy to their students. For example, Lavalla School employs a physiotherapist who also screens children upon enrollment to help assess their mobility-related needs (S. Oum, personal communication, December 5, 2017). Rabbit School engages two or three volunteers from Europe to provide physiotherapy and speech therapy for 3 months once each year (T. Hun, personal communication, January 22, 2018).

The Royal University of Phnom Penh Faculty of Social Science and Humanities offers a 4-year Bachelor’s degree program in Social Work (Bailey & Nguon, 2014). Recently, a new Bachelor’s degree has begun to be offered in Social Work. Graduates from these programs could potentially work within the school setting, but this has yet to be arranged with the MoEYS. Occupational therapy is not yet practiced within Cambodia nor is it a service provided to students in the classroom setting (C. Net, OIC, personal communication, December 6, 2017).

4.9.4 Transportation

The National Disability Plan mentions the need to “[d]evelop and enhance access to the physical environment, public transportation, knowledge, information and communication for persons with disabilities” (Kingdom of Cambodia, 2014b). However, most stakeholders interviewed as part of this assessment mentioned transportation as a challenge for students with disabilities in accessing schools. Additionally, the stakeholder report created by DPOs in Cambodia reported that the Ministry of Transportation does not have a policy in place to ensure that public transportation is accessible or to make streets accessible by the addition of curb cuts. Furthermore, most streets lack sidewalks or auditory signals for traffic signals, and no form of public or private transportation (e.g., buses and taxis) has the physical space needed to load or carry wheelchairs. Therefore, people who use wheelchairs and those who have visual impairments often need assistance to travel from place to place (CDPO, 2013).

Many students with disabilities must travel long distances to reach their local schools. Several segregated schools reported transportation challenges as the reason why they provide residential services to students who may live in rural areas. Long distances in difficult terrains are also a reason why many parents are reluctant to send children under the age of five to early education classes (Kalyanpur, 2016). Many such parents are hesitant to allow their children to travel to school alone because of concerns about violence and sexual assault. For example, the issues of rape and assault among girls with intellectual disabilities...
are of high concern for most parent members of the Parent Association of Children with Disabilities (S. Svay, personal communication, December 6, 2017). Up to 40 percent of girls who are deaf have reported experiencing sexual abuse (Carter, 2009).

4.9.5 Analysis and Findings

Finding 9: Curriculum, IEPs, and Other Related Supports. When enrolled in school, students with disabilities typically follow the national curriculum. However, IEPs and other related supports, such as therapy and transportation, are not provided through the education system. When these services do exist, they are usually provided and paid for by NGOs or directly by the parents.

Access to the national curriculum, the development and use of IEPs, and access to therapies (e.g., speech, occupational, or physical therapy) augment and improve the educational experience of students with disabilities. Transportation is needed to ensure that children with disabilities, particularly those with severe sensory, intellectual, or physical disabilities, can travel to school and home safely. Physical therapy services are available in Cambodia but are generally not provided through the school system. Likewise, speech therapy is nascent in Cambodia, and occupational therapy has yet to be introduced. Transportation for students with disabilities is not a service provided by the government and is a reported reason why many parents do not enroll their children in school.

4.10 Parent and Community Engagement

4.10.1 Parent Engagement

Parent engagement and partnership are key to the success of a child with a disability in the classroom. International research shows that increased parent engagement in the education of children with disabilities leads to improved learning outcomes (Stoner et al., 2005). Unfortunately, parents of children with disabilities in Cambodia often resist educating their children with disabilities. Many parents in Cambodia have the misperception that students with severe disabilities cannot be educated and, thus, do not enroll these children in school (Bailey & Ngoun, 2014). Parents with children with mild to moderate disabilities tend to be more supportive of their child’s education than parents of children with severe disabilities (Kartika, 2017). However, children with intellectual disabilities are at an increased risk of experiencing discrimination both within and outside of the family (Carter, 2009). In some cases, parents of children with intellectual or multiple disabilities support the idea of their child attending school but do not necessarily feel their child should have access to an adapted national curriculum and should instead focus on learning life skills (Kartika, 2017).

NGOs do directly try to raise parents’ awareness of the importance of educating children with disabilities. KT, for instance, regularly engages with parents and communities to raise this awareness. In its target areas, AAR encourages schools to include information about enrolling children with disabilities in its annual school enrollment campaigns. Most of the surveyed parents of children with disabilities and DPO members also agreed that inclusive education benefits children with and without disabilities. Figure 8 summarizes the responses to the survey question related to this issue. However, most DPO members and parents of children with disabilities surveyed felt that children with severe disabilities should be educated in separate, segregated schools (Figure 9). Thus, additional awareness raising on the benefits of inclusive education for all children might be needed.

---

24 This statement does not specify where the sexual abuse took place or if it was school related or family based.
4.10.2 Community Engagement

Engaging the community in educating children with disabilities is important to ensure their acceptance and success. As WHO (2011) states: “Approaches involving the whole community reflect the fact that the child is an integral member of the community and make it more likely that sustainable, inclusive education for the child can be obtained.” Many Cambodians believe that disability is caused by bad karma resulting from past sins. This belief is particularly held by Buddhists, who comprise the predominant religious group in Cambodia. It has, unfortunately, “opened the gates to human rights violations against people with disabilities, as well as to their neglect and isolation” (Šiška & Suchánek, 2015, p. 81).
Children with intellectual disabilities and their families tend to experience significant discrimination from the community, ranging from childish to extremely violent behavior (Carter, 2009). For example, many parents interviewed as part of Carter’s study reported that their community and family encouraged them to euthanize their child.

As stated previously, NEP found that most of the groups working on inclusive education also have a community awareness-raising component (NEP, 2017). However, minimal information is available on these efforts, and as a result, determining what interventions have been successful is challenging. Given the additional difficulties related to stakeholder collaboration, it is also possible that duplication of efforts exists in this area.

Most DPO members (i.e., 78 percent) but only 41 percent of parents report that children with disabilities experience discrimination in the community. Figure 10 compares these two groups and their responses regarding discrimination in the community. Approximately 93 percent of the DPO members surveyed also reported perceiving that children with disabilities are likely to be discriminated against within the school system. However, 48 percent of parents stated that they had not experienced discrimination within the school system. Only 25 percent of parents reported that their child experienced discrimination in school, and another 27 percent stated they were unaware of whether such behavior takes place. Figure 11 compares the responses of DPO members and parents regarding discrimination in schools or by teachers.

**Figure 10:** DPO Members' and Parents' Responses Regarding Whether Children with Disabilities Experience Discrimination in the Community

![Bar Chart](chart.png)
Many NGOs have a community outreach component as part of their inclusive education programming. Of the DPO members surveyed, 67 percent found that community meetings were the most effective way to engage the community and that radio programming (33 percent) was the least effective.

### 4.10.3 Analysis and Findings

**Finding 10: Parents and Community Engagement.** Although there are many parent advocates for children with disabilities in Cambodia in general, parents themselves sometimes put up barriers that prevent their children from attending school. Many families of children with disabilities also face harsh discrimination within their communities.

Although many parents actively advocate for their children with disabilities to attend school, others question the value of their child receiving an education. This hesitance to provide an education is particularly true of many parents of children with intellectual disabilities. In fact, most parents surveyed recognize the benefits of inclusive education but still harbor beliefs that segregated schools are the best setting to educate children with severe disabilities. Many parents also report experiencing discrimination in the community, although fewer parents reported experiencing discrimination within schools.

### 5 Recommendations

The recommendations below are based on the findings of this analysis. These recommendations are intended to support the government of Cambodia’s efforts to transition to an inclusive education system that is aligned with the CRPD. Recommendations on how to strengthen the All Children Reading-Cambodia Initiative and improve the inclusion of students with disabilities in the related programs and activities are also provided.
General report findings and their corresponding recommendations are listed in Table 4. More detailed recommendations are provided in Section 5.1 (General Recommendations to Strengthen Inclusive Education in Cambodia), whereas specific recommendations for how All Children Reading-Cambodia can best support children with disabilities and build upon existing initiatives are detailed in Section 5.2 (Recommendations for All Children Reading-Cambodia).

5.1 General Findings and Recommendations

Table 4: Situational Analysis Findings and Corresponding Recommendations

<table>
<thead>
<tr>
<th>Finding</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stakeholder Engagement and Coordination</td>
<td>Ministries of Education, Youth and Sport; Health; and Social Affairs, Veterans and Youth Rehabilitation (MoEYS, MoH, MoSVY)</td>
</tr>
<tr>
<td>Many stakeholders work in the area of inclusive education. Some coordination and collaboration exists, although important areas of collaboration, such as platforms are in place but they are not well-linked. For example, Nongovernmental Organization (NGO) Education Partnership (NEP) and Disability Action Council (DAC) have both established platforms related to disability, but these platforms largely operate in isolation from each other.</td>
<td>• Continue to work closely with NEP’s Working Group on Inclusion and Disabilities and other relevant mechanisms and stakeholders. The objective should be to promote greater coordination and collaboration among them and between them and the government (such as between NEP and DAC, and the MoEYS Technical Committee on Inclusive Education). Collaboration should include, for example, sharing financial resources, technical expertise, and tools.</td>
</tr>
</tbody>
</table>

2. Legislations and Strategic Planning

Current laws and policies related to the education of children with disabilities are in place. These laws and policies are not yet fully aligned with the Convention on the Rights of Persons with Disabilities (CRPD) goal of fully inclusive, quality education. However, these laws and policies take important steps toward achieving the longer-term goals of the CRPD. In addition, operational guidelines on how to implement the policies are lacking.

Finally, 93 percent of Disabled Persons Organization (DPO) members reported that persons with disabilities, DPOs, or parents/guardians of children with disabilities either did not know that they could contribute to policy development or were not “very active” in helping to develop policies. Twenty-five percent of parents surveyed remained unaware of these laws and the rights of children with disabilities.

MoEYS MoSVY, MoH, Ministry of Labor and Vocational Training, Ministry of Women’s Affairs, other relevant ministries

• Ensure that the revised Policy on the Inclusive Education takes additional steps that are needed to move toward the goals of the CRPD.
• Ratify the Optional Protocol of the CRPD and the Marrakesh Treaty.
• Ensure that stakeholders, including parents of children with disabilities and DPO members, are involved in reviewing existing and new policies,
• Disseminate the revised Policy on the Inclusive Education to all stakeholders, at all levels, including DPOs and parents of children with disabilities.
• Put processes and tools in place to monitor the implementation of policies and plans and to evaluate their impact.
• Build the capacity of key stakeholders to ensure that they understand the international standards toward which Cambodia is working.

3. Definition/Categorization of Disability and Prevalence Rates

Several different sources of data (including census reports and earlier Cambodia Demographic and Health Survey ([CDHS] surveys) are used to determine disability prevalence rates in Cambodia; however, they are not comparable and, based on World Health Organization (WHO) estimates (10–15%), are likely underestimating the true prevalence rates. This issue has been addressed by the Ministry

Development partners and relevant ministries

• Use the Ministry of Planning CDHS data (which includes Washington Group questions) to inform funding allocations and implementation decisions for MoEYS and other key relevant ministries to ensure that students with disabilities receive appropriate supports.
### Finding

- The current disability categories do not fully align with international best practices.

### Recommendation

- Revise the current disability categories to better align with international frameworks such as the WHO-endorsed International Classification of Functioning, Disability and Health (ICF).

### 4. Enrollment, Out-of-School, and Dropout Rates

According to parents surveyed, 52 percent of children with disabilities are either not enrolled in school or have dropped out of school. The most common reasons given by parents for non-enrollment are concern for the child’s safety (68 percent of parents surveyed) and concern that the school is not accessible for students with disabilities (64 percent of parents surveyed). Children with more severe disabilities, especially those with intellectual disabilities or multiple disabilities, are most likely to not enroll in school.

MoEYS, MoH, MoSVY

- Use the CDHS Washington Group questions to determine prevalence rates in schools and include statistics of children with disabilities in the annual publication of the education management information system (EMIS).
- Develop indicators on inclusive education in the new Education Strategic Plan (ESP) 2019–2023 that are consistent with the new policy on inclusive education to ensure access to quality inclusive education.
- Engage DPOs, self-help groups, and parents of children with disabilities in school enrollment campaigns to add a specific focus designed to encourage children with disabilities to enroll/re-enroll in school.

### 5. Educational Settings

Although inclusive education efforts have taken place in Cambodia, segregated and integrated education systems are still supported by NGOs and the government. Additionally, the government does not have a clear plan on how to transition to a fully inclusive education system. Where children with disabilities are in mainstream schools, they are not always provided with the appropriate services or supports to reach their full academic potential.

Potential resources exist, such as in Krousar Thmey schools, that could be used to support teachers of inclusive classrooms.

MoEYS

- Develop a strategic plan that outlines how the government will transition to an inclusive education system over time with the active participation of local and national DPOs and parents of children with disabilities. This strategic plan should outline clearly the roles and responsibilities of relevant stakeholders who will implement the plan.
- Provide additional capacity building to key stakeholders on international best practices so that all understand best practices and have a shared vision.
- Strengthen the cluster-level Thursday Technical Meeting mechanism to be well-functioning as a way to support teachers.
- Use the DAC accessibility guidelines, once they are completed, in all new construction of schools and to retrofit existing construction.

### 6. Identification of Children with Disabilities

Although the MoEYS and several NGOs (Handicap International, Save the Children), and the German Society for International Cooperation [GIZ] have developed their own screening tools, these tools are not comprehensive and are not yet used in all schools. These tools do not rule out medical and external factors that can cause learning problems. The lack of a comprehensive screening tool and guidelines has negatively impacted the ability of schools and educational systems to identify students with disabilities and provide appropriate services.

MoEYS, MoH

- Together with MoH, pilot and establish national guidelines and screening tests for vision and hearing for all pre-primary and primary school children. This must be one of the first steps before additional evaluation can take place.
- Develop a screening tool for speech and language challenges.
- Include vision, hearing, and speech/language screening in schools’ general health checks.
- Establish additional screening guidelines to determine if external factors may be causing a child’s additional learning needs.
- Engage health personnel to conduct screening and testing to determine the specific type and severity of a given child’s disability.
### 7. Teacher Training

Cambodia has made great progress in training teachers—both pre-service and in-service training—on educating children with disabilities. For example, 9-month diploma courses have been developed for hearing and vision disabilities, and Save the Children and Rabbit Schools have developed an in-service training manual on intellectual disabilities. With the exception of the 28-hour introduction manual on inclusive education that is included in pre-service training, no more specific disabilities-related pre-service training is available to teachers at the Provincial Teacher Training Centres.

Additional clarification is needed on how special education teachers can be used to support inclusive education teachers.

<table>
<thead>
<tr>
<th>Finding</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoEYS</td>
<td>• In the Continuous Professional Development Action Plan, specify how general education teachers will receive pre-service and in-service training in inclusive education.</td>
</tr>
<tr>
<td></td>
<td>• Integrate a focus on inclusive education strategies throughout all teacher training courses, programs, and modules.</td>
</tr>
<tr>
<td></td>
<td>• Establish a diploma course for teacher training to support children with intellectual disabilities. Over time, all trainings should focus on moving toward an inclusive system (such as training disabilities specialists who can support inclusive education teachers).</td>
</tr>
<tr>
<td></td>
<td>• Ensure that the new Teacher Career Pathway provides additional credit and incentives to teachers who have undertaken additional training related to teaching children with disabilities.</td>
</tr>
<tr>
<td></td>
<td>• Provide appropriate support to individuals with disabilities when they take the teacher entrance exam, and recruit persons with disabilities to become teachers and to work in the MoEYS Special Education Department.</td>
</tr>
</tbody>
</table>

### 8. Classroom Supports

Classroom supports—such as assistive devices, braille materials, and sign language interpretation—are typically provided in segregated and integrated settings. Typically, these services are provided by NGOs. The provision of sign language interpretation is very limited in mainstream inclusive schools. Other appropriate supports are also not typically provided to students with disabilities who are being educated in inclusive setting.

<table>
<thead>
<tr>
<th>Finding</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoEYS and relevant development partners</td>
<td>• As part of the proposed Inclusive Education Strategic Plan, work with NGOs to explore ways in which assistive devices, braille, large print, and sign language materials can be provided to students with disabilities educated in an inclusive setting.</td>
</tr>
<tr>
<td></td>
<td>• Consider piloting a sign language immersion school/classroom. This would include classrooms with peers who are both deaf and can hear, who are all instructed in sign language and receive instruction in sign language.</td>
</tr>
<tr>
<td></td>
<td>• Define and develop protocols for appropriate supports. This would include examples of supports and guidance on how these could be offered in the classroom.</td>
</tr>
<tr>
<td></td>
<td>• Train more sign language interpreters to support students learning in inclusive classrooms.</td>
</tr>
</tbody>
</table>

### 9. Curriculum, Individualized Education Plan (IEPs), and Other Related Supports

When enrolled in school, students with disabilities typically follow the national curriculum, at a minimum up to grade 3. However, IEPs and other related supports, such as therapy and transportation are not typically services provided through the education system.

<table>
<thead>
<tr>
<th>Finding</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoEYS</td>
<td>• Revise textbooks and develop teachers’ activity guides using the Universal Design for Learning principles—for example, using different teaching strategies (e.g., group work, peer learning, and interactive play)—and in a way that makes them easier to adapt for all learners’ needs. Provide guidelines in the teacher’s activity guide on how to adapt the content and methods to make them appropriate for children in the classroom who have disabilities.</td>
</tr>
<tr>
<td></td>
<td>• Include in the revised Policy on Inclusive Education a statement that all children have the right to be taught according to the national curriculum. This means that all NGO-run and other private schools will adhere to the national</td>
</tr>
</tbody>
</table>
Finding | Recommendation
---|---
curriculum when teaching students with disabilities, adapting it as needed to make it relevant and meaningful for each child. | • As part of the special education diploma curriculum, train teachers on how to develop IEPs and monitor student progress.
• Evaluate what other supports are needed in the classroom to ensure that all children can learn; develop a plan for making these supports available.

10. Parents and Community Engagement

Although there are activities for parents of children with disabilities that raise awareness of their children’s right to education, many parents still hesitate to send their children with disabilities to school. Two of the most common reasons given were concern over children’s safety and that schools were not accessible.

Many families of children with disabilities also face harsh discrimination within their communities.

MoEYS, development partners, local authorities | • Special Education Department should revisit the MoEYS existing guidelines for enrollment campaigns and household mapping and strengthen implementation to better reach more children with disabilities.
• Provincial Office of Education (POE)/District Office of Education (DOE) and schools, together with DPOs, self-help groups and parents of children with disabilities, and local authorities should work to build the awareness of parents of children with and without disabilities on the benefits of inclusive education and awareness of disability.
• Building upon existing work in the community, POE/DOE and schools should look for ways to educate the general community on the importance of inclusive education.

The following are recommendations that can be implemented by All Children Reading-Cambodia:

- **All Children Reading-Cambodia Recommendation 1: Train General Education Teachers.** Ensure that all teachers have received training in how to differentiate instruction to support the learning needs of all children in the classroom. Include principles of inclusive education and effective classroom management in all teacher training activities and include specific strategies for integrating inclusive approaches in reading instruction. Also, train and promote the concepts of UDL to increase teachers’ knowledge of how to educate children with different learning needs.

- **All Children Reading-Cambodia Recommendation 2: Train Coaches to Support the Implementation of Inclusive Education.** Build the capacity of selected professionals (i.e., by engaging NGO staff and, ideally, staff within the existing MoEYS structure) to serve as coaches for general education teachers who have children with disabilities in their classroom. These coaches will provide regular support and ongoing monitoring to teachers, working with them to help parents engage with their children in literacy activities in the home. This initiative will build upon existing training manuals and provide supplementary materials and tools as needed to ensure that coaches are prepared to support teachers.

- **All Children Reading-Cambodia Recommendation 3: Develop Inclusive Teaching and Learning Materials (TLM).** Build MoEYS capacity to develop inclusive TLM using UDL principles and adhering to the guidelines in the USAID Guide for Strengthening Gender Equality and Inclusiveness in Teaching and
Learning Materials. Ensure that all project-supported materials include information on inclusive education and portray persons with disabilities in an empowering manner. Introduce multi-sensory teaching methods and sign games to support phonics instruction and sensory books to schools to promote UDL. Produce adapted versions of TLM for those who are blind/low vision and those who are deaf/hard of hearing.

- **All Children Reading-Cambodia Recommendation 4: Pilot Vision and Hearing Screening.** Develop vision and screening tools and protocols that can be piloted in target areas. Utilize the current database on service providers, which was developed with the support from the project, to refer students who have vision or hearing needs to available assistive devices. Train teachers and/or other designated school staff on how to conduct screenings.

- **All Children Reading-Cambodia Recommendation 5: Explore Possibilities to Pilot Screening for Learning Challenges Not Caused by Sensory Disabilities.** Work with partners to explore possibilities for additional screening tools that can be used to identify students who may have learning needs beyond hearing and vision loss. Pilot these tools in target areas if feasible tools are available.

- **All Children Reading-Cambodia Recommendation 6: Develop Adapted Early Grade Reading Assessment and School Readiness Tools.** Develop assessment tools and protocols for students in preschool and primary school who use braille and large print and bilingual tools for students who use Cambodian Sign Language. Use these tools to monitor and evaluate the progress of students who are deaf/hard of hearing and those who are blind/low vision.

- **All Children Reading-Cambodia Recommendation 7: Social and Behavior Change Communication Strategies.** Show positive images of persons with disabilities in classrooms, schools, and communities to show that children with disabilities have great potential for success in life.

- **All Children Reading-Cambodia Recommendation 8: Identify Community Volunteers to Support Children with Disabilities.** Explore possibilities to identify adult volunteers within the community who can support children’s access to education. Ideally these volunteers would have disabilities themselves, or would be a family member of children with disabilities. In addition, they could serve as teachers of sign language or braille while qualified teachers are being recruited, or build their skills with a view to them becoming accredited teachers. Community volunteers could provide support within inclusive classes.

---

Annex A. Cited References


Kingdom of Cambodia. (n.d.). *Summary report addressed by the ECED during the sub-national training of trainers of inclusive education*. Report not available online.


Annex B. List of Stakeholder Interviews

Kerri Agee, Subregional Head of Programing (Cambodia, Vietnam, Myanmar), Catholic Relief Services (CRS)

Klaus Beasel, Junior Advisor, Rights-based Family Planning and Maternal Health Project, German Corporation for International Cooperation (GIZ)

Kosal Brak, Director, Early Childhood Education Department (ECED), Ministry of Education, Youth and Sport (MoEYS)

Ruth Bryce, Speech Therapist and Project Manager, Executive Director, Organization to Improve Communication Swallowing Therapy Services in Cambodia (OIC)

Moa Bun, Executive Director, Association of the Blind in Cambodia

Sreymey Cheam, Community Development, Bateay Disabled Persons Organization (DPO)

Channy Chek, Deputy Chief Disability Rights Unit, Disability Action Council (DAC) Secretariat General

Kanleyan Leakena Chen, Head of Planning Office, Special Education Department (SED), MoEYS

Bunthoeun, Cheng, Executive Director, Marist Solidarity Cambodia (Lavalla School)

Chan Veasna Chin, Executive Director, NGO Education Partners (NEP)

Darong Chour, Executive Assistant/Public Relation Officer, Krousar Thmey

Virginie Dattler, Operations Coordinator, Handicap International

Peter Demey, GIZ

Sokthyma Dom, Teacher, Prek Loung Primary School

Veasna Hean, Technical Officer, Teacher Training Department (TTD), MoEYS

Stina Heikkila, Education Officer, Inclusive Quality Education, United Nations Children’s Fund (UNICEF)

Touch Hun, Executive Director, Rabbit School

Sarith Keo, Education Specialist, Save the Children

Sokthey Leang, Prek Loung Primary School

Rose Lim, Community Development Worker, Association for Aid and Relief (AAR) Japan

Linlyna Lin, Accountant, Bateay DPO

Chiva Long, Teacher, Marist Solidarity Cambodia (Lavalla School)

Anne Lubell, Community Development Specialist, UNICEF

Phat Mao, Inspector the School for the Blind, Krousar Thmey

Samrithy Moa, Deputy Director, TTD, MoEYS

Kosal Mony, Deputy Director, ECED, MoEYS

Phalla Neang, School Director for Blind and Deaf Children, Krousar Thmey

Chanda Net, Executive Director, OIC Cambodia

Saoroth Ngin, Executive Director, Cambodia Disabled People Organization

Davuth Nhern, Field Staff, AAR Japan
Sangha Nop, Teacher, Marist Solidarity Cambodia (Lavalla School)
Sreynang Oum, School Principal and Teacher, Marist Solidarity Cambodia (Lavalla School)
Sophea Phon, Vice Chief Pre-service Training, TTD, MoEYS
Theaveak Pheary Prak, Deputy Secretary General, DAC Secretariat General
Ream Rin, Education Officer, Education Section, UNICEF
Kosal Sean, Education Specialist, CRS
Aur Seng, Deputy School Principal, Prek Loung Primary School
Chanthy Soeng, Inspector for the School for the Deaf, Krousar Thmey
Chanchamnap Sok, Interim Program Manager, Mother and Child Health, Handicap International
Hing Son, Administrative Assistant, Bateay DPO
Simorn Svay, Director, Parents Association of Children with Intellectual Disabilities Cambodia (PACHID)
Chariya Svay, Member, PACHID
Lat Tep, Contract Teacher, Prek Loung Primary School
Rithy Thong, Director, SED, MoEYS
Sophy Thuch, Basic Education Project Manager, Deaf Development Program
Sophal To, School Principal, Prek Loung Primary School
Mith Vey, English Teacher, Marist Solidarity Cambodia (Lavalla School)
Ratana Yean, Program Manager, AAR Japan
Sreymom Yen, Teacher, Prek Loung Primary School
Annex C. Stakeholder Interview Questions

Ministry or other government officials

1. What laws are currently in place related to the education of children with disabilities? Do you think these laws are being effectively implemented? Are any additional laws needed?

2. How would you describe the current educational system for children with disabilities? What are the strengths of the current system? What are the challenges?

3. What could be done to improve the education of children with disabilities in the future? What could be done in the short-term (2-5 years)? What could be done in the longer term (5-10 years)?)

4. How is the budget for special education and inclusive education developed and allocated?

5. Are most children with disabilities educated in inclusive or segregated environments? What needs to take place to improve inclusive education? How many segregated schools are there in Cambodia? Are these mainly public or private schools?

6. What supports, resources and services are currently available to children with disabilities (e.g., adapted curriculum, braille instruction, sign language instruction, etc.)? What is being done to help differentiate instruction in the classroom?

7. What technology and materials are available or need to ensure equitable inclusion? What guidelines, if any, are used by the government to procure assistive technologies?

8. How are these services provided to the populations (e.g., government funded and privately supported)?

9. What is the current process to identify children with disabilities? Is there a tool used by all teachers? Are there routine vision and hearing screenings that take place in the classroom in the general education schools?

10. Does EMIS currently capture questions on children with disabilities? Does EMIS also have questions to track inclusive education? Do you have a list of questions used in the EMIS?

11. How is the government addressing the children with disabilities who are not attending school? What are the challenges to getting children with disabilities enrolled in school?

12. Are schools accessible to children with disabilities? What efforts are being made to improve physical and communication accessibility?

13. What educational resources (curriculum, textbooks, etc.) are available and accessible to children with disabilities? How does this differ by region? By rural or urban populations?

14. Do you feel that schools have adequate specialized staffing, such as Occupational Therapists (OTs), Physical Therapists (PTs), and Speech Therapists (SLPs)? Are these provided through the schools or are these services typically private services hired by families? Are there teachers aids to support children with disabilities?

15. What is the current status of teacher training for inclusion or special education training in the country? What needs to be done to strengthen these efforts?
16. What is the status of deinstitutionalization of children with disabilities in the country?

17. What is the attitude of the general population towards children with disabilities? What actions or laws are in place to build awareness and improve the acceptance of children with disabilities?

18. What type of support does the ministry need moving forward to improve educational opportunities for children with disabilities?

**International NGOs, NGOs, and Others:**

1. What is your current role related to the education of children with disabilities in the country? Please describe current programs or initiatives.

2. How would you describe the current educational system for children with disabilities? What are the strengths of the current system? What are the challenges?

3. What could be done in the future to improve the education of children with disabilities in the future?

4. Are most children with disabilities educated in inclusive or segregated environments? What needs to take place to improve inclusive education? How many segregated schools are there in Cambodia? Are these private or public schools?

5. What projects are taking place to address children with disabilities who are out of school? What are the largest challenges related to this issue? What do you feel should be done in the future to address this issue?

6. What is the current process to identify children with disabilities? Is there a tool used by all teachers? Are there routine vision and hearing screenings that take place in the classroom in the general education schools?

7. What services are currently available to children with disabilities (e.g., braille instruction, sign language instruction, assistive technology, etc.)? What is being done to help differentiate instruction in the classroom?

8. What technology and materials are available or need to ensure equitable inclusion? What guidelines, if any, are used by the government to procure assistive technologies?

9. Are schools accessible to children with disabilities? What efforts are being made to improve physical and communication accessibility?

10. How are these services provided to the populations (e.g., government funded or privately supported)? How does this differ by region? By rural or urban populations?

11. What educational resources (curriculum, textbooks, etc.) are available and accessible to children disabilities?

12. Do you feel that schools have adequate specialized staffing, such as Occupational Therapists (OTs), Physical Therapists (PTs), and Speech Therapists (SLPs)? Are these provided through the schools or are these services typically private services hired by families? Are there teachers aids to support children with disabilities?

13. What is the current status of teacher training for inclusion or special education training in the country? What needs to be done to strengthen these efforts?
14. What is the status of deinstitutionalization of children with disabilities in the country?

15. What is the attitude of the general population towards children with disabilities? What actions or laws are in place to build awareness and improve the acceptance of children with disabilities?

16. What types of programs would you like for the MoEYS to conduct in the future? What role should schools segregated for children with disabilities have in the future? What role should parents have in the future? What role should DPOs have in the future?

**Disabled Persons’ Organizations:**

1. What is your current role related to the education of children with disabilities in the country? Please describe current programs or initiatives.

2. What laws are currently in place related to the education of children with disabilities? Do you think these laws are being effectively implemented? What was the consultation process with people with disabilities for these laws? How could the laws be strengthened in the future?

3. How would you describe the current educational system for children with disabilities? What are the strengths of the current system? What are the challenges?

4. What could be done in the future to improve the education of children with disabilities in the future?

5. What is the current process to identify children with disabilities? Is there a tool used by all teachers? Are there routine vision and hearing screenings that take place in the classroom in the general education schools?

6. What services are currently available to children with disabilities (e.g., braille instruction, sign language instruction, assistive technology, etc.)? What is being done to help differentiate instruction in the classroom?

7. How are these services provided to the populations (e.g., government funded or privately supported)? How does this differ by region? By rural or urban populations?

8. Do you feel that schools have adequate specialized staffing, such as Occupational Therapists (OTs), Physical Therapists (PTs), and Speech Therapists (SLPs)? Are these provided through the schools or are these services typically private services hired by families? Are there teachers aids to support children with disabilities?

9. What projects are taking place to address children with disabilities who are out of school? What are the largest challenges related to this issue? What do you feel should be done in the future to address this issue?

10. What is the attitude of the general population towards children with disabilities?

11. What actions or laws are in place to build awareness and improve the acceptance of children with disabilities?

12. What types of programs would you like for the MoEYS to conduct in the future? What role should schools segregated for children with disabilities have in the future? What role should DPOs have in the future?

13. What community resources exist to build awareness of the need to educate children with disabilities?
**Parent Organizations:**

1. What is your current role related to the education of children with disabilities in the country? Please describe current programs or initiatives.

2. How would you describe the current educational system for children with disabilities? What are the strengths of the current system? What are the challenges?

3. What could be done in the future to improve the education of children with disabilities in the future?

4. What services are currently available to children with disabilities (e.g., braille instruction, sign language instruction, assistive technology, etc.)?

5. How are these services provided to the populations (e.g., government funded or privately supported)?

6. What educational resources (curriculum, textbooks, etc.) are available and accessible to children with disabilities?

7. What is the current status of teacher training for inclusion or special education training in the country? What needs to be done to strengthen these efforts?

8. What is the attitude of the general population towards children with disabilities? What actions or laws are in place to build awareness and improve the acceptance of children with disabilities?

9. What types of programs would you like for the MoEYS to conduct in the future? What role should schools for the blind or schools for the deaf have in the future? What role should parents have in the future? What role should DPOs have in the future?

10. What community resources exist to build awareness of the need to educate children with disabilities?
Annex D. Survey for DPO Leaders and Members

To be completed by any member of a disabled persons' organization (DPO).

1) Please check box that best describes your current status.
   □ Member/representative of an association of the blind
   □ Member/representative of an association of the deaf
   □ Member/representative of an association of persons with physical disabilities
   □ Member/representative of an association of parents of children with disabilities
   □ Member/representative of an organization for various types of disabilities
   □ Member/representative of the Cambodian Disabled People’s Organization (CDPO)
   □ Others: _______________________

2) What area best represents where your DPO works?
   □ Rural area
   □ Urban area

3) Do you feel that the current laws and policies regarding the education of children with disabilities ensure that children with disabilities can access education?
   □ Current laws are strong and do not need to be improved.
   □ Current laws are adequate to ensure the education of children with disabilities, but they need to be revised.
   □ Current laws do not address the needs or ensure that children with disabilities can access an education.
   □ I am not aware of current laws or regulations.

4) Are you familiar with the National Policy on the Education of Children with Disabilities of 2008?
   □ Yes
   □ No
   □ Only read/seen parts of the law

   1. Are you familiar with the Law on the Protection and Promotion on the Rights of Persons with Disabilities (LPPRPD)?
      □ Yes
      □ No
      □ I have only read/seen parts of the law

5) Are persons with disabilities, DPOs, or parents/guardians of children with disabilities involved in the drafting of legislation or laws related to the education of children with disabilities?
   □ Yes, they are very active in the drafting of policy and laws.
   □ They are somewhat active in the drafting of policies and laws.
   □ They not been active in the drafting of policies and laws.
   □ I am not aware of a consultation process.
6) Please indicate which services or supports children with disabilities can access when needed in Cambodia:

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of service</th>
<th>School Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>6.1</td>
<td>Physically accessible schools</td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>Instruction on how to read braille</td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>Braille books and materials</td>
<td></td>
</tr>
<tr>
<td>6.4</td>
<td>Computer software such as JAWS</td>
<td></td>
</tr>
<tr>
<td>6.5</td>
<td>Large print books or magnifying glasses</td>
<td></td>
</tr>
<tr>
<td>6.6</td>
<td>Accessible computer software and devices</td>
<td></td>
</tr>
<tr>
<td>6.7</td>
<td>Orientation and mobility instruction</td>
<td></td>
</tr>
<tr>
<td>6.8</td>
<td>Instruction on learning sign language</td>
<td></td>
</tr>
<tr>
<td>6.9</td>
<td>Trained special education teachers</td>
<td></td>
</tr>
<tr>
<td>6.10</td>
<td>Speech therapy specialists</td>
<td></td>
</tr>
<tr>
<td>6.11</td>
<td>Occupational therapy specialists</td>
<td></td>
</tr>
<tr>
<td>6.12</td>
<td>Physical therapy specialists</td>
<td></td>
</tr>
<tr>
<td>6.13</td>
<td>Hearing aids</td>
<td></td>
</tr>
<tr>
<td>6.14</td>
<td>Augmentative Communication Devices</td>
<td></td>
</tr>
<tr>
<td>6.15</td>
<td>Teacher helper/aide</td>
<td></td>
</tr>
<tr>
<td>6.16</td>
<td>Regular hearing and vision testing in the classroom</td>
<td></td>
</tr>
<tr>
<td>6.17</td>
<td>Referral services to medical support</td>
<td></td>
</tr>
<tr>
<td>6.18</td>
<td>Adapted or modified curricula</td>
<td></td>
</tr>
<tr>
<td>6.19</td>
<td>Accommodations for testing</td>
<td></td>
</tr>
<tr>
<td>6.20</td>
<td>Individualized Education Plans (IEPs)</td>
<td></td>
</tr>
<tr>
<td>6.21</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

7) Please respond to the below questions related to the education of children with disabilities in Cambodia:

For this question,

*segregated education* ("special education") is defined as the education of children with disabilities in separate schools or classrooms alongside children with other similar disabilities.

*self-contained or integrated education* as the education of children with disabilities in a mainstream school (e.g., a mainstream school but your child spends most of the day in a classroom with other children with disabilities)
inclusive education is defined as the education of children with disabilities in their local school alongside children without disabilities; inclusive education “involves a process embodying changes and modifications in content, approaches, structures, and strategies in education, with a common vision that serves to include all students of the relevant age range.”

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Service</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>In general, both students with and without disabilities can benefit academically from being in an inclusive classroom.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td>In general, inclusive education is likely to have a positive effect on the social and emotional development of students with disabilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3</td>
<td>In Cambodia, children with disabilities are taught to the same curriculum (textbooks, literacy, math, art)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.4</td>
<td>In Cambodia, teachers actively engage with and work to educate children with disabilities in their classroom (call upon for answers, give homework assignments, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5</td>
<td>In general, the needs of students with disabilities can be best served in special, separate settings/schools.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.6</td>
<td>In general, children with severe disabilities should be educated in special, separate settings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.7</td>
<td>In Cambodia, special education teachers have the knowledge and skills needed to educate children with disabilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

26 Inclusive education “involves a process embodying changes and modifications in content, approaches, structures and strategies in education, with a common vision that serves to include all students of the relevant age range” (United Nations Office of the High Commissioner for Human Rights, 2015).
7.8 In Cambodia, general education teachers have the knowledge and skills needed to educate children with disabilities.

8) Do children with disabilities experience discrimination in school by teachers, peers, or school directors?
   - Yes
   - No
   - I don’t know

9) Do children with disabilities experience discrimination in their communities?
   - Yes
   - No
   - I don’t know

10) For children with disabilities in Cambodia who are not currently enrolled or have never gone to school, what do you think are the reasons? (check all that apply)
   - Tuition fees are too expensive in private schools/private special education centers
   - School is too far away, and there is no reliable transportation
   - School is not physically accessible
   - Teachers are not appropriately trained to support children with disabilities’ education needs
   - Principal/teacher will not let children with disabilities attend school and has denied enrollment
   - Parents’ concerns for a child’s safety
   - There is a belief that it is not important for children with disabilities to learn
   - Children with disabilities need to stay at home to help with chores or help earn an income
   - Parental concerns about prejudicial treatment that a child or family may experience due to disability
   - Other (please explain):
11) For children with disabilities in Cambodia who have dropped out of school, what do you think are the reasons? (check all that apply)

- Teacher does not possess the skills to educate the child
- The student does not feel welcome or supported by the teacher/principal
- The student is bullied by other students
- Parents’ concerns for a child’s safety
- Children with disabilities need to stay at home to help with chores or help earn an income
- Parents cannot afford schools costs (uniforms, study kits, etc.)
- There is not accessible transportation
- There are no accessible toilet facilities
- The students have faced school-related gender-based violence
- Other, please describe:
  __________________________________________________

12) What kinds of community outreach activities have you found to be most effective in getting children with disabilities enrolled in school?

- Community meetings
- Radio spots
- TV spots
- School enrollment campaign
- Other, please describe:
  ______________________________________________________
Annex E. Survey for Parents/Guardians of Children with Disabilities

To be completed by any parent/guardian of a child with a disability between the ages of 3-18. Only one form per family should be completed.

1. How old is your child with a disability? _______________________

2. What is your child’s sex?
   - Male
   - Female

3. What best describes where your child with a disability lives?
   - With their family in a rural area
   - With their family in an urban area
   - At a school for the blind or school for the deaf
   - At a residential care center
   - Other: ______________________

4. Are you a member of a DPO?
   - Yes
   - No
   If yes, please list the DPO(s) that you are a member of.

5. What is your relationship to the child?
   - Mother
   - Father
   - Grandparent
   - Other: ______________________

6. What type of disability best describes your child?
   - Blind
   - Low vision
   - Deaf
   - Hard of hearing
   - Physical disability
   - Intellectual/developmental disability
   - Learning disability
   - Multiple disabilities
     Please explain: ______________________
   - Other: ______________________
7. Do you feel that the current laws and policies regarding the education of children with disabilities ensure that children with disabilities can access education?

- Current laws are strong and do not need to be improved.
- Current laws are adequate to ensure the education of children with disabilities, but they need to be strengthened.
- Current laws do not address the needs or ensure that children with disabilities can access an education.
- I am not aware of current laws or regulations.
- Please explain: _________________________________________


- Yes
- No
- I have only read/seen parts of the law

9. Are you familiar with the Law on the Protection and Promotion on the Rights of Persons with Disabilities (LPPRPD)?

- Yes
- No
- I have only read/seen parts of the law

10. Is your child currently enrolled in school?

- Yes, my child is attending school
- Yes, my child is enrolled but is not attending school
- No, my child has never been enrolled in school
- No, my child has dropped out of school
- No, my child is not yet of school age

11. If your child is attending school, what type of school does your child attend?

- A separate school that only educates children with disabilities (e.g., a school for the blind, school for the deaf, etc.)
- A self-contained/integrated classroom for children with disabilities in a mainstream school (e.g., a mainstream school but your child spends most of the day in a classroom with other children with disabilities)
- A general/mainstream education school in a classroom without children with disabilities
- Other: ________________________________

12. Do you feel your child's current school is the best educational setting for your child?

- Yes
- No
- I don’t know
- Please explain: ________________________________
13. Do you feel your child's teacher has the skills and knowledge needed to educate and support your child?

☐ Yes
☐ No
☐ I don’t know

Please explain: ____________________________________________

14. Has your child experienced discrimination in school by teachers, peers, or school directors?

☐ Yes
☐ No
☐ I don’t know

15. Has your child experienced discrimination in your community?

☐ Yes
☐ No
☐ I don’t know

Please indicate the which services or supports children with disabilities in Cambodia can access when needed:

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of service</th>
<th>School Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>13.1</td>
<td>Physically accessible schools</td>
<td>☐</td>
</tr>
<tr>
<td>13.2</td>
<td>Instruction on how to read and write in braille</td>
<td>☐</td>
</tr>
<tr>
<td>13.3</td>
<td>Braille books and materials</td>
<td>☐</td>
</tr>
<tr>
<td>13.4</td>
<td>Computer software such as JAWS</td>
<td>☐</td>
</tr>
<tr>
<td>13.5</td>
<td>Large print books or magnifying glasses</td>
<td>☐</td>
</tr>
<tr>
<td>13.6</td>
<td>Accessible computer software and devices</td>
<td>☐</td>
</tr>
<tr>
<td>13.7</td>
<td>Orientation and mobility instruction</td>
<td>☐</td>
</tr>
<tr>
<td>13.8</td>
<td>Instruction on how to learn sign language</td>
<td>☐</td>
</tr>
<tr>
<td>13.9</td>
<td>Trained special education teachers</td>
<td>☐</td>
</tr>
<tr>
<td>13.10</td>
<td>Speech therapy specialist</td>
<td>☐</td>
</tr>
<tr>
<td>13.11</td>
<td>Occupational therapy specialist</td>
<td>☐</td>
</tr>
<tr>
<td>13.12</td>
<td>Physical therapy specialists</td>
<td>☐</td>
</tr>
<tr>
<td>13.13</td>
<td>Hearing aids</td>
<td>☐</td>
</tr>
<tr>
<td>13.14</td>
<td>Augmentative Communication Devices</td>
<td>☐</td>
</tr>
<tr>
<td>13.15</td>
<td>Teacher helper/aide</td>
<td>☐</td>
</tr>
<tr>
<td>13.16</td>
<td>Regular hearing and vision testing in the classroom</td>
<td>☐</td>
</tr>
<tr>
<td>13.17</td>
<td>Referral services to medical support</td>
<td>☐</td>
</tr>
<tr>
<td>13.18</td>
<td>Adapted or modified curricula</td>
<td>☐</td>
</tr>
</tbody>
</table>
16. Please respond to the below questions related to the education of children with disabilities in Cambodia:

For this question,

*segregated education* ("special education") is defined as the education of children with disabilities in separate schools or classrooms alongside children *with* other similar disabilities.

*self-contained or integrated education* as the education of children with disabilities in a mainstream school (e.g., a mainstream school but your child spends most of the day in a classroom with other children with disabilities)

*inclusive education* is defined as the education of children with disabilities in their local school *alongside children without disabilities*; inclusive education “involves a process embodying changes and modifications in content, approaches, structures, and strategies in education, with a common vision that serves to include all students of the relevant age range.”

---

| No. | Type of Service                                                                 | School Access | | | |
|-----|----------------------------------------------------------------------------------|---------------|---------------|---------------|
| 13.19 | Accommodations for testing                                                        | Yes | No | Unsure |
| 13.20 | Individualized Education Plans (IEPs)                                             | Yes | No | Unsure |
| 13.21 | Other:                                                                           | Yes | No | Unsure |

---

**27** Inclusive education “involves a process embodying changes and modifications in content, approaches, structures and strategies in education, with a common vision that serves to include all students of the relevant age range” (United Nations Office of the High Commissioner for Human Rights, 2015).
<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Service</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>same curriculum (textbooks, literacy, math, art)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.4</td>
<td>In Cambodia, teachers actively engage with and works to educate children with disabilities in their classroom (call upon for answers, give homework assignments, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.5</td>
<td>In general, the needs of students with disabilities can be best served in special, separate settings/schools.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.6</td>
<td>In general, children with severe disabilities should be educated in special, separate settings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.7</td>
<td>In Cambodia, special education teachers have the knowledge and skills needed to educate children with disabilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.8</td>
<td>In Cambodia, general education teachers have the knowledge and skills needed to educate children with disabilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. **For children with disabilities in Cambodia who are not currently enrolled or have never gone to school, what do you think are the reasons? (check all that apply)**

- Tuition fees are too expensive in private schools/private special education centers
- School is too far away, and there is no reliable transportation
- School is not physically accessible
- Teachers are not appropriately trained to support children with disabilities’ education needs
- Principal/teacher will not let children with disabilities attend school and have denied enrollment
- Parents’ concerns for a child’s safety
- There is a belief that it is not important for children with disabilities to learn
- Children with disabilities need to stay at home to help with chores or help earn an income
- Parental concerns about prejudicial treatment that a child or family may experience due to disability
- Other, please explain: ____________________________________________________________
18. If your child has dropped out of school, what were the reasons? (check all that apply)

- Teacher does not possess the skills to educate the child
- The student does not feel welcome or supported by the teacher/principal
- The student is bullied by other students
- Parents' concerns for a child's safety
- Children with disabilities need to stay at home to help with chores or help earn an income
- Parents cannot afford schools costs (uniforms, study kits, etc.)
- There is not accessible transportation
- There are no accessible toilet facilities
- The students have faced school-related gender-based violence
- Other
## Annex F. Agenda for Findings Workshop

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thursday, December 7, 2017</strong></td>
<td></td>
</tr>
<tr>
<td>1:30–2:00</td>
<td>Registration</td>
</tr>
<tr>
<td>2:00–2:30</td>
<td>Welcome and opening remarks</td>
</tr>
<tr>
<td>2:30–2:50</td>
<td>• Objectives of the workshop</td>
</tr>
<tr>
<td></td>
<td>• Brief introduction to All Children Reading-Cambodia and the situation analysis</td>
</tr>
<tr>
<td></td>
<td>• Intended outcomes of project (including resources database)</td>
</tr>
<tr>
<td></td>
<td>• Situation analysis research design (methodologies, tools and data analysis)</td>
</tr>
<tr>
<td>2:50–3:00</td>
<td>Structure and use of resource database</td>
</tr>
<tr>
<td>3:00–3:15</td>
<td>Coffee break</td>
</tr>
<tr>
<td>3:15–3:45</td>
<td>Group discussion</td>
</tr>
<tr>
<td>3:45–4:05</td>
<td>Group feedback</td>
</tr>
<tr>
<td>4:05–4:50</td>
<td>Plenary discussion on survey tool</td>
</tr>
<tr>
<td>4:50–5:00</td>
<td>Summary and conclusions</td>
</tr>
<tr>
<td><strong>Friday, December 8, 2017</strong></td>
<td></td>
</tr>
<tr>
<td>8:00–8:15</td>
<td>Overview of the day</td>
</tr>
<tr>
<td>8:15–10:00</td>
<td>Situational analysis findings and discussion</td>
</tr>
<tr>
<td>10:00–10:15</td>
<td>Coffee break</td>
</tr>
<tr>
<td>10:15–11:00</td>
<td>Situational analysis findings and discussion (Continued)</td>
</tr>
<tr>
<td>12:00–1:30</td>
<td>Lunch break</td>
</tr>
<tr>
<td>1:30–2:30</td>
<td>Situational analysis findings and discussion (Continued)</td>
</tr>
<tr>
<td>2:30–3:00</td>
<td>Next steps</td>
</tr>
<tr>
<td></td>
<td>Closing remarks</td>
</tr>
</tbody>
</table>
Annex G. Participant List for Findings Workshop

Sophala Buoy, Senior Early Childhood Care and Development Experts, Infants and Development

Chan Theavy But, Official, Primary Education Department (PED), Ministry of Education, Youth and Sport (MoEYS)

Thy Chan, Official, PED, MoEYS

Channy Chek, Deputy Chief Disability Rights Unit, Disability Action Council (DAC) Secretariat General

Chhen Chhoem, Executive Director, People with Disabilities Organization in Kep

Sovandeth Chhom, Executive Director, Kratie Disabled People’s Organization

Chan Veasna Chin, Executive Director, NGO Education Partners (NEP)

Sok Eng, Deputy Manager, World Education

Lorn Gnem, Official, PED, MoEYS

Leakhena Heang, Official, Early Childhood Education Department (ECED), MoEYS

Channa Heng, Official, ECED, MoEYS

Ratha Hun, Executive Director, SDPO-Mondulkiri

Touch Hun, Executive Director, Rabbit School

Sarath Keo, Education Specialist, Save the Children

Bunly Khuon, Official, PED, MoEYS

Sothea Loch, Special Needs Teacher, Kuruna Battambant

Phat Mao, Inspector the School for the Blind, Krousar Thmey

Moa Meas, United Nations Development Programme (UNDP)

Malis Moch, Director, DPO Svay Rieng

Soroeurn Nhean, Technical Assistant, Special Education Department (SED), MoEYS

Sath Oem, Community Development Worker, Exceed Kompot

Mardy Ouk, Official, PED, MoEYS

Thavy Pen, Deputy Director, SED, MoEYS

Ratanak Sophea Saing, Fieldwork Manager, Angkor Research

Kosal Sean, Education Specialist, CRS

Samanea Sileng, Secretary, Parents Association of Children with Intellectual Disabilities Cambodia (PACHID)

Chanthy Soeng, Inspector for the School for the Deaf, Krousar Thmey

Sarin Sok, Program Manager, DPO Kampong Speu

Somaly Srey, Officer, Komar Pikar Foundation, Chhouk District, Kompot

Sahen Tim, Deputy Director, SED, MoEYS

Sonoda Tomoko, Executive Director, Association for Aid and Relief (AAR)-Japan

Chiva Torn, Assistant, Marist Solidarity Cambodia (Lavalla School)
Annex H. February Workshop Agenda

Validation Workshop
Situation Analysis on Educational Services for Children with Disabilities in Cambodia
Venue: Garden city hotel
Date: 5 February 2018

Objectives
- To share and validate the findings and recommendations from the situation analysis with the relevant stakeholders such as MoEYS, DAC, DPs, disability NGOs and DPOs
- To get inputs and feedback for the final report

Draft agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:30-08:30</td>
<td>Registration</td>
<td>RTI</td>
</tr>
<tr>
<td>08:30-09:00</td>
<td>Opening ceremony</td>
<td>RTI/MoEYS</td>
</tr>
<tr>
<td>09:00-09:15</td>
<td>▪ Workshop objectives and agenda</td>
<td>RTI/Core team</td>
</tr>
<tr>
<td></td>
<td>▪ Overview ACR-Cambodia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Overview of the study</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Main purposes of the study</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Methodologies used for the study</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Topics addressed in the study</td>
<td></td>
</tr>
<tr>
<td>09:15-9:30</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>09:30-10:00</td>
<td><strong>Part 1</strong> (Topics 1 to 5) Findings &amp; General Recommendations Presentation</td>
<td>RTI</td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>Group discussion</td>
<td>RTI/Core team</td>
</tr>
<tr>
<td>11:00-11:30</td>
<td>Group feedback</td>
<td></td>
</tr>
<tr>
<td>11:30-12:00</td>
<td><strong>Part 2</strong> (Topic 6) Findings &amp; General Recommendations Presentation</td>
<td>RTI</td>
</tr>
<tr>
<td></td>
<td>Plenary discussion</td>
<td></td>
</tr>
<tr>
<td>12:00-13:15</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>13:15-13:30</td>
<td>Energizer</td>
<td>RTI/core team</td>
</tr>
<tr>
<td>13:30-14:00</td>
<td><strong>Part 3</strong> (Topics 7-10) Findings &amp; General Recommendations Presentation</td>
<td>RTI/Core team</td>
</tr>
<tr>
<td>14:00-15:00</td>
<td>Group discussion</td>
<td></td>
</tr>
<tr>
<td>15:00-15:15</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>15:15-15:45</td>
<td><strong>Part 4</strong> Presentation of Recommendations Specific for ARC-Cambodia</td>
<td>RTI</td>
</tr>
<tr>
<td>15:45-16:45</td>
<td>Plenary discussion</td>
<td>RTI/Core team</td>
</tr>
<tr>
<td>16:45-17:00</td>
<td>Wrap up &amp; closing</td>
<td>RTI</td>
</tr>
</tbody>
</table>
Annex I. February Workshop Participant List

Samith Put, General Director, DGE, MoEYS
Pitin Pong, Director, EMIS, MoEYS
Righy Thong, Director, SED, MoEYS
Saovorak Nov, DoPo Chief Office, DoPo, MoEYS
Solyda Soy, DoPo Officer, DoPo, MoEYS
Sophea Sok, Chief Office, ECED, MoEYS
Vuthy Eat, Vice-Chief Office, SED, MoEYS
Thavy Yeat, Officer, SED, MoEYS
Thany Thang, Officer, TTD, MoEYS
Sovannarith Tuy, Officer, PED, MoEYS
Vannaret Tek, Officer, PED, MoEYS
Sida Yin, Deputy Director, PED, MoEYS
Bunthoeun Uk, PED, MoEYS
Sarin Khim, Deputy Director, DCD, MoEYS
Sophat Muong, Vice-Chief Office, DCD, MoEYS
Sophy Vann, Vice-Chief Office, EQ, MoEYS
Sahen Tim, Officer, SED, MoEYS
Satomi Mukai, AAR-Japan
Kimhean Chhim, Hope Cambodia
Chansakma Kep, Home Cambodia
Vichheka Sao, Research Coordinator, NEP
Ruth Bryce, Program Manager, Speech Therapy, OIC Cambodia
Vincent Stange, Education Program Facilitator, Mennonite Central Committee
Sophala Buoy, Development
Sochetra Sim, RttR-LPOT
Sonthara Kong, WE-LTA
Sopheap Kaing, Basic Education Specialist, WVI
Darong Chour, Krousar Thmey
Phat Mao, Inspector for Blind School, Krousar Thmey
Sok Eng, Deputy Manager, WE
Saroeun Menh, Education Officer, OI
Sakem Kong, SC
Savath Soeun, Komar Pikar Foundation
Kosal Sean, Education Specialist, CRS
Simorn Svay, PACHID
Chakiriva Simorn, PACHID
Sophy Thuch, DDP
Kimhorn Eang, DDP
Reaksmeay Thoun, DDP
Maly Korn, Sign Language Translator, DDP
Sreynuch Sorn, Sign Language Translator, DDP
Monika Mak, Project Manager, CDPO
Vireak Kheng, Life for the World
Sreytouch Sun, ICRC
Sreyunan Um, Lavala
Channy Check, Deputy Chief Disability Rights Unit, DAC, Secretariat General
Virayouth Simorn, PACHID
Run Ul, Senior National Advisor, KAPE Kampong Cham
Chhay Yuth Chhorn, M&E Coordinator, KAPE Kampong Cham
Sovandeth Chhorn, ED, KDPO Kratie
Chen Chhoem, ED, KDPO Kep
Sambo Ou, ED, DPO Kampong Speu
Rotha Hun, DPO MDKR
Malis Moch, DPO Svay Rieng
Sath Oem, CDW, Exceed-Worldwide Kampot
Yoeurt Yoeurn, Senior M&E Officer, Karuna Battambang Organization
Puthida Neang, ABC-Kampong Speu
Samnang Pheng, DDSP Pursat
Sereisatya Ros, USAID
John Collins, USAID