

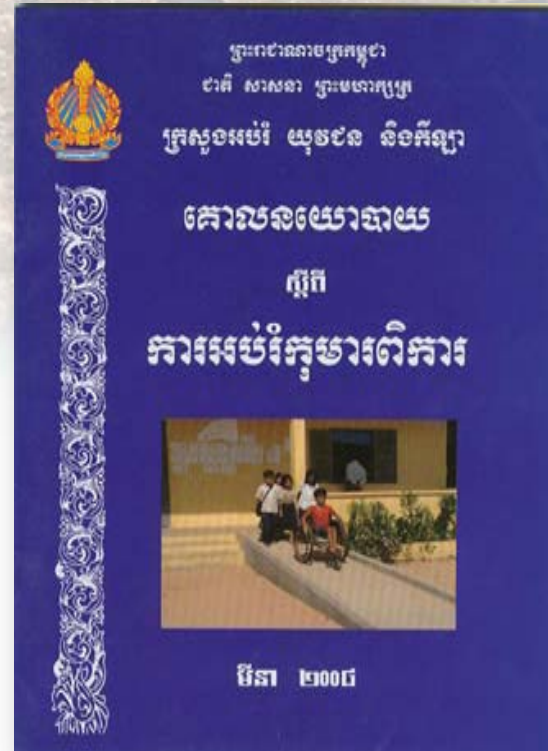
Inclusive Education for Children with Disability in Takeo province, Cambodia



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Outline of Presentation

- Cambodia Context
- CRS Cambodia Model
- Outcomes and Impact
- Lessons Learned, Continuing Challenges
- Future Focus



CAMBODIA CONTEXT

Cambodia Context

KINGDOM OF CAMBODIA

- South-East Asia
- Capital city: Phnom Penh
- Population: 14,000,000 (52% women)
- Density: 80.9 (WB report 2012)
- Poverty rate: Poverty Rate In Cambodia Down to 25.8%, UNDP Report 2011
- Literacy rate: 73.6%



Enabling System and Structure

National level

- **Policy** (March 2008) and **Master plan on Education for Children with Disabilities** (ECWD - 2009-2011)
- **Special Education Office (SEO)**
: most vulnerable children
(training, monitoring)
- **Disabled Action Council (DAC)**,
a unique umbrella institution
coordinating NGOs working on
disabilities
- IE strategic plan funded by World
Bank Project (FTI)

Decentralized level

- *Provincial Implementation Teams (PITs)* coordinate and oversight monitor the ECWD in schools.
- *District Training and Monitoring Team (DTMT)* focus on teaching/learning and school management/monitoring of ECWD activities
- *School clusters* a mechanism for follow-up and Thursday technical meeting
- *School Support Committee* hold school accountable for quality education

Gaps and needs in IE

- **1 out of every 10** Cambodia children aged 2-9 years old has a disability.
- Most of these children go **undiagnosed**. Many families do not know that their children have impairments or delays in development, unless they are **severe** in nature.
- Many families do not know that certain illness, impairments or development delays can be **progressive and permanently disabling** if untreated
- Even for those children with an identified disability, **very few** are receiving the services necessary to minimize impacts and promote development.
- More than **20% of children dropping out of school** do so because they are considered “slow learners” (issues with cognitive development)

Source: Disability study, Handicap International Cambodia 2012

Gaps and needs for IE

At school level:

- Most of teachers, principals, provincial/district officers have limited understanding and in-sufficient training in IE
- Policy and master plan not widely disseminated, then not implemented
- Too many students per class, too few text books

At parent level:

- Parents of CWDs often stigmatized and not interested in sending CWDs to school.

Source: Education Congress report, academic year 2009-2010; HAI study report

CRS PILOT PROJECT in Takeo Province



Takeo Province situation

- In Takeo, a 2006-2007 MOE survey found that 3,585 (1,506 girls) students with disabilities were enrolled in schools with:
 - 30% suffering from intellectual disability,
 - approximately 20% suffering hearing disabilities,
 - and another 18% having communication disabilities.

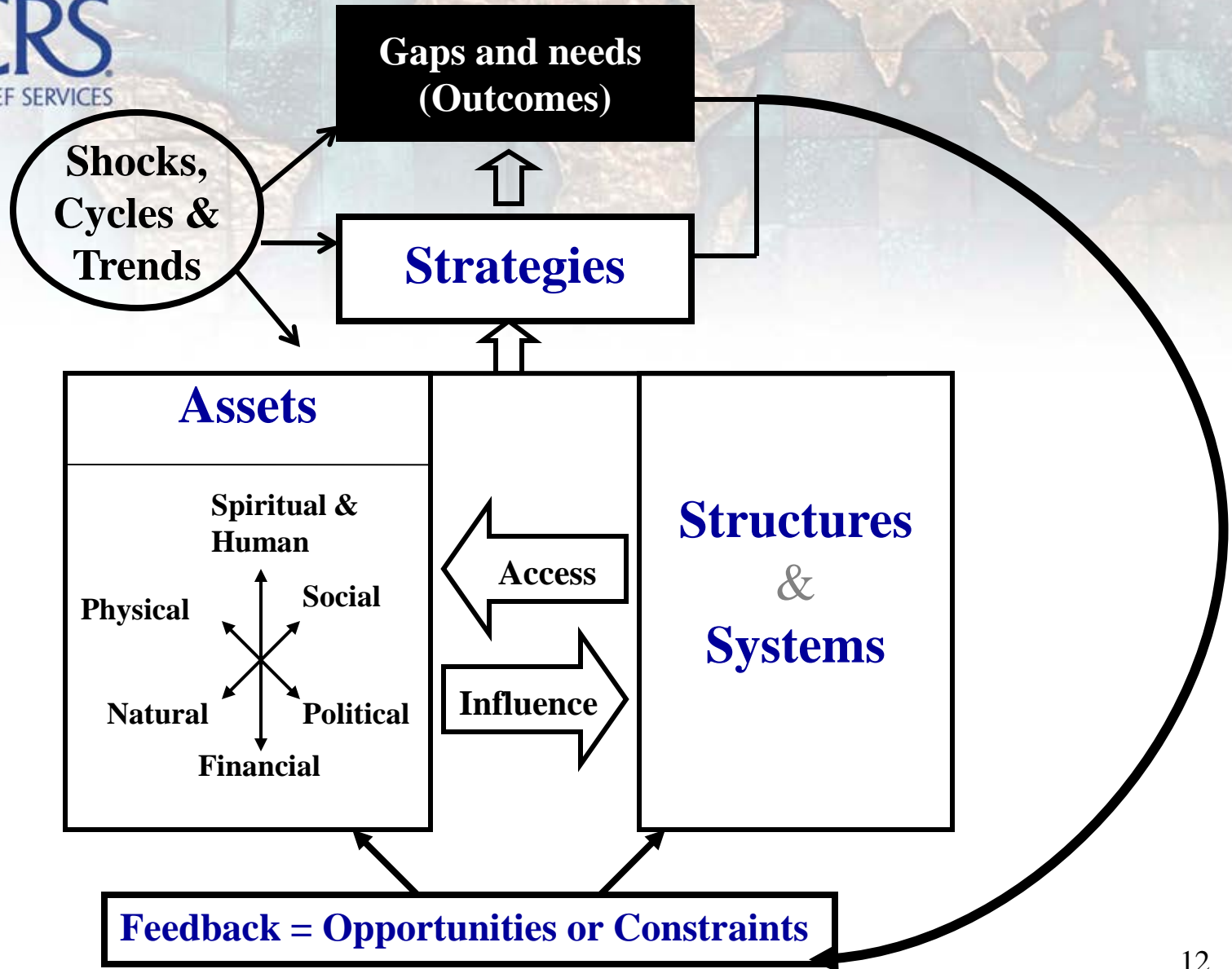


Pilot Project (Nov 2010 - Dec 2012), with Caritas Czech Republic (CCR) and Takeo Province Office of Education .

CRS CAMBODIA IE MODEL

CRS conceptual framework

Integral Human Development Framework





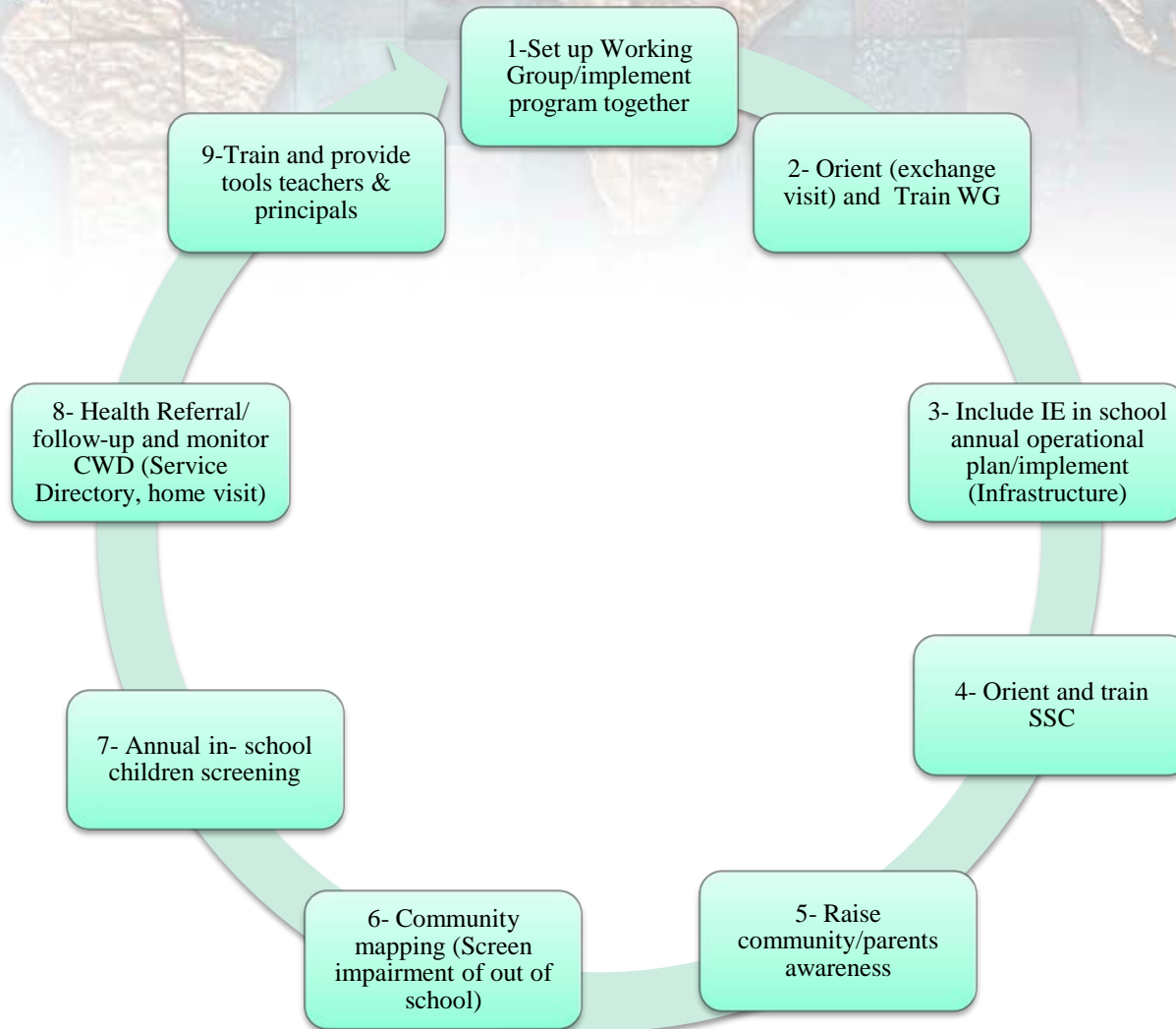
Model built around existing “structure and system”

- CRS partnered directly with POE/DOE to set up the project Working Group (WG)
- WG was trained and did exchange visit to successful program
- Oriented /trained School Support Committee for each school
- WG and SSC involved in implementing, monitoring IE

Strengthening capacity of “social asset”

- Community: SSC and WG organize joint community awareness raising events
- Social:
 - SSC and health center involved in screening of impairments to all children in the community
 - SSC did home visit to support parents with CWD to ensure attendance
 - Peers in the classroom
- Political: POE, DOE, cluster, school, Commune Chief, village chief
- Physical: school infrastructure (building ramps), school uniforms

9 steps for IE implementation model





IE PROJECT OUTCOMES AND OUTPUTS

Project outcomes

- 80% (120) of CWD regularly attend school and they promoted to the upper grade.
- 98 CWDs were referred to special medical services
- Working group members improved 35% of knowledge 23% of attitude on IE compared to baseline.
- Improved attitude and practices for community members has increased by 40% compared to the baseline.
- IE approach was integrated in schools' operational plan and implemented.

Lessons Learned

- Multi-level engagement from all stakeholders is a key success for this project.
- Technical skill and adequate teaching materials are required prior implementation of education for CWD
- Awareness raising for parents is an important step to promote CWD education.
- Exposure visit to successful IE program is a major step to help implementer understand and learn the IE

Continuing Challenges

- More than 60 students in one class with some classes having mixed type of disabilities. National ratio is 1:40
- CWDs with severe disabilities needed special care and a special class,
- No inclusive education in secondary school, when CWDs finish primary school, or they drop out and stop school.

Future Focus

- Continuous training for more teachers and for more specialized education;
- Continuous support to the school IE management to update, implement and monitor school annual Operational Plans;
- Develop appropriate teaching materials and provide training to how to use those materials.
- Increasing support to improve school attendance, monitor education performance and health care of CWDs;
- Advocacy to establish IE for secondary school so children can finish at least the universal education level (Grade 1-9);

Future Focus

- Continuous training for more teachers and for more specialized education;
- Develop appropriate teaching materials and provide training to how to use those materials.
- Continue education and awareness raising on IE for community and parents on IE.
- Supporting CWD family to improve livelihood and health status.
- Strengthening support to SSC and school to mobilize local resources