

# Multi-Country Study on Inclusive Education (MCSIE)

## Cambodia Literature Review

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## Abbreviations

ABC	Association of the Blind Cambodia
ACL	All Children Learning
ACR	All Children Reading
AHCDMAT	Angkor Hospital for Children Development Milestone Assessment Tool
CIA	Central Intelligence Agency
CIPS	Cambodia Inter-Censal Population Survey
CRPD	Convention on the Rights of Persons with Disabilities
CRS	Catholic Relief Services
CSO	Civil Society Organization
DAC	Disability Action Council
DDP	Deaf Development Program
DDSP	Disability Development Services Program
DEC	Development Exchange Clearinghouse
DFAT	Department of Foreign Affairs and Trade (Australian Government)
DPO	Disabled Persons Organization
DRIC	Disability Rights Initiative Cambodia
ECE	Early Childhood Education
ERGA	Early Grade Reading Assessment
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GPE	Global Partnership for Education
HHC	Hands of Hope Community
HI	Humanity and Inclusion
IEP	Individualized Education Plan
JAT	Journey Access Tool
KPF	Komar Pikar Foundation
KT	Krousar Thmey
LPPRPD	Law on the Protection and Promotion of the Rights of Persons with Disabilities
MCSIE	Multi-Country Study on Inclusive Education
MoEYS	Ministry of Education, Youth, and Sport
MoH	Ministry of Health
MoSVY	Ministry of Social Affairs, Veterans, and Youth Rehabilitation
NEP	NGO Education Partnership
NGO	Non-Government Organization
NISE	National Institute of Special Education
OIC	Organization to Improve Communication and Swallowing Therapies in Cambodia
PED	Primary Education Department
PTTC	Provincial Teacher Training College
PRC	Physical Rehabilitation Center
RTI	Research Triangle Institute
SED	Special Education Department

SEO	Special Education Office
SIDA	Swedish International Development Agency
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VSO	Volunteer Services Overseas

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## 1. Executive Summary

The 2006 adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) helped to provide an international normative framework against which to measure countries' promotion of the full and equitable education of students with disabilities. As a result of this momentum along with grassroots and national efforts which pre-date this framework, many countries, such as Cambodia, are working to strengthen their educational systems to be more inclusive of students with disabilities.

The education of children with disabilities in Cambodia must be understood against the backdrop of the education system in Cambodia more broadly. The destruction of much of the population and infrastructure under the Khmer Rouge regime from 1975-1979 decimated the education system and its qualified professionals, necessitating a complete rebuilding over the past decades. At a time when the education system generally was struggling with redeveloping its most basic primary education systems, the non-government sector spearheaded the earliest movements to educate children with disabilities in segregated<sup>1</sup> school environments. While numerous donor-funded initiatives have supported the advancement of segregated and inclusive education in Cambodia since the turn of the century, the education of children with disabilities remains an area of emerging development and continuing need. Despite many partners advocating for issues of disability inclusion, coordination amongst various non-governmental organizations (NGOs), donor initiatives, and other projects related to disability and inclusion is sometimes fragmented (Hayes & Bulat, 2018). Cambodia hosts the greatest number of NGOs per inhabitant in Southeast Asia (Prigent, 2019), and with at least 138 of these entities supporting persons with a disability (Bailey & Nguon, 2014), it was not possible to mention all organizations in this review.

Children with disabilities are most likely to be educated in one of the few privately-run or five segregated schools, or in one of 73<sup>2</sup> "integrated" special classrooms in mainstream public schools. Because of poor systems of screening or identification of disability, it is hard to know how many children with disabilities are currently enrolled in general education public schools. In addition, large primary school class sizes of 60 students to one teacher make it difficult to identify or support specific learning needs (Kingdom of Cambodia, 2019b).

Fortunately, efforts to advance the education system continue, including pre- and in-service teacher training initiatives, the official transition of the five schools run by the NGO Krousar Thmey (KT) to government control and oversight in 2018, and the development of a 2019-2023 Inclusive Education Policy and Action Plan. Despite these successes, the education of children with disabilities is largely subsumed under the categories of physical, intellectual, vision, or hearing disability, with little attention paid to learners who may struggle for other reasons. Few resources are available to students with disabilities, and attitudinal, infrastructural, and teacher preparedness barriers continue to affect the capabilities of children with disabilities to reach their full academic success if they do enroll in school. This literature review attempts to detail the

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<sup>1</sup> Often referred to as special schools within the Cambodia context.

<sup>2</sup> As of 2017 (Kartika, 2017).

special and inclusive education systems in Cambodia, in order to shed light on the areas of opportunity for future development of education that supports all children to succeed.

The main findings of the literature review are as follows:

**Finding 1: Disability identification practices.** Identification of disability is conducted through a variety of screening tools with an underdeveloped referral and health services system in the country, which exacerbates challenges in identifying students with disabilities. Furthermore, an inconsistent definition of disability within the country poses challenges to the accurate identification of disability.

**Finding 2: Teacher training.** Documented strengths in Cambodia include continuously expanding efforts to train teachers on inclusive and special education, including those conducted through the National Institute of Special Education (NISE) and a 28-hour pre- and in-service training course for mainstream educators. Nonetheless, additional challenges remain including: 1) dependency on a cascade model of training which poses risks to quality of implementation, 2) existing trainings being limited in duration and reach, and 3) an absence of research to understand the impact of training initiatives on quality of instruction in schools.

**Finding 3: Attitudes.** Discrimination towards persons with disabilities is often linked to the category of disability in Cambodia, such that those with intellectual disability and blindness have the most documented marginalization, while those with physical disability are more likely to find societal and educational acceptance. Teachers and families indicate limited endorsement of inclusive education, with many continuing to favor education of children with disabilities in segregated environments. Local religious perspectives about karma seem to have an impact on discrimination against persons with disabilities.

**Finding 4: Education for specific disability groups.** The existence of a braille code, Cambodian Sign Language dictionary, and some adapted teaching and learning materials is an asset. Most documented education efforts focus on children who are deaf or blind, with less support provided to children with intellectual disability. Children with specific learning disabilities or those perceived to have “severe” disabilities receive no documented specialized supports. There are limited supports and services for specific disability groups, including school-based specialists such as speech or physical therapists, and existing efforts tend to be concentrated in segregated academic environments. Current research and reporting on education for specific disability groups seldom describes results and educational outcomes for children.

**Finding 5: Additional classroom supports.** Additional classroom supports such as differentiated instruction or specialist assistance are limited in Cambodia, and are largely exclusive to segregated or NGO-funded educational environments. The expansion of integrated classrooms in general education schools is an advancement away from segregation, although such integrated placements still fall short of meeting the ultimate goal of inclusive education as defined by the CRPD. The extent to which classroom instruction is aligned with the national



curriculum depends on individual schools, and Individualized Education Plans (IEPs) have limited documented use in the country.

**Finding 6: Intersectionality.** Extensive literature exists in Cambodia to document correlations between poverty and disability, including poverty as contributing to the incidence of disability, with those having a disability also being more likely to live in poverty. Children with disabilities are also significantly more likely to be out of school than children without disabilities. Despite near-achievement of gender parity in the education system more broadly in Cambodia, girls with a disability have a well-documented disadvantage in access to and achievement in schooling. Women with disabilities also experience significant risk of household violence as compared to women without disabilities. The educational experience of children with disabilities in residential care facilities is not well-documented, and intersectionality between ethnic or linguistic minorities and disability in Cambodia is poorly understood.

## 2. Introduction

This section describes the purpose of this literature review, and the broader aims of the MCSIE study.

### 2.1 Purpose

As part of the “inception” phase of the MCSIE, supported by USAID, the research team conducted three comprehensive literature reviews to focus on each of the three countries within the study: Cambodia, Malawi, and Nepal. The purpose of this literature review is to provide relevant background information on disability and inclusion efforts in Cambodia. This review is intended to draw attention to gaps that may warrant further attention, and to shed light on the achievements and progress to date on the inclusion of children with disabilities in the education system.

### 2.2 Multi-Country Study on Inclusive Education

Through the Long-Term Assistance and Services for Research Partners for University-Led Solutions Engine (LASER PULSE) mechanism led by Purdue University, Inclusive Development Partners (IDP) will conduct a three-and-a-half year, \$3.585 million evaluation of three USAID inclusive-education activities in Cambodia, Malawi, and Nepal. The study will investigate USAID programming in these three countries in order to identify what works to sustainably advance teaching and learning outcomes for children with disabilities in varying contexts and ultimately inform current and future programming through recommendations to current implementing partners (IPs) at midline and broader recommendations for USAID at endline.

Five key themes provide a framework for the current study (process, identification, training, instruction, and consequences). The following questions inform the evaluation of individual country programs, as well as the evaluation of programming across the three countries:

1. What worked well/poorly in the process of setting up an efficient, effective, and sustainable system to focus on improving the quality of education for learners with disabilities? (Process)
2. What methods worked best to identify learners with disabilities? (Identification)
3. What training model(s) worked best to provide teachers with the resources and support they need to best meet the needs of learners with disabilities? (Training)
4. What instructional models worked best to improve classroom instruction and reading outcomes among learners with disabilities? (Instruction)
5. Were there any unintended consequences of the activity? What were they? (Consequences)

Each question includes the following sub-questions:

- How does the method/model work?
- Why does it work/not work?
- How costly is it?
- In which contexts is it likely to work best?

- How sustainable (both in terms of capacity and financial resources) is it? What is the impact on gender?

This literature review provides a context of past and current programming, services, and research conducted in Cambodia.

## 3. Methodology

### 3.1 Literature Review and Analysis

This literature review was conducted over a three-month period between December 2019 to February 2020. The following search terms relating to disability, education, and policy in Cambodia were used: education, inclusive education; assess; special needs; “disab”; blind; deaf; intellectual, cognitive, developmental; “impair”; identification; screening; vision; hearing; institution; DPO; gender, girls, boys; young, youth, adolescents, children; “discrim”, barriers, exclusion, inclusion; aid; supports; enabling, enable; teacher, instructor, classroom; and training resources. A snowballing technique was used to identify relevant published articles, reports, and grey literature. Additional resources about Cambodia were sourced on international databases, including reports on past and current projects. In addition, the research team used the USAID Development Exchange Clearinghouse (DEC) to obtain recent reports for USAID early-grade-reading and inclusive education programs in the country.

The research team reviewed a total of 93 documents—22 publications from peer-reviewed journals related to Cambodia, in addition to 71 related reports—which can be found in Cited References. An additional 11 documents were reviewed but not cited in this report, either because the information produced is outdated with other documents offering more current evidence, or because the articles made no relevant mention of topics coded in this review. Altogether, 104 sources of information were analyzed in the course of this literature review for Cambodia. Content was coded primarily through a deductive thematic analysis, utilizing categories of inquiry aligned with the various headings and subheadings of this paper. A total of 11 broad themes guided the review, such as *attitudes*, *identification practices*, and *teacher training*. An additional 49 sub-themes were listed within these 11 themes; for example, the category of *teacher training* included sub-themes of *general teacher training*, *inclusive pre-service training*, *inclusive in-service training*, and *special education*. Each theme and sub-theme was defined in a literature review protocol to promote consistency of coding amongst authors. Inductive thematic coding was also utilized to add additional categories of review according to the themes generated in the literature, such as the topic of economics and poverty which was not on the original list of categories. The authors populated these codes using NVivo 12 software to assist in analyzing the data; the final literature review includes findings from this analysis.

### 3.2 Limitations

This literature review is subject to several limitations related to scope and the desk-based nature of the review. This review is limited to journal articles, reports, policies, websites, or other

documents published in English. Documents that have not been published online for public access, or reports produced in languages other than English, are generally not included in this analysis. For example, while past teacher training or disability identification initiatives have been noted, if the reports discussing the results of these initiatives were not posted publicly, they could not be included in this review.

Furthermore, many programs and organizations have published reports over the years which may now contain outdated information, but follow-up reporting on the current status of activities is not consistently available. Another observed trend was the tendency for newer reports to cite the same core sources, without noting whether such sources were still applicable in the current context; this posed a challenge to this literature review as well. Additionally, information regarding specific disabilities, such as learning disabilities, was often lacking in the research and limited research on school-based learning outcomes was available as well.

Ultimately, the most thorough validation of these findings would be through key informant interviews and other interpersonal communication with key stakeholders, which was outside of the scope of this literature review. The MCSIE program more generally has identified several gaps in knowledge emanating from the literature that may be further investigated through other data collection activities.

## 4. Background

The purpose of this section is to provide context for the Multi-Country Study on Inclusive Education, specifically the All Children Reading Program. Past and current programming efforts conducted in Cambodia are highlighted here. This section also presents a broad overview of the history of general and special education in Cambodia, along with a high-level summary of key statistics regarding education. It is essential to contextualize the present efforts to include children with disabilities against some of the broader historical phenomena in Cambodia in order to shed some light as to why some inclusive education efforts continue to develop at a limited pace.

### 4.1 Background on Implementing Partners

Research Triangle Institute (RTI) International became the prime awardee in 2017 of the All Children Reading (ACR) Cambodia program, with the initial aim of improving early grade reading abilities of children in grades 1-3 (the focus is now on upper pre-school to grade 2). Additional funding was given to the program in September 2018 through All Children Learning (ACL) Cambodia to help scale the program to additional schools and collaborate further with the Ministry of Education, Youth, and Sport (MoEYS) for sustained involvement. While there are now two funding streams included under this activity, all reports will refer to the work generally as ACR-Cambodia.

In Cambodia, RTI International currently partners with a number of international sub-awardees, including Room to Read, Save the Children, World Education, and World Vision, and formerly

partnered with local institutions including KT. ACR-Cambodia also works in collaboration with the Global Partnership for Education (GPE) funded activities delivered in other provinces in Cambodia, in addition to some collaboration around mathematics education programming in the ACR-Cambodia target provinces (RTI International, 2019a). The ACR-Cambodia program does not currently partner with any Disabled Persons Organizations (DPOs).

ACR-Cambodia's chief mission is to support early grade reading for all children. As such, broad messaging on inclusive education was featured throughout program design, which strives to improve learning outcomes for children with and without disabilities (RTI International, 2019a). The earliest activities included a situation analysis on disability-inclusive education conducted in 2017 (Hayes & Bulat, 2018), followed by thoughtful incorporation of inclusive education strategies into teachers' guides and Khmer-language teaching and learning materials. ACR-Cambodia also adapted teaching and learning materials for braille and sign language, primarily for use in special schools, along with the development of an adapted early grade reading assessment (EGRA) for the same population (RTI International, 2019a). Another ACR-Cambodia activity was a hearing and vision screening pilot although this had limited reach and success because it relied on unsupervised teachers as evaluators in the screening process (RTI International, 2019b). ACR-Cambodia also supports a small number of children who are deaf to receive sign language instruction from volunteer community members, with the ultimate aim of helping these children to transition to formal schooling in the future (RTI International, 2019a). The team has two inclusive education field members who support select districts in Kampong Thom province (C. Wyatt, personal communication, November 2019).

The program will have reached more than 1,000 educators and nearly 99,000 primary school learners during the course of the 2019-2020 school year (RTI International, 2020a); due to poor identification and referral systems, it is not possible to know the precise number of these students who have disabilities (C. Wyatt, personal communication, November, 2019).

## **4.2 General Background on the Situation of Education in Cambodia**

The purpose of this section is to provide a context for the situation of education for children with disabilities in Cambodia. This includes an overview of the historical context which frames the development of the education system, an overview of the country's education structure currently, and some key statistics including those describing disability prevalence in Cambodia.

### **4.2.1 History and Background**

Cambodia was a French protectorate prior to its independence in 1953. A civil war in the 1970s, corruption, and struggles for power preceded the onset of the Khmer Rouge regime that ruled 1975-1979. The leadership of the country by the radical Maoist Khmer Rouge produced a tragic genocide, killing millions and disabling hundreds of thousands more (Šiška & Suchánek, 2015). This includes extensive disablement of approximately 40,000-50,000 people from landmines (Connelly, 2009). Although the Khmer Rouge regime fell from power in 1979, prolonged civil war

and factional fighting persisted in Cambodia until 1996, further stalling rebuilding efforts in education and other sectors (Kalyanpur, 2011).

A distinctive practice in the Khmer Rouge regime was the destruction of all intellectual elites and dismantling prior education systems, leading to the death of 80 percent of all teachers and secondary students in the country, along with mass destruction of books and educational infrastructure (Benveniste, Marshall, & Araujo, 2008; Kalyanpur, 2011; Kartika, 2017; Šiška and Suchánek, 2015). This intellectual devastation left the Ministry of Education seeking to fill vast numbers of teaching positions after 1979 on an ad-hoc basis with inadequately qualified or completely untrained teachers (Kalyanpur, 2011). Unfortunately, in terms of educational opportunities, an additional consequence was the marginalization and societal exclusion of underserved groups, such as persons with disabilities, girls, the poor, and ethnic minorities (Šiška & Suchánek, 2015).

Against this challenging backdrop emerged some of the earliest efforts to educate children with disabilities in Cambodian society. In the 1990s, NGOs began establishing a small number of segregated schools for people with specific disabilities. This included the five schools run by the NGO Krousar Thmey (KT), which served as the foremost effort to provide education for people with vision or hearing disabilities (first school established in 1994), the Lavalla School for students with physical disabilities, and the Rabbit School for children with intellectual disability (Kalyanpur, 2016; Neang, 2019). Supported by funding from international donors such as the United Nations Children's Fund (UNICEF), MoEYS then developed an initial model for inclusive education in nine primary schools with inspiration from a successful Laotian approach that ran from 1993 to 2009<sup>3</sup> (Holdsworth, 2004; Kalyanpur, 2011). Unfortunately, limited infrastructure, training, specialized personnel, legislation, and/or experience led to difficulties, such as the propensity for some classroom teachers to only include those with perceived mild cognitive or physical disabilities (Kalyanpur, 2016), a challenge which persists to this day.

The government has initiated substantial transformations to take on progressively greater responsibility for special education initiatives in Cambodia. As inclusive education efforts expanded in 2003, MoEYS established the Special Education Office (SEO) under the Primary Education Department (PED), which existed until a separate Special Education Department (SED) was established in 2016 (Kalyanpur, 2011; Neang, 2019). In 2011, KT began receiving some government financial support, and KT teachers were recognized by the government as civil servants, helping to sustain their employment through formal means (Neang, 2019). The MoEYS began formally financing braille workshops and sign language committees from 2014. In 2017, the National Institute of Special Education (NISE) was established as the preeminent institution for preparing teachers for segregated and inclusive education. Furthermore, in 2019, KT officially transferred its five special schools over to the Minister of Education, and these schools are now closely supervised by staff of NISE and SED (Neang, 2019). As a sign of expanding government efforts to support education for children with disabilities, the MoEYS supports teacher salaries in most recognized segregated schools and integrated classrooms and, in most cases, supplements

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<sup>3</sup> Primary support was provided by the Swedish International Development Cooperation Agency (SIDA).

this salary to an extent greater than general education teachers to incentivize these positions (Hayes & Bulat, 2018). These incentives can nearly double a special educator's salary, as the incentive is equivalent to approximately \$200 per month, whereas a typical teacher's salary is now approximately \$300 per month (MoEYS, 2020; Kimsong, 2018).

#### 4.2.2 Country Education Structure

Cambodia has achieved substantial gains in some of its core education indicators over the past five years. This includes maintaining primary school net enrollment rates of 98 percent, increasing early childhood enrollment for five-year-old children by 14 percent from 2013-2014 to 2017-2018, and improving secondary completion rates (Kingdom of Cambodia, 2019b). The most recent statistics from the 2019-2023 Education Strategic Plan are presented here.

Early childhood education is an emerging sector in Cambodia. As of 2018, 58 percent of five-year-old children are accessing any form of early childhood education (ECE), with a gross preschool enrollment rate (ages three to five) of 35.8 percent. Less than a third of preschools have access to any basic health and sanitation facilities or electricity. Of the early childhood teachers, 64 percent are qualified according to national standards, and the student to teacher ratio is 40 to one (Kingdom of Cambodia, 2019b).

Cambodia enjoys excellent primary enrollment rates but experiences difficulty keeping pace with learning outcomes. Cambodia offers six years of primary education. As of 2018, Cambodia's primary education system boasts a 97.8 percent net enrollment rate and gender equity in enrollment statistics. The primary completion rate is now 82.7 percent, with 86 percent of primary graduates advancing to lower-secondary education. School material resourcing still lags, with fewer than 60 percent of primary schools having access to hand-washing facilities or safe water and half of schools with access to electricity. A student-teacher ratio of 61 to one means that primary school classes across the country face challenges in providing student-centered instruction. Student learning outcomes remain poor, with 52.6 percent of third grade students not achieving basic Khmer reading proficiency, 64.8 percent not achieving basic proficiency in Khmer writing, and 44.9 percent not achieving basic proficiency in mathematics (Kingdom of Cambodia, 2019b).

Transition rates from primary to lower-secondary school are quite problematic, in part due to the low quantity and limited geographic reach of schools. The lower-secondary gross enrollment rate (grades 7-9) is 59.2 percent, and this figure grows more problematic in upper secondary school (grades 10-12) at a mere 28.5 percent. Access to safe drinking water or hand-washing facilities is similar to earlier grades, but a vast majority of secondary schools do have access to electricity. Enrollment and advancement statistics at all secondary levels are higher for girls than for boys, such as lower secondary completion rates of 51.1 percent for girls as compared to 42.3 percent for boys (Kingdom of Cambodia, 2019b).

There are 125 higher-education institutions in Cambodia, with a gross enrollment rate among 18 to 22-year-old students of 11.6 percent (13.2 percent for men as compared to 11.3 percent for

women) (Kingdom of Cambodia, 2019b). Cambodia spends 18.4 percent of its government budget on education, with 51.5 percent of its investment going to primary education and approximately 17 percent of its entire budget coming from external funding sources (Kingdom of Cambodia, 2019b).

#### 4.2.3 Relevant Education Statistics, Including Data with Regard to Gender and Access to Education

There is little consensus on the prevalence of disability in Cambodia except to say various scholars agree current estimations are notoriously unreliable, and estimations relate to the way in which disability is defined (Hayes & Bulat, 2018; Palmer, Williams, & McPake, 2018; Šiška & Suchánek, 2015; Zook, 2010). The numerous and inconsistent reported prevalence rates of disability are summarized briefly in Exhibit 1.

**Exhibit 1: Cambodian Estimations of Disability Prevalence<sup>4</sup>**

Prevalence	Source
1.4%	2008 National Census (National Institute of Statistics, Ministry of Planning, 2009)
10%	Disability Action Council (Mak & Nordtveit, 2011)
9.9%	Cambodia Campaign to Ban Landmines and Cluster Munitions, 2012-2013 (Bailey & Nguon, 2014)
2.1%	Cambodia Inter-Censal Population Survey (National Institute of Statistics, Ministry of Planning, 2013)
0.6% ages 0-14 4.3% among all age groups	2014 Cambodian Socio-Economic Survey (National Institute of Statistics & Ministry of Planning, 2015)
1.8% ages 5-14, 10% among all age groups	2014 Demographic Health Survey (National Institute of Statistics et al., 2015)
10.1% ages 2-9	Evans et al., 2014

In part due to the rebuilding of the population following the Khmer Rouge regime, young people represent a large population of people with disabilities; estimates place those under 20 years old as constituting half the Cambodian population of people with disabilities (Kartika, 2017; VanLeit, Channa, & Rithy, 2007). While the net primary enrollment rate in Cambodia now reaches 98 percent (Kingdom of Cambodia, 2019b), children with disabilities as well as those from poor families and ethnic minorities are less likely to be enrolled in formal education (UNICEF, 2017). However, the identity of disability is more likely to impact school participation than identifiers related to rural residence, wealth, or gender (Filmer, 2005). Exact statistics about the enrollment

<sup>4</sup> The estimates in this table were collected using a variety of methods and tools, and with various sample sizes. They are not intended to be like comparisons, but rather to demonstrate the variability in the range of prevalence estimates in Cambodia.



of children with disabilities are still unknown, as they are not yet reported by the MoEYS (Kingdom of Cambodia, 2017). While estimates of out-of-school children with disabilities can range as high as 90 percent (Handicap International, 2009), the Cambodia Socio-Economic Survey states that fewer than 3 percent of all children ages five to 17 are out of school due to disability (Kartika, 2017). Perhaps the most realistic statistic originates from the 2014 Demographic and Health Survey, which notes a deeply striking 50 percentage-point gap in the out-of-school rate between children with disabilities (57 percent) as compared to children without disabilities (7 percent). In other words, children with disabilities were more than eight times as likely to be out of school as children without disabilities (United Nations Educational, Scientific, and Cultural Organization [UNESCO], 2017).

The 2013 Cambodia Inter-Censal Population Survey (CIPS) (which placed disability prevalence at 2.1 percent) estimated that 57.5 percent of people with disabilities are literate, although this is least likely to be the case for those with difficulties in speaking or those with “mental retardation” (National Institute of Statistics, Ministry of Planning, 2013 from Kartika, 2017). Furthermore, men were 50 percent more likely to be literate than women, and men with multiple disabilities were more than twice as likely to be literate than women with multiple disabilities. This survey reported a majority of persons with disabilities as not completing primary school, although again men were more likely to have completed primary school than women, with half of men completing but only one third of women completing primary school (National Institute of Statistics, Ministry of Planning, 2013 from Kartika, 2017).

## 5 Findings

This section provides a summary of the findings from the literature review, organized into the following sections: 1) disability identification practices, 2) teacher training, 3) attitudes toward disability, 4) education efforts for specific disability groups, 5) additional classroom supports, and 6) intersectionality of disability with other marginalizing factors.

### 5.1 Disability Identification Practices

**Finding 1:** Identification of disability is conducted through a variety of screening tools with an underdeveloped referral and health services system in the country, which exacerbates challenges in identifying students with disabilities. Furthermore, an inconsistent definition of disability within the country poses challenges to the accurate identification of disability.

The goal of identifying students with disabilities at the classroom level is to understand what barriers to learning may exist, with the aim of providing identified students with appropriate services and supports. Many countries report challenges with identifying students with disabilities (Hayes, Turnbull, & Moran, 2018). This section provides an overview of the prevalent disability identification practices in Cambodia. This includes categorization of disability by the Cambodian

government, tools used by international organizations and local NGOs, as well as projects that have addressed issues of identification during implementation.

### 5.1.1 General Information on Categorizing Disability in Cambodia

Although attempts to define disability in Cambodia have persisted and evolved over many years, core definitions remain unclear. The lack of standardized disability terminology in the Khmer language itself has also proved challenging (United Nations Development Programme [UNDP], 2018). This unclearness is further challenged informally and in formal publications that many would consider derogatory, such as the term “akor” to refer to people who are deaf, although the term also means “dumb” (Connelly, 2009). Furthermore, the term for epilepsy can still be translated as “mad pig” (Moreira, 2011), which is reportedly similar to translations used across a dozen east and southeast Asian languages (Kim et al., 2014).

As early as 2003, the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY) developed an eight-category classification system, which included “difficulties with vision, hearing, speaking, mobility, feeling (or tactile), strange behavior (or mental), learning difficulties, fits (or seizures), and a final category of ‘other’” (Kalyanpur, 2016, p. 19). Indeed, the lack of clarification about the definitions for each category caused considerable confusion, such as an obese 10-year-old girl being labeled with a behavioral disability by the school director and the Special Education Office, after a single instance of throwing a tantrum and flinging her slippers at a teacher (Kalyanpur, 2011). Other students were classified by teachers and school directors with learning difficulties for reasons of poverty and economics, such as missing school in order to support family farming or starting school late due to migration with parents seeking work in new locations (Kalyanpur, 2011).

The categorization system was revisited in 2010 by the Disability Action Council (DAC) after the majority of children being labeled as “other” suggested the original categorizations were inadequate. In 2011, following a day-long workshop involving many stakeholders – some of whom had no direct experience with people with disabilities<sup>5</sup>-, the following four categories were adopted: “physical disability (mobility, listening, speaking, seeing, and health impaired), mental disability (emotional disorders), intellectual disability, and the ubiquitous “other” disabilities (hydrocephalus, dwarfism)” (Kalyanpur, 2016, p. 20). After discovering the category of intellectual disability included conditions including cerebral palsy (which is fundamentally incorrect<sup>6</sup>) and “mental readiness,” disability inclusion scholar and consultant Maya Kalyanpur inquired about the definition of “mental readiness.” When respondents were unable to provide a definition, DAC ultimately opted to remove the condition altogether, further demonstrating the arbitrary nature in which terms were defined in the first instance (Kalyanpur, 2016). This is a phenomenon Kalyanpur has lamented on multiple occasions, including when an attempt to develop a

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<sup>5</sup> While experienced individuals were present, including persons with a disability themselves, Kalyanpur (2016) critiqued the absence of family members of persons with a disability and the presence of only a few individuals working directly with persons with a disability.

<sup>6</sup> Various studies estimate the incidence of intellectual disability among people with cerebral palsy between 38 to 52 percent (Reid, Meehan, Arnup, & Reddihough, 2018).

sustainable screening and referral system through local actors evolved into an internationally-led activity that greatly exceeded original budgets and failed to provide an effective final product (Kalyanpur, 2014).

The 2009 Law on the Protection and Promotion of the Rights of Persons with Disabilities (LPPRPD) defines a person with disabilities as

any persons who lack, lose, or damage any physical or mental functions, which result in a disturbance to their daily life or activities, such as physical, visual, hearing, intellectual impairments, mental disorders, and any other types of disabilities toward the insurmountable end of the scale. (Kingdom of Cambodia, 2009, p. 5)

More recently, the 2018 Policy on Inclusive Education has defined disability as “the impairment or complete loss of parts of body, intellectual, or mental that hinders a person from fully and effectively participating in society on an equal basis” (Kingdom of Cambodia, 2018). However, the 2019-2023 Inclusive Education Action Plan continues to reference the four categories of disability developed in 2011 (described above). The Action Plan describes specific conditions falling within these categories such as “serious burn,” “uneven leg,” or “broken bone” in the category of physical disability; “cross eye” or “color blindness” for seeing difficulty; “system damage in the brain (cerebral palsy)” for intellectual disability or the following very specific examples of emotional disability quoted in full: “naked, speak with laughter, crying, singing and dancing alone irregularly, think silently [*sic*] too much, or commit and [*sic*] violent action without realizing it, mental damage, stress, depression, anxiety, and dementia” (Kingdom of Cambodia, 2019a). Such evolving and unclearly defined disability categories are likely to contribute to the aforementioned variability in the identification of individuals with disability. The classification system was reportedly being revised by MoSVY and the Ministry of Health (MoH) to better align with international classifications (Hayes & Bulat, 2018) although it is unclear if this has taken place.

### 5.1.2 General Information on Identification Practices in Cambodia

This literature review revealed that the identification of people with disabilities in Cambodia is a fragmented and nascent process. This appears to be a fact known to the Cambodian government, as indicated for example through the National Strategy for Reproductive and Sexual Health’s goal of increasing screening initiatives of newborns for disabilities and birth defects<sup>7</sup> (Ministry of Health, 2017). Furthermore, there is no standardized disability classification system used across government ministries and NGOs in Cambodia (Kuroda, Kartika, & Kitamura, 2017). The NGO Education Partnership (NEP) conducted a 2017 mapping study which indicated that 15 NGOs had developed their own disability screening tools in the previous five years, yet it is unclear how these tools were developed, what contextual considerations were made in their production, nor how effective these tools have been (NEP, 2017). After multiple stakeholder interviews, Hayes &

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<sup>7</sup> It was beyond the scope of this review to further investigate the extent of the Strategy’s implementation.

Bulat (2018) summarized four primary identification tools in use in Cambodia. Three of these tools are described in Exhibit 2.<sup>8</sup>

## Exhibit 2: Disability Identification Tools in Cambodia

Name of Tool	Description
MoEYS Checklist for Identification of Children with Disabilities	Checklist to consider the existence of visual impairment, hearing loss, physical disability, intellectual disability, or speaking impairment. However, Hayes and Bulat note that no process is provided for hearing and vision screening, nor does the checklist consider variations in severity or persistence over time.
Save the Children Screening Tool	Screens for learning challenges (cognitive capacity), specific learning challenges (processing difficulties), speech and communication, physical and movement challenges, and vision and hearing, using different tools for different disabilities. Series of functional and academic activities for observation, covering pre-primary until third grade. Activities include personal activities of daily living, social, academic, occupational, recreational indoor, and recreational outdoor activities.
Handicap International (Humanity and Inclusion[HI]) Physical Screening Tool for Children One Month–Five Years <sup>9</sup>	Originally intended for health professionals and not for use in school settings. One-page tool assesses certain, but not all, physical challenges. Also addresses medically apparent vision or hearing challenges but does not capture more subtle challenges. Does not address possible intellectual disability or developmental delays. MoH endorsed this tool, and HI is interested in using in pre-schools.

Source: Hayes & Bulat, 2018 – adapted with permission

Following a review of these tools, Hayes & Bulat (2018) indicated concerns that these tools are not sufficiently comprehensive and are unable to rule out medical and external factors that can cause learning problems.

A further tool was developed in 2007 to screen for child neurodevelopmental disability in Cambodia (Hauschild, 2017). The Angkor Hospital for Children Developmental Milestone Assessment Tool (AHCDMAT) was piloted by researchers who wished to account for culturally-relevant developmental milestones where other international tools were unable to do so. It is used in Cambodia to assist medical professionals in screening for developmental milestones, and has since been renamed the Cambodian Developmental Milestone Assessment Tool (cDMAT) (Nguon, De Mey, Baesel, Khann, & Stoeck, 2020). The latest tool accounts for 136 developmental milestones, including 36 milestones in the social/personal domain, 34 milestones in the fine motor domain, 35 milestones in the language domain, and 31 milestones in the gross motor domain

<sup>8</sup> The fourth tool is the GIZ tool described in greater detail after the table.

<sup>9</sup> Developed in partnership with GIZ (Hauschild, 2017) under the GIZ Muskoka Programme.

(Hauschild, 2017). A 2020 observational study, led by the Angkor Hospital for Children and supported by GIZ, used the tool with 1,330 young Cambodian children to produce performance reference charts that signify the milestones for typical child development in the Cambodian context. In addition to the cDMAT for use by medical professionals, a Community-Based Developmental Milestone Assessment Tool (CB-DMAT) has been developed for use at community or health centers. The CB-DMAT is a much shorter tool, and children who cannot demonstrate the appropriate milestones in this tool are referred to a hospital for a full CDMAT assessment and medical checkup (Hauschild, 2017). It was not possible to understand from the literature reviewed the scale at which these developmental tools are used in practice.

### 5.1.3 Other Project Applications of Disability Identification

In 2011-2012, HI, with funding from GPE, conducted a medical assessment and disability prevalence project for children two to nine years of age in six provinces. As a result of this, 17.7 percent of more than 21,000 children were discovered to have a disability (Bailey & Nguon, 2014). During the course of this literature review, no documentation was found that indicated whether HI followed up on these screening activities.

Furthermore, GPE2<sup>10</sup> provided funding to MoEYS from 2014-2017, wherein 5,640 teachers were trained on disability screening, which apparently focused on vision and hearing health screenings for students. Over 32,000 children were screened for “visual impairment or disability” (World Bank, 2018a). Among this population, 8.9 percent of children were identified as needing further treatment. This includes 3 percent of children found to need eyeglasses (along with other concerns such as oral hygiene, low BMI, and “skin diseases”). It appears that only 2,070 grade 1 children were screened for “hearing impairment or disability” and 1.5 percent of these children were referred for further treatment. The project reportedly partnered with Catholic Relief Services (CRS) for the hearing screenings and discovered limited availability of other partners to provide professional services in regional areas. In contrast, the World Bank’s reporting on this project indicated the screening objectives had been successfully achieved, and there was strong promise for the screenings to become fully sustainable in collaboration between the MoEYS and Ministry of Health (World Bank, 2018a). However, in the final report on GPE-funded activities including GPE2, independent evaluators noted a lack of scaling by MoEYS of these activities and the ongoing challenges posed by a lack of coherent screening tools to support the identification of disability (Universalis, 2019). Such concerns about the absence of robust data on disability in Cambodia have been echoed by other projects such as Disability Rights Initiative Cambodia (DRIC), which considered supporting this aspect further but was unable to due to limited resourcing (UNDP, 2018).

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<sup>10</sup> This was a \$38.5 million USD grant managed by the World Bank to support various programming by the MoEYS from 2014-2017. It is referred to as “GPE2”, because it was the second of three grants funded by GPE in Cambodia (the third grant began in 2018 and is referred to as Strengthening Teacher Education Programmes in Cambodia [STEPCam]).

It is unclear whether Save the Children continues to use the screening tool described in the above table, but the 2014 screening manual produced by Save the Children was reviewed for this analysis. Despite the manual's length of 32 pages that would take considerable time to review and understand, Save the Children suggested those who were trained for a duration of one hour are qualified to conduct the functional screening, with supervision from an individual with additional qualifications (Brouillette, 2014). The toolkit appears to have been imported from an English-speaking country without sufficient contextualization, a concern regularly highlighted regarding the use of imported screening tools in Cambodia (Kalyanpur, 2011; 2016). For example, instructions state young children should be briefed on the tests in local ethnic languages "where English is not so common," a likely confusion of the word English with the national language of Khmer (Brouillette, 2014, p. 14). Furthermore, the use of English letters "p", "q", "b", and "d" for a directionality test related to dyslexia may lack cultural relevance and produce different results than those from English-speaking countries who have had exposure to the alphabet. Finally, the Snellen E chart is used for vision screening (Brouillette, 2014), a tool which depends on children's awareness of the letter E's correct directionality, a letter that does not appear in the Khmer alphabet.

The ACR-Cambodia project has also grappled with considerations about best practices in screening and identifying children with disabilities. After consulting with multiple governmental and civil society stakeholders regarding existing screening practices in Cambodia, the project opted to use the Lea Symbols Chart for vision screening and a noise test coupled with a questionnaire for hearing screening. However, the project's reporting indicated the noise test was likely to have overlooked students with mild-to-moderate hearing loss. Following a detailed analysis of results which indicated a mere 0.6 percent of children screened referred for further hearing or vision assessment, the project was unable to recommend replicating the approach they used. The approach depended heavily on teacher-led assessment without supervision, and the report suggests teachers who worked without supervision from project staff may have conducted screenings inaccurately or not at all (RTI International, 2019b).<sup>11</sup>

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<sup>11</sup> Field-based communication (November, 2019) with the ACR-Cambodia project team indicates project leadership has intentionally not expanded its screening activities beyond hearing and vision (i.e., intellectual disability) due to concerns about the reliability of regional health facilities to diagnose disabilities and the absence of systematic health or educational services to provide support to those with identified disabilities.

## 5.2 Teacher Training

**Finding 2:** Documented strengths in Cambodia include continuously expanding efforts to train teachers on inclusive and special education, including those conducted through the National Institute of Special Education (NISE) and a 28-hour pre- and in-service training course for mainstream educators. Nonetheless, additional challenges remain including: 1) dependency on a cascade model of training which poses risks to quality of implementation, 2) existing trainings being limited in duration and reach, and 3) an absence of research to understand the impact of training initiatives on quality of instruction in schools.

As stated within the USAID Universal Design for Learning Toolkit, “inclusive education cannot be achieved through a single education but rather by a group of dedicated leaders, parents and students” (Hayes, Turnbull, & Moran, 2018, p 29). For students with disabilities to obtain a meaningful and quality education in an inclusive setting, it is important that teachers receive adequate training. In the context of Cambodia, teacher preparation efforts related to special and inclusive education are expansive and continue to evolve. The below section articulates some of the key government and donor-led pre- and in-service efforts to support teacher training.

### 5.2.1 General Education Background

Teachers in Cambodia have experienced numerous challenges, although the situation is improving in many respects. Historically, teacher salaries have been insufficient to meet basic living wage requirements, and have lagged far behind other neighboring countries on a per-capita basis (Cambodia Independent Teachers Association [CITA], 2013; Tandon & Fukao, 2015). An education system which paid its teachers only 60 percent of the salary of professionals with similar education and skills in other sectors struggled to recruit and attract high quality teacher candidates (Kingdom of Cambodia, 2015). Due to low salaries, some teachers have had to take on jobs in addition to their teaching duties, such as carrying out supplemental lessons after school for additional fees (Kartika, 2017; Tandon & Fukao, 2015). A 2012 World Bank survey indicated that 34.8 percent of teachers working in rural and remote regions were working double shifts; although double shift and multi-grade teachers received salary incentives for such workloads, they were insufficient to compensate for the added commitment (Tandon & Fukao, 2015). Strained education systems also led to large classroom enrollment, presenting further challenges for teachers to implement student-centered methods and more limited time for instruction in double-shift schooling (Kalyanpur, 2016). The combined stressors of the system left many teachers feeling that the system lacked respect for their personal welfare (CITA, 2013).

Amidst this context, Minister of Education Dr. Chuon Naron has implemented substantial, transformative reform efforts since he began in the post in 2013 (Kelsall, Khieng, Chantha, & Mui, 2019). Salary increases have featured heavily in the Minister’s education reforms, with average teacher salaries of approximately \$300 per month in 2019 more than three times higher than the average salaries ten years earlier (Tandon & Fukao, 2015; Kimsong, 2018). Along with salary reform, teacher quality and pre- and in-service training has been addressed more extensively



through the Ministry of Education’s Teacher Policy Action Plan (TPAP) 2015-2020, which details numerous plans to strengthen teacher training and recruitment, teacher standards and qualifications, and systemic issues around accountability (Kingdom of Cambodia, 2015). Furthermore, the Continuous Professional Development (CPD) Framework for Teachers and School Directors 2019-2023 provides a detailed overview and action plan of the strategies and objectives to support teacher development in Cambodia. While inclusive education does not feature heavily in this framework, the plan is careful to address both classroom and specialist teachers, among whom are special educators. It also cites the 2010 Teacher Professional Standards, which indicate that all teachers should support all children equally and understand how disability may affect student learning (Kingdom of Cambodia, 2019c).

Historically, until 2007, MoEYS had regulations which prevented individuals with disabilities from becoming teachers for fear they would “frighten students” (Mak & Nordtveit, 2011, p. 61). Specifically, a government edict for recruiting teacher candidates stated they must be “free of disabilities” (Council of Ministers 1995, cited in Kalyanpur, 2011). This has changed for individuals with perceived “moderate” disabilities, and the Inclusive Education Action Plan (2019-2023) includes a strategic outcome of providing priority for students with a disability to take entrance exams to become government teachers (Kingdom of Cambodia, 2019a). This is also reflected in the 2015-2020 TPAP under the goal of promoting diversity and inclusion in the teaching profession (Kingdom of Cambodia, 2015).

### 5.2.2 Inclusive Education Background

Multiple research studies and publications have clearly documented the need for improved teacher training on inclusive education in Cambodia (Pather & Šiška, 2013; Kuroda, Kartika, & Kitamura, 2017; Kalyanpur, 2014; Kartika, 2017). In-service training courses typically last four-to-five days at most. A 2013 study identified teachers’ competencies as the greatest barrier to inclusive education, with teachers’ workload and education serving as additional challenges to effective inclusion (Pather & Šiška, 2013). Another documented challenge is the limited knowledge amongst provincial teacher training college (PTTC) trainers on teaching methodologies to support inclusive education. While 90 percent of trained PTTC trainers supported the enrollment of children with disabilities in mainstream schools, most suggested special units within mainstream schools could still be needed (Pather & Šiška, 2013). Among a 2017 survey of 448 teachers, only 20.5 percent of respondents had received any training related to inclusive education, and 88 percent of this group of trained teachers attended a training of no more than one-to-six days (Kuroda, Kartika, & Kitamura, 2017).

Furthermore, the prevailing strategy to use a cascade system of teacher training is difficult. For one, although teachers and school directors—who are expected to share their knowledge in turn with colleagues at school—are selected to attend trainings, this cascade of instruction never takes place in many cases (Kartika, 2017). Although this strategy is motivated by severe shortages in trained instructors, the resulting implementation can lead to a distortion of intended meaning among those receiving information down the cascade, such as from national trainers to district



officers to school-level personnel (Kalyanpur, 2014). The limitations of these teacher training strategies are similarly acknowledged in the government's own 2019-2023 CPD Framework, which describes a fragmented CPD system that has lacked systematic coordination, and in-service trainings which have limited monitoring for achievement of desired outcomes. The Framework and Action Plan attempt to rectify some of these known concerns by developing targeted strategies to reconsider future CPD activities so that they promote linkages to career pathways, include more school- and cluster-based activities, and facilitate the creation of professional learning communities, among other aims (Kingdom of Cambodia, 2019c).

### 5.2.3 Teacher Training Initiatives

Cambodia has made considerable effort to improve pre-service education for teachers to educate children with disabilities. Following the production of the first teacher-training manual on inclusion by the MoEYS in 2011, a 28-hour inclusive education training manual was developed for use at all PTTCs in 2017 and intended for use with all general educators during the course of their two-year training. The content focuses on understanding inclusive education, teaching methodologies for inclusive education, and serving as active teachers (Hayes & Bulat, 2018). Content similar to that included in the 28-hour course initially focused on primary and lower secondary education has already been integrated into preschool pre-service training and is projected to be included in secondary pre-service training as well. The 28-hour manual is reportedly identical to the one being used for in-service teacher training, the expansion of which UNICEF is attempting to support through 2021; however, limited numbers of trainers are available to support this initiative (D. Chhean - UNICEF, personal communication, 2019).

The unfortunate reality is that despite the development of these curricula, it is impossible for PTTCs to cover all the mandatory courses slated in the national curriculum in the limited time available (Šiška & Suchánek, 2015). This is something that the Ministry of Education's 2019-2023 CPD Framework openly acknowledges, identifying the need for significant reform of teacher education institutions in responding to an overly fragmented and overloaded curriculum which is revised intermittently according to government and donor innovations. Notably, the CPD Framework specifies the need for learner-centered teaching practice to feature heavily in pre- and in-service teacher training reforms, although inclusive education is not described by name (Kingdom of Cambodia, 2019c).

NISE (formerly through KT) has also systematized multiple teacher training initiatives. A diploma course on special education, supported with funding from UNICEF and the government, recruits existing teachers to study at NISE and learn about education for students who are either blind or deaf for one year. The first year of this diploma course graduated 18 trained teachers, and the next cohort of up to 20 teachers begins in 2020 (D. Chhean–UNICEF, personal communication, 2019; P. Neang–NISE, personal communication, 2019). Given the fact that education of children with disabilities in Cambodia takes place primarily in segregated or integrated classrooms of students with the same disability, this training is still focused on preparing educators to support students with disabilities in segregated educational settings, and no other categories of disability

are yet addressed through this training<sup>12</sup>. NISE is also supporting up to 155 pre-service trainees per year across the five regional PTTCs to improve their qualifications in special education (P. Neang–NISE, personal communication, 2019). This appears to be in addition to the 28-hour course embedded into all training programs, mentioned previously.

Paññāsāstra University of Cambodia has successfully developed a four-year early childhood development teacher training course that includes a speech-therapy component (Hayes & Bulat, 2018). A 12-week course specifically focused on speech therapy began in 2017, in collaboration with the University of London and American practitioners (Retka, 2017). Additional contents from the university's undergraduate curriculum on early childhood development include courses on Early Intervention in Special Education, Inclusive Practice in Early Childhood Education, Assessment of Child Development, and Introduction to Special Education, which includes content on "learning and physical disabilities, autism, mental retardation, behavioral disorders, communication disorders, visual and/or hearing impairments, attention deficit disorders and giftedness" (Paññāsāstra University of Cambodia, 2019, p. 22).

Furthermore, the new Inclusive Education Action Plan states specific goals to improve pedagogy on disability for pre- and in-service training: mainstreaming disability pedagogy through NISE and other PTTCs and developing specific student curricula for three types of disabilities, including deaf, blind, and intellectual<sup>13</sup> (Kingdom of Cambodia, 2019a). Although the goal to expand access for pre- and in-service teachers to disability-related content is certainly an asset, the focus on training educators using curricula corresponding to specific disability categories presents a challenge in envisioning how this specialist training is intended to be used in inclusive settings where children with a variety of disabilities may eventually be present. This is something that Hayes and Bulat (2018) touched upon in their 2017 situation analysis of disability-inclusive education in Cambodia, recommending that the MoEYS consider ways that all training provided could focus on moving toward an inclusive system, such as training disability specialists who could in turn support inclusive education teachers.

#### 5.2.4 Donor-Led Teacher Training Initiatives

Various NGOs and donor-funded activities have also endeavored to provide in-service teachers with further instruction on special or inclusive education. The 2017 NEP mapping survey indicated 21 of 28 NGOs supporting the education of children with disabilities include work on teacher training (NEP, 2017). Among these is the collaboration among Save the Children, Hands of Hope Community, and the Rabbit School, who have developed their own in-service teacher-training manual to support children with intellectual disability (Hayes & Bulat, 2018). The KT special

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<sup>12</sup> We note that the World Federation of the Deaf's (2018) definition of inclusion advocates for education of children who are deaf in sign language-rich environments, with access to deaf teachers and peers using sign language. However, there is no internationally recognized definition of inclusive education for other disability categories which would require children who are blind or have an intellectual disability to access a segregated education.

<sup>13</sup> The Action Plan lists a goal that the national curriculum responds to the needs of all learners with disabilities, but the key indicator of this plan is that three specialized working groups would exist to develop separate curricula for each type of disability: blind, deaf, and intellectual disability.

schools had a strong reputation for inviting teachers from mainstream schools to attend training activities in order to promote the inclusion of children with hearing or vision disabilities (Kartika, 2017; Kuroda, Kartika, & Kitamura, 2017).

Additionally, ACR-Cambodia is conducting extensive teacher training initiatives. In addition to developing and adapting a suite of student learning materials to support students with a variety of disabilities (discussed further in Section 5.5.3), ACR-Cambodia's teachers' guides incorporate inclusive education teaching strategies to support children with disabilities and struggling learners (RTI International, 2018). Teacher training consistently incorporates a session on inclusive education and strategies to support the specific needs of students with disabilities and those who struggle for unidentified reasons. Training has also been provided to select teachers on screening students for hearing and vision difficulties, as well as cohort of volunteer teachers supporting out-of-school children who are deaf to acquire sign language proficiency (RTI International, 2018). These activities are delivered in concert with school-based coaching on literacy instruction, and inclusion-specific mentoring for select teachers (RTI International, 2019a).

Following a 2012 situation analysis of inclusive education training courses in Cambodia, Caritas Czech Republic and Catholic Relief Services prepared a training manual for PTTC tutors to become more familiar with inclusive education principles. The content of the training included an introduction to principles of inclusive education, categories of special educational need, and strategies to meet special educational needs (Šiška, Pather, & Šumníková, 2013).

More recently since 2018, the Siem Reap Provincial and District Offices of Education have collaborated with UNICEF to support the government's scale up of teacher training on inclusive early childhood education. The training has now supported 464 preschool educators in Siem Reap to identify and educate children with disabilities<sup>14</sup>. Also in 2018, UNICEF worked with 61 national and sub-national core trainers to provide cascade training to teachers in support of children with disabilities (Hata, 2019).

HI also has a long history of training teachers in Cambodia, including the 2011 development of a five-day training session for 40 teachers and other stakeholders in Battambang province. The training included content on the introduction of and barriers to inclusive education, teacher attitudes, and the development of IEPs (Lewis, Kaplan, & Little, 2011). The manual appears to have been adapted from African contexts, as there was an annexed network diagram originating from Lesotho, and it is unclear whether the manual, including many handwritten drawings in English, was provided in Khmer to participants.

A prior donor initiative had intended to support the development of inclusive education training, but it is unclear if this took place as projected. Specifically, the GPE2 grant included a budget for training teachers and principals on inclusive education pedagogical approaches, but the final report produced by the World Bank only cited the training of teachers on screening and identifying children with disabilities, a clear misalignment with the original plan (World Bank, 2018a).

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<sup>14</sup> The article reviewed for this citation does not elaborate on the process of identification.

Finally, in 2009 through the Mainstreaming Inclusive Education project, Volunteer Services Overseas (VSO) trained 113 pre-service teacher trainers working at teacher training colleges on disability awareness and inclusion, and VSO produced disability training manuals in collaboration with DAC (VSO, 2010). An external evaluation at project-end documented increased confidence of teachers and educational leaders and improvements in outcomes related to teachers and educational leaders engaging in direct collaboration with VSO volunteers (VSO, 2010). It is unclear whether these achievements made direct impacts on inclusive practice.

### 5.3 Attitudes Toward Disability

**Finding 3:** Discrimination towards persons with disabilities is often linked to the category of disability in Cambodia, such that those with intellectual disability and blindness have the most documented marginalization, while those with physical disability are more likely to find societal and educational acceptance. Teachers and families indicate limited endorsement of inclusive education, with many continuing to favor education of children with disabilities in segregated environments. Local religious perspectives about karma seem to have an impact on discrimination against persons with disabilities.

Attitudes are among the many factors impacting the educational success of children with disabilities within a country (Hayes, Turnbull & Moran, 2018). This section explores some of the literature around attitudes toward disability in Cambodia, as well as some of the programming established to combat harmful attitudes. Generally, the below literature reflects that attitudes toward disability are very specific to individual disabilities, such as deafness or blindness, as opposed to perceptions about people with disabilities as a whole.

#### 5.3.1 Local Perceptions and Attitudes Toward Disability

As a predominantly Buddhist society, some local perceptions in Cambodia link disability with karma (Šiška & Suchánek, 2015; Mak & Nordtveit, 2011; Kalyanpur 2011; Morgan & Tan, 2011). Widespread social exclusion leads many persons with disabilities to experience discrimination and even abuse, with girls with disabilities particularly vulnerable to sexual abuse (Carter, 2009; Šiška & Suchánek, 2015). Such embedded beliefs and attitudes are discussed further in Sections 5.3.2 and 5.3.3.

Limited programming has been created to combat these social norms. One example is the awareness-raising activities supported through the 2013-2018 DRIC project. During its operation, DRIC supported civil society organizations (CSOs) to engage in social media, television programming, and other means of outreach to sensitize viewers to favorable norms about disability and inclusion, although no evidence about the effectiveness of this programming has been located (UNDP, 2018).

### 5.3.2 Teacher and Student Attitudes

In the various studies examining teacher attitudes toward the education of children with disabilities, a common theme is varying degrees of comfort educating persons with different types of disability (Mak & Nordtveit, 2011; Kalyanpur, 2011; Hayes & Bulat, 2018; Kuroda, Kartika, & Kitamura, 2017). For example, students who are blind and learning in an integrated classroom reported their teachers did not like them, frequently ignored them, and were less attentive to them than children without disabilities (Mak & Nordtveit, 2011). This was corroborated by additional research finding children who are blind had almost no interaction with children without disabilities, despite studying in integrated classrooms (Kalyanpur, 2011). On the contrary, teachers reported less stigma regarding students who are deaf, as they are perceived by society as being more independent and productive in their communities than students who are blind (Mak & Nordtveit, 2011). Children with physical disabilities appear to be most readily accepted by teachers, who were reportedly more willing to include students who did not require instructional modifications (Hayes & Bulat, 2018; Kalyanpur, 2011).

A 2017 study of 448 Cambodian teachers closely examined their attitudes towards inclusive education (Kuroda, Kartika, & Kitamura, 2017). Results indicated teachers were much more comfortable including children with low vision, physical disabilities, or hardness of hearing as compared to children with multiple or “severe” disabilities and children who are blind. For example, when asked about the possibility of including children who are blind in the general education classroom, 94 percent of respondents indicated this was either “not very possible” or “not possible at all.” Of the teachers interviewed, 47.5 percent believed children with disabilities should be educated in an inclusive setting, with another 14.1 percent of teachers suggesting there should be an option for individual choice by the child with the disability and their family (Kuroda, Kartika, & Kitamura, 2017).

Interestingly, this comprehensive study found no statistically significant relationship between the years of experience teaching and teachers’ attitudes toward inclusive education; that is to say, having more teaching experience did not make teachers more or less likely to support inclusion. The same findings were true for those teachers who had received some training on inclusive education; they were not statistically likelier to support inclusion than those who were not trained. However, the study did generate qualitative evidence that teachers’ lack of knowledge or training on disability issues hampered teachers’ confidence. Focus group discussions and individual interviews drew attention to the ineffectiveness of the cascade training system in disseminating inclusive education strategies to teachers, and that a gap in quality training and school-based supports negatively affected teachers’ experiences teaching children with disabilities (Kuroda, Kartika, & Kitamura, 2017).

In addition to teacher attitudes on disability, some literature has also articulated trends regarding student attitudes towards their peers with disabilities. Teasing of children with disabilities can sometimes take the form of pejorative nicknames regarding a disability instead of using students’ actual names; the use of pejoratives has occurred with the children’s own neighbors and siblings as well (Vickery, 1998 in Kalyanpur, 2011; Mak & Nordtveit, 2011). Research among people with disabilities in integrated classrooms indicated some peers demonstrated accepting behaviors, but

often family members, such as siblings or cousins, helped to broker such social inclusion in schools (Kalyanpur, 2011). With regard to children who are deaf, one study reported they did not feel they were treated differently by their peers without a disability and enjoyed friendly relationships with classmates. The same study, however, found some students who are deaf reported experiencing gossip and teasing, such as being laughed at and called names (Mak & Nordtveit, 2011). In comparison, students who are blind were likely to feel unwelcome and ashamed and echoed the experience of being called by their disability (“kwak”) instead of their name. Some students who are blind reported missing out on developing friendships because peers without disabilities were playing in locations or through games that were inaccessible (Mak & Nordtveit, 2011).

### 5.3.3 Parent Attitudes

Parents’ perceptions and attitudes regarding disability and inclusion are quite varied. Some parents do not seek interventions or supports for their children with disabilities due to beliefs about karma and fate (Kalyanpur, 2011) and do not believe children with some disabilities can learn from an education (Bailey & Ngoun, 2014). Other parents hesitate to send their children to school for what they perceive to be their children’s best interest. For example, a 2018 survey of parents of out-of-school children with disabilities indicated 68 percent of parents did not send their child to school due to concerns about the child’s safety; other common reasons included lack of physical accessibility at schools and prejudicial treatment of children with disabilities in school (Hayes & Bulat, 2018). Among the interviewed parents and members of DPOs, the majority of respondents believe children with “severe” disabilities are best educated in segregated school settings (Hayes & Bulat, 2018). These findings have been echoed by parents of children with perceived “severe” sensory disabilities (such as blindness or deafness) where mainstream schools are typically unable to accommodate special learning needs; such parents are often put in a difficult position of keeping these children at home with them or sending them to a special school far away at extensive financial cost (Hayes & Bulat, 2018; Kartika, 2017). Parents have also expressed challenges communicating with and understanding their children who are deaf or blind and described concerns about their future ability to succeed and their dependency on support from others. However, the parents also described notable improvements in attitudes and communication when these children began attending school (Mak & Nordtveit, 2011).

One study specifically examined beliefs of 24 Cambodian parents of children who have cerebral palsy (Morgan & Tan, 2011). This research indicates that beliefs about the causation of disability are quite mixed, with some parents attributing causation to a variety of biomedical causes, some attributing it to traditional beliefs related to religious and spiritual causation, and others uncertain of the causation. Those participants who had sought traditional healing for a child’s disability were unlikely to find them effective, and most parents subsequently sought medical and rehabilitation services. This was reflected in one parents’ experience when they shared:

At first we believed the traditional belief, that the disease was a convulsion caused by evil spirits, and I took him to a traditional healer for healing but his condition did not improve. So we took him to the hospital where the brain scan showed he was suffering from meningitis...



they said that he had a disability in his head and he would not be like normal children. (Morgan & Tan, 2011, p. 2118)

As discussed later in the review, research from focus groups indicates a significant urban-rural gap regarding disability awareness in Cambodia. For example, interview participants from urban Phnom Penh exhibited a higher regard for people with disabilities than those from rural Battambang, a region with more prevalent traditional values and religious and cultural beliefs about disability. Such influential beliefs include perceptions that karma is a primary cause of children's deafness or blindness and that these disabilities are inherited from past sins (Mak & Nordtveit, 2011).

From 2007-2009, Action on Disability and Development (ADD) International generally speaking such involvement was not similarly observed by fathers of children with intellectual disability. Both mothers and fathers expressed beliefs that a child with an intellectual disability posed a financial strain, in terms of not contributing to the family and requiring another family member to lose labor opportunities to care for the child. People with intellectual disability were reportedly left alone frequently, contributing to a vicious cycle of distress and antisocial behavior leading to further exclusion. Caretakers doubted the situation could ever improve and were unclear on how to support the developmental needs of persons with intellectual disability (Cordier, 2014).

## 5.4 Education Efforts For Specific Disability Groups

**Finding 4:** The existence of a braille code, Cambodian Sign Language dictionary, and some adapted teaching and learning materials is an asset. Most documented education efforts focus on children who are deaf or blind, with less support provided to children with intellectual disability. Children with specific learning disabilities or those perceived to have “severe” disabilities receive no documented specialized supports. There are limited supports and services for specific disability groups, including school-based specialists such as speech or physical therapists, and existing efforts tend to be concentrated in segregated academic environments. Current research and reporting on education for specific disability groups seldom describes results and educational outcomes for children.

Educational support for children with disabilities focuses heavily on children who are deaf or blind, with limited support to children with intellectual disability; all of these supports are focused primarily in segregated educational settings. These supports are described in further detail below, with literature categorized according to the type of disability.

### 5.4.1 Education for Students who are Blind or Have Low Vision

The five national special schools, formerly run by KT and now administered through the government, are the only known pathway for students who are blind or have low vision in Cambodia to access an education with qualified teachers. In 2015, 350 children who are blind or

have low vision were enrolled in these special schools, based in Siem Reap, Battambang, Kampong Cham, and two sites in Phnom Penh, that support students from kindergarten to grade 12. If the 2014 CDHS statistics showing 0.1 percent of children had a lot of difficulty seeing or could not see at all were applied to the current childhood population in Cambodia of 5.1 million children aged birth to 14, approximately 51,000 Cambodian children would have vision disabilities (National Institute of Statistics et al., 2015; Central Intelligence Agency [CIA], 2020). While these statistics would merit further verification, 350 children served out of a population of more than one hundred times the size provides an initial indication that very few children who are blind or have low vision in Cambodia are served by its largest special education institution.

Students who are blind or have low vision and attend these special schools receive support to participate in inclusive community schools for half a day starting in grade 3 and study the same national curriculum set by the MoEYS for all students. The rationale for the transition in grade 3 is that students will have sufficient time in the early grades to develop braille mastery prior to transitioning to inclusion (where they continue to learn using braille). Furthermore, once students transition in grade 3, the rationale for the half day at the special school is that students can benefit from targeted tutoring and access to therapeutic services such as orientation and mobility (KT, n.d.). KT has pioneered this approach to inclusion since the late 1990s, and provides extensive training to teachers in inclusive schools to support students who are deaf or blind. KT, now through the government, also supports students completing grade 12 to transition to Cambodian universities and estimates at least 100 KT graduates have attended university (Hayes & Bulat, 2018).

From 2014 to 2016, Light for the World in collaboration with KT, and with funding support from the Czech Development Agency, also delivered a project targeting students with low vision. The “Toward inclusive education for children with low vision” project supported at least 145 children with low vision to be included in their communities’ mainstream education systems in six Cambodian provinces. The project provided supports including identification of children with low vision, screening and provision of equipment, and training of teachers and eye care professionals. KT reported that 90 percent of participating students succeeding in passing to higher grades. KT delivered a second cycle of the project from 2017 to 2020, which focused on scale up of these initiatives to additional districts and building linkages to sustainability (KT, 2016).

KT established a Khmer braille code in 1991 and continues to translate textbooks and other print materials into Khmer braille (Vannak, 2018). Despite these advancements in resources and awareness-raising for students who are blind through KT and now NISE, pervasive discrimination against children who are blind is continually reported (Mak & Nordtveit, 2011; Vannak, 2018). Known constraints include a lack of funding for inclusive education by the government for students who are blind, lack of equipment and training to mainstream public teachers, inaccessible facilities, and large class sizes (Vannak, 2018).

The Association of the Blind Cambodia (ABC) is another organization which supports individuals who are blind in the country. ABC’s executive director estimated a mere 5 percent of its 1,500 blind members are literate in braille (Bailey & Nguon, 2014; Hayes & Bulat, 2018). To support



this population, ABC operates a resource library with braille books and sound devices in addition to providing computer and other vocational training to individuals who are blind or have low vision (Bailey & Nguon, 2014).

#### 5.4.2 Deaf Education Including Sign Language

As is the case for students who are blind, the primary educational opportunity for children who are deaf or hard of hearing is through the five national segregated schools, formerly run by KT. KT reported an enrollment of 600 children who are deaf across the five schools in 2015. Students who are deaf and hard of hearing begin attending inclusive schools for half a day starting in grade 5, allowing students to develop sign language fluency in the early grades, and providing access to speech therapy and specialized tutoring during the half day at the special school (KT, n.d.). KT has also conducted extensive outreach in the education of public school teachers and trainers in sign language, in addition to producing the Cambodian Sign Language Dictionary (Bailey & Nguon, 2014; Hayes & Bulat, 2018). However, students who are deaf and attend the half day inclusive education program do not have access to a full-time sign language interpreter, which poses potential challenges in perpetuating exclusion (Hayes & Bulat, 2018). Given the lack of a sign-language rich environment in most mainstream schools, in spite of efforts to promote inclusion of people who are deaf, it is understandable that some forms of discrimination and educational disadvantages are reported for those accessing mainstream schools (Kalyanpur, 2011; Mak & Nordtveit, 2011).

Another prominent organization in support of Cambodians who are deaf is the Deaf Development Programme (DDP), which focuses its outreach on adults<sup>15</sup> ages 16 and older and includes the provision of non-formal basic sign language education and vocational training supports. Free of charge, DDP also teaches sign language to parents of individuals who are deaf and educates parents on deaf culture. In 2017, 67 students who are deaf or hard of hearing were enrolled in DDP's three program locations (Hayes & Bulat, 2018). DDP provides sign language interpreter services and indicates that a mere ten individuals are trained interpreters nationally, all trained by DDP (K. Sokly, DDP, personal communication, November 2019).

Despite the outreach programs that both KT and DDP provide, DDP estimates there are approximately 50,000 people who are deaf nationwide and another 500,000 with hearing disabilities, but only 1,800 educated sign language users (Šiška & Suchánek, 2015). Another challenge is that the sign languages used by KT and DDP are very different; KT's sign language incorporates signs from American Sign Language, fingerspelling, and grammar linked to spoken Khmer, while DDP's sign language is more connected to language developed by people who are deaf across different provinces (Hayes & Bulat, 2018). Five DDP staff and six KT staff are now working together on a sign language committee at NISE to chart a way forward for the use of Cambodian Sign Language, but differences of opinion still exist between the organizations, with KT advocating for a national standardized sign language, and DDP insisting that the diversity of the deaf community's sign language across the country should not be jeopardized for the sake of

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<sup>15</sup> The age of majority (adulthood) in Cambodia is 16 years.

standardization (K. Sokly, DDP, personal communication, November 2019). This Sign Language Unification Committee has operated since 2013 (DDP, n.d.).

#### 5.4.3 Education of Students with Learning Disabilities

Unfortunately, no reference is made in the literature to the educational situation for students with learning disabilities. This appears to align with the government's own policy directives that do not include any reference to learning disability and, instead, focus almost exclusively on hearing, vision, intellectual, or physical disability (Kingdom of Cambodia, 2019a).

#### 5.4.4 Education of Students with Intellectual Disability and Complex Support Needs

There is general consensus that people with intellectual disability are the most poorly served by the Cambodian education system and society more broadly (Bailey & Nguon, 2014; Šiška & Suchánek, 2015; Zook, 2010). Causes of such disadvantage include limited resources, few trained educational or medical personnel to support individuals with intellectual disability, and pervasive social discrimination (Zook, 2010). Children with intellectual disability are generally unlikely to enroll in education in Cambodia (Hayes & Bulat, 2018; Mauney, 2014). Parents may hesitate to enroll a child with an intellectual disability in school for fears about their safety, including particular vulnerability to sexual assault and other forms of abuse (Kartika, 2017).

A few NGOs support individuals with intellectual disability in Cambodia, but their reach is not nearly enough to support all of those who require it. The Rabbit School, located in Phnom Penh, supports children with intellectual disability to access integrated classrooms in general education schools where students can engage with peers without disabilities during recess and informal meetings. However, the adapted curriculum is available only until grade 3 (Hayes & Bulat, 2018). Notably, Rabbit School provides educational supports for children with various degrees of intellectual disability, but the programs supporting children to access integrated or inclusive settings are only for children with mild to moderate intellectual disability, while children with moderate to severe disabilities continue to receive special education (Rabbit School, n.d.). Other known organizations supporting individuals with intellectual disability include Disability Development Services Program (DDSP) in Pursat province, Hagar's House of Smiles in Phnom Penh and Kandal, Hands of Hope Community (HHC) daycare and rehabilitation services, and Komar Pikar Foundation (KPF) in rural Kampot (Hayes & Bulat, 2018; Bailey & Nguon, 2014).

Three additional donor-funded project reports mentioned supporting individuals with intellectual disability. One project entitled "Helping 157 People with Intellectual Disabilities in Cambodia to Help Themselves" was implemented by ADD International from 2011-2014 and supported caregivers and community members, along with people with intellectual disability, in five provinces (Cordier, 2014). Training was provided to people with intellectual disability on self-care, hygiene, housework, and social skills, with anecdotal reporting that this training improved participants' self-care capacities and community social acceptance. While books were provided to children

participating in the project, self-care and income generation skills were emphasized more heavily than academic skills. Additionally, those participants who were trained on income-generating activities all appeared to have generated income through their projects, such as agricultural activities, crafts, and sales<sup>16</sup>. Mentorship through DPOs and collaboration with local authorities and families was a reported asset to the success of the project (Cordier, 2014).

Additionally, the “Ensuring Inclusive Education for Children with Disabilities” project funded by AusAID (now Department of Foreign Affairs and Trade [DFAT]) and UNICEF appears to have supported people with intellectual or physical disability from 2015-2018. Khmer NGO for Education worked with local partners to find children with disabilities who were out of school in Rukhak Kiri or Samlout and encouraged their enrollment in school. At the same time, the project provided workshops to build teacher capacity on inclusive education and on educating children with disabilities (including general and “life skills subjects”); the project benefitted an estimated 250 children with disabilities in rural areas. While the project’s description mentioned intellectual and physical disability in particular, it was unclear how the disabilities were defined or diagnosed or what materials were provided to increase teacher capacity to deliver inclusive education (Khmer NGO for Education, n.d.).

Finally, Save the Children’s efforts to support 3,000 vulnerable children in Pursat Province from 2016-2018 specifically included children with intellectual disability (project described more in section 5.5.1). For example, a manual to train teachers on teaching children with intellectual disability was developed and piloted through this project, which has since been officially approved by MoEYS for use during in-service training. While the project also supported the inclusion of children with intellectual disability in children’s councils at schools, reports from Save the Children indicate attitudinal barriers from peers and teachers continue to pose challenges to total inclusion (Save the Children, 2019).

#### 5.4.5 Education of Students with Physical Disabilities

As reflected in the section on attitudes toward disability, children with physical disabilities are most readily accepted by teachers, particularly because such students may not require instructional modifications (Kalyanpur, 2011; Hayes & Bulat, 2018). Aside from the above-mentioned UNICEF project which indicated support provided to people with physical disabilities, the Lavalla School is a core educational institution supporting children with physical disabilities. Lavalla was established in 1998 by the Marist sector of the Catholic Church and supports 93 primary school students with physical disabilities in Phnom Penh. These students derive from 17 different provinces and reside at the school (Hayes & Bulat, 2018). As most students come from poor families in various regions where they would normally not have the means to attend school, international donations to Marist Solidarity Cambodia help to fund most costs including tuition, room and board, and transportation (Marist Solidarity Cambodia, 2018). The Marist organization also runs Villa Maria for the Lavalla students after primary school, a residential facility supporting secondary-school students with physical disabilities to attend an inclusive high school near

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<sup>16</sup> The age of participants trained on income-generating activities was not specified.

Phnom Penh. The Villa Maria site also provides skills training to support young people to transition to employed or self-employed vocations (Marist Solidarity Cambodia, 2017). Unfortunately, an estimated 10 to 20 percent of Lavalla students drop out of school due to missing their families or difficulty following the curriculum because of possible intellectual disability (Hayes & Bulat, 2018).

#### 5.4.6 Education of Students with Multiple and Severe Disabilities

Children with multiple and severe disabilities are unlikely to attend school, and stakeholders in Cambodia indicate segregated schools remain the preferred educational setting for this population of children (Hayes & Bulat, 2018).

### 5.5 Additional Classroom Supports

**Finding 5:** Additional classroom supports such as differentiated instruction or specialist assistance are limited in Cambodia, and are largely exclusive to segregated or NGO-funded educational environments. The expansion of integrated classrooms in general education schools is an advancement away from segregation, although such integrated placements still fall short of meeting the ultimate goal of inclusive education as defined by the CRPD. The extent to which classroom instruction is aligned with the national curriculum depends on individual schools, and Individualized Education Plans (IEPs) have limited documented use in the country.

In order to engage students with disabilities to succeed in learning, a variety of supports may be required, such as inclusive instructional approaches, modifications to the curriculum, or the provision of support from allied health professionals. The provision of such services to children with disabilities in Cambodia is extremely limited and are largely led by NGOs or delivered in segregated educational environments. This section will elaborate on the additional classroom supports made available to some children with disabilities in Cambodia, as well as the ongoing efforts by donors and the government to continue and expand these initiatives where possible.

#### 5.5.1 Inclusive Education Efforts

A vision for fully inclusive school settings appears to be nascent in Cambodia, with official policy directives still strongly supporting segregated school environments and most inclusive (and segregated) education efforts deriving from the non-governmental sector (Kalyanpur, 2011; Hayes & Bulat, 2018). It appears the government does not have a plan to transition to a fully inclusive system, and those children who are included in inclusive schools sometimes lack the appropriate supports they require to access and participate in their education inclusively (Hayes & Bulat, 2018).

Perhaps the most influential historical advancement from complete segregation was the 2014 MoEYS directive allowing any five children with the same disability diagnosis to attend an

integrated classroom within a community school (Hayes & Bulat, 2018). Importantly, this transition from *segregation* to *integration* should not be confused with the internationally referenced definition of *inclusion*, which would instead require students to attend general education classrooms with their same-age peers while receiving appropriate supports. KT reportedly supports 73 such classrooms, enabling children residing in rural areas to attend school (Kartika, 2017). This regard for the promotion of integrated classrooms is reflected in the most recent government Inclusive Education Action Plan (2019-2023), which projects a goal of supporting nine additional integrated classes each year to provide “age-appropriate education to individuals in special needs”<sup>17</sup> (Kingdom of Cambodia, 2019a, p. 18). The government’s interest in supporting children with disabilities to attend their community schools is an asset. However, the promotion of integration as opposed to inclusion is inconsistent with global norms as set out in the CRPD. As evidence of this, under the overarching activity of providing inclusive and equitable quality education in this plan, a clear goal is to “strengthen integrated classes for persons with special needs,” but no such goal is mentioned –whether in the short- or long-term— to develop strategies to support the advancement towards fully inclusive classroom settings (Kingdom of Cambodia, 2019a, p. 5).

Aside from government initiatives, more nascent support for integrated or inclusive education was led by NGOs in the early 2000s, including the support already described from KT, Rabbit School, and Lavalla School, among others. The negotiation between NGOs and government schools to place children with disabilities in integrated (instead of inclusive) classes was considered to reduce the pressure on general educators to accommodate these children in their classes, while also being less costly than creating separate special schools (Kalyanpur, 2011). While data on the enrollment of children with disabilities in inclusive schools is absent, it is considered likely that most children with disabilities in Cambodia who attend schools are doing so in segregated or integrated environments (Hayes & Bulat, 2018).

In addition to the inclusive education efforts led by NGOs described previously, a three-year project to promote inclusive education was implemented from 2016-2018 by Save the Children and local NGO Opérations Enfants du Cambodge (with support from the IKEA Foundation). The project supported children with disabilities, those living in extreme poverty, and girls to access and stay in school. This activity was conducted in eight model inclusive schools in Pursat province through supporting Children’s Councils, training teachers in inclusive pedagogy to engage students with differentiated instruction, and engaging with parent and community committees to follow-up in children’s learning. Training was provided to teachers to support children with specific learning needs; children with physical disabilities were supported to receive rehabilitation; scholarships, study materials, and transportation were provided to encourage school participation; and Personalized Support Plans<sup>18</sup> were developed for participating children. The

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<sup>17</sup> Although the plan itself was not clear in this point, we were able to follow up with the SED to discover they intended for this to mean that they would add an additional nine integrated classes in the nation each schoolyear. For example, if nine classes were added each year, in two years of the plan eighteen new integrated classes would be established anywhere in Cambodia.

<sup>18</sup> These plans were not clearly defined in the literature but appear to have a similar function as Individual Education Plans.

Inclusive Education for All project supported over 3,000 children ages six-to-14 years of age, with particular attention paid to including children with intellectual disability, although metrics were not provided about how many children with disabilities were among the 3,000 children supported (Save the Children & IKEA Foundation, 2017; Save the Children, 2019).

GPE publications on Cambodia commonly claim extensive support to inclusive education efforts, such as the citation of the \$38.5 million USD GPE2 grant to provide teacher and principal training on inclusive education, as well as teacher training on sign language (GPE, 2018). However, a review of the final report produced by the World Bank does not cite any form of teacher training other than the one provided on screening children for disabilities, an accomplishment that appears incomplete against the initial plan of promoting inclusive education (World Bank, 2018a). Despite these inconsistencies in reporting, GPE indicates the program supported the following outcomes:

At the preschool level, the program has enabled children with disabilities to have equitable access to education across seven districts covering 176 state preschools, which are accessed by 165 children, including 49 girls with disabilities. At the primary school level, the Ministry of Education, Youth, and Sports' inclusive education program has been expanded to 12 districts across six provinces. Children with visual, hearing, and intellectual disabilities have access to quality education in 165 schools, including five special schools. To equip teachers to respond to diversity, the project has invested in capacity development of 1,999 teachers on inclusive education for children with disabilities. (GPE, 2018, p. 50)

### 5.5.2 Instructional Approaches

Only a few sources describe instructional strategies for children with disabilities in Cambodia, and these publications provide a very limited picture of the instruction taking place (Courtney, 2017; Kartika, 2017; Prigent, 2019). From 1996-2010, the early grade MoEYS textbooks had engaged in a whole-language approach to teaching Khmer, which was then changed in 2010 to a curriculum focusing more on a phonics-based approach (K. Puthy-Deputy Director, PED, personal communication, 2019).<sup>19</sup> These changes were motivated by results in EGRA data which showed poor student learning outcomes for the old curriculum; however, critiques have also been leveraged against the revised curriculum's alleged reinforcement of memorization and teacher-centered pedagogies (Courtney, 2017). More recently, the ACR-Cambodia project itself has produced supplementary teaching and learning materials, which embed inclusive practices and strategies throughout, including the provision of "inclusion tips" on how to adjust some activities for struggling learners or students with disabilities (RTI International, 2018).

Japanese scholar Diana Kartika's doctoral research in Cambodian school communities highlighted teachers' challenges in utilizing innovative instructional approaches to support students with learning difficulty. Despite many teachers' recognition that it is their duty to educate children with disabilities, teachers referred to a lack of available resources and a lack of systematic support and planning among teachers in schools as contributing to the challenge. One teacher

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<sup>19</sup> This meeting took place during IDP's initial inception visit in November 2019



located in Kampot reflected on his experience that “teaching students with disabilities is more difficult than normal. If I give more them [sic], it may affect the pace of other students without disabilities and they may feel bored” (Kartika, 2017, p. 124). Kartika attributes such responses to a linkage with teachers’ limited training and experience with students with disabilities. Nonetheless, some teachers demonstrated creative means to support students with disabilities in the absence of formal training and resources, such as the case of a teacher in Ratanakiri who supported students with low vision by writing in different colors, offering preferential seating, and writing in larger fonts (Kartika, 2017).

The only other instructional strategy discussed appears to derive from a child-centered instruction approach. Kartika’s research included an interview of a Phnom Penh school director who suggested a School-for-All approach, explaining that while their school was closed on Thursdays, staff provided catch-up instruction for students needing more support. In this school, teachers discussed the number of struggling (“weak”) students on a monthly basis, providing updates to their colleagues about the supports provided to these learners. This School-for-All approach was intended to support students with and without disabilities, although it is unclear how many school leaders have pioneered this approach (Kartika, 2017). Another publication discussed Cambodian teachers’ resistance to child-centered pedagogies focused on children’s right to participation, which have largely been supported by UNICEF globally and nationally through a child-friendly school model (Prigent, 2019; UNICEF, 2012). This resistance stems in part from teachers who reported not understanding why authorities ask them to employ active pedagogical methods and from teachers who questioned whether group activities assist children experiencing difficulties (Prigent, 2019). Prigent (2019) discusses whether such resistance is influenced by cultural values of educators as hierarchical superiors, where corporal punishment and continuous repetition and copying have historically served as central forms of instruction.

### 5.5.3 Access to Curriculum

The national curriculum in most countries sets the standards related to teaching and learning, but often students with disabilities do not have access to the same curriculum as students without disabilities, which can result in challenges related to lower learning outcomes (Hayes, Turnbull, & Moran, 2018). The extent to which children with disabilities receive instruction aligning with the national curriculum appears to depend on the individual school. Some segregated schools follow the national curriculum, such as the five national special schools as well as the Lavalla School, while other schools such as the Rabbit School adapt the national curriculum for children with intellectual disability but only until grade 3 (Hayes & Bulat, 2018). KT is known to have adapted the national curriculum for grades 1-12 into sign language and braille, including the production of at least 2,000 unique materials in braille (Bailey & Nguon, 2014). In the case of students who are blind, this also includes adaptations for national curriculum subjects that are challenging to some people who are blind, such as geometry, physics, biology, and chemistry; additional subjects such as English, traditional music, computers, and weaving are offered to children who are blind at the special schools (Vannak, 2018). NGOs are the most likely stakeholder to provide key resources to enable students to access a national curriculum, including assistive devices, braille, and sign language interpretation; even so, such resources are insufficient to meet the national need, such

as the existence of only seven qualified sign language interpreters nationally (Hayes & Bulat, 2018). GPE has also claimed to provide support for the printing of braille textbooks, although it is unclear for whom or how many people (GPE, 2018).

The ACR-Cambodia project has already begun implementing strategies that provide students access to an inclusive curriculum, such as the 30 pattern books for preschool and grade 1 students. These pattern books use simplified and predictable language patterns appropriate for struggling learners, including children with intellectual and learning disabilities. Additionally, the project has developed 11 sensory stories for use with all children, including those with an intellectual disability. The sensory stories offer a suggested sensory activity on each page of the book, a method which can support children with and without intellectual disabilities to promote engagement, communication, and understanding (RTI International, 2018). The MoEYS now considers the Grade 1 package of materials produced through ACR-Cambodia to be official government content, and is in the process of rolling out their use on a national basis (RTI International, 2020b).

The 2018 Inclusive Education Policy also reflects philosophical beliefs about students' right to access curriculum. The policy mentions specific goals to provide access to inclusive education: "ensure that special education program is compatible with the national curriculum and that textbooks are available for use in all public and private educational institutions" and "ensure that the national curriculum and textbooks respond to the diverse needs of all learners with special needs" (Kingdom of Cambodia, 2018, pp. 5-6). The accompanying action plan suggests these goals can be met through printing and distributing textbooks for braille and sign language use and holding separate technical working groups focused on "blind, deaf, [and] intellectual disability" (Kingdom of Cambodia 2019b, p. 18).

#### 5.5.4 IEPs

IEPs are a "written plan that sets the learning goals for students with disabilities, and addresses the services or accommodations that will be provided by the school" (Hayes, Turnbull, & Moran, 2018, p 38). IEPs are seldom used in the context of Cambodia. Large classroom sizes and limited or no access to specialist resources makes the development and implementation of IEPs in inclusive schools in Cambodia very challenging (Kalyanpur, 2016). In fact, there is no evidence that IEPs are regularly used in any inclusive schools. Some initiatives have trained teachers on the use of IEPs, such as the HI training provided in Battambang province (Lewis, Kaplan, & Little, 2011). The Rabbit School is reported to promote the use of IEPs tailored to individual student needs (Hayes & Bulat, 2018). Save the Children's aforementioned project made use of Personal Support Plans, but it was not possible to identify their contents (Save the Children, 2019).

Most recently, the government's Inclusive Education Policy and Action Plan include goals to "develop Individual Education Plan[s] for all persons with special needs by identifying their learning or needs" (Kingdom of Cambodia, 2019a, p. 21). The Action Plan appears to entrust this task to the leadership of the SED. The specific activity is described as "Cooperate with Development Partners to prepare individual educational plannings [*sic*] and meet teachers at the



inclusive schools” (Kingdom of Cambodia, 2019a, p. 21). The plan does not describe which development partners intend to assist with the development and use of IEPs.

### 5.5.5 Transportation

In many countries, long distances to and from school can serve as a barrier to the education of students with disabilities (Hayes, Turnbull, & Moran, 2018). Limited transportation options are a notorious constraint for children with disabilities in Cambodia. The absence of directional and safety features on streets are a concern for the parents of children who are blind (Mak & Nordtveit, 2011). Additional concerns are levelled about the physical safety of girls traveling to school (Mak & Nordtveit, 2011; Kartika, 2017). Beyond school-level concerns, transportation for persons with a disability more broadly is a challenge in Cambodia, including specialist services inaccessible by transport services, physical inaccessibility of health centers and government offices in both rural and urban locales, and limited ramps or accessible toilets in public facilities (Bailey & Nguon, 2014). Added to this transportation issue is the fact that most health facilities are concentrated in urban areas, whereas most of the Cambodian population lives in rural locations (Palmer, Williams, & McPake, 2018).

KT has provided transportation support to children residing at their schools so that they can return home each month, responding to many parents’ concerns about distance to school and travel safety (Kartika, 2017). The public bus system in Phnom Penh now permits persons with disabilities to travel for free, but concerns still remain about accessibility of public transport services, such as individuals being denied access because of their mobility devices (King et al., 2018). A 2018 study piloted the use of a Journey Access Tool (JAT)<sup>20</sup> to use auditing approaches to identify barriers to transportation for persons with disabilities. The formative evaluation took place in Phnom Penh, working with persons with disabilities who were using public transport. Following this JAT study conducted in collaboration between Australian researchers and HI employees, it is unclear whether persons with disabilities in Cambodia will benefit from continued use of the tool, as there has been no further reporting on its use since 2018 (King et al., 2018).

### 5.5.6 Other Professional Supports

In countries with sufficient resources, additional professional services such as therapies and access to specialist experts are provided within the school setting without additional cost to families (Hayes, Turnbull, & Moran, 2018). In Cambodia, segregated schools are the only educational institutions known to engage professional supports for children with disabilities. For example, Lavalla School employs three physiotherapists full-time and engages other health professionals as needed to support students with physical disabilities, but with fewer than 100 students enrolled, the reach of these services is quite limited (Marist Solidarity Cambodia, 2017). Additionally, the Rabbit School engages physical and speech therapist volunteers from Europe,

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<sup>20</sup> The JAT was developed by a team of scholar-practitioners from Queensland University of Technology in Australia. The tool is a combination of access audits and road safety audits, and is intended to identify barriers to transport on journeys taken by persons with a disability.

and the KT (NISE) schools engage an audiologist for hearing tests. Even in these instances, such supports appear to be limited in scope and duration (Hayes & Bulat, 2018).

Most students with disabilities enrolled in mainstream schools are unlikely to receive assistive devices, curriculum adaptations, or other supports (Hayes & Bulat, 2018). The Organization to Improve Communication and Swallowing Therapies in Cambodia (OIC) is endeavoring to introduce a bachelor's degree in speech therapy, with an aim of generating a cohort of 100 speech therapists to be employed by the government by 2030. Unfortunately, occupational therapy is not yet a service provided in Cambodia (Hayes & Bulat, 2018). Physical rehabilitation supports are generally provided through Physical Rehabilitation Centers (PRCs), originally established by NGOs in response to polio, landmine, and war victims. The government has gradually taken on more responsibility for the resourcing and management of these PRCs, yet only 11 such centers serve the entire population of Cambodia (Palmer, Williams, & McPake, 2018). An estimated 400 trained physiotherapists reside in Cambodia but all may not be practicing (Hayes & Bulat, 2018). The Technical School for Medical Care also offers a three-year physiotherapy course to produce more qualified professionals (Bailey & Nguon, 2014). Lastly, a bachelor's degree in social work is also offered at the university, though such professionals are not yet known to work in schools (Hayes & Bulat, 2018).

## 5.6 Intersectionality of Disability with Other Marginalizing Factors

**Finding 6:** Extensive literature exists in Cambodia to document correlations between poverty and disability, including poverty as contributing to the incidence of disability, with those having a disability also being more likely to live in poverty. Children with disabilities are also significantly more likely to be out of school than children without disabilities. Despite near-achievement of gender parity in the education system more broadly in Cambodia, girls with a disability have a well-documented disadvantage in access to and achievement in schooling. Women with disabilities also experience significant risk of household violence as compared to women without disabilities. The educational experience of children with disabilities in residential care facilities is not well-documented, and intersectionality between ethnic or linguistic minorities and disability in Cambodia is poorly understood.

Ravnbøl (2009) describes intersectional discrimination as that which arises when "children experience discrimination on the basis of multiple, interrelated grounds such as age, ethnic origin, disability, and gender" (p. 1). This report acknowledges such intersectional discrimination and vulnerability is likely to affect persons with disabilities, such as girls with disabilities, rural residents with disabilities, or ethnic minorities with disabilities. The most prevalent intersectional identity described in the literature on Cambodia is economic disadvantage and poverty, which is elaborated in further detail below. While this literature review sought references related to refugees or internally displaced persons, no such sources were discovered in the case of Cambodia.

### 5.6.1 Gender and Disability

The intersectional nature of gender and disability is recognized in some Cambodian policy, programming, and research. From a policy perspective, the 2014-2018 Disability Strategic Plan included a strategic objective to “ensure gender equality and empowerment of women and children with disabilities” including the right to access sexual and reproductive health services (Kingdom of Cambodia, 2014, p. 36). More recently, the Inclusive Education Policy and accompanying Action Plan list specific objectives to support girls with disabilities, including very detailed plans to “ensure quality, inclusive, and equitable education for the female students with special needs” (Kingdom of Cambodia, 2019a, p. 26). Specific activities falling under this category include awareness-raising, community advocacy, promoting health and safety, protection against violence and trafficking, enrollment and participation in school, vocational training, and the provision of scholarships to girls and women with disabilities (Kingdom of Cambodia, 2019a).

In spite of these efforts, the disadvantages faced by women and girls with disabilities are numerous. The 2013 CIPS indicated girls with disabilities were less likely than boys with disabilities to attend or complete primary school. For example, half of males but only one third of females completed primary school, and girls were less likely to be literate, with 68.4 percent of males achieving literacy as compared to 45.5 percent of females (National Institute of Statistics, Ministry of Planning, 2013). Increased discrimination, abuse, and violence, coupled with perceptions of girls with disabilities as not being worthwhile to educate because they offer less value or contribution to their family, play a part in this intersectional disadvantage (Bailey & Nguon, 2014).

A 2013 study sponsored by DFAT in collaboration with local and international research partners examined the gendered vulnerability of people with disabilities in Cambodia in great detail. This mixed-methods research engaged 177 Cambodian women with disabilities and 177 women without disabilities to better understand their lived experience, particularly with regard to violence. While this study found women with and without disabilities were equally likely to experience physical or sexual violence perpetuated by a partner, household violence from non-partners such as parents affected women with disabilities at a statistically significant greater rate as compared to women without disabilities. The most common non-partner perpetrators of household violence were parents (49 percent, other male family members (31.3 percent), and other female family members (27.1 percent). Abuse and violence affected the 52.5 percent of women with disabilities participating in the survey who reported emotional abuse, a quarter who reported physical violence, and 5.7 percent who reported sexual violence from family members (Astbury & Walji, 2013).

Currently, DFAT is also delivering the Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) project from 2018-2021 (AUD \$15 million), which aims to support both Cambodians with disabilities and those affected by gender-based violence. While the project acknowledges the intersectional nature of disability and vulnerability to gender-based violence,

most activities appear to be separated by whether they support persons with disabilities or those affected by gender-based violence (ACCESS, 2019).

One past project that appeared to take a gendered approach was the aforementioned ADD International activity, which supported 157 people with intellectual disability. This project helped highlight the unique constraints faced by mothers of children with disabilities, and the disproportionate likelihood for them to take on most caretaking responsibilities as opposed to fathers (Cordier, 2014).

### 5.6.2 Rural and Urban Differences in Access to Education

A 2011 study by researchers from Hong Kong indicated a significant urban-rural gap regarding disability awareness in Cambodia. Specifically, focus group participants in urban areas such as Phnom Penh demonstrated greater understanding of the causes of disability and more positive attitudes. Interviews in rural Battambang, by contrast, suggested parents were more influenced by traditional values and the belief in karma as a cause of disability, even when informed of the medical reasons behind the disability (Mak & Nordtveit, 2011). With 2018 estimates indicating a rural population of 77 percent in Cambodia and physical accessibility limited in rural areas, this indicates heightened challenges in experiences for people with disabilities in rural communities in Cambodia (World Bank, 2018b; Šiška & Suchánek, 2015).

### 5.6.3 Economics and Poverty

A two-directional correlation between disability and poverty is by far the most carefully documented intersectional disadvantage in Cambodia, wherein poverty leads to increased disability and disability in turn leads to increased poverty (Kartika, 2017). Kalyanpur (2011) has frequently drawn attention to the link between disability and poverty, suggesting that poverty is a key underlying cause of disability in Cambodia. Specifically, illness, disease, and no access to preventative care including immunization or access to antibiotics—in a country with 40 percent of the population under the poverty line and 75 percent not using public health services—directly contribute to the incidence of disability (Kalyanpur, 2011). Poor families with a child with a disability are significantly disadvantaged in obtaining information, education, or health services, and a limited awareness of disability hinders access to prevention and detection of disability through health services (Kartika, 2017). Combined with this, Kalyanpur (2011) argues, Cambodia has a societal structure which is premised on inequality and social stratification, where deeply embedded values of elitism and hierarchy have rendered education an institution designed to benefit the wealthy. Although government and other stakeholders are undertaking major efforts to make education for all an egalitarian right, Kalyanpur comments on the importance of understanding these efforts against the backdrop of a particular historical context.

Various studies from Cambodia have documented the extent of economic disadvantage associated with having a family member with a disability (Hackett, Hudson, West, & Brown, 2016; Mak & Nordtveit, 2011; Palmer, Williams, & McPake, 2018). Contributing factors to this economic disadvantage have not been reported in a singular research study, but collectively, these reasons

are likely to include the added healthcare costs associated with disability (Palmer, Williams, & McPake, 2018), opportunity costs wherein caretakers lose potential income that could contribute to the household's economic stability, and high amounts of caretaking time due to a lack of available support services in the community (Cordier, 2014). The government provides only 4 percent of households with a person with a disability any financial support, and this figure goes down to 1 percent of households where the person with a disability is under 20 years of age. The monetary support provided to these households with a family member under 20 years of age is a mere \$1.50 per month, despite the median estimated cost across all ages as \$38 per month. Households in urban areas are three times more likely to receive financial support from the government than households in rural areas, and the value of the support is greater (Palmer, Williams, & McPake, 2018). The study strikingly concludes:

Having a household member with disabilities is associated with requiring an additional 19 per cent of monthly household consumption expenditure in order to achieve the same standard of living as an otherwise similar household without disability. When we take account of the cost of disability in calculating measures of poverty, we find that the poverty rate amongst households with disabled members doubles, from 18 per cent to 37 per cent, while the poverty gap more than doubles from 3 to 8 per cent. (Palmer, Williams, & McPake, 2018, p. 2395)

Furthermore, other compounding disadvantages exist for heads of households where a person with a disability resides. Specifically, certain populations of individuals are more likely to shoulder the economic disadvantage of having a disabled household member as compared to households without a disabled member: women, individuals who are unmarried, and individuals who are uneducated<sup>21</sup> (Palmer, Williams, & McPake, 2018).

Poverty in Cambodia, even for children without disabilities, has a well-documented linkage with academic challenges; in 2014, a total of 46.4 percent of out of school children attributed their absence to being too poor, having to contribute to household income, or having to help with household chores (National Institute of Statistics & Ministry of Planning, 2015). These economic factors have also been observed to pull students with disabilities out of school, such as in the case of parents of children who are deaf, who perceive that their children could be valuable physical labor supporting household income. It is common for such children to drop out of school when they reach adolescence and are considered old enough to work, suggesting that economic factors also influence the opportunities for continued education for some poor children with disabilities (Mak & Nordtveit, 2011).

Beyond the household-level economic constraints, the perceived link between economic hardship and disability also emerges directly within Cambodian schools. A 2016 qualitative study by researchers from the University of Washington found that in a small sample of three schools, teachers and school directors regularly grouped children who were poor with those who had learning difficulties or emotional/behavioral disabilities. When asked to describe a child with "special needs" who had been successful in her school, one school director spoke about two

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<sup>21</sup> Qualitative reasons for this statistically significant correlation were not specified in the quantitative study.

brothers who had exhibited socially unacceptable behaviors related to poverty and stealing. One teacher stated quite directly, “sometimes we have problems with students’ learning because they live in poverty” (Hackett et al, 2016, p. 10).

#### 5.6.4 Ethnic Minorities and Disability

While some publications have drawn attention to the specific disadvantages experienced by linguistic and ethnic minorities in Cambodia, very little attention has been paid to the intersectional nature of disability in these communities. Ethnic minorities in Cambodia are considered a vulnerable population in terms of limited government support, limited access to services in isolated geographic regions, chronic food insecurity, and limited Khmer fluency (Šiška & Suchánek, 2015; VSO, 2009). Multilingual education has expanded significantly since its infancy in 2002 in Cambodia, and through donor-funded projects, more than 127 teachers and 5,000 students have been reached through programming, such that 55 preschools and 80 primary schools are now teaching learners through one of five local languages. Partnerships between CARE and UNICEF have helped to propel much of this work in combination with an increasingly enabling policy environment and support from MoEYS (Benson & Wong, 2019). Unfortunately, it is not clearly known whether any of this programming provides specific support to ethnolinguistic minorities who also have disabilities. The closest link between the two groups is that multilingual education oversight is conducted through the SED at the MoEYS (Benson & Wong, 2019).

#### 5.6.5 Out-of-School Children, Including Any Data on Children in Institutions

This section has been separated into two parts: the first section discusses the general situation of out-of-school children with disabilities in Cambodia, and the second section focuses specifically on children living in residential care institutions.

##### 5.6.5.1 Out-of-school children

Hayes and Bulat (2018) indicated that children with disabilities were more likely than children without disabilities to drop out of school. Factors contributing to dropout specific to children with disabilities – in both segregated and inclusive settings – include difficulty paying school fees, chronic absenteeism, concerns around personal safety and bullying, supporting household chores or work, and even vulnerability to gender-based violence (Hayes & Bulat, 2018). Mauney (2014) also reports that children with disabilities face added vulnerability in terms of parental beliefs about their need or ability to learn, lack of educational materials to support specific learning needs, and teachers who are not trained to support children with disabilities.

Primary factors driving Cambodian children in general to drop out of school include financial constraints for uniforms or fees, supplementing family income through child labor, children following migrant families for work reasons, late school enrollment, transportation barriers, or parental values related to education. Discrimination against vulnerable children, such as those who are poor or disabled, is an additional factor. Some families need to pay for extra classes to support children’s academic development but are unable to afford them, and students are likely to get further behind or drop out. Further school-level factors connected to drop-out rates include



inadequate school infrastructure including water and sanitation, a lack of schools or schools at great distance from home, and poorly motivated and underpaid teachers (Mauney, 2014).

The percentage of children with disabilities who are out of school in Cambodia is reported at 21 percent (GPE, 2018), a striking statistic considering the overall net enrollment in the country is now 98 percent (Kingdom of Cambodia, 2019b). Elsewhere, the gap between out-of-school children with disabilities (57 percent) as compared to out-of-school children without disabilities (7 percent) is a full 50 percentage points (UNESCO, 2017). If these statistics are to be believed, children with disabilities would be approximately eight-to-ten times more likely to be out of school than children without disabilities. A small number of organizations in Cambodia are known to have targeted out of school children with disabilities. Specifically, UNICEF is known to target out-of-school children through an accelerated learning program, although it is unclear how many of these students have disabilities (UNICEF, 2017). Additionally, Save the Children's aforementioned 2016-2018 project also focused on preventing school dropout rates for children with disabilities (Save the Children & IKEA Foundation, 2017).

#### 5.6.5.2 Children in residential care institutions

The situation of children in residential care facilities in Cambodia is highly complex. The number of children known to live in residential institutions increased by 91 percent from 2005 to 2010, creating a system of care that was increasingly stressed (UNICEF, 2018). A 2015 mapping exercise by the MoSVY, with support from UNICEF and USAID, indicated that Cambodia has 639 residential facilities for children, of which 406 are residential care institutions (MoSVY, 2017). These facilities serve a total of 35,374 children and young people aged 0-24, among whom a majority (55 percent) are male. A second mapping exercise conducted through Cambodia's National Institute of Statistics (NIS), with support from USAID, produced a national estimate of 48,775 children living in residential care institutions, or approximately one in every hundred Cambodian children (Stark, Rubenstein, Pak, & Kosal, 2017). A confounding factor is that the vast majority of children (78.5 percent) in these facilities have at least one living parent (Stark et al., 2017). Thus, instead of serving as facilities for children who have been orphaned by the loss of both parents, residential care facilities in Cambodia chiefly serve to support vulnerable children to escape from poverty and to access educational opportunities<sup>22</sup> (Stark et al., 2017). Fortunately, most children (95.7 percent) living in residential care facilities in Cambodia self-reported that they went to school every day, and students' literacy outcomes in the NIS mapping exercise were very strong (Stark et al. 2017). The proliferation of residential care facilities providing services to vulnerable children suggests that Cambodia faces challenges in finding a viable pathway to support children's social welfare in homes where families struggle to provide for their children (Stark et al., 2017). The Cambodian government is deeply aware of these challenges, including the fact that some facilities are not formally overseen through the MoSVY's regulatory framework, and has instituted various measures to support deinstitutionalization since 2012, including the 2015 Sub-Decree on the Management of Residential Care Centers, and the Action Plan for

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<sup>22</sup> Girls are statistically more likely to separate from their families to access educational opportunities (p-value= 0.0034).

Improving Child Care with the target of safely returning 30 percent of children in residential care to their families in 2016-2018 (Lizarazu, 2018).

There is relatively little known about children with disabilities in Cambodia's residential care facilities, and no concrete evidence could be located regarding the situation of education for these children specifically. The MoSVY (2017) mapping exercise identified 925 children with disabilities requiring specialized support, representing only 2.6 percent of the population of children in the facilities<sup>23</sup>. Unfortunately, disabilities were not disaggregated by type, and the report acknowledged this as a gap requiring investigation in future research (MoSVY, 2017). The NIS mapping study found 4.9 percent of institutions indicated that their primary purpose was to care for children who were sick or disabled; however, this study did not report disaggregated data for children with disabilities. The closest indication of this was in the literacy assessment, which found that 0.9 percent of respondents were blind or visually impaired<sup>24</sup> (Stark et al., 2017). Ultimately, despite important efforts to generate data about the number of children and institutions in Cambodia, there is a substantial dearth in knowledge about children with disabilities in these facilities, and the type or quality of education they receive.

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<sup>23</sup> An additional 576 children have HIV/AIDS, 270 are receiving detoxification services, and 252 are victims of child trafficking.

<sup>24</sup> This may be considered an omission by the study, which did not report any attempts to test these children's reading, but rather used this category as an answer to literacy levels alongside "able to read whole sentence" and "cannot read at all."



## 6. Conclusions

This literature review has attempted to capture the current state of education for children with disabilities in Cambodia, both in inclusive settings and the more common segregated or integrated educational settings. Much needed progress still remains for the education of all children in Cambodia, and this review has outlined some of the core gaps requiring attention for further improvement. These gaps include limited preparedness of general education settings to accommodate children with disabilities, unreliable systems related to identifying and estimating prevalence of disability, and disability-specific programming that typically focuses only on students who are deaf or blind and in segregated environments. Simultaneously, government, international and local donor-funded and NGO efforts continue to proliferate, which certainly support many children with disabilities to benefit from increased access to education, and have led to significant improvement over the past two decades. However, some of the time-bound project activities led by NGOs and donors that come and go may be difficult to sustain; this is something Cambodian government appears to be actively addressing through its Inclusive Education Action Plan and other frameworks to promote national sustainability. Among all of the research cited in this literature review, no known information was captured on learning outcomes specific to children with disabilities; this appears to be a clear area requiring further monitoring and attention moving forward. Hopefully, further provision of human and material resources, research and evaluation, and awareness-raising activities will persist in Cambodia to help transform the education landscape into one that continues to advance in realizing its goal of being inclusive for all children.

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