Preparing for the Journey

A Cooperative Approach to Service Provision for Children with Intellectual Disabilities in Cambodia

Jennifer Carter

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Acknowledgments

From the very beginning, we hoped this project would be a collaborative effort that would not only produce valuable information on children with intellectual disabilities in Cambodia, but also facilitate improved cooperation between all stakeholders. In this respect, the project was enormously successful. To all those who contributed their time, insights, contacts, and advice, I thank you from the bottom of my heart. This report would not have been possible without you. I hope you find it useful in your work and true to the situation as you see it.

Firstly, I would like to thank the research team for their hard work, commitment, and flexibility over months of travel throughout the country.

- Kong Vichetra, Director, Komar Pikar Foundation
- Sat Sophal, Deputy Director of Rehabilitation, MoSVY
- Chum Soman, Special Education Office, MoEYS
- Dr. Kim Savuon, Director of Mental Health Bureau, MoH
- Svay Simone, Director, Parent's Association of Cambodia
- Seng Bunroeuth, Administrator, House of Smiles (HAGAR)
- Chan Veasna, CBR Coordinator, House of Smiles (HAGAR)

Secondly, I would like to thank all of the NGOs that facilitated focus groups and interviews throughout the country. Your cooperation and openness helped the project immensely, and I thank you for your time and patience.

- In Phnom Penh: HAGAR, The Komar Pikar Foundation/Rabbit School, TASK, Krousar Thmey, DDP, and Parent's Association of Cambodia
- In Kandal: New Humanity, Lavalla School, HAGAR, and Yodifee
- In Kompong Chhanang: New Humanity, Cambodia Trust, and LMDS
- In Pursat: DDSP
- In Battambang and Pailin: OEC
- In Kompong Speu: NCDP and SSC
- In Kratie: VIC
- In Stung Treng: UNICEF.

Thirdly, thank you to the provincial offices of MoSVY, MoEYS, and MoH. I hope that the relationships we have formed through the research process will be lasting and fruitful.

To those who provided constant support and guidance, Helen Pitt, Cristina Togni, Sue Hanna, Sue Taylor, Lesley Miller, Plong Chhaya, and the Cashin family among others, I thank you for your time and valuable feedback. As there are far too many names to mention, please refer to Appendix 4 for a complete list of participants.

I would also like to thank all of the parents and children who contributed their valuable insights and shared their time with our team. This report is for you, and I hope it serves you well.

List of Abbreviations

AAIDD	American Association of Intellectual and Developmental Disabilities
CBR	Community Based Rehabilitation
CP	Cerebral Palsy
CSES	Cambodian Socio-Economic Survey
DAC	Disability Action Council
DDSP	Disability Development Services Pursat
ECI	Early Childhood Intervention
ERW	Explosive Remnants of War
FG	Focus Group
IE	Inclusive Education
KPF	Komar Pikar Foundation
MoEYS	Ministry of Education, Youth, and Sport
MoH	Ministry of Health
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NCDP	National Centre of Disabled Persons
NGO	Non-governmental organization
OEC	Operations de Enfants du Cambodge
PoEYS	Provincial Office of Ministry of Education, Youth, and Sport
PoH	Provincial Office of Ministry of Health
PoSVY	Provincial Office of Ministry of Social Affairs, Veterans and Youth Rehabilitation
RT	Research Team
SHG	Self Help Group
SSC	Social Services Cambodia
SSI	Semi-Structured Interview
UNICEF	United Nations Children's Fund
UXO	Unexploded Ordinance
VIC	Veterans International Cambodia
WHO	World Health Organization

Part 1: Understanding the Issue

Despite having made significant strides toward improving the lives of persons with disabilities, there is still much work to be done within the Cambodian disability sector. While casualties resulting from landmines/ERW continue to decrease, disease and injury have come to represent the cause of more than half of all disabilities in Cambodia. Consistent with the overall population distribution, more than half of Cambodia's persons with disabilities are under the age of twenty. As such, the coming years are a critical period for the development and implementation of programs addressing children with disabilities. Children with intellectual disabilities are particularly vulnerable in Cambodia, as they face significant discrimination both within and outside the family and have very few services currently available to them.

For more than three decades, community based rehabilitation (CBR) has been promoted as an effective strategy to enhance the quality of life for people with disabilities and their families, meet basic needs, and encourage inclusion and participation. While there are currently several CBR programs scattered throughout the country, such programs must continually strive for a rights-based approach that empowers rather than further marginalizes persons with disabilities.

Adding more complexity to the issue of children with intellectual disabilities, religious and cultural factors in Khmer society can often serve as a road block to the acceptance and empowerment of these individuals. In particular, the Theravada Buddhist belief in karma, along with a deeply engrained social hierarchy, widespread ignorance, and the importance of contributing an income to one's family play significant roles in society's perception of persons with disabilities.

Part 2: The Study

To date, no formal research has been conducted on the issue of children with intellectual disabilities in Cambodia. The purpose of this study was to gain a better understanding of the challenges and needs of children with intellectual disabilities, their families, and service providers. In order to gather information from a breadth of resources, the following groups were interviewed: children with disabilities, parents, NGO staff, relevant government officers, and key informants. The information was collected through focus groups, semi-structured interviews, and child participatory activities. As such, this was above all a qualitative study that yielded rich, in-depth data.

Part 3: Research Findings

The overwhelming majority of participants voiced the strong and immediate need for improved education—both for service providers and children with disabilities. In particular, applicable life skills education and vocational training were identified as key issues. On a larger scale, country-wide health education must be improved to decrease the incidence of easily preventable disabilities, particularly cerebral palsy. A recurring theme amongst parents was the economic burden of raising a child with an intellectual disability and the need for at-home income-generating activities or day care facilities.

It was also found that children with intellectual disabilities and their families face significant discrimination in the community, ranging from childish to extremely violent. Many key informants and NGO staff also identified intra-family discrimination as a barrier to children with intellectual disabilities receiving the services they require.

Part 4: Next Steps

This report concludes with a detailed set of recommended actions to take in order to address the issue of children with disabilities in Cambodia. Specifically, concrete steps must be taken in the following areas: Education, Health Care, Poverty Alleviation, and Promoting Inclusion in Society. The objectives and necessary actions proposed within the following

framework cannot be addressed by a single organization. Rather, cooperation within and between governmental, non-governmental, and private sectors is vital to ensuring that children with intellectual disabilities receive services in a sustainable and cost-effective manner. Overall, a more collaborative approach must be adopted by current and future service providers. Disability should be viewed as a part of the overall development agenda of Cambodia, and an issue that affects all areas of society.

Component 1: Education

		Objectives	Necessary Actions	Actors
Education	Special Education and Life Skills	Curriculum for students with special needs	- Workshop(s) to identify of key topics within already existing resources including the Blue Book, government text books, and various NGO materials - Identification of gaps and development of new topics to be covered, with a focus on life skills rather than formal education - Curriculum development by NGOs and MoEYS (SEO) - Training for special needs teachers - Curriculum tested in already existing inclusive classes for children with intellectual disabilities - Modifications made, curriculum finalized	MoEYS (Special Education Office); Special education experts from NGOs and private sector
		More inclusive classes in public primary schools	- Areas surveyed for number of children with intellectual disabilities and schools selected - MoUs between NGOs and DoEYS or PoEYS - Inclusive classrooms provided to NGOs for little or no cost - NGOs install necessary facilities (i.e. latrines, ramps, wells) - NGOs train school teachers, inclusive class teachers selected and supported by NGO staff	NGOs; PoEYS/DoEYS
		Practical education for children with intellectual disabilities: Maximum independence and employability	- NGO conducts teacher training on how to create Individual Education Plans (IEPs) - IEPs developed for each student - Achievable goals developed by for each child by teachers, parents, and students - Evaluation of achievements every 3-6 months, parents informed and students congratulated	NGOs; Teachers (MoEYS); Parents; Children

	Non-Formal	Non-formal education for children with intellectual disabilities in the community	- Children in the community unable to access inclusive class identified with help of local authorities, parents - Mobile library compiled according to activities in special education curriculum - NGO worker visits child's home once/week, provides stimulation and teaches parents - Parents encouraged to teach the child at home - Other children invited to join, providing socialization opportunities for the child	NGOs; Local authorities; Parents; Children
	ECD	Learning and stimulation opportunities for children with intellectual disabilities under 5 years old	- Early detection strategies identify children with intellectual disabilities before age 3 - Interventions help parents understand their child's disability and his/her needs - Stimulation activities for young children with intellectual disabilities at a community level - Referral to already existing early childhood development programs/community preschools that target non-disabled children.	NGOs in cooperation Parents, Children, Health workers (MoH)

Component 2: Healthcare

		Objective	Necessary Actions	Actors
Healthcare	**Early Childhood Interventions**	Early detection of infants with disabilities, reducing chances of permanent impairments or minimizing the effects of the impairment	- NGOs, in cooperation with PoH, define appropriate referral channels in the area - Village Health Support Groups (VHSGs), traditional birth assistants (TBAs), and health workers trained to identify key warning signs of abnormal development in infants - TBAs and health workers recognize warning signs shortly after birth and refer mothers to existing services - VHSGs work as outreach workers to identify infants with disabilities in the community	NGOs in cooperation MoH, PoH, Health workers, VHSGs, and TBAs
		Early interventions allow parents to provide better care for their children with intellectual and/or severe disabilities	- Early intervention resources developed by NGOs and MoH—already in progress (HIB) - Outreach workers from VHSGs, TBAs, and health workers trained to recognize disabilities and teach parents proper feeding positions and early stimulation techniques - Parents are referred to existing services when possible, particularly early childhood development programs	NGOs in cooperation MoH. PoH, VHSGs, TBAs Parents, and Health workers

	Preventing Secondary Illness	Seconday illnesses related to CP and intellectual disabilities are prevented	- NGOs train VHSGs and health workers how to prevent bedsores and pulmonary conditions related to improper feeding - VHSGs teach parents in the communities - Health workers teach parents at health centers	NGOs; MoH; VHSGs; Health workers; Parents
	Rehabilitation	Children with CP and intellectual disabilities receive physical therapy and rehabilitation services	- - NGOs and rehabilitation centers programs providing disability appropriate rehabilitation - NGOs providing rehabilitation services train hospital staff (physical therapists, health workers) - NGOs and hospital staff provide rehabilitation services to patients and train parents to do physical therapy at home	MoH/PoH; NGO referrals; Health workers; PTs; MoSVY Parents
	Assistive Devices	Children with CP or intellectual disabilities receive mobility aides (wheelchairs, walkers, etc.)	- Appropriate referrals between NGOs ensure all children who need assistive devices can access them - NGOs develop more outreach programs to remote areas - NGOs develop better networks with PoSVY staff to distribute assistive devices to remote areas - NGOs provide training to PoSVY staff in remote areas, allowing them to identify needs for specific assistive devices	NGOs; PoSVY
		Use of local materials to develop equipment for children with CP and intellectual disabilities	- NGOs create equipment from local materials such as rattan and wood together with parents and community members - NGOs charge a nominal fee to ensure care and use of equipment - NGOs teach PoSVY staff and parents to produce equipment from local materials for other children in the community	NGOs PoSVY Parents (Fathers) Community members
		Children with CP and intellectual disabilities receive maintain healthy eye sight and hearing	- NGOs provide regular sight and hearing tests for clients - NGOs cooperate to refer children to appropriate services for assistive devices or corrective surgeries - Eyeglasses and hearing aides are provided as necessary	NGOs in cooperation
	Curative Healthcare	All children with disabilities access high-quality, low cost health care	- NGOs and MoH work together to develop strategies of ending informal fees at health centers for persons with disabilities - PoH and DoH register clients with disabilities and provide them with free healthcare, according to national policies	NGOs MoH, PoH, DoH
		Children with intellectual disabilities who require medication receive an adequate supply	- NGOs work with MoH to develop partnerships with international drug companies - Government subsidizes cost of essential medicine for persons with intellectual disabilities (i.e. epileptics) - NGOs and MoH train health workers on how medication should be prescribed - Costs remain low at the village and commune level	NGOs MoH Health workers Drug companies

		of medication at a low cost		
	Mental Health	Lower stress levels and more positive outlooks for parents of children with intellectual disabilities	- NGOs provide counseling to parents of children with intellectual disabilities in order to prepare them for the journey ahead - Counselors recognize the enormous emotional burden of having a disabled child - Parents share experiences and feel supported, making them more apt to care for their children - NGOs train social workers from MoSVY and PoSVY to do counseling and eventually have own clients	NGOs Parents MoSVY PoSVY

Component 3: Poverty Alleviation

		Objective	Necessary Actions	Actors
Poverty Alleviation	Micro credit Animal Husbandry	Parents form groups to access income generation opportunities	- NGOs facilitate the formation of self help groups composed of parents of children with intellectual disabilities - NGOs train parents how to begin animal banks and savings groups as well as access micro credit opportunities - NGOs train local authorities and PoSVY staff to make follow up visits and eventually set up new self- help groups - If there is no center available, at home businesses allow one parent to stay home and care for the child without a loss in income	NGOs Parents PoSVY Local authorities
	Employment Opportunities	Consistent employment for parents of children with intellectual disabilities	- Parents become part-time volunteers at community centers for their children - NGOs train parents in physical therapy, allowing them to help their own children at home and other children at the center - NGOs provide a small "volunteer stipend" to parents for their work at the center	Parents NGOs
	Vocational Training	Young adults with intellectual disabilities included in already existing vocational training programs	- NGOs providing vocational training to persons with physical disabilities cooperate with NGOs beginning programs for persons with intellectual disabilities - Staff, training, and assistive device requirements for training students with intellectual disabilities assessed through Task Analysis - When possible, modifications can be made to existing programs to accommodate students with intellectual disabilities (i.e. family member assisting the student and also learning the skill, visual cues created) - Skill area chosen through participatory process involving parents and students - Job market informs training choices	NGO cooperation Students Families

		Vocational training programs catered to young adults with intellectual disabilities created	- Community-based vocational training programs explored - NGOs, in cooperation with local authorities, use a community facility for training - NGOs facilitate instruction and a family member, ideally wishing to learn the skill, assists as necessary	NGOs Local authorities Students Families
		Income generating opportunities for young adults with intellectual disabilities	- NGOs identify those young adults with intellectual disabilities who cannot hold outside employment - NGOs and parents provide skills training - NGOs help parents access loans or animal banks	NGOs Parents Young adults
		Activity Centers for young adults with intellectual disabilities	- NGOs and MoSVY cooperate to create activity centers where young adults with intellectual disabilities may earn an income through collective, on-site income generating activities	NGOs MoSVY Young adults
		Employment opportunities for young adults with intellectual disabilities	- NGOs and parents advocate for businesses to hire persons with mild to moderate intellectual disabilities for low level positions - Government encourages hiring of persons with disabilities through favorable tax deductions	NGOs Parents Government

Component 4: Promoting Inclusion into Society

		Objective	**Necessary Actions**	**Actors**
Inclusion in Society	**Heightened Awareness of Intellectual Disabilities**	Government recognizes need for services targeting children with intellectual disabilities and their families	- Most importantly, NGOs serving children with intellectual disabilities and their families include government in planning, implementation, and follow-up of projects - NGOs identify government staff at the commune, district, and provincial level who are willing to take on some responsibility in the programs, and support him/her to do so	NGOs Government
		NGO workers understand the needs of children with intellectual disabilities and appropriate referral channels	- NGOs share knowledge about children with intellectual disabilities with other NGOs through workshops and exchange programs - Improved collaboration and mutual exchange of skills - Less competition and more cooperation within the NGO sector	NGOs

		Children and teachers and public schools accept children with intellectual disabilities	- Create inclusive classes in more public schools - Identify children who are willing to act as "helpers" to children with special needs, and encourage these children to do so - NGOs provide playground equipment at schools with inclusive classes to promote socialization between disabled and non-disabled students - Offer training and/or workshop opportunities to teachers	NGOs Students Teachers
		Communities support children with intellectual disabilities and their families	- NGOs conduct awareness raising workshops and events for local authorities - Teach local authorities about the needs and rights of children with intellectual disabilities so that they can relay information to community members - NGOs develop creative ways to reach people and call attention to the issue (i.e. radio commercials, parades, sporting events, etc.)	NGOs Local authorities Community members
	Advocacy	Right to an education recognized	- NGOs and government work together to increase formal and non formal educational opportunities for children with intellectual disabilities - MoEYS and NGOs cooperate together, recognizing the benefits of partnership for students and staff - Collective management and direction of joint projects - At schools with inclusive classes, organize monthly meetings between NGO and school staff	NGOs MoEYS/ PoEYS School teachers
		The right to dignifying employment for persons with intellectual disabilities recognized	- NGOs and government advocate for fair employment within the private sector for persons with intellectual disabilities - Identify businesses conducive to employing persons with intellectual disabilities - NGOs collaborate with business owners and adapt tasks to fit the abilities of persons with intellectual disabilities	NGOs Government Businesses Persons with intellectual disabilities
	Policy Development	National Policy on Children with Intellectual Disabilities	- NGOs develop programs for children with intellectual disabilities that involve families, community members, and government - Through cooperation between sectors and the use of existing facilities and infrastructure, illustrate the feasibility of providing services to persons with intellectual disabilities - NGOs provide knowledge and experience in the area of policy development	NGOs Government Families Community members Persons with intellectual disabilities

Part 1. Understanding the Issue

1.1 Disability in Cambodia

An estimated 4.7% of the total population of Cambodia is disabled[1] under the country's definition of persons with disabilities as "any persons who lack, lose, or suffer impairment of their physical or mental being resulting in disturbance to their daily life or activities such as physical disabilities [loss of limbs and quadriplegia], visual, audio and mental impairments, consciousness disorders and other forms of disabilities resulting in an abnormal state."[2] This estimate of disability prevalence in Cambodia represents a sharp increase from the 1999 CSES, in which an estimated 1.99% of the total population was recorded as disabled.[3] As it is unlikely that Cambodia witnessed a 2.71% increase in disability prevalence during the five years of relative peace between 1999 and 2004, we may assume that enumerators received better instructions on how to recognize different types of disabilities that may not have been accounted for in the 1999 CSES. If we accept the provisional population total of 13,388,910 people, as put forth in the yet unpublished 2008 General Population Census of Cambodia (and assume that the disability rate has remained the same), there are an estimated 630,000 persons with disabilities in Cambodia.

To most working within the disability sector in Cambodia, this estimate seems incredibly conservative. Combined with the large increase in the estimated prevalence of disability from 1999 to 2004, the official estimate that 4.7% of the country's population is living with one or more disabilities should be accepted with a note of skepticism as to its reliability. Compared with more developed nations, such as the United States, the prevalence of disability in Cambodia is extremely low. An estimated 18.1% of the total population of the United States has some kind of disability, with an estimated 11.5% possessing a severe disability.[4] However, this discrepancy fits with the population distribution of Cambodia. According to the 2004 CSES, persons over the age of 75 years constituted only 1.2% of the total population[5]. In the United States, an estimated 53.9% of persons between the ages of

[1] Cambodian Socio-Economic Survey (CSES), 2004.
[2] Ministry of Social Affairs, Veterans and Youth Rehabilitation, *Draft Law on the Protection and the Promotion of the Rights of Persons with Disabilities* (Cambodia: January 2008) 1.
[3] Ministry of Planning, *Report on the Socio-Economic Survey of Cambodia* (Cambodia: 1999) PNP, NIS.
[4] US Census Bureau, *Americans with Disabilities*, (2002) 1.
[5] Ministry of Planning, *Cambodian Socio-Economic Survey 2004* (Cambodia: 2004).

75 and 79 have a disability, while an estimated 71.1% of persons over the age of 80 have a disability.[6] The dearth of elderly persons in Cambodia thus decreases its disability prevalence rate significantly. It is likely that as life expectancies continue to increase in Cambodia, the prevalence of disability will also increase. While it is logical that Cambodia exhibits a relatively low prevalence of disability due to an almost completely obsolete older generation, other estimates suggest that the figure is actually much higher than reported by the 2004 CSES. For instance, in the "Cambodia Country Study" presented by ADB, a disability prevalence of 9.8% of the total population is posed as a "conservative" estimate.[7]

In line with Cambodia's population distribution, an estimated half of the disabled population is under 20 years of age.[8] According to Betsy VanLeit, in her 2007 report on Secondary Prevention of Disabilities for Handicap International Belgium, this statistic suggests that despite advances made in the past few decades, children in Cambodia are still very vulnerable to disease and injury. Furthermore, as these children become adults, they will put an increasingly heavy burden on the country's economy and already "stretched" health sector. It is imperative that governmental and non-governmental actors in the disability sector recognize this issue and develop strategies to prevent disabilities and to deal with the hundreds of thousands of children and families already affected by disability in Cambodia.

The causes of disability in Cambodia have changed drastically in the last few decades. While there are many individuals living with disabilities caused by the country's nearly three decades of civil war and unrest, the number of individuals becoming disabled as a result of anti-personnel landmines and other ERW has declined sharply. From a peak of more than 4,000 new casualties due to landmines/ERW in 1996, the number of new casualties dropped to 352 in 2007.[9] Although there is still much work to be done for landmine/ERW survivors and their families, this figure suggests that if long-standing mine clearance and awareness-raising activities continue, the number of persons disabled as a result of munitions will continue to decrease in coming years. Disease, along with old age and injury, is now one of

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[6] US Census Bureau, *Americans with Disabilities*, (2002) 1.
[7] *Cambodia Country Study,* (Prepared by Foundation for International Training for ADB) 3.
[8] VanLeit, Betsy, et al., *Secondary Prevention of Disabilities in the Cambodian Provinces of Siem Reap and Takeo* (Handicap International Belgium, 2007) 5.
[9] Royal Cambodian Government, *National Plan of Action for Persons with Disabilities including Landmine/ERW Survivors 2008-2011* (September 10th, 2008) 4.

the leading causes of disability in Cambodia, reported as the cause of disability in 26% of cases.[10] According to Kalyanpur, more than half of disabilities in Cambodia are preventable. Thus poverty, and a resulting lack of access to health services, represents the predominant cause of disability in the country.[11] This shift in the causes of disability must necessarily inform modes of service provision, as reflected in the expansion of the MoSVY's "National Plan of Action for Landmine/ERW Survivors" to the "National Plan of Action for *Persons with Disabilities including* Landmine/ERW Survivors."

1.2 Key Actors and Accomplishments

While there have been great strides made within the Cambodian disability sector, a number of significant obstacles to improving the lives of persons with disabilities still remain. In particular, one of the key constraints to promoting collaboration between ministries on the issue of disability is the fact that rehabilitation effectively straddles two different ministries: the Ministry of Social Affairs, Veterans and Youth Rehabilitation and the Ministry of Health. The reasons for this separation may be in part due to differing models of the disability construct (i.e. the social model versus the medical model). The situation is further complicated for children with disabilities, as the responsibility to provide services within MoSVY is shared between the Department of Rehabilitation and the Department of Children's Welfare.[12] The Ministry of Education, Youth, and Sport, specifically the Special Education Office, also plays a key role in the provision of services to children with disabilities. Thus, effective strategies to provide services to children with disabilities must necessarily include MoSVY (both the Department of Rehabilitation and the Department of Children's Welfare), MoEYS, and MoH.

In 2000, MoEYS in collaboration with UNICEF and the Disability Action Council (DAC), implemented an Inclusive Education pilot project in Svay Rieng province, which has now been expanded to 15 provinces, 15 districts, 14 cluster schools, and 80 schools. **In March 2008, MoEYS approved the Policy on Education for Children with Disabilities, which aims to "provide quality education, life skills or vocational training to**

[10] CSES, 2004.
[11] Kalyanpur, Maya Dr., *Including the Excluded: Integrating disability into the EFA Fast Track Initiative processes and National Education Plans in Cambodia* (World Vision Cambodia: 2007) 6.
[12] Helen Pitt, Personal Communication, 29 December 2008.

children and youth with disabilities equitably and effectively."[13] While this law represents an important step toward securing the educational rights of children with disabilities, MoEYS is at present most focused on ensuring that children with physical disabilities are able to access local schools and exercise their rights to learn amongst their peers.

Outside the education sector, Cambodia signed but did not yet ratify the UN Convention on the Protection and the Promotion of the Rights of People with Disabilities in 2007. MoSVY is currently developing the Draft Law on the Protection and the Promotion of the Rights of Persons with Disabilities. This law will protect the rights of persons with disabilities to employment, education, health care, accessibility to public and private establishments, and fair treatment.

At present, there is no standardized disability classification system in place in Cambodia. For operational purposes, MoSVY and MoP developed a 9-category system in order to aid in identifying different disabilities. The nine categories of disability are 1) seeing difficulties, 2) hearing difficulties, 3) speaking difficulties, 4) moving difficulties, 5) feeling difficulties, 6) psychological difficulties (strange behavior), 7) learning difficulties, 8) people who have fits, and 9) other. For a copy of the original Prakas, please see Annex 1. This system is not common to all ministries and its use at the provincial and district level varies from province to province, as can be seen in data provided by the provincial offices of MoSVY and MoEYS (see Annex 3). While this classification system represents an important step for the disability sector, there is still an enormous lack of understanding in the area of intellectual and/or severe disabilities. Typically, persons with disabilities that cannot be easily seen and explained are likely to "slip through the cracks" of governmental and non-governmental rehabilitation strategies.

According to the 2004 CSES, a reported 29.5% of the disabled population suffers from a seeing difficulty, 23.5% from a mobility difficulty, and 15.1% from a hearing difficulty. While persons with learning difficulties represent only 1.2% all persons with disabilities, it is important to recognize that due to widespread lack of understanding regarding intellectual

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[13] Ministry of Education, Youth, and Sport, *National Policy on Education for Children with Disabilities* (2008) 3.

disabilities, this percentage may be unduly conservative. Persons with mild intellectual disabilities who are able to function normally in many areas of daily life would likely be difficult to diagnose without a trained professional or outside a learning environment. Persons with a psychological or mental disability (also referred to as "strange behavior" by MoSVY classifications) represent a larger percentage of the total disabled population, at 8.7%. It is fair to assume that this category may include persons suffering from a mental illness as well as persons with intellectual disabilities, as there is often a blurred distinction in these two areas. Children and adults with cerebral palsy were likely classified as having a mobility difficulty, as this is the most obvious symptom of the disability, despite the fact that an estimated 23- 44% of individuals with CP have some form of mental impairment.[14] For all these reasons, determining the prevalence of persons, let alone children, with intellectual disabilities or CP is extremely difficult. A more specific disability classification system would prove helpful in eventually determining the prevalence of specific disabilities and thus aid in the development of more relevant strategies for service provision. In order for such a system to be implemented, however, technical assistance must be provided to enumerators to maximize its effectiveness.

In the health sector, an area already stretched very thin by a plethora of demands from all segments of the Cambodian population, there is a lack of diagnostics and a dearth of services for children with special needs under 6 years of age. At present, the Ministry of Health is in the process of developing more affective screening and assessment processes for diagnosing children with disabilities. However, a lack of understanding and low capacity at the local level often prevents children with disabilities and their families from receiving the services that they require. **Of particular importance is the recognition that services for children with disabilities can, in many cases, be provided at a community level rather than by medical professionals and experts alone.**

In the non-governmental sector, there are a number of organizations, ranging from locally established to international, providing services to persons with disabilities. In an effort to coordinate this support, the Disability Action Council was formed in 1997 as a semi-autonomous organization working between governmental and non-governmental actors in

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[14] Odding, E, et al., "The Epidemiology of Cerebral Palsy: Incidence, Impairments, and Risk Factors," *Disability & Rehabilitation,* 1 February 2006, 7 November 2008, http://www.cpirf.org/fact-sheets-242.

order to support the development of the infrastructure necessary to meet the needs and promote the rights of persons with disabilities. The DAC now has a membership of 56 non-governmental organizations that currently provide services to persons with disabilities, making it one of the largest cooperative organizations in the country.[15] In particular, the formation of the committee on children with disabilities represented an important step toward improved cooperation and reduced overlap in services between member organizations. However, of the 56 organizations affiliated with the DAC, there are only 4 that specifically target children and youth with intellectual disabilities. While many organizations will provide services to these individuals on a case-by-case basis, they do not represent target beneficiaries. A lack of understanding as to what qualifies as an intellectual disability may also lead to inconsistencies as to who is actually being served. Indeed a number of organizations may be currently providing services to children with intellectual disabilities under a different classification. Regardless, the availability of services for children and youth with intellectual disabilities has been identified as a major gap by NGOs and government agencies alike.

1.3 What is *Intellectual Disability*?

For the purpose of this report, the American Association of Intellectual and Developmental Disabilities (AAIDD) definition of *intellectual disability* as **"a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills, originating before the age of 18"** will be used to include a range of disabilities including but not limited to Downs Syndrome, development delay, autism, and Fragile X Syndrome. In this context, the term adaptive behavior refers to general mental capacity such as learning, reasoning, and problem solving skills. Adaptive behavior is comprised of three skill types: conceptual, social, and practical. Language and literacy, money, time and number concepts, and self-direction fall under the heading of conceptual skills, while interpersonal skills, social responsibility, self-esteem, gullibility, social problem solving, and the ability to follow rules/obey laws and the ability to avoid victimization are included within social skills.

[15] DAC Membership List, accessed November 2, 2008, http://www.dac.org.kh/affiliates/membership2006/dacmembershiplist.html.

Practical skills include activities of daily living (personal care), occupational skills, health care, travel/transportation, and the ability to ensure one's own safety.

It is important to recognize that while intellectual disability can be result from genetic and environmental factors, it may also be caused by social factors, such as the level of child stimulation and adult responsiveness, as well as educational factors, such as the availability of family and educational support that promotes mental development and adaptive skills. Such factors play a particularly important role during early childhood development.

Intellectual disability is currently the preferred term for disabilities previously classified under the term *mental retardation*. Every individual who is or was eligible for a diagnosis of mental retardation is eligible for a diagnosis of intellectually disability. This change in terminology reflects the changed construct of disability proposed by AAIDD and WHO. The use of the term *intellectual disability* is more in line with current professional practices focused on functional behaviors and contextual factors and provides a logical basis for individualized support due to its basis in a social ecological framework. Furthermore, this term, unlike the term *mental retardation*, allows for the inclusion of intellectual disabilities within the general construct of disability.

While intellectual disability was the main area of interest in this study, children and youth with cerebral palsy were also included in recommendations for service. Cerebral palsy was included due to the disability's potential to affect both mobility and mental function. Additionally, like intellectual disabilities, many individuals with CP will likely require long-term, if not lifelong, care. For the sake of brevity, the term *intellectual disability* will be used to refer to CP as well as disabilities that fall under the broader category of intellectual disability as defined by AAIDD. While these categories of disability are quite distinct, they are joined in this report due to the fact that those affected typically fall outside the scope or mandate of disability NGOs in Cambodia. When service needs differ within this group, disabilities will be named individually.

1.4 Timing

The next few years are critical to addressing the issue of children and youth with intellectual disabilities. One is unlikely to find many Cambodians with an intellectual disability over 25 to 30 years of age. These individuals simply did not survive the long periods of civil war, political unrest, widespread famine, forced labor, and flight to neighboring countries. **The time for sustainable, multi-sectoral approaches to service provision for children and youth with intellectual disabilities is now.** As life expectancies continue to increase for the general population of Cambodia, so will the life expectancies of persons with intellectual disabilities. Between 1970 and 1975, the average life expectancy at birth was 40.3 years of age. Between 2000 and 2005, that figure rose to 56.8 years of age. [16] A large number of unemployed adults requiring substantial healthcare, care provision, and rehabilitation services will drain already under-funded government ministries and put an unnecessary strain on the economy.

> **Sdar Veasna**, of Stung Treng province, is 29 years old. She has cerebral palsy, which prevents her from walking and speaking. The UN Transit Authority Commission (UNTAC) provided her first and last wheelchair, over 10 years ago. When we met Veasna, she crawled the few hundred meters from her house to the dirt road to greet us. Veasna's sister told us that at a year old, her younger sibling had a high fever and convulsions, but that they were unable to help her because of the war. They carried her during the family's difficult passage from Laos into northeast Cambodia, and when they arrived the fever had subsided but Veasna was left with crippling contractures and brain damage.

1.5 Community-Based Rehabilitation (CBR)

For nearly 3 decades, the World Health Organization (WHO) has recommended community-based rehabilitation (CBR) as an effective strategy to enhance the quality of life for people with disabilities and their families, meet basic needs, and encourage inclusion and participation. CBR was developed following the Declaration of Alma-Ata (1978), which "stated that health is a fundamental human right."[17] CBR programs recognize that services provided by trained professionals are ideal but often inaccessible to persons with disabilities,

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[16] UN Human Development Reports, "Cambodia: The Human Development Index- Going Beyond Income," 7 November 2008, http://hdrstats.undp.org/countries/country_fact_sheets/cty_fs_KHM.html.

[17] *WHO/ILEP technical guide on community-based rehabilitation and leprosy : meeting the rehabilitation needs of people affected by leprosy and promoting quality of life,* (WHO: 2007) 1.

particularly in developing countries. The principle that **"poverty is a root cause of many disabilities and disability enhances poverty further,"** informs CBR implementation as a socio-economic strategy. According to the WHO, there are over 400 million people with disabilities living in low-income countries. Programs that aim to improve the lives of these individuals must necessarily address a number of issues that stretch far beyond the healthcare sector, as "disability should not be seen as a medical issue but within a wider social context."[18] To this end, the 5 key features of a successful CBR program are those of health, education, livelihoods, empowerment, and social. Actions are guided by the principles of participation, inclusion, sustainability, and self-advocacy.

In 1989, the WHO developed the first manual for CBR practitioners, entitled *Training in the Community for People with Disabilities*. This package included practical information and realistic strategies for improved service provision and quality of life for persons with disabilities. While many successful programs have been developed with the assistance of the original CBR materials, there has been a great deal of divergence from the guiding principles of the strategy. While it has been acknowledged that not all aspects of the CBR model are useful or perfectly applicable to every program, there has recently been a call to recognize the value of the recommended principles and methods in order to ensure the success of community-based programs for persons with disabilities. To this end, the WHO, in partnership with UNESCO and ILO, is currently developing a new set of CBR guidelines. Country-specific guidelines are also being developed, as it is recognized that contextualizing CBR is vital to program success. Cambodia's CBR guidelines are due to be released in the near future, after some delays in the release of the WHO document.

[18] *1st Meeting Report on the development of guidelines for Community Based Rehabilitation (CBR) Programmes,* (WHO: 2004) 9.

The following matrix outlines the recommended elements and structure of a CBR program:

Community Based Rehabilitation (CBR)

Principles: Participation~Inclusion~Sustainability~Self Advocacy

Health	Education	Livelihoods	Empowerment	Social
Promotive	Early Childhood Development	Skills Training	Self-Help Groups	Legal Protection
Preventative	Non-Formal	Access to Capital	Disabled People's Organizations	Culture & Religion
Curative	Basic	Income Generation Programs	Social Mobilization	Sports & Leisure
Rehabilitative	Higher	Open Employment	Political Empowerment	Relationships, Marraige & Family
Assistive Devices	Special/ Transitory	Economic Contribution & Social Protection	Language & Communication	Personal Assistance

Figure 1. CBR matrix developed by WHO

1.6 CBR in Cambodia

There are number of CBR programs in Cambodia implemented by variety of NGOs. There are even more programs called "CBR programs" that actually bear very little resemblance to the model recommended by the WHO. Many NGOs struggle with a "rights-based approach" that allows persons with disabilities, the target beneficiaries of CBR programs, to have a significant role in decision-making, project design, and implementation. Many NGO program staff, under pressure from donors or management, cast doubt on the ability of persons with disabilities in rural areas to make decisions or instigate change. This failure to ensure not only community involvement, but also community direction, is likely due to a

number of different cultural and historical factors, which will be discussed in greater detail in the following section. In *Learning for Transformation*, O'Leary and Meas raise a common theme:

> ***"Villagers, and particularly the very poor, are often accused of having no ideas. This is a common theme in all of the case studies. This can be due to their ideas being ignored or automatically rejected if they fall outside the NGOs plan or do not conform to the practitioner's definition of development and the (rather limited) range of activities that are seen to constitute development practice. Villagers are being required to define their needs in terms of familiar (and fundable) development interventions if they are to be taken seriously."***[19]

If CBR programs are to be successful long term, regardless of NGO presence in Cambodia, then there must be a bigger emphasis placed on empowerment of persons with disabilities and their families. The tried and true methods of service provision to persons (including children) with disabilities in Cambodia must be critically evaluated along the principles of participation, inclusion, self-advocacy, and sustainability. To that end, recommendations posed in this report will recognize and attempt to contextualize CBR to the unique issues of children with intellectual disabilities in Cambodia. While children, in this case children with intellectual disabilities, may not be able to directly contribute to decision-making, self-advocacy, or other empowerment activities, in most cases parents can take on this role.

Parents Advocating for their Children

Ming Simone cares for two people with intellectual disabilities, her daughter and grandson. Despite being over 60 years old and widowed, Simone is now director of the Parent's Association of Cambodia, which seeks to provide educational and training opportunities for children with intellectual disabilities and support for their parents. One of Simone's goals for the last 5 years has been to see her grandson, who is 12 years of age and has a mild intellectual disability, attend school. While government schools repeatedly denied him access to school, Simone has recently advocated successfully for her grandson to attend a private school that previously refused him. He is now studying in Grade 1.

[19] Moira O'Leary and Meas Nee, *Learning for Transformation: A Study of the Relationship between culture, values, experience, and development practice in Cambodia*, (VBNK: 2001) 15.

1.7 Cultural Context

Cambodia is predominantly a Buddhist country, with about 85% of the population identifying themselves as Theravada Buddhists. The remaining 15% adhere to Islam, Christianity, Animism, and Hinduism.[20] A good deal has been written on the Buddhist perception of disability, but very little in-depth research produced on the subject. Conclusions on the issue of Buddhism and disability tend to be solely based on a belief in karma. Put most simply, it has been argued that Khmer people believe that disability is a result of sin in a past life on the part of the person with the disability or his or her family. A person with a disability is bad luck, someone who should be "left to their fate,"[21] made to pay their karmic debt through a difficult life. However, this issue is in reality much more complex than it seems. It is much more constructive to accept, as Gartrell argues, that "reducing Khmer explanatory models to the Theravada Buddhist notion of karma is a gross simplification of the eclectic and changing rationales of disability causation held by villagers."[22] The Khmer world view is complex, influenced by centuries of cultural exchange, shaped by outside forces as well as traditional sources, and above all, dynamic.

The seat of consciousness and feelings lies within the *jet*, or heart- mind. When one is depressed, he or she is *plouw jet* (literally, road to the heart). When one is kind, light-hearted, or happy, he or she is *sobay jet* (happy heart). When one is sad, or facing a difficult challenge, he or she is *peebahk jet* (difficult heart). In Khmer culture, the body and the mind are linked. To have a weak (or disabled) body may mean that one also has a weak mind. For this reason, persons with disabilities may experience discrimination due to physical difference as well as a perceived mental handicap. Furthermore, Khmer culture tends to embrace a strong social structure, based around the family unit. Even outside the family, familial classifiers are commonly used. One's ability to positively contribute to the livelihood and wellbeing of one's family is of the utmost importance. Inability to do so, regardless of the reason, upsets the accepted order and causes friction within the family and society. Persons with disabilities who cannot contribute to the family are a burden, a symbol of

[20] "Country Report on Disability: Cambodia" (JICA: 2002) 8.
[21] Son Song Hak, personal interview, 15 October, 2008.
[22] Gartrell, Alexandra, "Flying on Hope: The Lived Experience of Disability in Cambodia," Dissertation (University of Melbourne: 2004) 77.

disorder or "disharmony in social relations and relations with ancestors, spirits, and karmic debt."[23]

Khmer culture is also a culture of giving. It is believed that when one gives something, one gets something in return.[24] According to O'Leary, there is a strong "patron-client" system in place, which requires that the wealthy shower their riches down the societal ladder in order to support those beneath them. This is illustrated in the Khmer proverb, 'Rich take care of the poor as the sarong surrounds the body.' There is an established, widely accepted "pecking order." It has been said that to be Khmer is to be hierarchically ordered in society. Due to the Buddhist belief that everyone has a different amount of karmic merit, equality is essentially impossible.[25] Those who hold a higher position have the responsibility of supporting those beneath them, and in doing so they accrue karmic merit.[26] In terms of disability, this may be used as a rationale as to why persons with disabilities beg. They beg because it is expected from them. A wealthy person will give the beggar money and thus accrue merit from a good deed. The wealthy person has *annut* (pity or compassion) for the disabled person, and so helps him by giving him money. Yet this relationship only further marginalizes the person with a disability, forcing him to maintain his low status and to rely on the pity of others, effectively commodifying his situation into a currency of merit.[27]

Khmer beliefs toward disability are complex, and an easy explanation for discrimination toward persons with disabilities hard to come by. There are a number of factors at play, including a ubiquitous social hierarchy, karmic merit, a blurred distinction between the mind and the body, as well as a tradition of pity. Discrimination toward persons with disabilities remains a problem in Cambodia, despite important strides. It is still a requirement that civil servants be "able-bodied."[28] Persons with disabilities are rarely seen at religious ceremonies, as they symbolize karmic debt.[29] Few public places are handicap accessible, even in Phnom Penh. With respect to children with intellectual disabilities, ignorance and

[23] Gartrell, 111.
[24] Son Song Hak, personal interview, 15 October 2008.
[25] O'Leary, Moira, "The influence of values on development practice: A study of Cambodian development practitioners in non-government organisations in Cambodia," (Latrobe University: 2006) 21.
[26] Gartrell, 100.
[27] Gartrell, 118.
[28] Soun Sokha, personal interview, 8 July 2008.
[29] Gartrell, 118.

discrimination is widespread. This discrimination stretches far outside the community, impacting decisions on a national and international level, dictating the allocation of services within government and non-governmental sectors.

NGO staff will tell you that there is "big, big discrimination"[30] toward children with intellectual disabilities, and that "discrimination is the habit of the Cambodian people."[31] Parents relay horrifying stories of suggested euthanasia by "friends" and neighbors, or conversely tell you that "there is no discrimination in the community" despite the fact that they themselves do not include the child in family or community life. Children will share experiences of being tormented and laughed at. Testimonies from service providers and local authorities suggest that the reason for this widespread discrimination is not karma but rather a lack of understanding. According to a physical therapist from DDSP, parents' unwillingness to seek support for a child with a disability is due to ignorance: **"most families are shy. They don't want to bring their children outside. Why are they shy? Because they have no knowledge."[32]**

Throughout the research process it became clear that most people are open to new ideas about disability. Service providers in particular expressed a strong desire to learn more about intellectual disabilities in order to help the children affected and their families. Parents, community members, and government staff alike requested training in the areas of disability identification and physical therapy training. According to Brother Heinrich, Director of Lavalla School, "there have been great advances made. There is a certain readiness to help in the community."[33] While children with intellectual disabilities and their parents still face significant challenges, to be discussed in Part 3, this research should be taken in a positive light. There is much to be done, but the vast majority of those with intellectual disabilities are still children. If NGOs and government can work together to develop sustainable, long-term solutions to service provision, there will be a bright future for these children and their families. Furthermore, effective disability prevention and early intervention strategies have the potential to vastly reduce the occurrence of preventable disabilities due to disease, injury, and the current lack of maternal healthcare.

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[30] Tit Davy, personal interview, 31 July 2008.
[31] Sam Nang, personal interview, 15 October 2008.
[32] Seth Buntha, personal interview, 29 July 2008.
[33] Br. Heinrich, personal interview, 14 March 2008.

2.1 Current Situation

The dearth of organizations providing services to children with intellectual disabilities in Cambodia is an issue that demands immediate attention. As the primary conditions associated with cerebral palsy are mobility difficulties and other physical effects such as spasms and contractures, a number of NGOs that provide physical rehabilitation services and assistive devices also provide services to children with CP. Despite the fundamental difference between CP and other physical disabilities, the model for care provision tends to be similar to that of the average client. While many individuals with CP require long term care and rehabilitation, their cases are sometimes kept "open" for as little as six months, although this varies greatly by NGO. Regardless of the status of a case, a medical model to rehabilitation prevails. There is a focus on physical therapy, provision of assistive devices, and training parents in feeding techniques and secondary illness prevention. In most cases, stimulation, education, and life skills training for the child as well as realistic poverty alleviation strategies for parents are overlooked. The services provided by these NGOs are nonetheless incredibly valuable and in some cases lead to long-term success for the child and his or her family. However, there is a need to address cerebral palsy as a unique disability, with both physical and mental implications, that requires unique rehabilitation strategies. While in many ways CP bears little resemblance to an intellectual disability, especially with regards to mobility, the long-term process of rehabilitation for persons with CP makes them a good fit for programs serving persons with intellectual disabilities.

There are a number of reasons why only a handful of NGOs provide services to children with intellectual disabilities. First and foremost, there is a lack of understanding surrounding the causes and services required by these individuals. Parents and service providers alike are puzzled by what to do with children who cannot be fixed through physical therapy or with the help of an assistive device, and cannot learn in a government school regardless of accessibility or advocacy on their behalf. Furthermore, there are few available resources for these children, and thus an extremely limited referral network. Perhaps most importantly, these children are not "sustainable" choices for a target beneficiary. In fact many will

require care for their entire lives. For NGOs that aim to help the most people possible, taking on children with intellectual disabilities is time consuming, costly, and limiting.
At present, there has been no research done on the specific problem of children and youth with intellectual disabilities in Cambodia. There has been much attention rightfully paid to persons with physical disabilities, in particular victims of landmines/ERW. In recent years, there has been an important push to provide more opportunities to children with disabilities, yet children with physical disabilities have been the primary targets of these efforts.

2.2 Source of the Project

Hagar commissioned this research. Hagar's House of Smiles program, originally the Group Home Pilot Project, was created in 2000 to provide residential services to 5 children from the MoSVY (then MoSALVY) Nutrition Center. At the time, the program provided residential care services for beneficiaries. In 2004, in response to the large number of children with intellectual disabilities in surrounding communities, Hagar expanded House of Smiles to function as a day care center for children with intellectual and/or severe physical disabilities. Children and youth at the center receive special education, physical therapy, life skills training, and socialization opportunities through cooperation with a variety of NGO partners including Rabbit School, KPF, and Krousar Thmey. House of Smiles now serves 55 children at the Toul Kork center and 22 at the Takamao center, which opened in 2007. The long-term goal of the program is to establish day care centers for children with intellectual and/or severe disabilities in communities throughout Cambodia.

This project was partially funded by UNICEF. It was agreed that the report came at an important time for the disability sector in Cambodia, with the recent approval of the Policy on the Education of Children with Disabilities, on-going development of the Law on the Protection and Promotion of the Rights of Persons with Disabilities as well as the CBR manual for Cambodia. Recognizing the need to draw attention to the issue of children with intellectual disabilities and develop appropriate strategies for service provision, UNICEF provided valuable contacts, feedback, and support.

The Komar Pikar Foundation (KPF) and New Humanity also partially funded this report. KPF is a local organization that was established to develop programs and strategies to provide for the needs of children and youth with moderate to severe disabilities. With regard to this project, KPF provided valuable contacts throughout the country, both within the government and non-governmental sectors. New Humanity is an Italian NGO whose mission is to develop and improve education services, especially for children, youth, women and disabled, by working in partnership with local communities. New Humanity facilitated important interviews with parents of children with intellectual disabilities and local authorities in Kompong Chhanang and Kandal.

2.3 Purpose and Objectives

The purpose of this study was to gain a better understanding of the challenges and needs of children with intellectual disabilities, their families, and service providers. A secondary, but significant rationale for the project was to highlight a marginalized group often overlooked in development processes, which often "benefit some groups and heighten the vulnerability of others, such as homeless women, street children, the mentally ill, disabled people, and widows."[34] Indeed, children with intellectual disabilities are often slotted within the "too tough" category, their needs too varied or numerous to position them as target beneficiaries. It was hoped that this study would allow their voices to not only be heard but responded to as well. Only by truly listening to the opinions of these children and their parents can we begin to delineate appropriate directions for the future.

Objective 1: To conduct a comprehensive literature review of relevant research on persons with disabilities, particularly children or those with intellectual disabilities. As there is little information available on the topic of intellectual disability in Cambodia, studies from other developing and non-developing countries were included.

Objective 2: To meet and discuss children with intellectual disabilities with key informants to gain a clear understanding of current activities within the disability sector, with a particular focus on intellectual disability. Use this information to develop a research design that addresses the most important issues.

[34] Gartrell, 83.

Objective 3: To meet and discuss the issue of children with intellectual disabilities with as many key stakeholders as possible in order to identify consistencies and themes in three major areas: Challenges, Needs, and Goals for the Future both within and across stakeholder groups.

Objective 4: To develop and recommend a model of best practice for service provision to children and youth with intellectual disabilities, which clearly identifies the unique roles and responsibilities of different stakeholders. In order to ensure that the model be realistic within a Cambodian context and representative of the expressed views of key stakeholders, data was used in conjunction with relevant information on Khmer culture, development, and CBR programs within the country and abroad.

2.4 Research Methods

As the aim of the project was to explore the previously untouched topic of children with intellectual disabilities in Cambodia through the personal experiences and unprompted opinions of a variety of different stakeholders, a qualitative design was deemed appropriate. An inclusive, capacity-building approach was also identified as a guiding factor in the study's design. It was hoped that the research process itself would be a valuable experience for all involved, including research team members as well as participants. From the very beginning, researchers recognized that speaking about their child's disability, which was in most cases quite severe, would be an emotional experience for parents. It was therefore decided that participants should be made to feel comfortable to share their thoughts and feelings with researchers, regardless of the exact relevance of comments to survey questions. While this often made interviews time-consuming, most parents were appreciative. When possible, researchers also provided helpful information in a number of areas including available health care, feeding techniques, at-home physical therapy techniques, and stimulation activities. None of the participants were paid for their testimonies, although transportation costs were provided in cases where community members traveled significant distances to participate in focus groups.

Focus Groups

Focus groups were used in cases where researchers recognized the presence of a large number of relevant stakeholders available for interview at a given time and location. Focus groups were particularly valuable in gathering information from NGO staff, as most had numerous responsibilities and limited time to spend with researchers. Furthermore, this method allowed for researchers to recognize participants as experts on the subject of children with intellectual disabilities.[35]

Semi-Structured Interviews

Semi-structured interviews were often used with parents of children with disabilities as well as government officials on the national and provincial level along with key informants and high-level NGO staff within the disability sector. Whenever possible, semi-structured interviews with parents were conducted at their houses, as participants tended to feel most comfortable in this environment. Interviews at homes were also very important for researcher observations as to the family's income level as well as the existence of "inter-family" discrimination.

Child Participation

As the aim of this research is to promote the rights of children with intellectual disabilities, it was a priority to involve them in the process of determining appropriate strategies of care provision. In order to ensure that the children's voices be heard, various participatory methods were used to gain information. Of course, eliciting information from children with intellectual disabilities was not always successful. For this reason, children with physical disabilities were also interviewed, as it can be assumed that many of the challenges and needs are common to all children with disabilities.

Key Stakeholders

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[35] Sylvia Anjay, et al., "Interpreting Outcomes: Using Focus Groups in Evaluation Research," *Family Relations*, v. 53 n.3, 2004, 312.

1. **Parents** of children with intellectual disabilities were identified as a vital source of information, as parents are experts on their child's disability. "If you want to know, ask the parents."[36]
2. **Children with disabilities**, both physical and intellectual, were asked a variety of questions depending on ability level.
3. **NGO staff** members who work specifically with children with intellectual disabilities were quickly identified as key stakeholders for their extensive experience and ability to straddle the gap between service providers and family members. NGO staff members who work with children with physical disabilities were also identified as important participants. There are many similarities, particularly in the areas of challenges and discrimination, between children with physical and intellectual disabilities.
4. **Government officials** from MoH, MoSVY, and MoEYS at the national and provincial level were selected as informants along with local authorities in communities visited.
5. **Key Informants** were identified as such for various reasons, but all possessed a particularly clear and/or unique view of the issue of children with intellectual disabilities. Key informants came from a variety of cultural and professional backgrounds.

Questionnaire Development

Questionnaires were developed in response to the type of information requested by Hagar, issues deemed important by key informants, and successful survey tools used in other studies. As the final objective of the study was to develop a model of best practice, questions were focused on expressed needs and possible solutions. Each questionnaire was divided into 6 major sections: 1) Identification, 2) Challenges, 3) Needs, 4) Strategies 5) The Future, and 6) Information Available. Questions regarding expressed support or services needed were followed by questions as to how such support could be provided. Questions about hopes and aspirations in the future were followed by questions about what kinds of

[36] Dr. Bhoomikumar, personal interview, 20 March 2008.

services and support would aid in the achievement of goals. In this way, researchers attempted to encourage participants to create their own, unprompted solutions.

Four different questionnaires were used in order to make questions as relevant to each type of stakeholder as possible. Questionnaire 1 was used for NGO staff or any person working with disabled children on a daily basis (i.e. government teachers at Inclusive Education cluster schools). Questionnaire 2 was used for parents of children with disabilities. Questionnaire 3 was used for community members, village leaders, and other persons who have a clear understanding of the needs of a given community but may lack a technical understanding of intellectual disability. Questionnaire 4 was used for children with disabilities. Please see questionnaires in Annex 2.

Influences on Research Design

After meeting with key informants in Phnom Penh, it quickly became clear that improved communication and cooperation amongst NGOs is a prerequisite for strengthening services for children with intellectual disabilities. To this end, an informal steering committee, composed of interested staff from relevant NGOs and government ministries, was developed prior to fieldwork. While a number of these individuals eventually became part of the research team, others aided in questionnaire development, sample selection, and networking.

Involvement from appropriate government ministries was identified as a priority of the project. The three ministries responsible for the protection and wellbeing of children with disabilities are the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) including the Child Welfare Department, the Ministry of Education, Youth, and Sport (MoEYS) specifically the Special Education Office (SEO), and the Ministry of Health (MoH). The Terms of Reference for the project were presented to these three ministries, and partnerships subsequently formed. It was hoped that inclusion in the research process would build the capacity of those staff members involved, as well as call attention to the needs of children with intellectual disabilities and their families. It is important that relevant ministries recognize their responsibility to children with intellectual disabilities and key role in long-term sustainability.

Research Team

An inclusive, capacity-building approach to the project was identified as a priority by the project's informal steering committee. As there is a lack of understanding regarding intellectual disability as well as a dearth of research on the topic, it was hoped that any and all insight gained through the research process would be taken back to each team member's respective NGO or government office and inform future strategies for service provision. Including persons with disabilities was also a priority, as the call for "nothing about us, without us" was a guiding principle throughout the study. Team members included five NGO workers (two with disabilities, and one a parent of a disabled child) as well as one representative each from MoH, MoSVY, and MoEYS (Special Education Office). None of the research team members, other than the team leader and translator, worked full-time on the project.

The eclectic nature of the research team contributed greatly to the success of the study. Each team member brought a unique viewpoint to the group and contributed valuable insights. It was particularly helpful to have parents of children with intellectual disabilities as well as persons with disabilities on the team. Their openness to share personal experiences encouraged participants to provide open and honest responses to questions and prompts.

2.5 Sample

Participants

Type of Participant	Focus Group	Semi-Structured Interview	Participatory Activity	Total
Parents	69	48	0	**117**
Children with Disabilities	0	21	46	**67**
NGO Staff/ Teachers	74	0	0	**74**
Local Authorities	29	0	0	**29**

Key Informants	0	16	0	**16**
Total	**172**	**85**	**46**	**303**

Figure 2. Number of participants by format

For a detailed breakdown of participants, facilitating organizations, and different methods used in each province, please see Annex 4.

While one of the greatest strengths of the study was the rich nature of information collected through a qualitative design, it also proved useful to quantify some of the data. Key themes were identified and responses polled in order to highlight issues that were consistently raised within a specific category of participants. Responses from 48 parents of children with disabilities, interviewed individually using a semi-structured format, were polled in order to determine which issues were most important to parents as well as to determine whether these issue varied by location and/or economic status. Responses from 5 focus groups, with 69 total participants, composed of parents of children with disabilities already receiving assistance from an NGO were used for comparison. Responses from 14 focus groups, with 74 total participants, composed of NGO staff working directly with children with a variety of disabilities were polled in order to identify key issues unique to NGO staff as well as issues shared with parents. 21 children with various disabilities were interviewed using a semi-structured format and their answers polled to assess the perceived needs and services required by the children themselves. Information was obtained using artistic activities from 46 children and compared against responses from children interviewed individually. Due to the varied and particularly insightful information provided by key informants from NGO and government sectors, this data was not quantified but instead used to shape recommendations.

Selected Provinces

Province/City	Facilitating NGO's
Phnom Penh	HAGAR, Komar Pikar Foundation (KPF)/Rabbit School, Parent's Association, TASK, Lavalla School
Kandal	HAGAR, New Humanity, TASK

Kompong Chhanang	New Humanity, Cambodia Trust, Landmine Disability Support (LMDS)
Kompong Speu	National Center for Disabled People (NCDP), Social Services Cambodia (SSC)
Pursat	Disability Development Services Pursat (DDSP)
Battambang	Operation de Enfants du Cambodge (OEC)
Pailin	OEC
Kratie	Veterans International Cambodia (VI)

Figure 3: Provinces visited with disability NGOs

Province/City	Facilitating Ministries/ NGO's
Stung Treng	UNICEF, PoEYS, PoSVY
Ratanakiri	PoEYS, PoSVY

Figure 4: Provinces visited without disability NGOs

6 of 8 provinces were chosen due to the presence already existing services available for children with intellectual disabilities and cooperation by NGO's in the area. 2 of 8 provinces were selected because of the lack of already existing services available for children with intellectual disabilities. While there are a few areas with NGOs providing services to these children, the vast majority of communities in Cambodia have no services. The research team wanted to investigate whether the challenges and needs of parents already receiving assistance from an NGO would be different from those without assistance. When there was no NGO operating in the area, the research team worked through provincial departments of MoEYS, MoSVY, and MoH.

Through fieldwork in Phnom Penh, Kandal, Kompong Chhanang, Pursat, Battambang, Pailin, and Kompong Speu, it became clear that the circle of influence produced by particularly successful NGOs could expand far beyond target communes and districts. If an organization's awareness-raising activities have been successful, many people in the province may have learned about disability directly or by word of mouth. In this respect, I agree with O'Leary that the strong NGO presence in Cambodia has taught many people to speak the language of development regardless of whether they truly incorporate these ideas into their

values or behavior.[37] In order to ensure responses relatively unadulterated by strides in the disability sector, the remote provinces of Stung Treng and Ratanakiri were selected and approved by supporting organizations.

2.6 Limitations of the Study

Sample

The sample in this study is not random. The research team sought out parents and children with intellectual disabilities in order to hear as many opinions and concerns of key stakeholders as possible. Furthermore, many of the participants were already receiving services from NGOs and this may have affected their belief that NGOs should provide support to families of children with intellectual disabilities as opposed to government or community. The results of the study should thus be viewed in this light, recognizing that the conclusions drawn are not necessarily representative of the country as a whole.

Lack of Understanding

Most people in Cambodia do not understand what characterizes an intellectual disability, let alone what services such a disability requires. As expected, many local authorities and members of provincial government offices did not understand intellectual disability. They would often lead us to the house of a child with a physical disability, not clearly grasping the distinction. In some cases, commune chiefs arranged meetings for us with "parents of children with intellectual disabilities" that drew crowds of 50 or more people. In Ratanakiri, commune leaders confessed later that they did not know the difference between an intellectual and a physical disability.

While some participants at such meetings fit the criteria, many did not. However, as it was an expressed aim of the project to make the process itself a beneficial experience for participants, all people present at the meeting were included. In Ratanakiri, groups composed of old people with disabilities, young adults with physical disabilities (who came to the meeting independently), and parents of children with disabilities were defined. Team

[37] O'Leary and Meas, .

members split up and conducted focus groups with all persons with disabilities that wanted to join. This means that a large number of listed participants contributed little relevant data. However, it was agreed that despite delays and confusion caused, these meetings proved extremely beneficial for participants. Many had never received any information regarding their disability, and were interested to hear about the existence of disability movement in other parts of the country. When asked if he had received any information regarding his daughter's disability, one participant from Ochum commune replied, **"This day, this hour, this minute is the first I have heard about her disability. You are the first."**

Lack of understanding with regards to intellectual disability on the part of NGO staff was surprising yet telling. A number of NGO community workers brought us to homes of children with physical disabilities or group meetings composed of adults with physical disabilities. Again, participants were interviewed but often provided little relevant data, with a few exceptions. One NGO revealed to researchers that staff had absolutely no understanding of what characterizes an intellectual disability. As a result, all beneficiaries with mental impairments were listed as having cerebral palsy, regardless of whether they had any physical impairment. This NGO expressed an urgent need for training to facilitate appropriate service provision for children with intellectual disabilities.

In Stung Treng and Ratanakiri there were some limitations due to language barriers between Khmer researchers and participants from ethnic hill tribes or Laos. In these cases a translator assisted, but the translator's Khmer was often limited as well. In such situations, interviewer and participant did their best to understand each other and as much data was collected as possible. Thus data from some participants is incomplete.

Accessibility

Lack of accessibility limited the number and variety of participants in the study. Provincial research was conducted between June and August 2008, during the Cambodian rainy season. Thus a number of invited focus group participants were unable to come to meetings, and researchers were unable to visit a few participants at their homes. Many of the selected participants in Stung Treng were accessible only by fishing boat, a mode of

transport discouraged by facilitating organizations. Accessibility also limited data collection in Phnom Penh. Many parents receiving NGO services were unable to attend focus groups due to flooding.

"NGO Dependence"

Dependence on support and services from NGO's is a significant barrier to sustainable, self-motivated development in Cambodia. A key objective of the study was to identify the needs of stakeholders and to elicit suggestions as to how these needs could be met. However, specific services, needs, and even hopes for the future were often synonymous with or contingent on financial support from NGO's in the eyes of many participants in the community.

What are your goals for your disabled child?

"I hope that an NGO will help us. If an NGO doesn't help us, I have no hope."- Grandmother, Kratie

"I hope that an NGO will support us." – Mother, Kratie

"I hope that an NGO can help my child have independence." – Mother, Battambang

"I hope that an NGO will come directly to me to provide services." – Mother, Pailin

While comments like these revealed interesting information not originally sought by researchers, the dominance of NGO "support" as the end goal of many participants limited the number of suggested solutions by participants at the community level. While strides against this kind of thinking have been made in recent years, the image of NGO as sole provider of services and support is still an extremely prevalent view for many Cambodians. Only a handful of participants suggested that services and support for their children could be provided through family support, working together with the community, and hard work. Interestingly, most of these responses came from areas with no support from disability NGOs.

PART 3: RESEARCH FINDINGS

The data collected was qualitative and unprompted. While answering questions, respondents were encouraged to share their honest opinions and personal experiences. It was a priority to make participants feel comfortable enough to voice their true opinions and emotions, whether expressed in laughter or in tears. The richness and variety of data afforded researchers a comprehensive view of the role disability plays in the life of each respondent. Questions were organized into 6 major categories: identification, challenges, needs, strategies, the future, and information available. In this way respondents were asked to provide information about their daily lives as well as to think more abstractly about their hopes, goals, and fears.

Findings have been organized into 4 sections based on key themes identified through the research process: education, health, economic concerns, and societal perceptions. These themes, which represent issues deemed important both within and across different stakeholder groups, will inform later recommendations. A section on information available to parents of children with intellectual disabilities has also been included, as it provides valuable insight into the effectiveness of current awareness-raising activities and highlights specific areas of the country where information is not widely available.

3.1 Identification

A sample of **48 parents** (or in some cases more distant relatives) of children with disabilities was taken for this research. Each parent was interviewed individually. These parents represent nine different provinces throughout Cambodia with the following key characteristics:

- **Ages ranging from 23 to 65 with mean age of 39.9**
- **45 female; 3 male**
- **Roughly one-half described their occupation as "farmer"**
- **Roughly one-third described their occupation as "housewife"**
- **Average of 4.0 children and 6.7 members per household**

A sample of **14 NGOs and Inclusive Education cluster schools**, all of whom work for the benefit of persons with disabilities, was gathered. This sample represents ten unique organizations and staff members were interviewed in a focus group format. The organizations range in size and scope, but have the following traits:

- **Represent eight different provinces and cities throughout the country**
- **Represent as few as 10 and as many as 3,000 persons with disabilities**
- **Work with both intellectually and physically disabled persons**

21 children with disabilities from six provinces were also included in our research. These children were chosen to represent an array of disabilities and have the following characteristics:

- **Range from 11 to 20 years old with an average age of 15.0**
- **Two-thirds attend school and range from first grade to ninth grade**
- **9 boys; 12 girls**

Lastly, 16 key informants were interviewed. All key informants were selected because of their extensive experience in the Cambodian disability sector. Interviews were discussion-based, and thus produced only qualitative data, which served to shape the research, design and inform recommendations presented in Part 4.

3.2 Education

"I want to learn to read and write." –Sreyhouch, House of Smiles

In *Learning for Transformation*, O'Leary notes that in Khmer culture, a lack of education is often considered synonymous with poverty. It is thus logical that parents, children, and service providers alike placed a high value on access to educational opportunities, including vocational training. Furthermore, the desire for training was also commonly mentioned as a need of service providers. Subsequent sections will provide more detailed information, but the following key themes were identified:

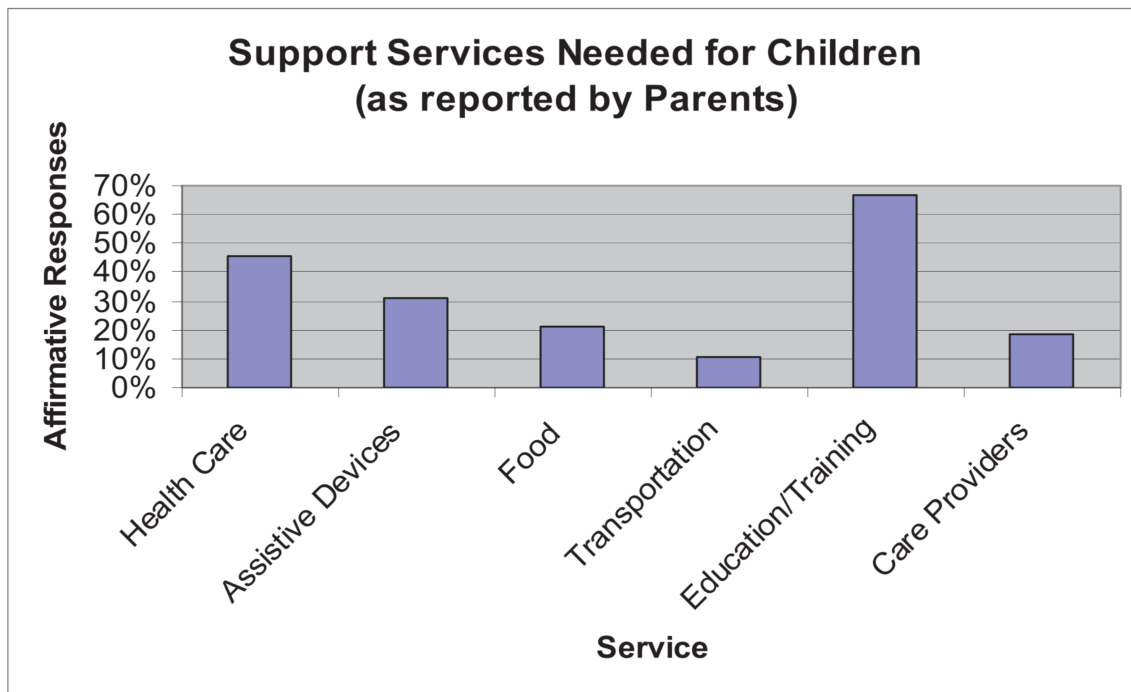
- **There is a need for special education opportunities that focus on life-skills**
- **Parents' goal of independence for their children in conjunction with children's desire for training and eventual employment makes a strong argument for the need of vocational training services**
- **Service providers expressed a need for further training and resources**

3.2.1 Educational Opportunities for Children

"Children with CP and intellectual disabilities need someone to advocate for them to learn in a government school along with non-disabled children." – OEC, Battambang

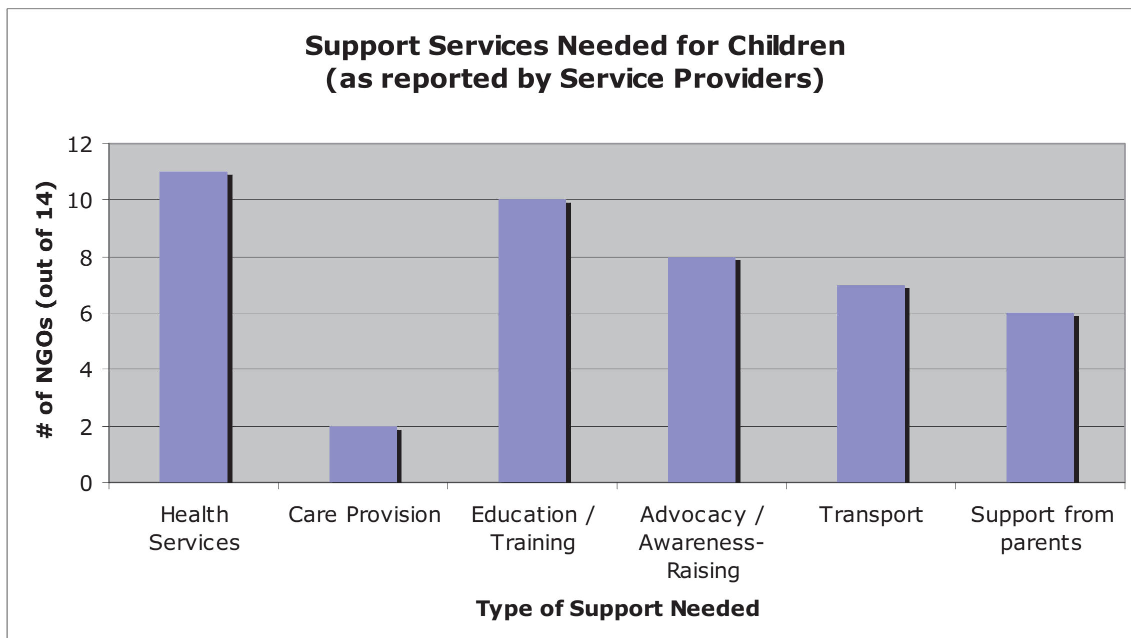
Of parents interviewed individually, more than 60% named educational and training opportunities as the most significant need for their children with intellectual disabilities. This trend was mirrored in the responses of service providers, who considered the importance of education and training as second only to health services. It is likely that service providers, who tended to possess more expertise in the area of intellectual disability than parents, included physical therapy and assistive devices in the category of health services.

Figure 5.



"I want my daughter to go to school. I want my daughter to learn some skills."
– Mother, Battambang

Figure 6.



"The children need freedom, skills, love, and encouragement."
– New Humanity, Kompong Chhanang

KPF Workshop on Needs Identification for Children and Youth with Moderate to Severe Disabilities

On April 7, 2008 KPF facilitated a workshop for 44 NGO workers providing services to children with moderate to severe disabilities. Participants were given two "ballots" and asked to cast their votes for which issues/needs of children with moderate to severe disabilities were the most significant. The following issues were identified and prioritized, with 1 receiving the most votes and 7 receiving the fewest:

1. **Education:** lack of special education services, teachers, and materials
2. **Healthcare:** lack of health services, counseling, proper feeding techniques
3. **Material support:** need for assistive devices, nutrition, learning materials

The overwhelming majority of children interviewed individually named employment as their goal for the future, and education and/or training as a means to achieve this goal. Children with intellectual disabilities, who were asked to depict their goals for the future in pictures, also conveyed a strong desire for future employment. In general, these children tended to include support for their families as a future goal. A significant number of parents interviewed individually named education and/or training as a goal for their child, but named NGO support as a means to achieve this goal.

Figure 7.

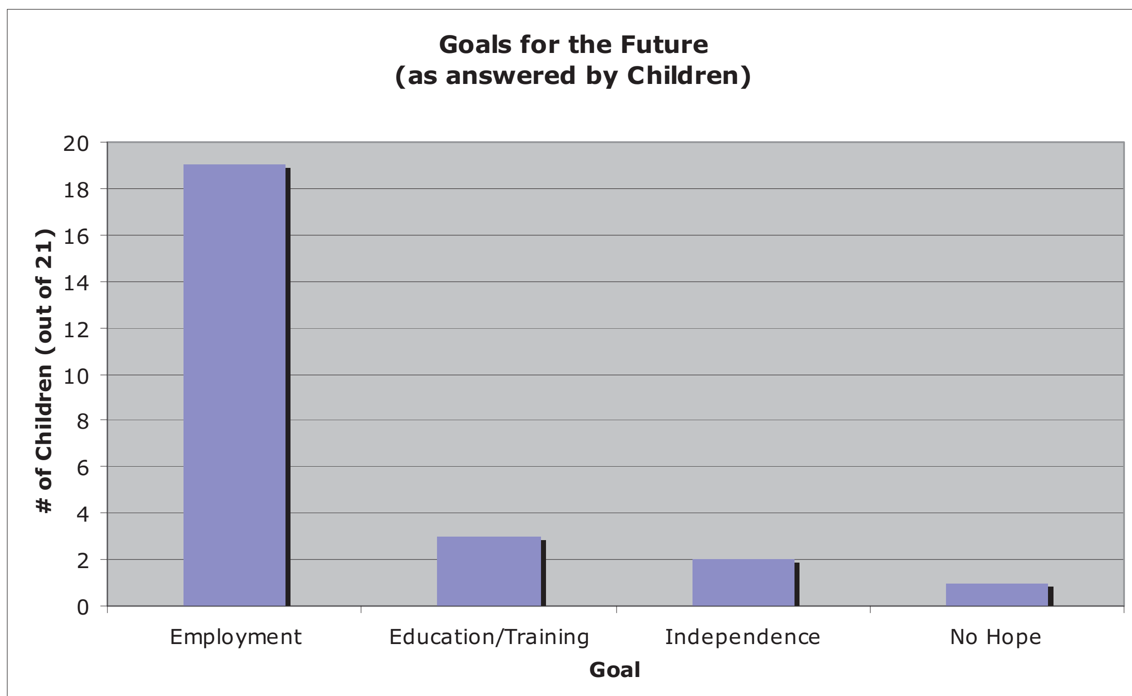
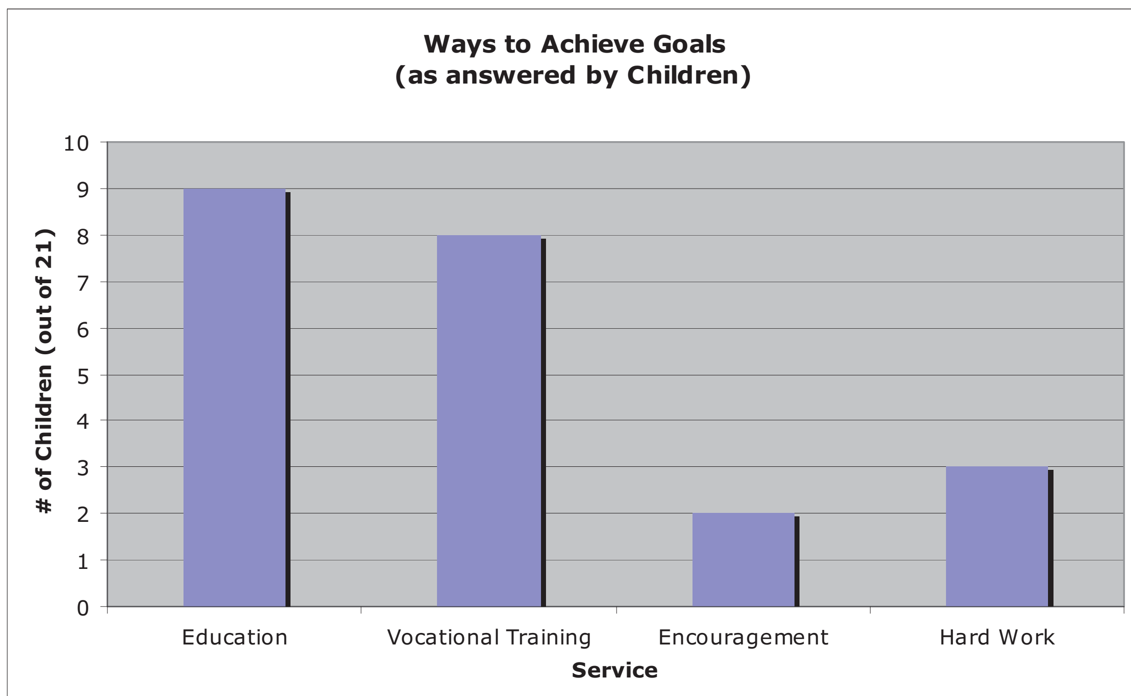


Figure 8.

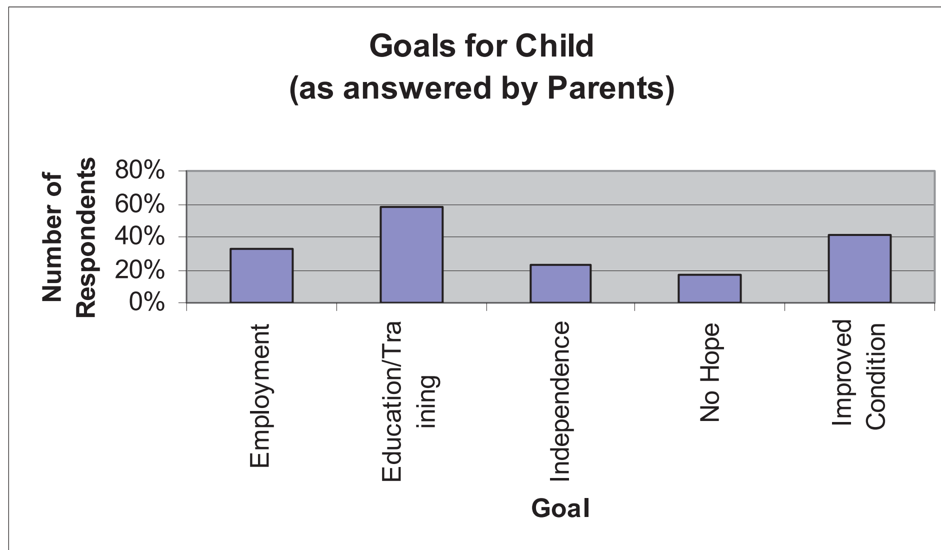
"I want to be a construction worker and build a house for my family."
-Saren, House of Smiles

Figure 9.



***"I must try hard to learn English."* –** Sreytouch, Kompong Speu

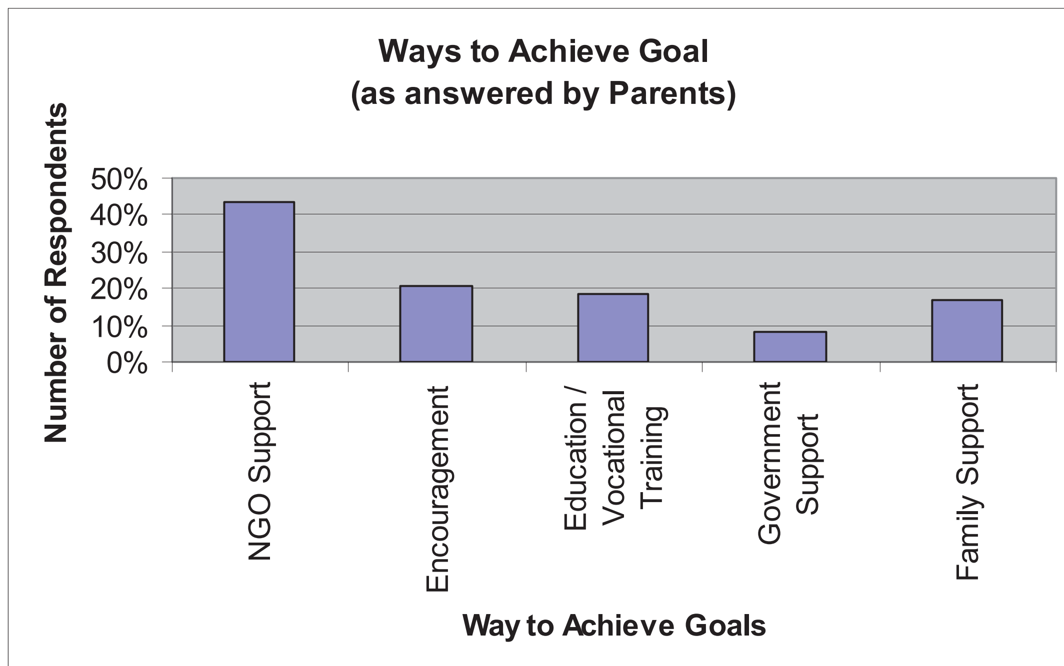
Figure 10.



"I hope that in the future, the NGO will be able to find my grandson a job. I hope that he can earn an income for himself"- Grandfather, Pursat

"It is difficult to hope, because he is disabled. If he does not improve, I will be ashamed." – Mother, Battambang

Figure 11.

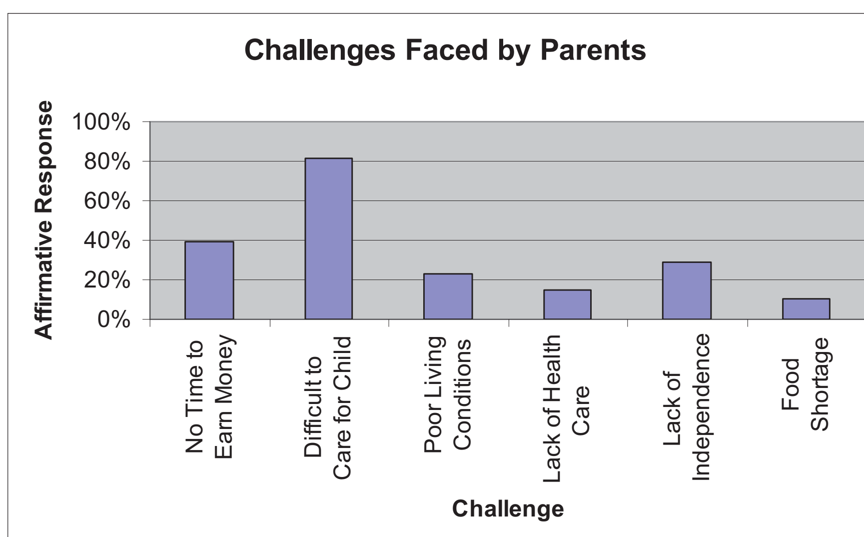


3.2.2 Training Opportunities for Parents and Service Providers

> ***"We want to share experiences with other teachers. We want more materials to teach the children." –*** Community Preschool Teacher, Stung Treng

Overwhelmingly, the greatest challenge for parents and service providers was caring for their children or students with intellectual disabilities. This makes a strong argument for the need for further training of parents and service providers. While the task of caring for the child with an intellectual disability will never be easy, training would likely provide caregivers with appropriate strategies and helpful tips for feeding, toileting, and communicating among other essential skills for working with these children. Indeed training and teaching materials were noted as important needs during focus groups with service providers. Furthermore, learning more about their child's or student's disability would help parents and service providers make more realistic, achievable goals. As can be seen in Figure 8, many parents interviewed individually stated "improved condition" as a goal for their child. In many cases, a child with an intellectual disability may not be able to rehabilitate in a typical sense, and this may lead to a feeling of hopelessness amongst parents.

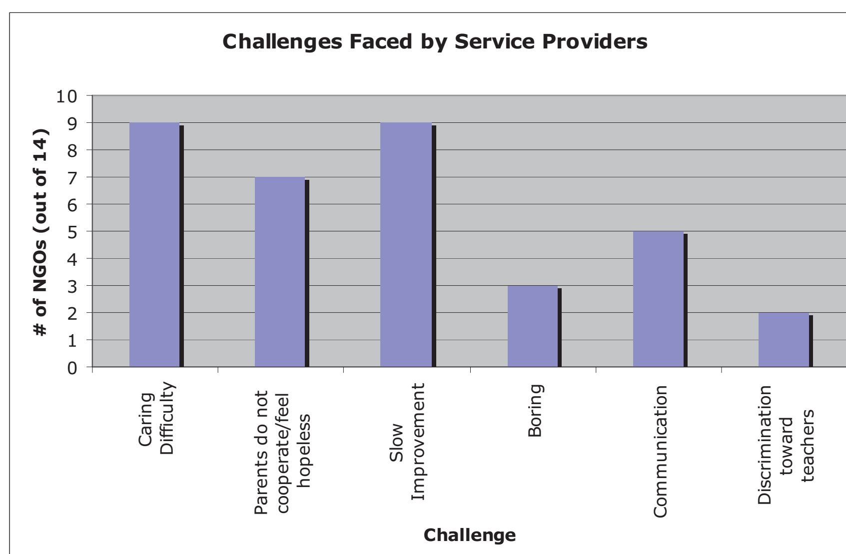
Figure 12.



"It is difficult to care for her : toileting, showering, hygiene during menstruation." – Sister, Stung Treng

"It is hard to care for him because of his strange activity, like hitting his head on the wall or the column if we are out of his sight or when he gets angry with someone." – Mother, Phnom Penh

Figure 13.



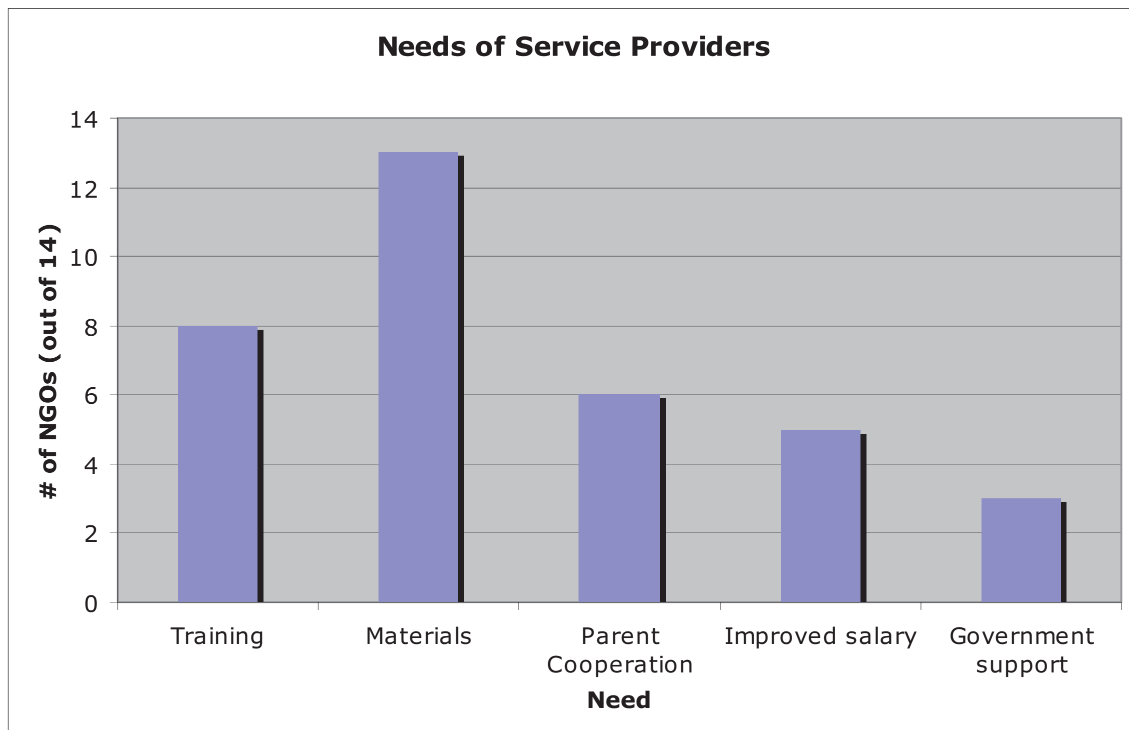
"We feel despair for these children. We have worked with them for a long time, but see no improvement. We have almost lost hope."
- OEC, Battambang

"People think there is a magic medicine. Disability is not a disease that can be cured—we need to help parents understand this."
– Dr. Bhoomikumar, CCMH

Burnout Syndrome

Staff "burnout," a syndrome of exhaustion and disillusionment characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, ((was been)) identified by a number of key informants as an important obstacle to high-quality service provision for children with intellectual disabilities. Working with intellectually disabled children is extremely challenging in any country, and particularly in Cambodia. Widespread lack of understanding and discrimination, combined with the difficult nature of the work, marks such jobs as low status. There are few qualified candidates willing to work with these children, and pay is usually low. Effective strategies for minimizing the effects of burnout amongst staff are vital to minimize staff turnover, maintain high care standards, and create a positive environment for children.

Figure 14.



"We want a teaching and caring curriculum for children with special needs. We need more materials to entertain the children and allow them to learn." – House of Smiles Takamao

"We need training in physical therapy. We need to strengthen teacher capacity." – New Humanity, Kompong Chhanang

"One of the issues with special schools is the curriculum. There is often a focus on reading and writing. Life skills training and more child-centered curriculums are more appropriate and useful."
– Steve Harknett, DDSP

KPF Workshop on Needs Identification for Children and Youth with Moderate to Severe Disabilities

The 44 participants in the April 7th, 2008 KPF Workshop were asked to identify and prioritize the greatest difficulties faced while working with children with moderate to severe disabilities. The results of most significant challenges are ranked as follows, with number 1 receiving the most votes and number 6 the fewest:

1. **Special Education:** lack of capacity among teachers, lack of materials, difficulty communicating with students
2. **Understanding and Participation of Community:** limited understanding of parents, local authorities, and community members
3. **Living Conditions:** poor living conditions of families, lack of transportation

3.3 Health

"The child needs a wheelchair and someone to care for her."
– Mother, Kratie

Children with intellectual disabilities require all of the same health services as non-disabled children. However, depending on their disability, they may also require a number of different specialized services including physical therapy and assistive devices. Furthermore, there is a need to prevent secondary illnesses, such as bedsores and diarrhea, that may arise as a result of the child's impairment. As is true in many areas of development, good health and education often go hand-in-hand. Subsequent charts will provide additional detail, but the following key themes were identified:

- **An immediate need to train parents how to care for their children as well as how to access health services already available**
- **A need for awareness-raising amongst expectant mothers, health workers, and traditional healers alike**

3.3.1 Disability Prevention and Early Intervention

While more than half of the parents interviewed individually had a child with cerebral palsy, this fact does not allow for conclusions on the prevalence of CP in Cambodia. As many of the NGO and government staff who facilitated interviews had a limited understanding of intellectual disabilities, it is likely that families of children with CP were often selected due to

the easily discernable symptoms of the disability. As the most obvious impairments are physical, children with CP are more clearly identifiable as "disabled" than children with less obvious intellectual impairments. Disturbingly, a significant proportion of parents identified a high fever as the cause of their child's disability. In Betsy VanLeit's study for HIB, she notes that out of 500 families with a disabled child, 62% named a high fever and convulsions as the cause of disability.[38]

Figure 15.

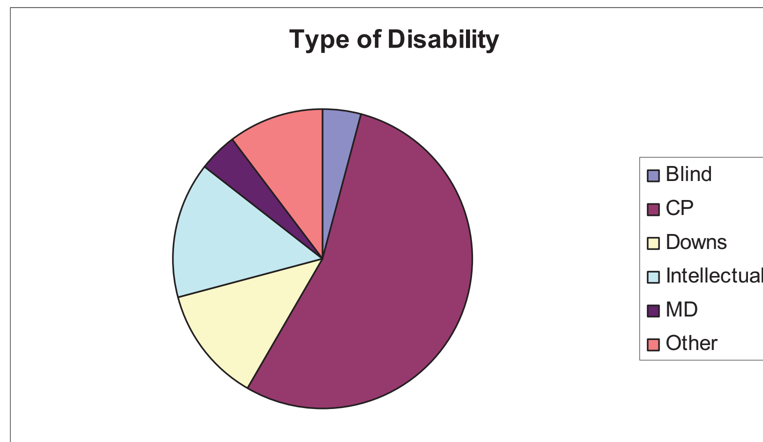
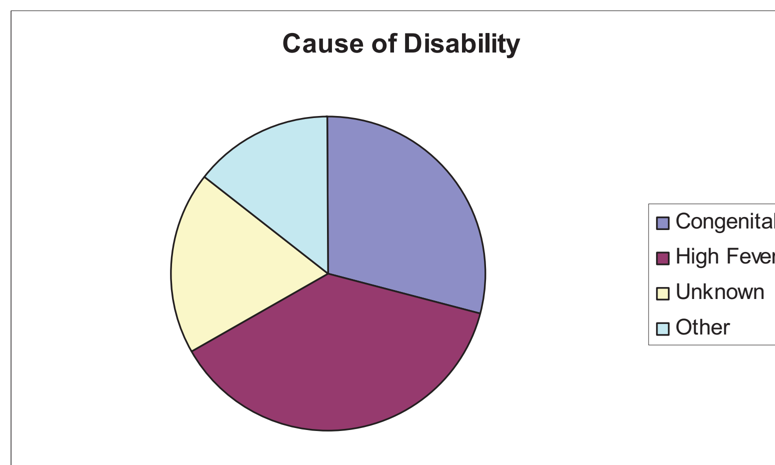


Figure 16.



"She was unconscious for one day and one night. She had fits every ten minutes. We never took her to the health center." - Mother, Kratie

"I feel very sad for him [my child]. I have gone everywhere, to every doctor, but have not found the answer. One doctor even recommended we use traditional methods." – Father, Stung Treng

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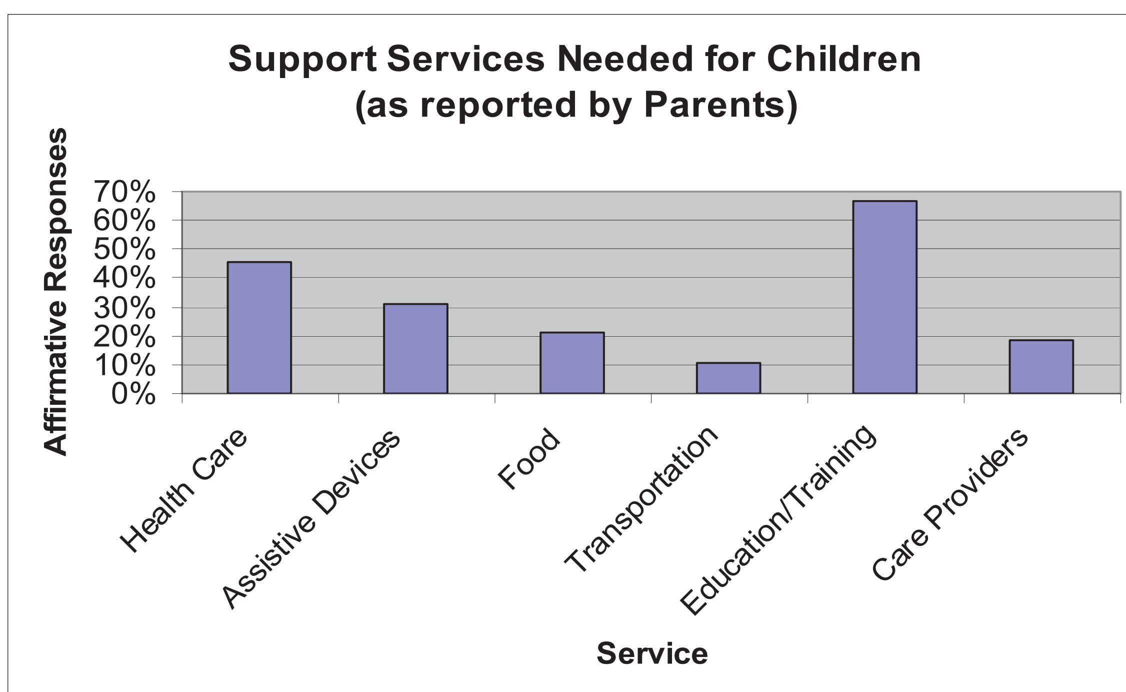
[38] Betsy VanLeit, HIB, 6.

3.3.2 Health Services for Children with Intellectual Disabilities

It is important that health services be viewed as means to improving the lives of children with intellectual disabilities and their families rather than as an end goal. While there are many health and rehabilitative services already available through NGOs and government, parents and service providers still named health care as an important need for their children and students. In the case of parents, rather than evidencing specific needs for children with intellectual disabilities, requests for additional healthcare may reflect the overall lack of health services available in the community as well as poverty among respondents. In the case of service providers, it is likely that healthcare also includes physical therapy and other rehabilitative services, which are logical needs for children with disabilities.

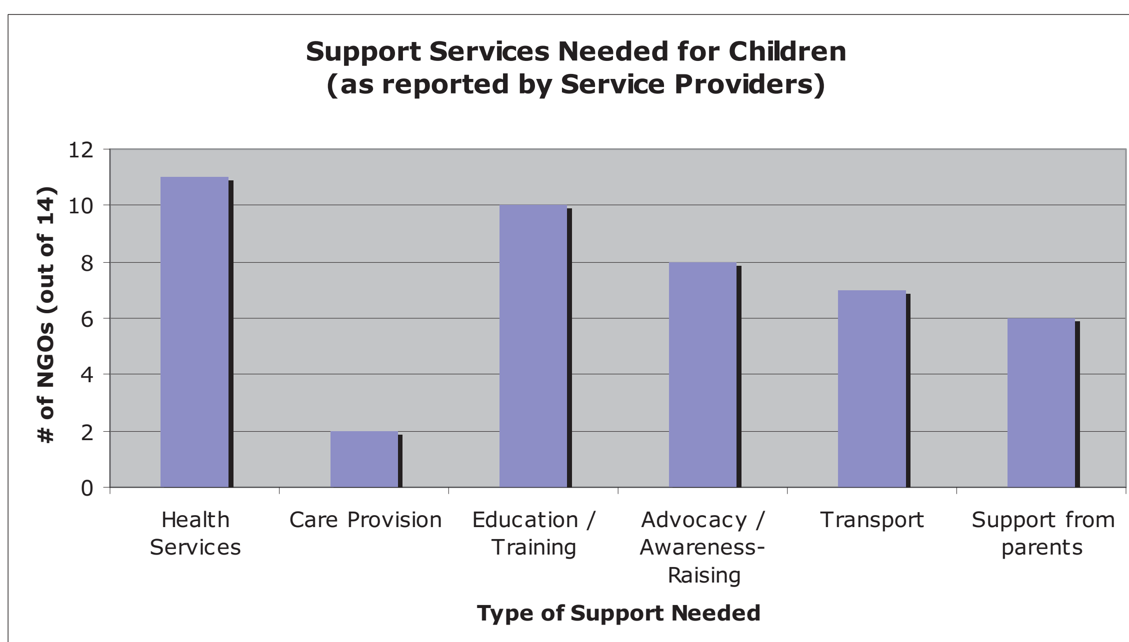
Figure 17.



"My child has fits [epilepsy]. She needs medicine." – Mother, Ratanakiri

"I'm concerned because we have no money to pay for medicine or to send the child to the hospital. I worry that my child will get sick."
– Mother, Ratanakiri

Figure 18.



"Awareness-raising for expectant mothers. There is not much of this." – DDSP, Pursat

"There is a need for medication- 40% of intellectually disabled children need medication. CCMH subsidizes the cost of meds, but the price is still prohibitive for many families." – Dr. Bhoomikumar, CCMH

3.4 Economic Concerns

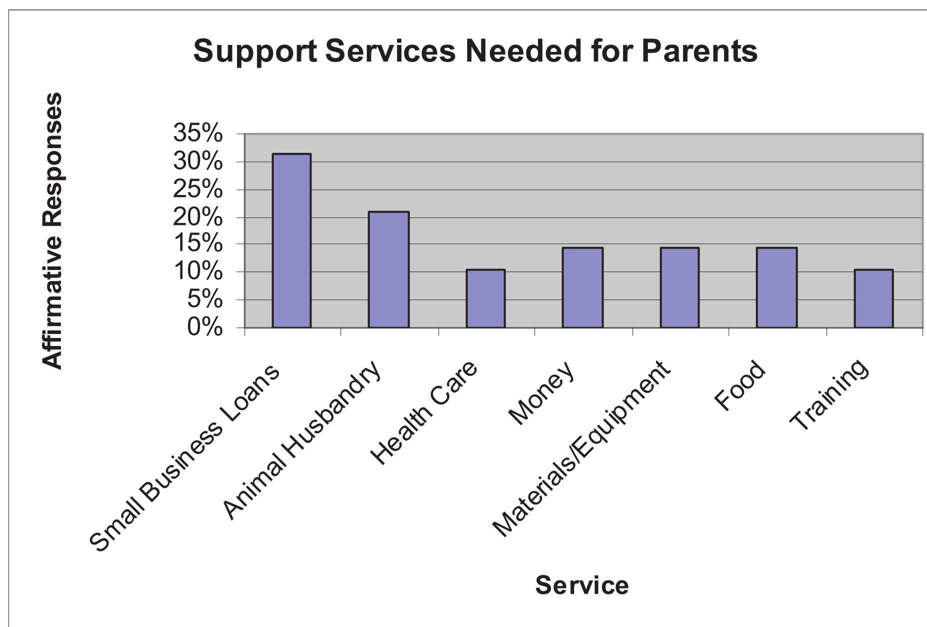
"No matter how rich a family is, having a disabled child will make them poor." – Village Chief, Kompong Speu

For most parents, having a child with an intellectual disability was considered a significant financial burden. Indeed the inextricable links between poverty, disease, and disability have been recognized globally. As can be seen in Figure 10, around 40% of parents named "not being able to earn an income" as a major challenge of having a child with an intellectual disability. As in most cases at least one family member must stay at home to care for the disabled child, the child's lack of independence may result in a significant decrease in the family's daily income. Furthermore, due to the nature of Cambodia's health system, many parents may end up spending money on "cures" or treatments that make little impact on the child's condition. In many cases parents had a "laundry list" of needs ranging from

mosquito nets, to shovels, to livestock. Subsequent charts will provide further information, but the following key themes were identified:

- **Financial burden of caring for a child with an intellectual disability is significant**
- **Poor parents are looking for "any and all" services available**
- **Many parents expressed a desire for support to start a business at home**
- **The majority of parents stated that an NGO should provide the services requested, while key informants emphasized the importance of community contribution**

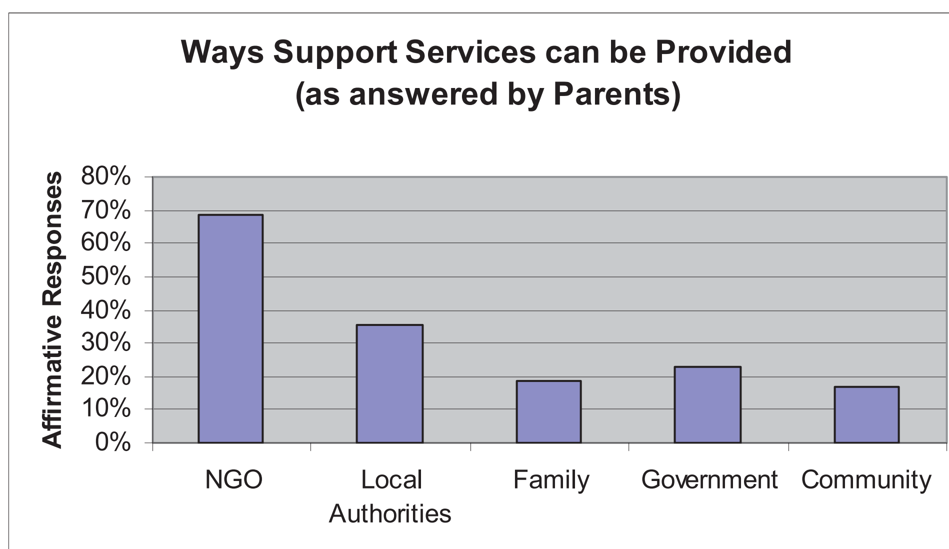
Figure 19.



"No one can take care of my daughter when I leave the house. I want to earn money but I cannot." – Mother, Kratie

"I would like to have some pigs or chickens to raise at home. I also need someone to look after my son while the other children are at school." – Mother, Pailin

Figure 20.



3.5 Societal Perceptions

"The neighbors said that I should give her insecticide so that she will die soon." – Mother, Kratie

This section will focus on community perceptions of children with intellectual disabilities. While discrimination is perhaps the most obvious obstacle to promoting the rights of these children, parents' concerns for the future also evidenced important issues requiring further investigation. According to key informants, the ability to provide appropriate services to a child with an intellectual disability is contingent on accepting and embracing that child's differences. While support from the community is important, convincing a parent of his or her child's value and rightful place in society may often be the first and most difficult challenge. Indeed "interfamilial discrimination" was often reported as a problem by service providers. As can be seen in Figure 11, lack of cooperation on the part of parents and family members was also mentioned a significant challenge for service providers. Subsequent graphs will provide further information, but the following key points were identified:

- **14 out of 14 service provider focus groups stated that there is discrimination against children with intellectual disabilities**
- **While the most oft mentioned concern of parents was their child's care after their own death, fear of sexual abuse was also significant for parents of disabled girls**

- **Service providers mentioned their student's inclusion in society as an important goal**

3.5.1 Discrimination

Responses from parents and service providers clearly indicated that children with disabilities face significant discrimination. Key informants and NGO workers generally attributed discrimination to a lack of understanding, although a few parents reported criticism from neighbors for failing to perform traditional ceremonies. Types of discrimination ranged from childish to malign.

The majority of parents reported no discrimination toward their child in the community. Those who answered no usually stated that neighbors only had *annut* (pity, compassion) for the child. This disagreement between service providers and parents may be a result of the sample, which was not random. Most of the parents were met through NGOs, many of which have done numerous awareness-raising campaigns in the area to promote the rights of persons with disabilities.

Figure 21.

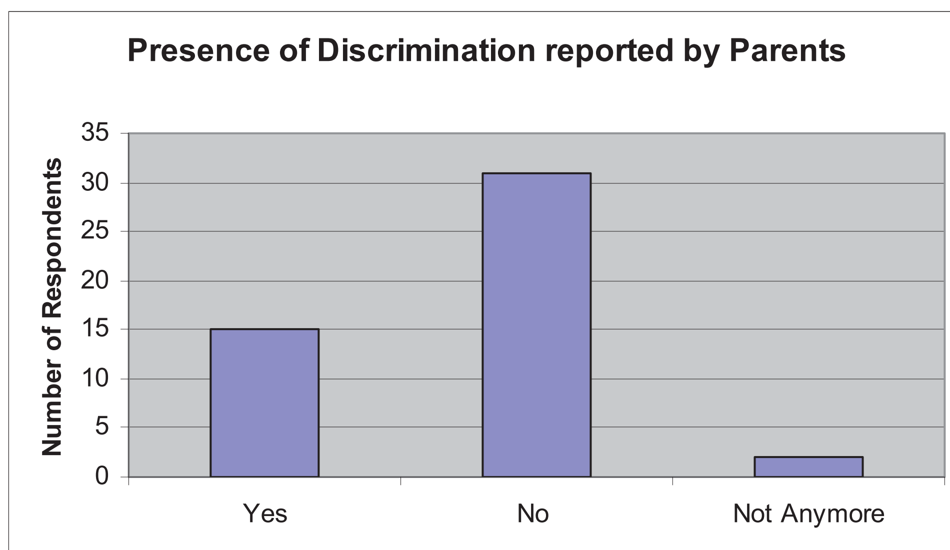
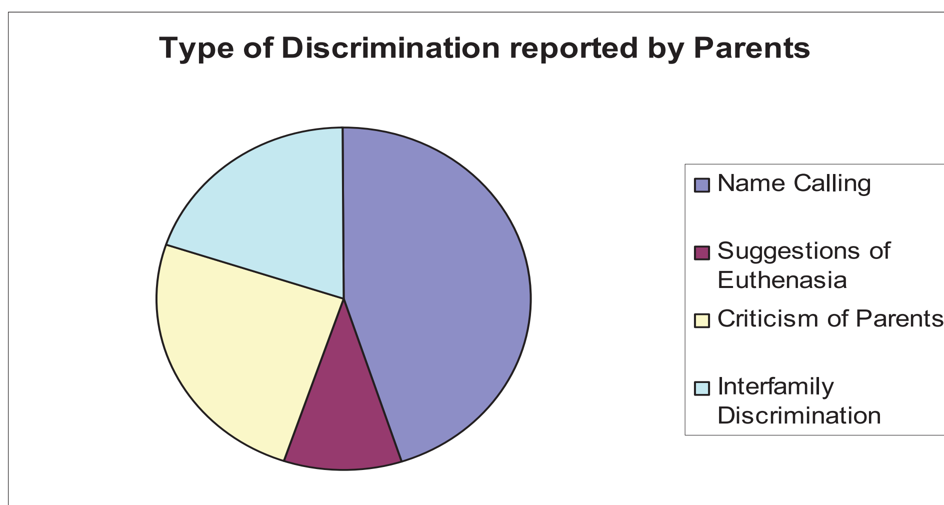


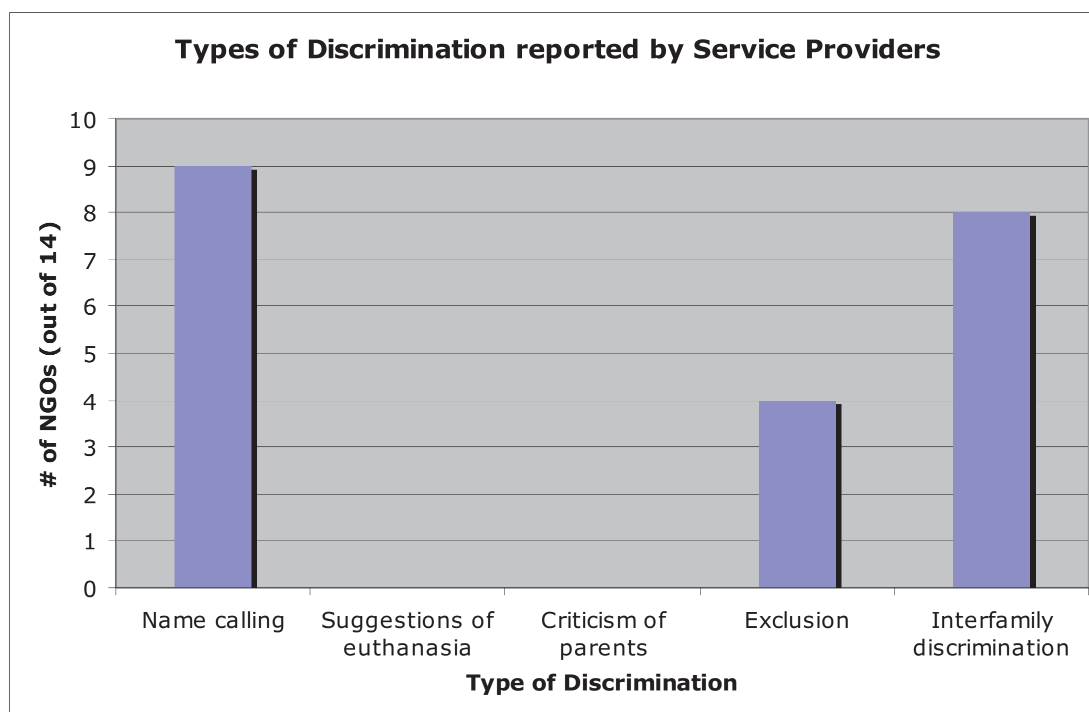
Figure 22.



"They call him crazy. When people get angry with him, they torture him and beat him. There are a few people who are nice to him, but most don't like him. I want encouragement from the community, but people say, 'If the child dies soon that is good.'" – Mother, Battambang

***Annut*- pity, compassion, mercy**
"*Annut*" was often presented as an opposite of discrimination during interviews with parents. While pitying a person with a disability is belittling and derogatory in many cultures, few Cambodians interpreted the word's meaning as negative. However, key informants argued that on some levels the word is insulting. When speaking to children, it can be used synonymously with compassion or mercy. However it is inappropriate to use the word for someone who is equal or superior. According to Song Son Hak of ADD, "when we accept pity, we lose something." It seems that while the antithesis of discrimination might be acceptance or respect, "*annut*" positions the speaker above the one who is pitied.

Figure 23.



"Many times parents are the biggest problem. A child born with a disability is a sin. Parents 'leave him to his fate.' Some try to kill their children in a painless way, using injections. But who would tell you this?" – Son Song Hak, ADD

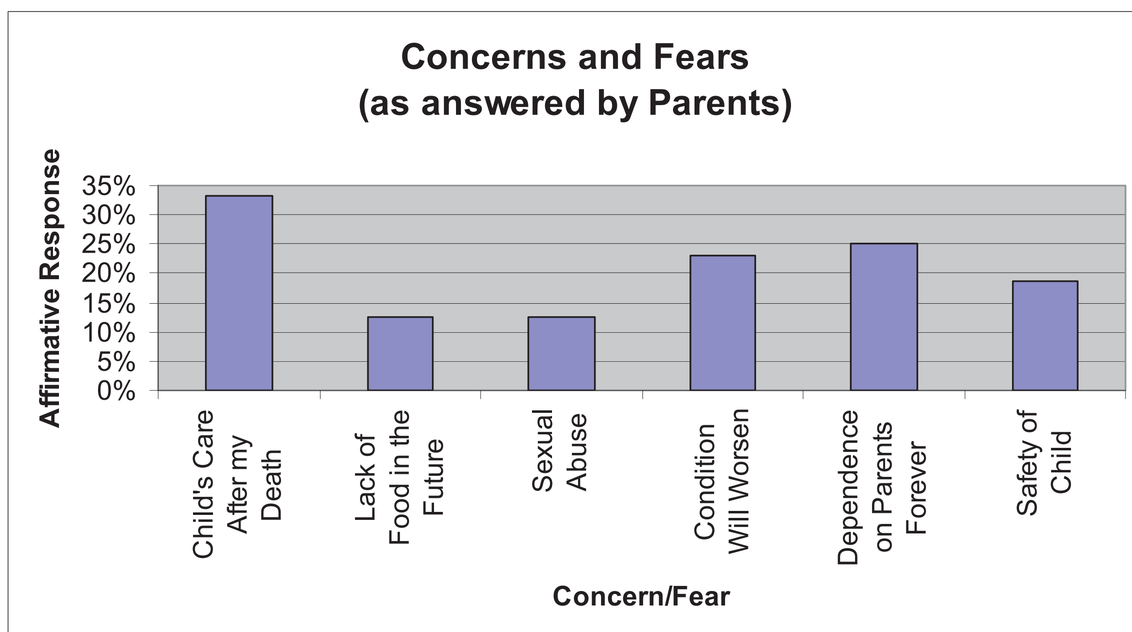
3.5.2 The Future of Children with Intellectual Disabilities

Not surprisingly, the most common concern among parents met individually was that there would be no one to care for their disabled child after the death of his or her parents. This is a typical fear of parents of children with intellectual disabilities in many cultures. While less commonly expressed as a concern, parent's fears of sexual abuse and overall concern for the child's safety are particularly disturbing. This trend suggests that there is a lack of support for parents amongst community members, perhaps as a result of discrimination or ignorance. Furthermore, many parents said that family members of the disabled child would not want or be able to care for the child after the death of his or her parents. A feeling of isolation amongst parents of disabled children may lead to hopelessness and an inability to provide proper care. The fears expressed by parents met individually, along with discrimination reported by both service providers and parents, suggest that there is still

much work to be done in order to combat discrimination and to promote disabled children's inclusion in society.

The most common goal for children with intellectual disabilities as reported by service providers was inclusion in society. This may be due to the fact that many of the disabled children known by teachers and caregivers are already receiving services from the NGO or school at which they work. Inclusion in society may also have been considered an overarching goal including equal opportunities to a variety of services. The second most commonly mentioned goal in service provider focus groups was for more services to be made available to children with intellectual disabilities.

Figure 24.



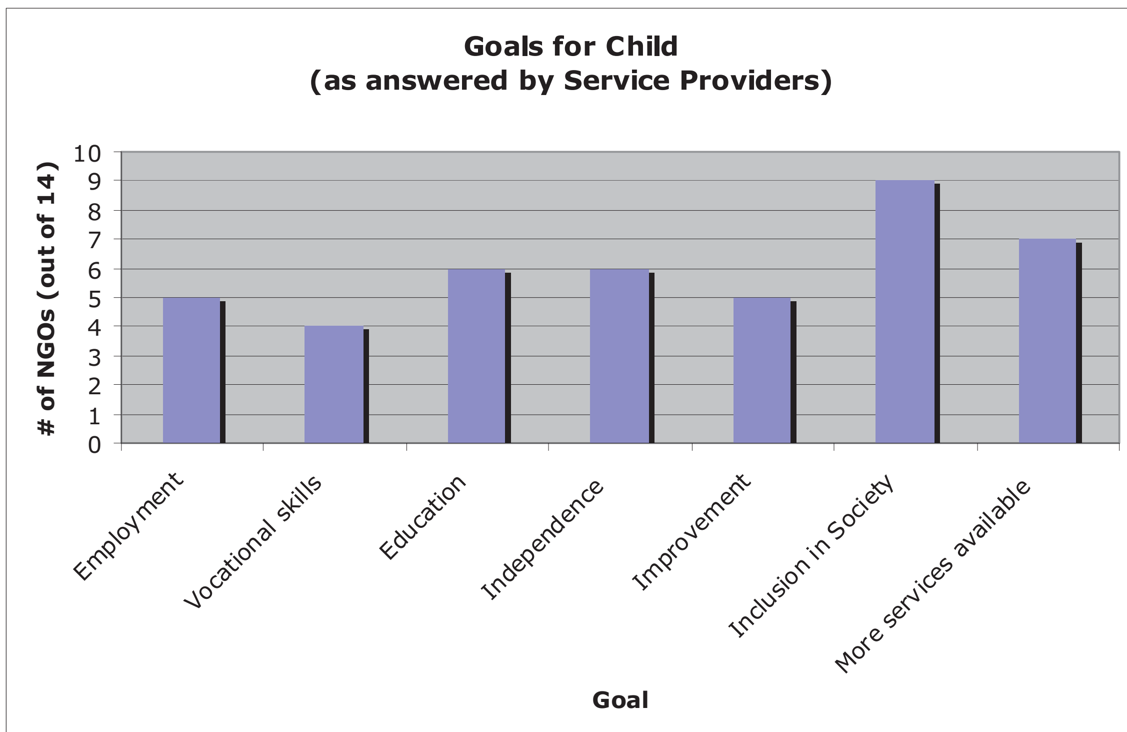
"I fear that after I die, my granddaughter will be raped."
- Grandmother, Battambang

"If he dies before me, that is no problem. If I die before him it will be very difficult." – Mother, Kompong Speu

Sexual Abuse of Children with Disabilities

Children with disabilities, particularly girls, are frequently victims of sexual abuse. They are targeted because their disability may prevent identification of the perpetrator or cause community members to doubt them. While longer hairstyles are traditionally popular for Cambodian women, it is common to see very short hairstyles on girls with intellectual disabilities. This is a deliberate attempt by family members to make the child appear less attractive or more boyish in order to protect her from abuse. Deaf and/or mute girls are particularly at risk because quite simply, they cannot cry for help or communicate what has happened. Some estimate that 40% of deaf women in Cambodia have been sexually abused. This issue requires further investigation and attention.

Figure 25.

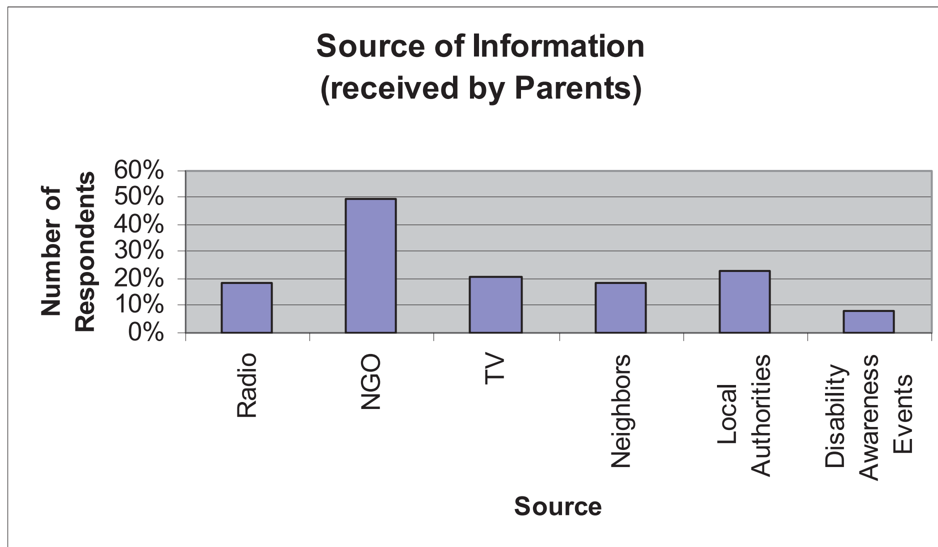


3.6 Information Available

In this section parents were asked if they had ever received any further information regarding their child's disability and if so, by what means. It is important to identify whether parents are receiving the support and services that they need. If information is not available, parents will not be able to utilize already existing services that may be beneficial to the family. Of course, the study sample was not random. Many of the respondents are already receiving services from NGOs, and thus this statistic is skewed. People in Ratanakiri were least informed, suggesting that parents in remote areas are less likely to be reached by NGOs or media.

- **85% of Parents said they had received further information about their child's disability.**

Figure 26.



Of the 9 provinces:

- **People were best informed in Battambang, Kompong Speu, and Pursat**
- **People were least informed in Ratanakiri**
- **More people received info through NGOs than any other source (by far)**
- **Very few people received info through Disability Awareness Events**
- **Radio and Television ads were particularly effective in Kratie, while NGOs were particularly ineffective**

Perhaps the greatest challenge of determining strategies for care provision to children with intellectual disabilities is the fact that they cannot fully "rehabilitate," in the traditional sense of the word. Most will require some form of care for the rest of their lives. This fact makes short-term, project driven strategies complicated in the best cases and more often, impossible. According to O'Leary:

> ***In line with much development work internationally, NGOs in Cambodia have adopted the project-oriented approach to development. With the genesis of the Cambodian NGO movement in the early 1990's, as the first Cambodian NGOs were establishing themselves, in many cases their early activities focused on writing a proposal so they could get funding. Funding criteria of possible donors frequently determined the nature of activities of these proposals. This resulted in village needs being defined by project proposals, rather than by villagers themselves.***[39]

While great strides have been made to improve development practice in Cambodia, particularly in the move from institution to community-based modes of service provision, the vast majority of programs remain essentially donor driven. The reality is that most donors and funding organizations want to support finite projects with clear deliverables and easily evaluated outcomes. While the outcomes of a program targeting children with intellectual disabilities have the potential to be significant and far-reaching, the process of achieving them is decidedly slower than for different target groups. Furthermore, the necessity for highly individualized care and service provision often scares away organizations looking for easily replicable projects that reach a large number of people at a low cost. It is this line of thinking that has pushed individuals with intellectual disabilities to the margins of NGO activity in Cambodia. Yet they are one of the most vulnerable groups in the country today. Of course there are many people in the country who need help, who are destitute, but **"very likely amongst those that suffer, those who are the most vulnerable will suffer more."**[40] While the prospect of developing programs for children who will, in many cases, require care for the rest of their lives may seem daunting, I intend to argue that with the right strategy, patience and cooperation, it is most certainly possible. More importantly, in the end it is an issue of basic human rights.

[39] O'Leary and Meas, 4.
[40] Dr. Severin von Xylander, WHO 2004.

In terms of care provision to children with intellectual disabilities, the single most important component is the family. It is widely acknowledged that the best place for a child is with his or her family. While distrust of leadership and other community members as a result of years of war, famine, and subsequent willingness to do anything necessary to survive often creates tensions within community development programs, the family remains the strongest unit in Cambodia. **NGOs phase out, governments change, friends and neighbors move away, but the family remains. For this reason, supporting families to care for their children with intellectual disabilities will be an overarching theme in the strategy recommended by this research.**

As of 1998, there were between five hundred and seven hundred NGOs operating in Cambodia.[41] While [we can assume] most of these organizations are promoting development and providing important services to people in need, there are significant overlaps. Furthermore, the sheer number of NGOs, combined with their recognized role in the rebuilding of Cambodia, allows pressure that would normally be put on the State to be directed instead to the non-governmental sector. Long-term, community-based approaches to the provision of services to children with intellectual disabilities will require the cooperation between actors in governmental and non-governmental sectors from the village to the national level. According to Harknett, "NGOs need to improve their communication with one another and develop a more collaborative and less competitive approach."[42] Additionally, it is vital that NGOs include the government in programs targeting these children. Actors in both NGOs and government must work together with families. **While service provision to a limited number of beneficiaries can be easily achieved by NGOs working independently, long-term solutions to improving the lives of children with intellectual disabilities and their families will require a multi-sectoral approach to service provision.** To that end, recommendations will suggest roles for stakeholders on a variety of levels in order to avoid overlapping services, ensure long-term sustainability, and promote a genuine change not only in the lives of target beneficiaries but in the country as a whole.

[41] O'Leary and Meas, 1
[42] Harknett, Steve, "Inventory of Education for Children in Difficult Circumstances in Cambodia: Achievements of SKN's Partner NGOs in Education, and Potential New Directions" (Stichting Kinderpostzegels Nederlands (SKN): 2008) 13.

4.1 Guiding Principles

No individual service provider can take on the issue of children with intellectual disabilities alone. Because the services required by these children is so varied and numerous, it is important that specific roles within NGO and governmental sectors be clearly defined. Collaboration, skills sharing, and open dialogue are key. As NGOs continue to expand programming, there is an increasing overlap in services and heightened competition for funding. By viewing the recommendations put forth in this report through the lens of the following guiding principles, service providers can take the necessary steps toward increased and improved programming for children with intellectual disabilities.

Principle 1: Each NGO has something different to offer. Remaining focused and playing to one's strengths will benefit beneficiaries as well as other organizations.

Principle 2: Providing services to a child with an intellectual disability is a long-term project that requires a long-term commitment from service providers.

Principle 3: Knowledge and experience should be shared. It is the responsibility of those who have already achieved best practice to lead others in the same direction.

Principle 4: Family is the most important thing in a child's life. Programs that incorporate families in program design and decision-making will make a lasting impact.

Principle 5: The best programs are often the simplest. A grass-roots approach to service provision will ensure that a program is successful before it is replicated or expanded.

4.2 Recommended Framework for Service Provision

This section will outline four suggested components to successful service provision for children with intellectual disabilities and their families. The fulfillment of each component represents a necessary step to the betterment of the lives of children with intellectual disabilities and their families. Each of the four components is then divided into specific approaches. Each approach is then parsed to objectives, necessary actions, and actors. While the components have been informed by the Community-Based Rehabilitation Matrix developed by the WHO, approaches and objectives were developed in response to input from participants, relevant government strategic plans, policies, and draft laws, as well as the unique characteristics of the Cambodian disability sector.

This framework emphasizes the importance of cooperation and collaboration within and across governmental and non-governmental sectors. In no way is it suggested that one actor must incorporate every approach, or even every component, to create a successful program. In fact, this framework seeks to illustrate just the opposite. The achievement of each defined, realizable objective is contingent on the active participation of all relevant actors. While it is hoped that these recommendations will prove valuable for a number of different service providers, this is not a guide for all CBR programs in Cambodia. The suggested model is tailored to meet the needs of children with intellectual disabilities, their families, and service providers. UNESCO, in cooperation with MoSVY and a number of NGOs, is currently developing the Cambodia-specific CBR manual for use by programs targeting persons with varying disabilities, ages, and backgrounds.

The Center or the Home?

There has been some disagreement as to which method was better, or more successful, for providing services to children with intellectual disabilities: the center or the outreach/home-based program? Essentially the necessary components are the same in both cases, although implementation may be slightly different. In this report, "center" will be defined as any structure intended for use by children with intellectual disabilities and their families for a variety of purposes including but not limited to education, physical therapy, training, and

meetings. Based on feedback from key informants, expressed needs of parents, and observations of programs currently in place, the existence of some type of center will be assumed in recommendations. The term "center" tends to garner doubts among development workers about a program's sustainability or classification as truly "community-based," and thus the use of the term requires some explanation. It is essential that centers use already existing facilities whenever possible. For instance, DDSP uses a room at the provincial hospital in Pursat as a place for children with severe disabilities and their parents to meet, play, receive physical therapy and stimulation, and support each other. For the purpose of the report, this qualifies as a "center." New Humanity recently moved its Kandal center, which serves as a day care for children with intellectual disabilities, onto land in the village owned by a teacher. This move effectively ensures community involvement and also qualifies as a "center." Thus a "center" is distinguished from an "institution" by its location in the community, variety of uses, and conduciveness to family involvement. **While a center provides excellent opportunities for socialization and mutual support, services provided through a combination of home-based and center-based approaches is ideal.**

Component 1: Education

		Objectives	Necessary Actions	Actors
Education	Special Education and Life Skills	Curriculum for students with special needs	- Workshop(s) to identify of key topics within already existing resources including the Blue Book, government text books, and various NGO materials - Identification of gaps and development of new topics to be covered, with a focus on life skills rather than formal education - Curriculum development by NGOs and MoEYS (SEO) - Training for special needs teachers - Curriculum tested in already existing inclusive classes for children with intellectual disabilities - Modifications made, curriculum finalized	MoEYS (Special Education Office); Special education experts from NGOs and private sector
		More inclusive classes in public primary schools	- Areas surveyed for number of children with intellectual disabilities and schools selected - MoUs between NGOs and DoEYS or PoEYS - Inclusive classrooms provided to NGOs for little or no cost - NGOs install necessary facilities (i.e. latrines, ramps, wells) - NGOs train school teachers, inclusive class teachers selected and supported by NGO staff	NGOs; PoEYS/DoEYS
		Practical education for children with intellectual disabilities: Maximum independence and employability	- NGO conducts teacher training on how to create Individual Education Plans (IEPs) - IEPs developed for each student - Achievable goals developed by for each child by teachers, parents, and students - Evaluation of achievements every 3-6 months, parents informed and students congratulated	NGOs; Teachers (MoEYS); Parents; Children
	Non-Formal	Non-formal education for children with intellectual disabilities in the community	- Children in the community unable to access inclusive class identified with help of local authorities, parents - Mobile library compiled according to activities in special education curriculum - NGO worker visits child's home once/week, provides stimulation and teaches parents - Parents encouraged to teach the child at home - Other children invited to join, providing socialization opportunities for the child	NGOs; Local authorities; Parents; Children
	ECD	Learning and stimulation opportunities for children with intellectual disabilities under 5 years old	- Early detection strategies identify children with intellectual disabilities before age 3 - Interventions help parents understand their child's disability and his/her needs - Stimulation activities for young children with intellectual disabilities at a community level - Referral to already existing early childhood development programs/community preschools that target non-disabled children.	NGOs in cooperation Parents, Children, Health workers (MoH)

While all children have the right to an education, many children in Cambodia are denied that right entirely. Even today, the ability to gain knowledge remains a clear symbol of status and source of pride for most students. Conversely, being uneducated is considered synonymous with being poor.[43] For parents, having an educated child is an investment in the future as well as an indicator of the family's success. 67% of parents interviewed individually stated that their children required education or training, and all parent focus groups raised education as an area of need. Some form of education or training (education, life skills, or vocational training) was mentioned as a necessity for children with intellectual disabilities by 10 of 14 focus groups with NGO staff. Education was ranked as the number one priority by participants in the April 7, 2008 KPF Workshop.

1A. Special Education and Life Skills Training

While the recent approval of the Policy on Education for Children with Disabilities was a major victory for children with disabilities, this policy only applies for children with mild to moderate disabilities. With regard to education for children with intellectual disabilities, Harknett suggests that "although full inclusion of these children in mainstream classes may not yet be a realistic or even desirable goal, integrated settings, where they are taught in the same school premises as mainstream children and join in some social activities, is achievable."[44] At present, there are two such inclusive classes already in place: one in Toul Kork Primary School in Phnom Penh (KPF) and one at Prey Nhie School in Pursat (DDSP).

There is a need for a greater focus on life-skills training, as opposed to formal education, for children with intellectual disabilities. At present there is no standard curriculum available in Khmer for teachers of children with special needs. Many NGOs have adapted the public school curriculum to better suit beneficiaries with intellectual disabilities, but this is insufficient as it provides little practical information on effective strategies for teaching children with special needs. 13 out of 14 focus groups with NGO staff mentioned teaching materials as a need for caregivers and special needs teachers. The lack of appropriate special education pedagogy is a source of frustration for many teachers, who expressed concern that their students showed little progress despite learning the same

[43] O'Leary, ?
[44] Harknett, SKN, 27.

topics every day. Time would be better spent teaching the children functional skills such as how to handle money, cook, wash clothes, or clean the house. **The aim from the very beginning should be to make children with intellectual disabilities as independent and employable as possible.** Individual Education Plans, such as those created for students at Rabbit School, should be developed in cooperation with parents and students (when possible). Clearly defined, achievable goals will improve morale of students, teachers, and parents alike, allowing for the celebration of small but significant victories.

1B. Non-formal Education

While inclusive classrooms may be a viable option for many children with intellectual disabilities, there will certainly be children in the community who are unable to access these classes due to the severity of his/her disability and/or distance from the school. In these cases outreach programs can be used to provide stimulation and/or life skills training at home. A mobile library with toys, books, and other learning materials would be an excellent option. Non-disabled children in the community could also participate, allowing the disabled child to socialize with his or her peers. If more children with intellectual disabilities are identified, parents could be encouraged to begin a support group or eventually begin advocating for the provision of a center through local authorities. This type of non-formal education could be implemented simultaneously with an inclusive class or other center. Ideally, NGO staff could include local authorities in the process by encouraging them to refer parents of children with intellectual disabilities to the mobile library. Eventually, local authorities or parents could take ownership of the project.

1C. Early Childhood Development

Early childhood development programs are extremely important for supporting children with intellectual disabilities to reach their fullest potential. Due to lack of understanding regarding disabilities, many parents opt to "wait and see" rather than seek out services for their children. When asked about her challenges, the mother of a one year old with Downs Syndrome in Phnom Penh replied, "I have no challenges right now because my child is still young. I have hope he will become as other non-disabled children." There is a need to

foster realistic expectations among parents of children with disabilities. Early interventions encourage parents to develop the skills necessary to care for their child as well as allow for valuable stimulation.[45] While impossible for those with severe or multiple disabilities, many children with intellectual disabilities can be integrated into early childhood development programs for non-disabled children.

The design and implementation of appropriate early childhood development programs for all children, whether disabled or non-disabled, are important objectives for Cambodia. Such programs will improve each child's performance and confidence in school, improve retention rates, and facilitate more effective early childhood interventions (ECIs) for children with disabilities. It is the role of MoEYS to develop early childhood development programs that will simultaneously mitigate the long term effects of disabilities in children under 5 years of age as well as benefit all children in Cambodia.

[45] For more information on the importance of early detection and early intervention see: Betsy VanLeit, et al. "Secondary Prevention of disabilities in the Cambodian provinces of Siem Reap and Takeo," (HIB: 2007).

Component 2: Healthcare

		Objective	Necessary Actions	Actors
Healthcare	Early Childhood Interventions	Early detection of infants with disabilities, reducing chances of permanent impairments or minimizing the effects of the impairment	- NGOs, in cooperation with PoH, define appropriate referral channels in the area - Village Health Support Groups (VHSGs), traditional birth assistants (TBAs), and health workers trained to identify key warning signs of abnormal development in infants - TBAs and health workers recognize warning signs shortly after birth and refer mothers to existing services - VHSGs work as outreach workers to identify infants with disabilities in the community	NGOs in cooperation MoH, PoH, Health workers, VHSGs, and TBAs
		Early interventions allow parents to provide better care for their children with intellectual and/or severe disabilities	- Early intervention resources developed by NGOs and MoH—already in progress (HIB) - Outreach workers from VHSGs, TBAs, and health workers trained to recognize disabilities and teach parents proper feeding positions and early stimulation techniques - Parents are referred to existing services when possible, particularly early childhood development programs	NGOs in cooperation MoH. PoH, VHSGs, TBAs Parents, and Health workers
	Preventing Secondary Illness	Seconday illnesses related to CP and intellectual disabilities are prevented	- NGOs train VHSGs and health workers how to prevent bedsores and pulmonary conditions related to improper feeding - VHSGs teach parents in the communities - Health workers teach parents at health centers	NGOs; MoH; VHSGs; Health workers; Parents
	Rehabilitation	Children with CP and intellectual disabilities receive physical therapy and rehabilitation services	- NGOs and rehabilitation centers programs providing disability appropriate rehabilitation - NGOs providing rehabilitation services train hospital staff (physical therapists, health workers) - NGOs and hospital staff provide rehabilitation services to patients and train parents to do physical therapy at home	MoH/PoH; NGO referrals; Health workers; PTs; MoSVY Parents
	Assistive Devices	Children with CP or intellectual disabilities receive mobility aides (wheelchairs, walkers, etc.)	- Appropriate referrals between NGOs ensure all children who need assistive devices can access them - NGOs develop more outreach programs to remote areas - NGOs develop better networks with PoSVY staff to distribute assistive devices to remote areas - NGOs provide training to PoSVY staff in remote areas, allowing them to identify needs for specific assistive devices	NGOs; PoSVY
		Use of local materials to develop equipment	- NGOs create equipment from local materials such as rattan and wood together with parents and community members	NGOs PoSVY Parents (Fathers)

		for children with CP and intellectual disabilities	- NGOs charge a nominal fee to ensure care and use of equipment - NGOs teach PoSVY staff and parents to produce equipment from local materials for other children in the community	Community members
		Children with CP and intellectual disabilities receive maintain healthy eye sight and hearing	- NGOs provide regular sight and hearing tests for clients - NGOs cooperate to refer children to appropriate services for assistive devices or corrective surgeries - Eyeglasses and hearing aides are provided as necessary	NGOs in cooperation
	Curative Healthcare	All children with disabilities access high-quality, low cost health care	- NGOs and MoH work together to develop strategies of ending informal fees at health centers for persons with disabilities - PoH and DoH register clients with disabilities and provide them with free healthcare, according to national policies	NGOs MoH, PoH, DoH
		Children with intellectual disabilities who require medication receive an adequate supply of medication at a low cost	- NGOs work with MoH to develop partnerships with international drug companies - Government subsidizes cost of essential medicine for persons with intellectual disabilities (i.e. epileptics) - NGOs and MoH train health workers on how medication should be prescribed - Costs remain low at the village and commune level	NGOs MoH Health workers Drug companies
	Mental Health	Lower stress levels and more positive outlooks for parents of children with intellectual disabilities	- NGOs provide counseling to parents of children with intellectual disabilities in order to prepare them for the journey ahead - Counselors recognize the enormous emotional burden of having a disabled child - Parents share experiences and feel supported, making them more apt to care for their children - NGOs train social workers from MoSVY and PoSVY to do counseling and eventually have own clients	NGOs Parents MoSVY PoSVY

46% of parents interviewed individually named healthcare as one of their child's needs. Some form of health service, including physical therapy and assistive devices, was mentioned a need for children with intellectual disabilities in 11 out of 14 NGO focus groups. Health care was voted the second most important need for children with moderate to severe disabilities at the April 7th, 2008 KPF Workshop. The recognition of health as a basic human right has informed all CBR policies, and will clearly play a major role in programs targeting children with intellectual and severe disabilities, especially CP. However, it is important to recognize that "disability should not be seen as a medical issue but within a wider social

context."[46] **Health services are a means to improving the lives of children with intellectual disabilities, not an end.** Long-term collaboration between NGOs and the Ministry of Health, from the village to the national level, is fundamental to ensuring that children with intellectual disabilities receive the care they need and rates of preventable disability fall in the future.

2A. Early Detection and Early Childhood Intervention (ECI)

There is an urgent need for disability prevention strategies in Cambodia. Over half of disabilities in Cambodia are preventable.[47] Reducing the number of persons born with a disability as well as preventing disabilities from occurring after birth will reduce burdens on already strained public healthcare systems as well as create a significant impact on poverty levels. VanLeit's 2007 report for HIB examines uses and perceptions of available health services by families that have a child with a disability. Lack of antenatal and postnatal care combined with a lack of clean water and limited understanding in the areas of health and hygiene make many children in Cambodia highly vulnerable to disease and disability. VanLeit's report provides compelling evidence for the need of effective secondary prevention in the form of early detection and early interventions. Acting on results from the research, HIB recently developed the Happy Child Program in Siem Reap and Takeo. The Happy Child Program has informed many of the objectives within the "Early Detection and Early Childhood Intervention" section, as it is an excellent example of a community-based program focused on building the capacity of existing personnel and the production of valuable resources for community workers.

Early Childhood Intervention (ECI) programming is an integral part of all early childhood systems.[48] In their report on Early Childhood Intervention in Belarus, Vargas-Báron, Janson, and Mufel define ECI programs as those that include:

…an array of balanced activities with infants and youngchildren to encourage their development in different domains through a variety of methods: physical, language

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[46] *1st Meeting Report on the development of guidelines for Community Based Rehabilitation (CBR) Programmes,* (WHO: 2004) 9

[47] Kalyanpur, Maya Dr., *Including the Excluded: Integrating disability into the EFA Fast Track Initiative processes and National Education Plans in Cambodia* (World Vision Cambodia: 2007) 6.

[48] Ibid, 1.

and occupational therapies; special education and inclusive services; medical, nursing and nutritional services; and parent education and support services, including referrals and protective services, if required. They seek to identify high-risk, developmentally delayed, and disabled children at or soon after birth or the onset of special needs.[49]

Effective ECI programming ensures that appropriate services are provided to children with disabilities and their families during critical developmental years. In this way, the long term effects of disability can often be mitigated and valuable referrals to existing services can be made. Furthermore, parents are given the opportunity to learn about their child's disability as well as how to utilize adaptive parenting skills and coping mechanisms. Their design and implementation require cooperation between health professionals, community workers, and special education programs. Thus appropriate referral systems within and between the three ministries relevant to children with disabilities, MoH, MoSVY, and MoEYS, must be formed in order to ensure that disabilities are recognized and treated as early as possible. Furthermore, strong links between these ministries and community-based programming supported by NGOs must be further developed. To this end, the effectiveness of current intervention strategies within governmental and non-governmental sectors must be evaluated and modified appropriately.[50]

2B. Prevention of Secondary Illnesses

There are a number of secondary illnesses that can arise as a result of a disability, particularly for those with CP. In the most severe cases of CP, those affected have an extremely limited range of movement and are at risk of bedsores and infections. Parents need to be instructed on how to prevent them and maintain good hygiene for the child. Another common secondary illness for children with severe CP is pulmonary problems due to improper feeding. Training health workers in the community to relay this information to mothers as well as refer them to more specialized services would be a valuable tool for reducing incidences of secondary illnesses.

[49] Vargas-Báron and Ulf Janson with Natalia Mufel, "Early Childhood Interventions, Special Education and Inclusion: A Focus on Belarus," (UNICEF: 2008), 5.
[50] Helen Pitt, Personal Communication, 29 December 2008.

2C. Rehabilitation

Many NGOs in Cambodia provide specialized physical rehabilitation services, including but not limited to Veterans International Cambodia (VIC), Cambodia Trust (CT), ICRC, Handicap International France (HIF), and Handicap International Belgium (HIB). These organizations provide a range of services and devices for every type of disability. Some also provide loan opportunities, transport costs, and other materials. **Effective referral systems are essential to ensuring the most appropriate services are made available to clients.** There is also a need to examine current referral systems both to and from hospitals, rehabilitation centers, and community-based rehabilitation programs.[51] Effective referrals between different government ministries as well as between government ministries and NGOs are often complicated by distinct sources of support for rehabilitation centers and community-based programs.

2D. Assistive Devices

There are a variety of assistive devices that can make life easier for children with intellectual disabilities and severe disabilities such as CP. Mobility aides such as wheelchairs, walkers, and crutches are now readily available in many areas of Cambodia. However, there are still some areas in which people do not have the assistive devices they require. As road conditions have improved greatly in recent years, effective transport strategies must be developed through cooperation between NGOs providing the devices and PoSVY.

There are a number of other assistive devices and physical therapy equipment that can be made from local materials like bamboo or rattan. For instance, NCDP created a simple writing surface and chair made of rattan for children with CP. The chair provides a back but allows the child to sit on the floor, as is common in most households. The writing surface has a small divider that keeps the child's knees separated and prevents his or legs from becoming contorted. Furthermore, this device is cost-effective and easy to produce locally. When producing equipment from local materials, parents and other community members can work together with the NGO. Designing and producing this kind of equipment would

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[51] Helen Pitt, Personal Communication, 29 December 2009.

also be an excellent way to include fathers in childcare, a realm in which they are often absent.

2E. Curative Health Care

According to MoH policy, elderly and disabled persons should receive free health care at all government health centers. Despite the best efforts of MoH, this is not always the case on the village and commune level. Many people in rural areas complain of long lines and high prices that are subject to change. Steps must be made to change the culture of soliciting informal fees from clients, most importantly those poorest and most vulnerable. MoEYS has taken measures to encourage teachers in public schools to stop requesting informal fees from particularly vulnerable children, including orphans and students with disabilities. These children are identified and registered as "vulnerable" in order to ensure free schooling. A similar process, in which clients with disabilities are identified and registered, could be implemented in health centers. Additionally, an estimated 40% of persons with intellectual disabilities require medication, yet it is often prohibitively expensive for families in Cambodia. Together, NGOs and MoH need to determine more effective solutions to ensure that persons with disabilities receive the medications they require.

2F. Mental Health

Studies have shown that raising a child with a disability is extremely emotionally draining for parents, and in particular, mothers of children with disabilities. It can put a strain on finances as well as relationships within the family. Parents of children with disabilities usually go through 6 emotional stages at various points in time: disbelief, guilt, rejection, shame, denial and a feeling of helplessness.[52] These are powerful emotions that can affect a parent's wellbeing as well as the child's. **A parent will not be able to care for a child properly if she is not emotionally healthy.** According to Dr. Bhoomikumar, work with parents of children with disabilities should be focused on "preparing them for the journey. Because raising a disabled child is a journey." Community-based counseling is feasible and important.

[52] Vijesh, P.V. and P.S. Sukumaran, "Stress Levels Among Mothers of Children with Cerebral Palsy Attending Special Schools," *Asia Pacific Disability Rehabilitation Journal*, v. 18 n. 1 (2007) 2.

Guidance from organizations with a history of counseling, such as SSC and Hagar, to organizations wishing to begin providing psycho-social services to parents of children with disabilities would be extremely helpful. NGOs could also work together with a counselor from PoSVY in order to build the department's counseling capacity. Service providers often complain that the disinterest of uncooperative parents often thwarts their children from receiving care. Input from counselors with professional training would likely prove beneficial in these cases.

Component 3: Poverty Alleviation

		Objective	Necessary Actions	Actors
Poverty Alleviation	**Micro credit** / **Animal Husbandry**	Parents form groups to access income generation opportunities	- NGOs facilitate the formation of self help groups composed of parents of children with intellectual disabilities - NGOs train parents how to begin animal banks and savings groups as well as access micro credit opportunities - NGOs train local authorities and PoSVY staff to make follow up visits and eventually set up new self- help groups - If there is no center available, at home businesses allow one parent to stay home and care for the child without a loss in income	NGOs Parents PoSVY Local authorities
	Employment Opportunities	Consistent employment for parents of children with intellectual disabilities	- Parents become part-time volunteers at community centers for their children - NGOs train parents in physical therapy, allowing them to help their own children at home and other children at the center - NGOs provide a small "volunteer stipend" to parents for their work at the center	Parents NGOs
	Vocational Training	Young adults with intellectual disabilities included in already existing vocational training programs	- NGOs providing vocational training to persons with physical disabilities cooperate with NGOs beginning programs for persons with intellectual disabilities - Staff, training, and assistive device requirements for training students with intellectual disabilities assessed through Task Analysis - When possible, modifications can be made to existing programs to accommodate students with intellectual disabilities (i.e. family member assisting the student and also learning the skill, visual cues created) - Skill area chosen through participatory process involving parents and students - Job market informs training choices	NGO cooperation Students Families
		Vocational training programs catered to young adults with intellectual disabilities created	- Community-based vocational training programs explored - NGOs, in cooperation with local authorities, use a community facility for training - NGOs facilitate instruction and a family member, ideally wishing to learn the skill, assists as necessary	NGOs Local authorities Students Families
		Income generating opportunities for young adults with intellectual disabilities	- NGOs identify those young adults with intellectual disabilities who cannot hold outside employment - NGOs and parents provide skills training - NGOs help parents access loans or animal banks	NGOs Parents Young adults

		Activity Centers for young adults with intellectual disabilities	- NGOs and MoSVY cooperate to create activity centers where young adults with intellectual disabilities may earn an income through collective, on-site income generating activities	NGOs MoSVY Young adults
		Employment opportunities for young adults with intellectual disabilities	- NGOs and parents advocate for businesses to hire persons with mild to moderate intellectual disabilities for low level positions - Government encourages hiring of persons with disabilities through favorable tax deductions	NGOs Parents Government

Persons with disabilities are often called "the poorest of the poor." As it is estimated that 36% of Cambodians live on less that 63 US cents per day[53], it is clear that many persons with disabilities live in extreme poverty. Parents of children with disabilities are no exception. Much of the population of Cambodia performs a variety of formal and informal tasks each day in order to earn enough money for the day's food, a practice referred to as *roe-see*, literally "look for food" in Khmer. In the case of parents of children with intellectual disabilities, usually at least one parent must stay home in order to care for the child, effectively cutting the family's daily income in half, depending on the size of the family. Furthermore, these parents spend money on medication, visits to the doctor, and often the services of traditional healers. As a commune leader in Kompong Speu phrased the issue, "no matter how rich you are, a disabled child will make you poor." As the child gets older, that burden becomes heavier. A child that was supposed to work and support his parents continues to drain an already low income. In the words of a father of a son with CP in Ratanakiri, a disabled child "can't work. He only has a mouth."

23% of parents interviewed individually reported poor living conditions as a challenge of having a child with a disability, and 10% reported a lack of food as an issue. 40% of parents met individually said that having "no time to earn money," was a challenge; and on a similar note, 29% reported the child's lack of independence as a challenge. In 4 out of 5 focus groups with parents, having no time to earn money and a lack of independence were identified as significant problems. Clearly strategies for poverty alleviation must be developed. **Until parents can ensure that the family will have food, water and shelter, caring for a child with a disability is not a priority.** For lack of other

[53] Roberts, J. (2007), "Orphans, Children Affected by HIV&AIDS and other Vulnerable Children in Cambodia: A Situation and Response Analysis," July 2007.

options, parents may tie their children in the house, lock them in a room, or simply place a child who can't walk upstairs.

With respect to income generation for parents of children with intellectual disabilities, there are three options, two of which have proven successful in the past and one of which I propose in section D as a practical and participatory new approach. Quite simply, parents must work. Thus service providers must either create a daycare facility where children can go during working hours while parents earn an income, or provide parents with the means to start a business at home. In the latter situation, parents can stay home to care for their child and still earn an income, usually through selling products or raising animals. The final section on Poverty Alleviation is devoted to promoting income generation for young adults with intellectual disabilities themselves.

3A. Micro Credit Opportunities

31% of parents interviewed individually stated that they wanted access to micro credit, as compared with 15% who simply asked for money. While micro credit loans are often successful, there are numerous risks associated with providing these loans. One NGO complained that families who received loans spent the money on daily living expenses and were never able to repay the loan. Another NGO stated that rising prices of food and other goods have rendered their once generous loans insufficient for generating an income. According to Harknett, a common problem with micro credit is that many families live in remote areas, far from other families. Thus they are not held accountable for repaying the loan, as they would be in a group of borrowers. A better option for providing loans to parents of children with disabilities is to form groups of parents who can apply for larger loans and also start savings funds. Once the group has saved enough money, they can "*play tong tin*," or lend this money out to another person in the community and collect interest.

Of particular importance is the need to examine the effectiveness of self-help groups (SHGs) formed by parents of children with disabilities. In many cases, the formation of such groups in order to access micro-credit opportunities is provided as the only option for income generation. There is a need for improved evaluation and monitoring of self-help groups for persons with disabilities and parents of children with disabilities in Cambodia. Furthermore,

decisions about what means of income generation is appropriate must be determined on a case-by-case basis, informed by each family's unique physical, interpersonal, and financial situation.

3B. Animal Husbandry

21% of parents interviewed individually said they wanted support to raise animals such as pigs, chickens, or ducks at home. A number of NGOs have had success with this method of income generation. TASK reported that supporting families to raise chickens was more successful that micro credit loans. NCDP has created an extensive program of pig-banks for self help groups composed of adults with physical disabilities. Members of the group contribute a small amount of money toward purchasing a female pig and NCDP provides the difference. The female pig is then mated with a male pig in the community and each member receives a piglet, and the process is continued. The female pig remains the property of the group. NCDP has extensive experience in this area, and their guidance to other NGOs would be valuable.

3C. Employment Opportunities

Whereas supporting parents to start a business at home ensures that they will be able to care for their child, a daycare center in which parents drop their kids off in the morning and pick them up in the evening greatly reduces the amount of time parent and child spend together. In this case a daycare center is differentiated from an inclusive class by the fact that a daycare is an all day service that allows parents to work as they would if they did not have a child with an intellectual disability. If a daycare center does not effectively ensure parent involvement, there is a risk that parents will not learn how to care for their children at home. Furthermore, the costs of staffing the center may become prohibitive.

Yet one of the strengths of a center is the socialization that children may not receive at home. Additionally, the act of leaving the house each morning to go to school wearing a uniform gives the child confidence and status in the community. An approach that allows for the benefits of both home-based and center-based care is to provide parents "volunteer stipends" to work at the center. While complicated in Phnom Penh by high costs of

housing, crowded schools, and a larger number of people performing "formal" jobs, this method would be practical and efficient in rural areas. Parents could come to the center with their children, learn how to care for their child, provide physical therapy and stimulation at home, without worrying about losing a day's worth of pay. Parents could develop a rotating schedule that suits their own commitments and allows them the flexibility of earning an income in a different way on days when they are not at the center. While such a system would require at least one to two staff members to train parents and ensure high quality care, staff salary costs would remain low. Depending on the community, parent volunteer stipends could be as low as 1 to 2 USD per day, perhaps with lunch provided, and many parents would still be earning more by working at the center than in another field. Furthermore, this income would be guaranteed each day, providing parents with a greater sense of security and greater capacity to help their children. This approach would allow parents to meet regularly and provide support to each other. Learning and eating meals together a few times a week would help parents at the center to perform "self-help counseling" and work together to access micro credit opportunities or begin a savings fund.

3D. Vocational Training

Vocational training is an urgent need for young adults with intellectual disabilities. Skills training should be recognized as both an "exit strategy" for service providers as well as an important way to empower persons with intellectual disabilities to contribute to their families and to society. While education was stated as a need for children in 10 out of 14 NGO focus groups, 6 of these 10 specifically mentioned vocational training as a current gap in services. 19 out of 20 children with disabilities interviewed individually expressed employment as a goal for the future. The ability to contribute to one's family is a major source of pride and self-worth in Cambodia.[54] All persons with disabilities have the right to employment appropriate to their abilities, including persons with intellectual disabilities.

At present, there are a number of vocational training programs for persons with physical disabilities, but only one for persons with intellectual disabilities. KPF offers training for young adults with intellectual disabilities in t-shirt printing and service industry positions,

[54] Gartrell, 118.

recently opening a café in Phnom Penh for training and subsequent employment. It is important that service providers be creative and realistic in developing vocational training strategies. While not all persons with intellectual disabilities are able to work outside the home, many may be able to help their families with small businesses or animal raising.

It is important that vocational training strategies be participatory, with each child and their parents working together with NGO staff to determine an appropriate skill. One type of training will not work for everyone. In many cases, parents may know their child's abilities best. Furthermore, decisions about training should be made with a clear understanding of the market for certain skills and/or products. There is a wide range of vocational training opportunities in Cambodia, but most NGOs do not have staff trained to teach children with intellectual disabilities. In order to create a network of training opportunities, service providers should work together with already existing skills programs. **An open exchange of an ideas and experiences between NGOs with a history of providing vocational training to persons with physical disabilities and those hoping to provide similar training to persons with intellectual disabilities would be beneficial to new programming in this area.**

Component 4: Promoting Inclusion into Society

		Objective	Necessary Actions	Actors
Inclusion in Society	Heightened Awareness of Intellectual Disabilities	Government recognizes need for services targeting children with intellectual disabilities and their families	- Most importantly, NGOs serving children with intellectual disabilities and their families include government in planning, implementation, and follow-up of projects - NGOs identify government staff at the commune, district, and provincial level who are willing to take on some responsibility in the programs, and support him/her to do so	NGOs Government
		NGO workers understand the needs of children with intellectual disabilities and appropriate referral channels	- NGOs share knowledge about children with intellectual disabilities with other NGOs through workshops and exchange programs - Improved collaboration and mutual exchange of skills - Less competition and more cooperation within the NGO sector	NGOs
		Children and teachers and public schools accept children with intellectual disabilities	- Create inclusive classes in more public schools - Identify children who are willing to act as "helpers" to children with special needs, and encourage these children to do so - NGOs provide playground equipment at schools with inclusive classes to promote socialization between disabled and non-disabled students - Offer training and/or workshop opportunities to teachers	NGOs Students Teachers
		Communities support children with intellectual disabilities and their families	- NGOs conduct awareness raising workshops and events for local authorities - Teach local authorities about the needs and rights of children with intellectual disabilities so that they can relay information to community members - NGOs develop creative ways to reach people and call attention to the issue (i.e. radio commercials, parades, sporting events, etc.)	NGOs Local authorities Community members
	Advocacy	Right to an education recognized	- NGOs and government work together to increase formal and non formal educational opportunities for children with intellectual disabilities - MoEYS and NGOs cooperate together, recognizing the benefits of partnership for students and staff - Collective management and direction of joint projects - At schools with inclusive classes, organize monthly meetings between NGO and school staff	NGOs MoEYS/ PoEYS School teachers
		The right to dignifying employment for persons with intellectual disabilities recognized	- NGOs and government advocate for fair employment within the private sector for persons with intellectual disabilities - Identify businesses conducive to employing persons with intellectual disabilities - NGOs collaborate with business owners and adapt tasks to fit the abilities of persons with intellectual disabilities	NGOs Government Businesses Persons with intellectual disabilities

	Policy Development	National Policy on Children with Intellectual Disabilities	- NGOs develop programs for children with intellectual disabilities that involve families, community members, and government - Through cooperation between sectors and the use of existing facilities and infrastructure, illustrate the feasibility of providing services to persons with intellectual disabilities - NGOs provide knowledge and experience in the area of policy development	NGOs Government Families Community members Persons with intellectual disabilities

Promoting the right of children with intellectual disabilities into mainstream society is a crosscutting issue that plays an important role in all other components. Strategies to ensure the rights of these children are protected should begin before a program is implemented and continue long after the program is complete. Awareness raising and advocacy were stated as existing needs for children in 8 out of 15 NGO focus groups and raised as important strategies to promoting the right of persons with disabilities to participate in society by key informants. Furthermore, 9 out of 15 focus NGO focus groups said that "inclusion in society" was an end goal for their students and beneficiaries.

4A. Heightened Awareness of Intellectual Disabilities

Raising awareness of the special needs and rights of children with intellectual disabilities is the first step to promoting their inclusion in society. There have been a great deal of awareness-raising campaigns on a variety of issues in Cambodia. Activities can range from posters and flyers to sporting events or radio spots. There is much more awareness-raising to be done on the issue of persons with intellectual disabilities. However, it should be recognized that this is only the first step to including these individuals in society. While awareness-raising activities will challenge existing ideas or opinions on a certain topic, they are unlikely to completely change people's minds, and even less likely to change their core values. Awareness-raising activities can suggest a new way of looking at an issue, but further steps must be taken to promote lasting change in society.

With regard to children with intellectual disabilities, awareness-raising must be conducted on a number of levels, ranging from primary schools to high-ranking government officials. As few people in Cambodia understand the issue, it is the responsibility of those who do (namely, NGOs) to increasing awareness within the government and the community. From

here partnerships between relevant ministries can be developed and broader strategies that reach more people can be implemented. According to Harknett, "awareness-raising campaigns need to have a strategy which includes progressively educating government officials and varying the methods used."[55] One approach will not work for everyone. Awareness-raising activities must be focused, appropriate to the target audience, and engaging. Once better awareness is gained within the government and the community, further steps must be taken to promote long-term change in the form of laws and policies.

4B. Advocacy

Advocacy is the process by which families, community members, and other persons with a vested interest in the promotion of the rights of children with intellectual disabilities can lobby for their inclusion in society. Much of the framework presented is contingent on successful advocacy within the public and private sectors. Once awareness and understanding has increased, others can develop appropriate avenues for the participation of persons with intellectual disabilities in mainstream infrastructures such as schools, businesses, and health centers. It is by this process that individuals may prove their abilities to contribute to society and exercise their right to do so.

4C. Policy Development

While policy development occupies the last space on the framework of service provision, it should not be considered the point at which other activities cease to be important. However, the development of policies that protect and promote the rights of persons who may lack the ability to speak for themselves marks a significant step toward equality and inclusion. With support from NGOs and guidance in policy development, a policy on the rights of and/or protection of persons with intellectual disabilities is possible. As Harknett suggests, the policy could be similar to the recently approved Policy on the Education of Children with Intellectual Disabilities, but instead created through MoSVY. Advocating for and empowering families of children and youth with intellectual disabilities is integral to this

[55] Harknett, Steve. SKN, 28.

process. While community-based centers and self-help groups may not seem like factors that influence national policies, they often represent the first and most courageous steps.

ANNEX 1: PRAKAS DISABILITY CLASSIFICATIONS

ព្រះរាជាណាចក្រកម្ពុជា

ជាតិ សាសនា ព្រះមហាក្សត្រ

អន្តរក្រសួង

ក្រសួងសង្គមកិច្ច ការងារ

បណ្តុះបណ្តាលវិជ្ជាជីវៈ និងយុវនីតិសម្បទា

ក្រសួងសុខាភិបាល

លេខ..........សកបយ ឱសណ

រាជធានីភ្នំពេញ, ថ្ងៃទី ខែ ឆ្នាំ២០០៣

សារាចរណែនាំអន្តរក្រសួង

ក្រសួងសង្គមកិច្ច ការងារ បណ្តុះបណ្តាលវិជ្ជាជីវៈ និងយុវនីតិសម្បទា

និងក្រសួងសុខាភិបាល

ស្តីពី

ការកំណត់អោយប្រើប្រាស់និយមន័យ ប្រភេទ និងលក្ខណៈពិការភាព

ដើម្បីធានានូវការអនុវត្តន៍ និយមន័យ ប្រភេទ និងលក្ខណៈពិការភាព ប្រកបដោយភាពរលូន មានស្តង់ដារត្រឹមត្រូវ និងមានការឯកភាពគ្នាជាផ្លូវការនៅក្នុងប្រទេសកម្ពុជា ក្រសួងសង្គមកិច្ច ការងារ បណ្តុះបណ្តាលវិជ្ជាជីវៈ និងយុវនីតិសម្បទា និងក្រសួងសុខាភិបាល បានបង្កើតក្រុមការងារមួយដើម្បីសិក្សា និង កំណត់និយមន័យ ប្រភេទ និងលក្ខណៈពិការភាពដែលបានសិក្សាសាកល្បងអនុវត្តចំនួនពីរលើករួចមកហើយ ***លើកទី១*** នៅខេត្តបន្ទាយមានជ័យ និងខេត្តកំពង់ស្ពឺ នាឆ្នាំ ២០០០ និង ***លើកទី២*** នៅខេត្តកំពង់ស្ពឺ នាឆ្នាំ ២០០២ ដែលសំរបសំរួលដោយក្រុមប្រឹក្សាសកម្មភាពជនពិការ និងសហការជាមួយបណ្តាអង្គការជាតិ និងអន្តរជាតិ ដែលធ្វើការលើវិស័យពិការភាព។

តាមលទ្ធផលនៃការសិក្សាស្រាវជ្រាវខាងលើនេះ ក្រសួងសង្គមកិច្ច ការងារ បណ្តុះបណ្តាលវិជ្ជាជីវៈ និងយុវនីតិសម្បទា និងក្រសួងសុខាភិបាលសូមកំណត់និយមន័យ ប្រភេទ និងលក្ខណៈវិការភាពដូចខាងក្រោមនេះ ដើម្បីអោយប្រើប្រាស់ជាផ្លូវការតទៅ។

និយមន័យ ប្រភេទ និងលក្ខណៈពិការភាព

ប្រភេទពិការភាព	និយមន័យ	លក្ខណៈពិការភាព
ពិបាកក្នុងការមើល	អ្នកទាំងឡាយណា ដែលមានលទ្ធភាព មើលឃើញតិចតួច សំឡឹងមើលចុះខ្សោយ ឬមិនអាចមើលឃើញវត្ថុផ្សេងៗ	ឧទា: ងងឹតភ្នែកម្ខាង ឬទាំងសងខាង, ស្វិតសសៃបាតភ្នែក, ភ្នែកលៀន មើលមិនឃើញ, កន្ទុយថ្លែន. គ្រាក់កូម,ស្រលៀងភ្នែក, ភ្នែកមីញ៉ូប ធ្លាក់ត្របកភ្នែក សំឡាក កញ្ចក់ភ្នែក, ជម្ងឺប្រែងចាក់ភ្នែក សម្ពាធទឹក ក្នុងភ្នែក រលាកសសៃបាតភ្នែក ងងឹតតពូជ រោមភ្នែករមូចចូលក្នុងភ្នែក.
ពិបាកក្នុងការស្តាប់	អ្នកទាំងឡាយណា ដែលមានលទ្ធភាពស្តាប់ចុះខ្សោយ (ពីកំណើត, ដោយសាររបួស ឬមេរោគ ឬវ័យចាស់)	ឧទា: មនុស្សថ្លង់, ត្រចៀកអត់រន្ធ ពុំមានក្រដាសត្រចៀក ធ្លាយក្រដាសត្រចៀក ហៀរអំបៅអំបែក
ពិបាកក្នុងការនិយាយ	អ្នកទាំងឡាយណា ដែលលំបាកក្នុងការ និយាយពាក្យ និយាយមិនច្បាស់ ឬនិយាយមិនរួចទាល់តែសោះ ឬអ្នកដទៃពិបាកស្តាប់	ឧទា: អ្នកនិយាយគ្រឡាន់ (អណ្តាតធំ) /គ្រដិត ឆែបបបូរមាត់ ឆែបក្រអូមមាត់ ក្រឡើត, ក្រងួរ, អណ្តាតធំ , និយាយមិនច្បាស់ អ្នកមានបញ្ហាធ្មេញ គ
ពិបាកក្នុងការធ្វើចលនា	អ្នកទាំងឡាយណា ដែលមានលទ្ធភាពធ្វើចលនា (ដោយរាងកាយ) បំលាស់ទីដោយលំបាក ឬកំរើកផ្នែកណាមួយនៃរាងកាយរបស់គាត់ដោយលំបាក ឬមិនអាចកំរើកបានទាល់តែសោះ	ឧទា: ដាច់ដៃដាច់ជើង, ស្វិតដៃជើង, ស្វិតសាច់ដុំ, គាំងសសៃ បាក់ឆ្អឹង សាច់ដុំតឹងខ្លាំង, ខូចគ្រឿងបញ្ចា ចលនាខួរក្បាល, ជើងខ្វេ, ជើងកែក, ទន់ត្រឹមកដៃ ជើងទន់ ខូចទ្រង់ទ្រាយពីកំណើត ស្លាប់មួយចំហៀង/កំណាត់ខ្លួន/ស្លាប់អវៈយវៈ, ស្លាប់សរសៃ, ឆ្អឹងខ្នងវៀច, រលាកសន្លាក់ហើម, រលាកឆ្អឹងសន្លាក់ របេងឆ្អឹង, គមខ្នង (កោងទៅមុខ កោងទៅចំហៀង និងកោងទៅក្រោយ) ខូចស្មាម្ខាង ភ្លាត់ត្រគាក របួសខួរឆ្អឹងខ្នង គ្រិច រលាកភ្លើង ឬទឹកអាស៊ីដ ជម្ងឺឆ្អឹងទន់
ពិបាកខាងកាយវិញ្ញាណ	អ្នកទាំងឡាយណា ដែលបាត់បង់ការដឹងដោយកាយវិញ្ញាណឬអត់ដឹងនៅពេលកាន់ ឬស្ទាបវត្ថុអ្វីមួយ	ឧទា: អ្នកពិការដោយសារឃ្លង់ (ក៏រិតធ្ងន់) អ្នកស្ពឹកដៃជើង, កង្វះជីវជាតិ (ហើម)
ពិបាកខាងផ្លូវចិត្ត	អ្នកទាំងឡាយណា ដែលមានអាកប្បកិរិយាផ្លាស់ប្តូរច្រើនដែលការប្រព្រឹត្តទៅរបស់គាត់ដូចមនុស្សដទៃ ហើយវាកើតឡើងជាប្រចាំ ឬលំបាកក្នុងអារម្មណ៍ ការគិតគូរ និងការប្រព្រឹត្ត	ឧទា: អ្នកដែលដើរអត់សំលៀកបំពាក់, អ្នកដែលនិយាយ/សើច/ច្រៀងរាំ/លេងតែម្នាក់ឯងខុសពីប្រក្រតី ស្ទឹងស្មាធ ជេរគេ ជេរឯង វាយ ឬប្រព្រឹត្តិអំពើហឹង្សាដោយមិនដឹងខ្លួន មិនដឹងគ្រោះថ្នាក់ ជំងឺមន្ទិលសង្ស័យ វិកលចរិត ឆ្កួតសតិអារម្មណ៍ តានតឹងផ្លូវចិត្ត ជំងឺធ្លាក់ទឹកចិត្ត ថប់អារម្មណ៍
ពិបាកក្នុងការរៀនសូត្រ	អ្នកទាំងឡាយណា ដែលមានលទ្ធភាពចងចាំខ្សោយ ភ្លេចច្រើន ឬមិនអាចធ្វើអ្វីមួយដូចដែលមនុស្សដទៃ	ឧទា: អ្នកដែលមានបញ្ញាលូតលាស់យឺត ដោនស៊ីនដ្រូម អ្នករៀនខ្សោយ/ការចងចាំនៅមានកំរិត (ជរតេនិសម)

	ទៀតអាយុដំណាលគ្នាធ្វើបាន	ខូចប្រព័ន្ធបញ្ញាក្នុង ខួរក្បាល (ជភ) ក្មេងដែលមានចរិកទុយមុយ
អ្នកដែលមានប្រកាច់	អ្នកទាំងឡាយណា ដែលមានការប្រកាច់ជាញឹកញាប់ ព្រមទាំងបែកពពុះមាត់ដោយមូលហេតុអ្វីមួយ	ឧទា:អ្នកដែលមានជំងឺឆ្កួតជ្រូក ក្តៅប្រកាច់ ប្រកាច់ដោយសារលើសជាតិស្ក ឬខ្វះជាតិស្កនៅក្នុងឈាម
ពិការផ្សេងៗ	អ្នកទាំងឡាយណា ដែលមានការលំបាកក្នុងការបំពេញតួនាទីផ្នែករាងកាយ ឬតួនាទីក្នុងសង្គម ឬពិការដែលមិនអាចចាត់ចូលទៅក្នុងប្រភេទពិការណាមួយខាងលើ	ឧទា: អ្នកដែលមានមុខមាត់ខូចទ្រង់ទ្រាយ/អាក្រក់ អ្នកដែលមានជំងឺរាំរ៉ៃ មនុស្សតឿ/ក្រិន ផ្លែលើស្បែក (កំរិតខ្លាំង) អ្នកមានមេរោគអេដស៍ ក្មេងមានក្បាលធំ

Definitions, Categories and Disabilities

Type of Disability	Definition	Disabilities
Seeing difficulties	Person who has short sighted, low vision or could not see any objects.	Ex: Blind one/both eyes, Optic nerve damage, Dislocated lens (could not see), pterygium, Trachoma, Sqint, Miopia, Ptosis (eyes with weak muscle), Corneal scar, Trichinosis, Hypohema. Retinitis, Retinitipigmentosa, Lagoptahalmos, Entrotion.
Hearing difficulties	Person who has hearing impaired (at birth, injury or disease) and Old age	Ex: Deaf, Person with no ears, ear without ear drum (s), perforation of ear drum(s), Otitis media infection.
Speaking difficulties	Person who has difficulty in saying words and could not say clearly enough or at all or not being understood by other.	Ex: Person with speech impairment, cleft lip, cleft palate, cleft lip and palate, big tongue, slurred (speech not clear), person with teeth problem, mute
Moving difficulties	Person who has physically difficulty in moving from one place to other or to move of her part of her/his body or could not move at all.	Ex: Amputee arm(s)/leg(s), Polio, Muscular dystrophy, Contracture, Fracture, Tight muscles, Cerebral Palsy, Club foot/feet, Bow legs, Drop wrist, drop foot, Congenital deformity, paraplegia, hemiplegia, quadriplegia, paralysis, spinal cord curve, Juvenile arthritis, osteoarthritis, Tuberculosis bone, Hunchback, osteoporosis, kiphosis, lordosis (inward curvature of the spine), scoliosis, Erb's palsy, dislocated hip, Paralysis, Spinal cord injury, spinal bifida, Sprain, Burn, Rickets
Feeling difficulties	Person who lost sensation or does not feel anything	Ex: 3rd degree of leprosy, person who get severe beriberi (numbness) on the

	while touching objects	hand(s)/leg(s). Kwashiorkor.
Psychological difficulties (Strange behavior)	Person who changed behavior so much that now s/he behaves like a different person and it happens regularly or difficult in feeling, thinking and behavior.	Ex: Schizophrenia (Psychosis), Paranoia, Neurosis, Mania, Stress, Anxiety, Depression, Localized amnesia,
Learning difficulties	Person who has low memory, could not remember or do things like other person the same age do	Ex: Mental retardation, Down syndrome, Slow learner, Cretinism, Cerebral Palsy, Autism.
People who have fits	Person who has often convulsion with frothing at the mouth.	Epilepsy, Epileptic, Seizures, Hypoglycemia, Hyperglycemia
Other	Person who have restriction in physical or social function or can't be classified in the above categories.	Ex: Disfigurement/ Deformity, Chronic illness, dwarfs, midget, Hydrocephalus, Severe keloide. HIV

គ្រប់អង្គភាពក្រោមឱវាទក្រសួងសង្គមកិច្ច ការងារ បណ្តុះបណ្តាលវិជ្ជាជីវៈ និងយុវនីតិសម្បទា និងក្រោមឱវាទក្រសួងសុខាភិបាល និងអង្គការដៃគូដែលមានការពាក់ព័ន្ធត្រូវផ្សព្វផ្សាយអនុវត្តសារាចរណែនាំនេះ អោយបានទូលំទូលាយ និងមានប្រសិទ្ធិភាពខ្ពស់។

សារាចរណែនាំនេះ មានប្រសិទ្ធិភាពអនុវត្តចាប់ពីថ្ងៃចុះហត្ថលេខានេះតទៅ។

ទេសរដ្ឋមន្ត្រី
និងជារដ្ឋមន្ត្រីក្រសួងសុខាភិបាល

រដ្ឋមន្ត្រីក្រសួងសង្គមកិច្ច ការងារ
បណ្តុះបណ្តាលវិជ្ជាជីវៈ និងយុវនីតិសម្បទា

<u>ចម្លងជូន៖</u>

- ក្រសួងព្រះបរមរាជវាំង
- ទីស្តីការគណៈរដ្ឋមន្ត្រី
- ក្រសួងកិច្ចការនារី និងអតីតយុទ្ធជន

- ក្រសួងអប់រំ យុវជន និងកីឡា
- ក្រសួងផែនការ
- ក្រសួងការពារជាតិ
- កាកបាទក្រហមកម្ពុជា
- អាជ្ញាធរសកម្មភាពមីនកម្ពុជា CMAA

  " ដើម្បីជ្រាបជាពត៌មាន "
- មន្ទីរ សង្គមកិច្ច ការងារ បណ្តុះបណ្តាលវិជ្ជាជីវៈ និងយុវនីតិសម្បទា ខេត្តក្រុង
- មន្ទីរ សុខាភិបាល ខេត្តក្រុង
- ក្រុមប្រឹក្សាសកម្មភាពជនពិការ DAC
- អង្គការពាក់ព័ន្ធជាតិ អន្តរជាតិ

  " ដើម្បីសហការអនុវត្ត "
- ឯកសារ កាលប្បវត្តិ

ANNEX 2: QUESTIONNAIRES

Questionnaire 1: Teachers and Caregivers of CWD, Hagar and other NGO staff
គ្រូបង្រៀន និង អ្នកមើលថែកុមារពិការ អង្គការហាកា និង បុគ្គលិកអង្គការក្រៅ រដ្ឋាភិបាលដ៏ទៃទៀត
Part 1: Identification

1.) Name ឈ្មោះ: ____________________

2.) Employer :និយោជក:____________________

3.) Position តួនាទី: ____________________

4.) Gender ភេទ: ______

5.) Age អាយុ: ______

6.) Employer Address អាស័យដ្ឋានរបស់និយោជក:

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Part 2: Services for CWD សេវាកម្មសំរាប់កុមារពិការ

1.) How many CWD do you work with?
តើមានកុមារពិការប៉ុន្មាននាក់ដែលអ្នកធ្វើការជាមួយ?

2.) What kinds of disabilities do these children have? តើកុមារទាំងនេះពិការដូចម្តេចខ្លះ?

a. Seeing difficulties ពិបាកក្នុងការមើល
b. Hearing difficulties ពិបាកក្នុងការស្តាប់
c. Speaking difficulties ពិបាកក្នុងការនិយាយ
d. Moving difficulties ពិបាកក្នុងការធ្វើចលនា
e. Feeling difficulties ពិការខាងកាយវិញ្ញាណ
f. Psychological difficulties (strange behavior) ពិការខាងផ្លូវចិត្ត
g. Learning difficulties ពិបាកក្នុងការរៀនសូត្រ
h. People who have fits អ្នកដែលមានប្រកាច់

i. Other ផ្សេងទៀត ________________________

3.) What support and/or services do you provide for children with disabilities?
តើអ្នកផ្តល់សេវាកម្មអ្វីខ្លះដល់កុមារពិការ?

4.) What further support and/or services are needed for children with disabilities?
តើកុមារពិការចង់បានការគាំទ្រ ឬជួយអ្វីដល់ពួកគេ?

5.) How can this support be provided to children with disabilities?
តើសេវាកម្មនេះអាចផ្តល់ជូនដល់កុមារពិការបានដូចម្តេច?

6.) What are the challenges of providing care to children with disabilities?
តើមានផលវិបាកអ្វីខ្លះ ក្នុងការមើលថែទាំកុមារពិការ?

7.) What support is needed for caregivers of children with disabilities and organizations working with children with disabilities?
តើអ្នកមើលថែទាំកុមារពិការ និង អង្គការដែលធ្វើការជាមួយកុមារពិការចង់បានការគាំទ្រដូចម្តេច?

8.) How can this support be provided?
តើសេវាកម្មនេះអាចផ្តល់បានតាមវិធីណា?

9.) Do the children with disabilities face discrimination at school or in the community?

តើកុមារពិការប្រឈមមុខ នឹងការរើសអើងនៅក្នុងសាលារៀន ឬនៅក្នុងសហគមន៍ដែរឬទេ?

10.) If yes, what kind of discrimination?

ប្រសិនបើមាន តើការរើសអើងនោះមានលក្ខណៈដូចម្តេច?

Part 5: The Future សំរាប់អនាគត

1.) What are your short term goals for your students (or beneficiaries)?

តើអ្នកមានគោលដៅរយៈខ្លីអ្វីខ្លះ សំរាប់សិស្ស ១ឬអ្នកទទួលផលរបស់អ្នកចុ?

2.) What are your long term goals for your students (or beneficiaries)?

តើអ្នកមានគោលដៅរយៈពេលយូរអ្វីខ្លះ សំរាប់សិស្ស ១ឬអ្នកទទួលផលរបស់អ្នកចុ?

2.) How can these goals be achieved?

តើត្រូវធ្វើដូចម្តេចដើម្បីអោយគោលដៅនោះទទួលបានជោគជ័យ?

3.) Where do you hope to see your disabled students in 5 years? In 10 years?

តើអ្នកមានក្តីសង្ឃឹមយ៉ាងណាដែរចំពោះសិស្សពិការរបស់អ្នកក្នុងរយៈពេល ៥ ឆ្នាំ ឬ ១០ ឆ្នាំខាងមុខ?

Questionnaire 2: Parents of CWD ឪពុកម្តាយរបស់កុមារពិការ

Part 1: Identification អត្តសញ្ញាណ

1.) Name ឈ្មោះ: ______________________________

2.) Age អាយុ: ______________________________

3.) Gender ភេទ: ______________________________

4.) Occupation មុខរបរ: ______________________________

5.) Village ភូមិ: ______________________________

6.) Commune ឃុំ: ______________________________

7.) District ស្រុក: ______________________________

8.) Province ខេត្ត: ______________________________

9.) Number of children ចំនួនកុមារ : ______________________________

10) Number of CWD ចំនួនកុមារពិការ: ______________________________

Part 2: Disability-specific support ការឧបត្ថម្ភផ្សេងទៀតសំរាប់កុមារពិការ

1.) What type of disability does your child possess? តើកូនរបស់អ្នកពិការប្រភេទអ្វី?

a. Seeing difficulties ពិបាកក្នុងការមើល

b. Hearing difficulties ពិបាកក្នុងការស្តាប់

c. Speaking difficulties ពិបាកក្នុងការនិយាយ

d. Moving difficulties ពិបាកក្នុងការធ្វើចលនា

e. Feeling difficulties ពិការខាងកាយវិញ្ញាណ

f. Psychological difficulties (strange behavior) ពិការខាងផ្លូវចិត្ត

g. Learning difficulties ពិបាកក្នុងការរៀនសូត្រ

h. People who have fits អ្នកដែលមានប្រកាច់

i. Other ផ្សេងទៀត

Part 3: Economic Status ស្ថានភាពសេដ្ឋកិច្ច

1.) Do you have access to transportation?
តើអ្នកមានមធ្យោបាយដឹកជញ្ជូនឬទេ?

2.) If yes, what kind of transportation?
ប្រសិនបើមាន តើជាប្រភេទអ្វី?

a.) Car រថយន្ត

b.) Moto ម៉ូតូ

c.) Bicycle កង់

d.) Oxen Cart រទេះគោ

e.) Other យានជំនិះផ្សេងទៀត

3.) How many dependents do you have?
តើអ្នកមានមនុស្សប៉ុន្មាននាក់ដែលនៅក្នុងបន្ទុក?

Part 4: Challenges faced by parents of CWD
ផលវិបាកដែលឪពុកម្តាយរបស់កុមារពិការ ឬអាណាព្យាបាលរបស់ប្រឈមមុខ

1.) What are the challenges of raising a child with disabilities?
តើការចិញ្ចឹមកុមារពិការកុមារពិការមានផលវិបាកដូចម្តេចខ្លះ?

2.) What are your concerns or fears for the child's future?
តើអ្នកមានការព្រួយបារម្ភ ឬភ័យខ្លាចយ៉ាងណាដែរចំពោះអនាគតកូនរបស់អ្នក?

3.) What support and/ or services do children with disabilities need?
តើកុមារពិការចង់បានការគាំទ្រ ឬសេវាកម្មអ្វីសំរាប់ពួកគេ?

4.) How can this support be provided?

តើសេវាកម្មនេះអាចផ្តល់ជូនពួកគេបានដោយវិធីណា?

5.) What support and / or services do parents of children with disabilities need?
តើឪពុកម្តាយកុមារពិការចង់បានការគាំទ្រ ឬផ្តល់សេវាកម្មអ្វីដល់ពួកគាត់?

6.) Have you or your child ever faced discrimination due to disability?
តើខ្លួនអ្នកផ្ទាល់ ឬ កូនរបស់អ្នកធ្លាប់ទទួលរងការរើសអើងអំពីភាពពិការដែររឺទេ?

7.) If yes, what kind of discrimination?
ប្រសិនបើមាន តើការរើសអើងនោះមានលក្ខណៈដូចម្តេច?

8.) Have you received any further information about your child's disability?
តើអ្នកបានទទួលដំណឹងអំពីការរីកចំរើនរបស់កូនពិការអ្នកដែររឺទេ?

Part 5: The Future សំរាប់ពេលអនាគត

1.) What are your goals for your disabled child?
តើអ្នកមានគោលដៅអ្វីខ្លះសំរាប់កូនពិការរបស់អ្នកនៅពេលអនាគត?

2.) How can these goals be achieved?
តើត្រូវធ្វើដូចម្តេចដើម្បីអោយគោលដៅទាំងនេះសំរេចបានជោគជ័យ?

3.) Where do you hope to see your disabled child in 5 years? In 10 years?
តើអ្នកមានក្តីសង្ឃឹមយ៉ាងណាដែរចំពោះសិស្សពិការរបស់អ្នកក្នុងរយះពេល ៥ ឆ្នាំ ឬ ១០ ឆ្នាំខាងមុខ?

Questionnaire 3: Local authorities, community members, neighbors of House of Smiles, neighbors of CWD អាជ្ញាធរមូលដ្ឋាន សមាជិកក្នុងសហគមន៍ អ្នកជិតខាងផ្ទះនៃក្ដីញញឹម អ្នកជិតខាងរបស់កុមារពិការ

Part 1: Identification អត្តសញ្ញាណ

1.) Name ឈ្មោះ: ______________________________

2.) Age អាយុ: ______________________________

3.) Gender ភេទ: ______________________________

4.) Occupation មុខរបរ: ______________________________

5.) Village ភូមិ: ______________________________

6.) Commune ឃុំ: ______________________________

7.) District ស្រុក: ______________________________

8.) Province ខេត្ត: ______________________________

Part 2: CWD in the community កុមារពិការក្នុងសហគមន៍

1.) Do you know children with intellectual disabilities in the community?
តើអ្នកមានស្គាល់កុមារពិការផ្នែកសតិបញ្ញាក្នុងសហគមន៍ឬទេ?

1.) What kinds of disabilities do these children have? តើកុមារទាំងនេះពិការដូចម្ដេចខ្លះ?

a. Seeing difficulties ពិបាកក្នុងការមើល
b. Hearing difficulties ពិបាកក្នុងការស្ដាប់
c. Speaking difficulties ពិបាកក្នុងការនិយាយ
d. Moving difficulties ពិបាកក្នុងការធ្វើចលនា
e. Feeling difficulties ពិការខាងកាយវិញ្ញាណ
f. Psychological difficulties (strange behavior) ពិការខាងផ្លូវចិត្ត
g. Learning difficulties ពិបាកក្នុងការរៀនសូត្រ
h. People who have fits អ្នកដែលមានប្រកាច់
i. Other ផ្សេងទៀត ______________

2.) What support and/ or services are needed for these children?
   តើកុមារពិការចង់បានការឧបត្ថម្ភ ឬការផ្តល់សេវាកម្មអ្វីដល់ពួកគេ?

3.) How can this support be provided?
   តើការផ្តល់សេវាកម្មនេះអាចផ្តល់ជូនតាមវិធីណា?

Part 3: Parents of CWD in the community ឪពុកម្តាយរបស់កុមារពិការក្នុងសហគមន៍

1.) Do you know parents of children with intellectual disabilities in the community?
   តើអ្នកមានស្គាល់ឪពុកម្តាយរបស់កុមារពិការផ្នែកសតិបញ្ញាក្នុងសហគមន៍ទេ?

2.) What are the challenges of parents of children with intellectual disabilities?
   តើផលវិបាកអ្វីខ្លះដែលឪពុកម្តាយរបស់កុមារពិការផ្នែកសតិបញ្ញាប្រឈមមុខជាមួយ?

3.) What support and/or services are needed for parents of children with intellectual disabilities?
   តើឪពុកម្តាយរបស់កុមារពិការផ្នែកសតិបញ្ញាចង់បានការឧបត្ថម្ភ ឬការផ្តល់ជាសេវាកម្មអ្វីដល់ពួកគាត់?

4.) How can this support be provided?
   តើសេវាកម្មនេះអាចផ្តល់ជូនបានតាមវិធីណា?

5.) Do families of children with intellectual disabilities face discrimination in the community?
   តើគ្រួសារដែលមានកូនពិការផ្នែកសតិបញ្ញាប្រឈមមុខនឹងការរើសអើងនៅក្នុងសហគមន៍ដែលរឺទេ?

6.) If yes, what kind of discrimination?
ប្រសិនបើមាន តើការរើសអើងនោះមានលក្ខណៈបែបណា?

7.) Are there ways to access information on disabilities and disability prevention in your community?
តើមានវិធីសាស្ត្រអ្វីខ្លះ ដើម្បីអោយពត៏មានស្តីអំពីពិការភាពបានចូលដល់សហគមន៍ ហើយជនពិការទទួលបានការការពារពីសហគមន៍? សូមលើកឧទាហរណ៍ និង ប្រាប់ពីអង្គការ ដែលធ្វើការនៅទីនោះ ហើយដែលអ្នកអាចទទួលពត៏មានបាន។

8.) If yes, please describe the information available and how to access it.
ប្រសិនបើមាន សូមពិពណ៌នាអំពីពត៏មាន និង វិធីសា្រស្តដែលយកមកប្រើ។

Part 5: The Future សំរាប់ពេលអនាគត

1.) Do you have hopes for the future of children with disabilities and families of children with disabilities in your community?
តើអ្នកមានក្តីសង្ឃឹមយ៉ាងណាដែរចំពោះគ្រួសារដែលមានកុមារពិការសតិបញ្ញាក្នុងសហគមន៍របស់អ្នកនៅពេលអនាគត?

2.) If yes, what are your hopes? ប្រសិនបើមាន តើអ្វីទៅជាក្តីសង្ឃឹមរបស់អ្នក?

3.) How can these hopes be realized?
តើក្តីសង្ឃឹមទាំងនេះអាចទទួលជោគជ័យដែររឺទេ?

Questionnaire 4: Children with Disability កុមារពិការ

Part 1: Identification អត្តសញ្ញាណ

1.) Name ឈ្មោះ: ____________________

2.) Age អាយុ: ____________________

3.) Gender ភេទ: ____________________

4.) Village ភូមិ: ____________________

5.) Commune ឃុំ: ____________________

6.) District ស្រុក: ____________________

7.) Province ខេត្ត: ____________________

8.) Grade in school (if applicable) រៀនថ្នាក់ទី: ____________________

9.) **FOR SURVEYOR:** What is the child's disability?

សំរាប់អ្នកស្រាវជ្រាវប៉ុណ្ណោះ �9 តើកុមារនោះពិការជាប្រភេទអ្វី? ឬ

a. Seeing difficulties ពិបាកក្នុងការមើល

b. Hearing difficulties ពិបាកក្នុងការស្តាប់

c. Speaking difficulties ពិបាកក្នុងការនិយាយ

d. Moving difficulties ពិបាកក្នុងការធ្វើចលនា

e. Feeling difficulties ពិការខាងកាយវិញ្ញាណ

f. Psychological difficulties (strange behavior) ពិការខាងផ្លូវចិត្ត

g. Learning difficulties ពិបាកក្នុងការរៀនសូត្រ

h. People who have fits អ្នកដែលមានប្រកាច់

i. Other ផ្សេងទៀត

Part 2: Personal Information ពត៌មានផ្ទាល់ខ្លួន

1.) What do you enjoy learning about? តើអ្នកចង់រៀនអំពីអ្វី ?

2.) What do you enjoy doing in your free time? តើអ្នកចូលចិត្តធ្វើអ្វីនៅពេលទំនេរ ?

3.) What are your goals for the future? តើអ្នកមានគោលបំណងចង់ធ្វើអ្វីនៅពេលអានាគត ?

4.) What kinds of services would help you reach your future goals?
តើសេវាកម្មអ្វីដែលជួយអោយអ្នកអាចឈានទៅដល់គោលដៅរបស់អ្នកនាពេលអនាគត ?

5.) How can these services be provided? តើសេវាកម្មទាំងនេះអាចជួយដល់អ្នកបានដូចម្តេច ?

6.) What would you like to tell others about yourself?
តើអ្នកចង់ប្រាប់អ្នកដ៏ទៃអំពីខ្លួនរបស់អ្នកដែរឬទេ ?

7.) Do you face discrimination?
តើអ្នកមានប្រឈមមុខទៅនឹងការរើសអើងដែរឬទេ? Yes ☐ No ☐

9. If yes, what kind of discrimination do you face?
ប្រសិនបើមាន តើការរើសអើងនោះមានលក្ខណៈដូចម្តេចដែរ?

ANNEX 3: DATA PROVIDED BY PROVINCIAL OFFICES OF MoSVY and MoEYS

Statistics of People with 9 Types of Disabilities: June 2008
Provincial Department of Ministry of Social Affairs, Veterans and Youth Rehabilitation
Kompong Chhanang

Number	Type of Disability	Under 18 Years of Age			Over 18 Years of Age			Grand Total		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
1	Seeing Difficulty	137	90	47	1,172	585	587	1,309	675	634
2	Hearing Difficulty	155	108	47	661	347	314	816	455	361
3	Speaking Difficulty	149	88	61	369	192	177	518	280	238
4	Moving Difficulty	326	185	141	1,550	1,079	471	1,876	1,264	612
5	Mental Problem	27	6	21	403	141	262	430	147	283
6	Learning Difficulty	159	80	79	82	42	40	241	122	119
7	Fits	60	31	29	283	196	87	343	227	116
8	Feeling Difficulty	49	30	19	420	260	160	469	290	179
9	Other	46	30	16	221	140	81	267	170	97
	Total	**1,108**	**648**	**460**	**5,161**	**2,982**	**2,179**	**6,269**	**3,630**	**2,639**

Statistics on Children in Kompong Speu
Ministry of Social Affairs, Veterans and Youth Rehabilitation
2008

Orphans						Have Both Parents		Abandoned		Drug Addicts		Street Children		Disabled		Trafficked		Abused		HIV Positive	
Only Father		Only Mother		No Parents																	
Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female
1. Oral District: 5 Communes																					
902	475	87	46	97	20	9,787	5,088							81	38						
Grand Total: 10,954 (5,667 Female)																					
2. Kong Pisey District: 13 Communes																					
464	273	418	236	186	85	50,909	25,751	2	1	1	0	7	2	183	89			1	1		
Grand Total: 52,171 (26,438 Female)																					
3. Samrong Torng: 15 Communes																					
3,495	1,811	689	336	385	200	51,701	27,626	1	1			1	1	597	251	3	3	6	6	23	17
Grand Total: 56,901 (30,252 Female)																					
4. Phnom Srouch: 12 Communes																					
1,355	735	544	253	251	127	41,813	21,901			7	0			270	147			1	1	13	5
Grand Total: 44,254 (23,169 Female)																					
5. Udong District: 15 Communes																					
2,178	1,093	629	307	482	419	46,069	23,020			2	0			419	176						
Grand Total: 49,779 (25,015 Female)																					
6. Borseth District: 15 Communes																					
2,196	1,044	474	239	480	211	60,492	30,489					5	3	354	110			3	3		
Grand Total: 64,004 (32,099 Female)																					
7. Tporng District: 7 Communes																					
3,206	2,108	82	56	171	121	34,589	18,155							148	41					1	
Grand Total: 38,197 (20,481 Female)																					
8. Chbar Morn: 5 Communes																					
893	463	281	146	231	138	14,047	7,257	3	2	27	1	28	12	72	27						
Grand Total: 15,582 (8,046 Female)																					
14,689	8,002	3,204	1,619	2,283	1,321	309,407	159,287	6	4	37	1	41	18	2,124	879	3	3	11	11	37	22
Grand Total of all 8 Districts: 331,842 (122,167 Female)																					

Persons with Disabilities in Pursat
Provincial Office of Ministry of Social Affairs, Veterans and Youth Rehabilitation

Disability	Under 18			Over 18			Total Male	Total Female	Total
	Boys	Girls	Total	Men	Women	Total			
Seeing Difficulty	342	355	697	2,153	2,442	4,595	2,495	2,797	**5,292**
Hearing Difficulty	460	447	907	740	667	1,407	1,200	1,114	**2,314**
Speaking Difficulty	323	285	608	439	371	810	762	656	**1,418**
Moving Difficulty	579	414	993	2,091	1,163	3,254	2,670	1,577	**4,247**
Feeling Difficulty	154	173	327	433	455	888	587	628	**1,215**
Strange Behavior	62	50	112	419	239	658	481	289	**770**
Learning Difficulty	367	345	712	332	369	701	699	714	**1,413**
Epileptic	109	97	206	132	105	237	241	202	**443**
Other Disabilities	131	295	426	618	871	1,489	749	1,166	**1,915**
Total	**2,527**	**2,461**	**4,988**	**7,357**	**6,682**	**14,039**	**9,884**	**9,143**	**19,027**

Persons with Disabilities in Ratanakiri
Provincial Office of Ministry of Social Affairs, Veterans and Youth Rehabilitation

					Amputee (Arm or Hand)						Amputee (Leg or Foot)						Bi-lateral Paralysis				Upper/Lower Body Paralysis			
					Left		Right		Both		Left		Right		Both		Left Side		Right Side		Upper Body		Lower Body	
			Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender	
	District	**Total**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**
1	Banlung	12	5	7																				
2	Ochum	53	20	33	1								1											
3	O Yadao	62	20	42																	2	1	4	5
4	Bokeo	51	22	29		1	1			1				1								1	1	
5	Andong Meas	37	21	16										1										
6	Veun Sai	118	48	70	2		3	2	4	2			5	2										
7	Kaun Mom	31	9	22	1	1		1						1										
8	Lumphat	87	46	41	1	1	1	1	1		3	2	1				6	2	4	5				
9	Taveng	43	21	22																				
	Subtotal	494	212	282	5	3	5	4	5	3	3	2	7	4			6	2	4	5	2	2	5	5
	Grand Total	**494**	**494**		**8**		**9**		**8**		**5**		**11**				**8**		**9**		**4**		**10**	

		Polio (of the arms)						Polio (of the legs)						Blind						Quadriplegic		Deaf		Feeling Difficulties		Leprosy	
		Left		Right		Both		Left		Right		Both		Left		Right		Both									
		Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender		Gender	
	District	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**
1	Banlung									1	2	2	2			1	2						1				
2	Ochum	1	2	1	2	1	1	2	4	1	1	4	3	2	2	1				2	3	4	14				
3	O Yadao		1	4	4	1		1	1	3	1	1			1			1	1			2	3			3	2
4	Bokeo	4	3	2				1			1	2	3				1	1				11	13	2	3		1
5	Andong Meas							1	2	1	1	1	1	5	1	7	3	4	5		1	1	1	1			
6	Veun Sai		1	2				2	1	2	6	1	5	2	5	5	10	5	4	4	4	10	25	3	2		1
7	Kaun Mom	1	1					1	1		1	2	2	1	4	1	1				2	2	5		2		

8	Lumphat	2	2	1			1	1	2		5	11	2	4	3	1	2	2	3	4	1	1	5		3	2	1
9	Taveng				1	2		2		2		1			2		2	1			1	12	12	1	4		
Subtotal		8	10	10	8	4	2	11	11	10	18	25	18	14	18	16	21	14	13	10	12	43	79	7	14	5	5
Grand Total		**18**		**18**		**6**		**22**		**29**		**33**		**32**		**37**		**27**		**22**		**122**		**21**		**10**	

Children with Disabilities Currently Attending School
Ministry of Education, Youth and Sport
Department of Primary Education, Special Education Office
2007

#	Province	Seeing Difficulty		Hearing Difficulty		Speaking Difficulty		Moving Difficulty		Feeling Difficulty		Mental Problem		Learning Difficulty		Fits		Total	Female
		Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female		
1	Phnom Penh	640	282	259	100	288	104	81	38	76	36	73	21	1,304	431	17	8	2,738	1,078
2	Koh Kong	89	30	85	37	91	40	40	13	56	17	17	5	177	80	2	0	557	222
3	Kep	32	14	21	8	38	12	10	4	19	10	6	0	211	86	2	0	339	134
4	Kampot	341	130	355	123	305	107	141	50	186	70	111	42	1,847	785	36	14	3,322	1,321
5	K.Cham	1,239	485	1,730	656	1,393	502	755	288	716	278	264	79	4,657	1,991	175	65	10,929	4,344
6	Ratanakiri	130	37	316	118	205	67	56	20	116	32	44	12	561	211	5	1	1,433	498
7	Mondulkiri	44	13	82	35	74	25	28	13	31	14	15	6	181	83	13	3	468	192
8	Odar Meanchey	120	53	328	144	212	85	75	32	96	37	77	33	367	181	45	15	1,320	580
9	K. Chhanang	232	94	241	104	141	58	138	49	114	50	43	17	375	157	20	13	1,304	542
10	Pursat	355	288	512	179	436	185	187	61	257	93	100	33	926	389	45	15	2,818	1,243
11	Battambang	919	391	1,174	511	1,080	424	514	201	593	228	263	95	2,600	1,076	121	48	7,264	2,974
12	Banteay Meanchey	574	253	965	354	789	343	402	160	368	159	184	65	1,278	548	77	30	4,637	1,912
13	Siem Reap	523	196	787	322	786	272	287	117	303	111	143	52	1,066	508	116	54	4,011	1,632
14	Kratie	205	81	517	216	396	152	168	64	174	40	49	16	1,471	656	17	8	2,997	1,233
15	Takeo	451	198	686	300	612	217	273	117	259	109	173	52	1,077	493	54	20	3,585	1,506
16	Stung Treng	73	24	227	96	249	116	100	52	43	17	34	13	1,027	417	29	12	1,782	747
17	Pailin	45	19	37	13	47	20	44	21	20	4	7	2	37	10	5	3	241	92
18	K.Som	91	33	58	25	120	56	60	16	36	13	20	9	105	28	8	4	498	184
19	Svay Rieng	322	110	264	112	470	195	342	130	295	111	15	2	368	146	77	29	2,153	835
20	K.Thom	379	149	572	220	563	228	318	131	276	109	150	54	1,020	380	49	18	3,327	1,289
21	Preah Vihear	208	86	382	155	275	115	96	39	112	48	60	13	437	204	55	28	1,625	688
22	K.Speu	305	146	458	219	588	246	916	219	458	154	153	73	794	380	199	95	3,871	1,532
23	Kandal	940	329	994	328	1,215	435	306	109	469	162	215	85	2,464	952	85	37	6,688	2,437
24	Prey Veng	430	261	482	321	519	313	175	110	206	106	155	74	901	570	95	55	2,963	1,810
Grand Total		**8,687**	**3,702**	**11,532**	**4,696**	**10,892**	**4,317**	**5,512**	**2,054**	**5,279**	**2,008**	**2,371**	**853**	**25,251**	**10,762**	**1,347**	**575**	**70,870**	**29,025**

ANNEX 4: LIST OF INFORMANTS

4.1 CHILDREN WITH DISABILITIES

#	NAME	MET THROUGH	PROVINCE	FORMAT	INTERVIEWER	DATE
1	Chhun Socheat	OEC	Battambang	SSI	RT	1/8/2008
2	Var Mey	OEC	Battambang	SSI	RT	1/8/2008
3	Kar Sokhai	OEC	Battambang	SSI	RT	1/8/2008
4	Chiet Visal	OEC	Battambang	SSI	RT	1/8/2008
5	Phar Sreykhouch	OEC	Battambang	SSI	RT	1/8/2008
6	Loeur Sokline	OEC	Battambang	SSI	RT	1/8/2008
7	Mom Nimol	OEC	Battambang	SSI	RT	1/8/2008
8	Phanith	OEC	Battambang	SSI	RT	2/8/2008
9	Roeun Saiyana	OEC	Battambang	Ssi	RT	2/8/2008
10	Tha Sreytouch	OEC	Battambang	SSI	RT	2/8/2008
11	Loeur Soklim	OEC	Battambang	SSI	RT	2/8/2008
12	Suon Samphors	NCDP	K. Speu	FG	RT	14/08/08
13	Bin Chantha	NCDP	K. Speu	FG	RT	14/08/08
14	Bin Sophal	NCDP	K. Speu	FG	RT	14/08/08
15	Tith Chanin	NCDP	K. Speu	FG	RT	14/08/08
16	Saing Borin	NCDP	K. Speu	FG	RT	14/08/08
17	Eow Sreytouch	NCDP	K. Speu	SSI	RT	14/08/08
18	Srey Kong	NCDP	K. Speu	SSI	RT	14/08/08
19	Soy Chiva	New Humanity	K.Chhanang	FG	RT	7/7/2008
20	Kong Keara	New Humanity	K.Chhanang	FG	RT	7/7/2008
21	Oeu Am not	New Humanity	K.Chhanang	FG	RT	7/7/2008
22	Chhin Hoeuk	New Humanity	K.Chhanang	FG	RT	7/7/2008
23	Choun Cham	New Humanity	K.Chhanang	FG	RT	7/7/2008
24	Saing Ieng	New Humanity	K.Chhanang	FG	RT	7/7/2008
25	Ny Sody	New Humanity	K.Chhanang	FG	RT	7/7/2008
26	Chhin Hong	New Humanity	K.Chhanang	FG	RT	7/7/2008
27	Kan chan	New Humanity	K.Chhanang	FG	RT	7/7/2008
28	Khon Vannak	New Humanity	K.Chhanang	FG	RT	7/7/2008
29	Soeung Solim	New Humanity	K.Chhanang	FG	RT	7/7/2008
30	Keo Sochea	New Humanity	K.Chhanang	FG	RT	7/7/2008
31	Men Sivorn	New Humanity	K.Chhanang	FG	RT	7/7/2008

32	Keo Darath	New Humanity	K.Chhanang	FG	RT	7/7/2008
33	Hon Houn	New Humanity	K.Chhanang	FG	RT	7/7/2008
34	Danai	New Humanity	K.Chhanang	FG	RT	7/7/2008
35	Thearith	New Humanity	K.Chhanang	FG	RT	7/7/2008
36	Yom Vichea	New Humanity	K.Chhanang	FG	RT	7/7/2008
37	Boeun Sambath	New Humanity	K.Chhanang	FG	RT	7/7/2008
38	Mao Moeun	New Humanity	K.Chhanang	FG	RT	7/7/2008
39	Leng Sunly	New Humanity	K.Chhanang	FG	RT	7/7/2008
40	Taing Sivly	Lavalla School	Kandal	SSI	Jenn/Bunroueth	14/03/08
41	Ang	Lavalla School	Kandal	SSI	Jenn/Bunroueth	14/03/08
42	Thie Hoeung	TASK	Kandal	SSI	Jenn/Bunroueth	1/4/2008
43	Vireak	TASK	Kandal	SSI	Jenn/Bunroueth	1/4/2008
44	Srey Ra	TASK	Kandal	SSI	Jenn/Bunroueth	1/4/2008
45	Chan Sophat	TASK	Kandal	SSI	Jenn/Bunroueth	1/4/2008
46	Phon Maria	TASK	Kandal	SSI	Jenn/Veasna	12/9/2008
47	Phon Matha	TASK	Kandal	SSI	Jenn/Veasna	12/9/2008
48	Sok Thida	TASK	Kandal	SSI	Jenn/Veasna	12/9/2008
49	Mai Yura	TASK	Kandal	SSI	Jenn/Veasna	12/9/2008
50	Keak	TASK	Kandal	SSI	Jenn/Veasna	12/9/2008
51	Chhoeng Soklin	TASK	Kandal	SSI	Jenn/Veasna	12/9/2008
52	Choeng Vicheka	TASK	Kandal	SSI	Jenn/Veasna	12/9/2008
53	Keo Visal	TASK	Kandal	SSI	Jenn/Veasna	12/9/2008
54	Mom	New Humanity	Kandal	FG	RT	21/05/08
55	Sopheap	New Humanity	Kandal	FG	RT	21/05/08
56	Chai Ly	New Humanity	Kandal	FG	RT	21/05/08
57	Sopha	New Humanity	Kandal	FG	RT	21/05/08
58	Korb Ra	New Humanity	Kandal	FG	RT	21/05/08
59	Chan Thy	New Humanity	Kandal	FG	RT	21/05/08
60	Sreynit	PoSVY	Kratie	SSI	RT	25/08/08
61	Heng Samnag	PoSVY	Kratie	SSI	RT	25/08/08
62	Chhim Seng Tevy	PoSVY	Kratie	SSI	RT	25/08/08
63	Chhim Maradi	PoSVY	Kratie	SSI	RT	25/08/08
64	Ouch Ounlim	PoSVY	Kratie	SSI	RT	26/08/08
65	Kout Ranny	PoSVy	Kratie	SSI	RT	26/08/08
66	Chan Vila	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
67	Mam Sopheak	HAGAR (House of	Phnom Penh	FG	Jenn	11/3/2008

		Smiles)				
68	Mam Sopheap	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
69	Touch Thein	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
70	So Thida	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
71	Breng Savuth	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
72	Khim Meng Kheang	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
73	Khim Srey Meng	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
74	Khim Chamroeun	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
75	Mam Socheat	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
76	Chom Sopheak	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
77	Soy Sopheak	HAGAR (House of Smiles)	Phnom Penh	FG	Jenn	11/3/2008
78	Pheak	Parents Association	Phnom Penh	FG	Jenn/Chetra	5/8/2008
79	Peov Nara	Parents Association	Phnom Penh	FG	Jenn/Chetra	5/8/2008
80	In Kosal	Parents Association	Phnom Penh	FG	Jenn/Chetra	5/8/2008
81	Pros Touch	Parents Association	Phnom Penh	FG	Jenn/Chetra	5/8/2008
82	Srey Noch	Parents Association	Phnom Penh	FG	Jenn/Chetra	5/8/2008
83	Soun Ly	Parents Association	Phnom Penh	FG	Jenn/Chetra	5/8/2008
84	Srey Ka	Parents Association	Phnom Penh	FG	Jenn/Chetra	5/8/2008
85	Chan Veasna	DDSP	Pursat	FG	RT	29/07/08
86	Roeun Mary	DDSP	Pursat	FG	RT	29/07/08
87	Chhorn Chhai	DDSP	Pursat	FG	RT	29/07/08
88	Son Sarieng	DDSP	Pursat	FG	RT	29/07/08
89	Kem Bonita	DDSP	Pursat	FG	RT	29/07/08
90	In Li Thip	DDSP	Pursat	FG	RT	29/07/08
91	Chou Vicheka	DDSP	Pursat	FG	RT	29/07/08
92	Phang Sok	DDSP	Pursat	FG	RT	29/07/08
93	Theng Buntha	DDSP	Pursat	FG	RT	29/07/08
94	Chea Chet	DDSP	Pursat	FG	RT	29/07/08

95	Ork Samrith	DDSP	Pursat	FG	RT	29/07/08
96	Sai Konthea	DDSP	Pursat	FG	RT	29/07/08
97	Vurm Sokhak	DDSP	Pursat	FG	RT	29/07/08
98	Horn Lin	DDSP	Pursat	FG	RT	29/07/08
99	Sorn Van Neat	DDSP	Pursat	FG	RT	29/07/08
100	Den Sreymao	DDSP	Pursat	FG	RT	29/07/08
101	Khon Veasna	DDSP	Pursat	FG	RT	29/07/08
102	Thoeun Sreylin	DDSP	Pursat	FG	RT	29/07/08
103	Sok Eiv	DDSP	Pursat	FG	RT	29/07/08
104	Kim Lang	DDSP	Pursat	FG	RT	29/07/08
105	Choung Udom	PoSVY	Ratanakiri	FG	RT	29/08/08
106	Plong Iev Cheang	PoSVY	Ratanakiri	FG	RT	29/08/08
107	Eng Pheakdey	PoSVY	Ratanakiri	FG	RT	29/08/08
108	Tim Savoeurn	PoSVY	Ratanakiri	FG	RT	29/08/08
109	Khon	PoSVY	Ratanakiri	FG	RT	29/08/08
110	Krei	PoSVY	Ratanakiri	FG	RT	29/08/08
111	Krin	PoSVY	Ratanakiri	FG	RT	29/08/08
112	Thoeuk	PoSVY	Ratanakiri	FG	RT	29/08/08
113	Kak Eth Kroy	PoSVY	Ratanakiri	FG	RT	29/08/08
114	Ong Khon	PoSVY	Ratanakiri	FG	RT	29/08/08
115	Plann Srey Touch	PoSVY	Ratanakiri	FG	RT	30/08/08
116	Nhout Srey	PoSVY	Ratanakiri	FG	RT	30/08/08
117	Chuom Hoeun	PoSVY	Ratanakiri	FG	RT	30/08/08
118	Nin Khar Kven	PoSVY	Ratanakiri	FG	RT	30/08/08
119	Peut Tu	PoSVY	Ratanakiri	FG	RT	30/08/08
120	Srey Meas	PoSVY	Ratanakiri	FG	RT	30/08/08
121	Khoeun Plouk	PoSVY	Ratanakiri	FG	RT	30/08/08
122	Vien Laboeun	PoSVY	Ratanakiri	FG	RT	30/08/08
123	Yen Touk	PoSVY	Ratanakiri	FG	RT	30/08/08
124	Touk Keo	PoSVY	Ratanakiri	FG	RT	30/08/08
125	Ee Yean	PoSVY	Ratanakiri	FG	RT	30/08/08
126	Kan Lary	PoSVY	Stung Treng	SSI	RT	28/08/08
127	Kan Lavuth	PoSVY	Stung Treng	SSI	RT	28/08/08
128	Srey Liya	PoSVY	Stung Treng	SSI	RT	28/08/08
129	Prak Vuthy	PoSVY	Stung Treng	SSI	RT	29/08/08
130	Sdar Veasna	PoSVY	Stung Treng	SSI	RT	29/08/08
131	Mar Lina	PoSVY	Stung Treng	SSI	RT	29/08/08

132	Rattanak Udom	PoSVY	Stung Treng	SSI	RT	29/08/08
133	Bros Sinoun	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
134	Im Savuth	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
135	Seth Pisal	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
136	Chea Vitou	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
137	Srey Houch	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
138	Chhom Chanthy	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
139	Roeung Lekena	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
140	Nhin Piseth	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
141	Lun Chan Nary	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
142	Khat Chan Leap	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
143	Choun Piseth	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
144	Sarin Manuth	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
145	Sun Sreypich	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
146	Oun Phanith	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08
147	Nang Chantha	HAGAR (House of Smiles)	Takamao	FG	RT	21/05/08

4.2 PARENTS OF CHILDREN WITH DISABILITIES

#	NAME	OCCUPATION	MET THROUGH	PROVINCE	METHOD	INTERVIEWER	DATE
1	Chan Em	Mother	OEC	Battambang	SSI	RT	01/08/08
2	Chheng Mao	Mother	OEC	Battambang	SSI	RT	01/08/08
3	Roeun Reth	Farmer	OEC	Battambang	SSI	RT	01/08/08
4	Poa Khorn	Farmer	OEC	Battambang	SSI	RT	01/08/08
5	Thach Bunthoeun	Father	OEC	Battambang	SSI	RT	01/08/08
6	Pen Mom	Mother	OEC	Battambang	SSI	RT	01/08/08
7	Kong Nim	Mother	OEC	Battambang	SSI	RT	01/08/08
8	Oun Mom	Mother	OEC	Battambang	SSI	RT	02/08/08
9	Bo Yann	Mother	OEC	Battambang	SSI	RT	02/08/08
10	Khieo Thearith	Mother	OEC	Battambang	SSI	RT	02/08/08
11	Sok Chen	Mother	OEC	Battambang	SSI	RT	02/08/08
12	Ly Sokunthear	Mother	OEC	Battambang	SSI	RT	02/08/08
13	Chan Horm	Tailor	OEC	Battambang	SSI	RT	02/08/08
14	Phon Phalla	Farmer	OEC	Battambang	SSI	RT	02/08/08
15	Sor Naroath	Housewife	OEC	Battambang	SSI	RT	02/08/08
16	Leb Si	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
17	Rin Sai	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
18	Sim Chanthy	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
19	Sue Kear	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
20	Meas Sokhorn	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
21	Meas Joiy	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
22	Yang Kimchen	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
23	Suon Kong	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
24	Soat Sorah	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
25	Penh Koeun	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
26	Larch Poa	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
27	Soan Si	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
28	Huoy Mot	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
29	Ros Sovai	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
30	Nuv Thik	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
31	Tim Ri	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
32	Chem Lam	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08

33	Hem Vy	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
34	Saing Long	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
35	Sae	Farmer	New Humanity	K. Chhanang	FG	RT	08/07/08
36	Leng Chanthy	Sister of CWD	New Humanity	K. Chhanang	SSI	RT	08/07/08
37	Leang Leang	Sister of CWD	New Humanity	K. Chhanang	SSI	RT	08/07/08
38	So Sam	Mother	NCDP	K. Speu	FG	RT	14/08/08
39	Ton Norb	Mother	NCDP	K. Speu	FG	RT	14/08/08
40	So Heng	Mother	NCDP	K. Speu	FG	RT	14/08/08
41	Bo Sokhom	Mother	NCDP	K. Speu	FG	RT	14/08/08
42	Mam Sorn	Mother	NCDP	K. Speu	FG	RT	14/08/08
43	Chhey Phal	Mother	NCDP	K. Speu	FG	RT	14/08/08
44	Svay Chorn	Mother	NCDP	K. Speu	FG	RT	14/08/08
45	Sak Sarin	Mother	NCDP	K. Speu	FG	RT	14/08/08
46	Soeung Chanthou	Parent	NCDP	K. Speu	FG	RT	14/08/08
47	Pov Em	Farmer	NCDP	K. Speu	SSI	RT	14/08/08
48	Mao Im	Farmer	NCDP	K. Speu	SSI	RT	14/08/08
49	Ton Samorn	Farmer	NCDP	K. Speu	SSI	RT	14/08/08
50	Phik Voeun	Farmer	SSC	K. Speu	SSI	RT	14/08/08
51	Ngoun Samon	Farmer	NCDP	K. Speu	SSI	RT	14/08/08
52	So Chantha	Chief of Parents Group	NCDP	K. Speu	FG	RT	14/08/08
53	Mok Sinat	Father	NCDP	K. Speu	FG	RT	14/08/08
54	Srey Vanrida	Housewife	TASK	Kandal	SSI	Jenn/Bunreoeuth	12/09/08
55	Sim Srie	Housewife	V.I.	Kratie	FG	RT	25/08/08
56	Phoung Bopha	Farmer	V.I.	Kratie	FG	RT	25/08/08
57	Lim Naksy	Teacher	V.I.	Kratie	FG	RT	25/08/08
58	Sok Niradei	Housewife	V.I.	Kratie	FG	RT	25/08/08
59	Roeun Phet	Farmer	V.I.	Kratie	FG	RT	25/08/08
60	Va Navy	Vendor	PoSVY	Kratie	SSI	RT	25/08/08
61	Prak Vannara	Fisherman	PoSVY	Kratie	SSI	RT	25/08/08
62	Chhim Seng Hoeun	Fisherman	PoSVY	Kratie	SSI	RT	25/08/08
63	Oeur Sokry	Teacher	PoSVY	Kratie	SSI	RT	25/08/08
64	Keo Peov	Farmer	PoSVY	Kratie	SSI	RT	25/08/08
65	Man Savoeun	Farmer	PoSVY	Kratie	SSI	RT	25/08/08
66	Lun Py	Housewife	PoSVY	Kratie	SSI	RT	25/08/08
67	Khuth Rith	Moto Driver	PoSVY	Kratie	SSI	RT	25/08/08
68	Ren Sokheang	Police Officer	PoSVY	Kratie	SSI	RT	25/08/08

69	Pok Kimly	Vegetable Seller	PoSVY	Kratie	SSI	RT	25/08/08
70	Ouch Ly	Farmer	PoSVY	Kratie	SSI	RT	25/08/08
71	Sna Vanna	Farmer	PoSVY	Kratie	SSI	RT	25/08/08
72	Suthanee Phanmee	CBR Program Leader	CCD	Nakor Pathom, Thailand	SSI	Jenn/Chetra/Bunroeuth	10/6/08
73	Chheng Mao	Farmer	OEC/PoSVY	Pailin	SSI	RT	31/07/08
74	Mao Reth	Farmer	OEC/PoSVY	Pailin	SSI	RT	31/07/08
75	Maen Vanna	Pig raising	OEC/PoSVY	Pailin	SSI	RT	31/07/08
78	Bin Vanna	Housewife	Pat Frost	Phnom Penh	SSI	Jenn/Veasna/Buroeuth	1/9/08
79	Nhue Davy	Mother	Parents Assoc.	Phnom Penh	FG	Jenn/Chetra	24/04/08
80	Leang Kim Sreang	Mother	Parents Assoc.	Phnom Penh	FG	Jenn/Chetra	24/04/08
81	Boeun	Mother	Parents Assoc.	Phnom Penh	FG	Jenn/Chetra	24/04/08
82	Ek Amara	Mother	Parents Assoc.	Phnom Penh	FG	Jenn/Chetra	24/04/08
83	Tear	Mother	Parents Assoc.	Phnom Penh	FG	Jenn/Chetra	24/04/08
84	Seng Hoy	Mother	Parents Assoc.	Phnom Penh	FG	Jenn/Chetra	24/04/08
85	Ouch Sam Arth	Father	Parents Assoc.	Phnom Penh	FG	Jenn/Chetra	24/04/08
86	Svay Simorn	Chairperson	Parents Assoc.	Phnom Penh	FG	Jenn/Chetra	24/04/08
87	Thida	Mother	Parents Assoc.	Phnom Penh	FG	Jenn/Chetra	24/04/08
88	Rina	Fisherwoman	TASK	Phnom Penh	SSI	Jenn/Bunreoeuth	25/03/08
89	Bony	Housewife	TASK	Phnom Penh	SSI	Jenn/Bunreoeuth	25/03/08
90	Touch Sophy	Parent	TASK	Phnom Penh	SSI	Jenn/Bunreoeuth	25/03/08
91	Srey Mao	Housewife	TASK	Phnom Penh	SSI	Jenn/Bunreoeuth	25/03/08
92	Prak Savorn	Housewife	DDSP	Pursat	SSI	RT	29/07/08
93	Yang Sim	Carving	DDSP	Pursat	SSI	RT	29/07/08
94	Keo Chantou	Farmer	PoSVY	Ratanakiri	SSI	RT	29/08/08
95	Huy Lang	Housewife	PoSVY	Ratanakiri	SSI	RT	29/08/08
96	Choung Udom	Mother	PoSVY	Ratanakiri	FG	RT	29/08/08
97	Plong Iev Cheang	Father	PoSVY	Ratanakiri	FG	RT	29/08/08
98	Eng Pheakdey	Brother	PoSVY	Ratanakiri	FG	RT	29/08/08
99	Tim Savoeurn	Mother	PoSVY	Ratanakiri	FG	RT	29/08/08
100	Khiev	Farmer	Yeak Loam commune	Ratanakiri	SSI	RT	29/08/08
101	Ney Preap	Mother	La Oak Commune	Ratanakiri	SSI	RT	30/08/08
102	Dum Chok	Parent	Yeak Loam commune	Ratanakiri	FG	RT	29/08/08

103	Prak Ngek	Parent	Yeak Loam commune	Ratanakiri	FG	RT	29/08/08
104	Vich Lom	Parent	Yeak Loam commune	Ratanakiri	FG	RT	29/08/08
105	Vik Toth	Parent	Yeak Loam commune	Ratanakiri	FG	RT	29/08/08
106	Moung Kim	Parent	Yeak Loam commune	Ratanakiri	FG	RT	29/08/08
107	Morn Mab	Farmer	O chum commune	Ratanakiri	FG	RT	30/08/08
108	Yor Youn	Farmer	O chum commune	Ratanakiri	FG	RT	30/08/08
109	Sek Phaun	Parent	O chum commune	Ratanakiri	FG	RT	30/08/08
110	Loeun Phai	Parent	O chum commune	Ratanakiri	FG	RT	30/08/08
111	Yor Nhorch	Parent	O chum commune	Ratanakiri	FG	RT	30/08/08
112	Vy Ee Yean	Parent	O chum commune	Ratanakiri	FG	RT	30/08/08
113	Loi Teanh	Parent	O chum commune	Ratanakiri	FG	RT	30/08/08
114	Oeun Tea	Parent	O chum commune	Ratanakiri	FG	RT	30/08/08
115	Hang Kampuy	Parent	O chum commune	Ratanakiri	FG	RT	30/08/08
116	Klim Tous	Parent	La Oak commune	Ratanakiri	FG	RT	30/08/08
117	Loun Preak	Parent	La Oak commune	Ratanakiri	FG	RT	30/08/08
118	Kapeak Plart	Parent	La Oak commune	Ratanakiri	FG	RT	30/08/08
119	Lumporn Savoeun	Parent	Kalai commune	Ratanakiri	FG	RT	30/08/08
120	Nin Haram	Parent	Kalai commune	Ratanakiri	FG	RT	30/08/08
121	Doek Kamplor	Parent	Kalai commune	Ratanakiri	FG	RT	30/08/08
122	Kanchram Pleng	Parent	Kalai commune	Ratanakiri	FG	RT	30/08/08

123	Khoeun	Parent	Kalai commune	Ratanakiri	FG	RT	30/08/08
124	Pleak Dorkpour	Mother	PoSVY	Stung Treng	SSI	RT	28/08/08
125	Doung Dany	Mother	PoSVY	Stung Treng	SSI	RT	28/08/08
126	Eeb	Mother	PoSVY	Stung Treng	SSI	RT	28/08/08
127	So Nang	Mother	PoSVY	Stung Treng	SSI	RT	29/08/08
128	Min Theara	Mother	PoSVY	Stung Treng	SSI	RT	29/08/08
129	Se Kimse	Mother	PoSVY	Stung Treng	SSI	RT	29/08/08
130	Sot Vanna	Fisherwoman	PoSVY	Stung Treng	SSI	RT	29/08/08
131	Keo Sambath	Mother	PoSVY	Stung Treng	SSI	RT	29/08/08
132	Khorn Rattana	Father	PoSVY	Stung Treng	SSI	RT	29/08/08
133	Phoma Vanna	Mother of CWD	PoSVY	Stung Treng	SSI	RT	29/08/08

4.3 NGO STAFF MEMBERS

#	NAME	POSITION	ORGANIZATION	PROVINCE	METHOD	INTERVIEWER	DATE
1	Wasan Saenwian	Executive Director	CCD	Bangkok	SSI	Jenn	9/6/2008
2	Chim Kolvuth	Center Manager	ICRC	Battambang	SSI	RT	31/07/08
3	Hak Sokly	Program Assistant	OEC	Battambang	FG	RT	31/07/08
4	So Sophai	Social Staff	OEC	Battambang	FG	RT	31/07/08
5	Pen Yong	Social Staff	OEC	Battambang	FG	RT	31/07/08
6	Nhim Sam Ol	Social Staff	OEC	Battambang	FG	RT	31/07/08
7	Doung Saroeun	Social Staff	OEC	Battambang	FG	RT	31/07/08
8	Tit Davy	Executive Director	OEC	Battambang	FG	RT	31/07/08
9	Nhim Men	Program Coordinator	OEC	Battambang	FG	RT	31/07/08
10	Rearch Vanna	Physiotherapist	New Humanity	K.Chhanang	FG	RT	8/7/2008
11	Soen Tong Sim	Physiotherapist	New Humanity	K.Chhanang	FG	RT	8/7/2008
12	Phath Chan So	Physiotherapist	New Humanity	K.Chhanang	FG	RT	8/7/2008
13	Poi Sokyim	Physiotherapist	New Humanity	K.Chhanang	FG	RT	8/7/2008
14	Sai Suy	Physiotherapist	New Humanity	K.Chhanang	FG	RT	8/7/2008
15	Lim Heng	Physiotherapist	New Humanity	K.Chhanang	FG	RT	8/7/2008
16	Ek Samboun	Facilitator	New Humanity	K.Chhanang	FG	RT	8/7/2008
17	Som Sarith	P.O	Cambodia Trust (CT)	K.Chhanang	FG	RT	8/7/2008
18	Nou Savin	CDW	Cambodia Trust (CT)	K.Chhanang	FG	RT	8/7/2008

19	Srey Savuth	P.T	Cambodia Trust (CT)	K.Chhanang	FG	RT	8/7/2008
20	Sao Narihn	CDW	Cambodia Trust (CT)	K.Chhanang	FG	RT	8/7/2008
21	Soun Sokha	CD Team Leader	Cambodia Trust (CT)	K.Chhanang	FG	RT	8/7/2008
22	Lim Heng	Special Needs Teacher	New Humanity	K.Chhanang	FG	RT	8/7/2008
23	Leng Loat	Special Needs Teacher	New Humanity	K.Chhanang	FG	RT	
24	Thleang Vanchom	Special Needs Teacher	New Humanity	K.Chhanang	FG	RT	
25	Sar Ngoun	Community Coordinator	LMDS	K.Chhanang	SSI	RT	9/7/2008
26	Christina Togni	Disability Program Manager	New Humanity	K.Chhanang	SSI	Jenn	7/7/2008
27	Prak Sokrath	Facilitator	NCDP	K.Speu	SSI	RT	14/08/08
28	So Noeun	Facilitator	NCDP	K.Speu	SSI	RT	15/08/08
29	Noun Sambo	Social Facilitator	NCDP	K.Speu	SSI	RT	15/08/08
30	Heng Sony	Chairperson	Social Services Cambodia	K.Speu	SSI	RT	15/08/08
31	Khim Vuthy	Staff	Social Services Cambodia	K.Speu	SSI	RT	15/08/08
32	Phal Udam Sambath	Staff	Social Services Cambodia	K.Speu	SSI	RT	15/08/08
33	Br. Heinrich	Director	Lavalla School	Kandal	SSI	RT	14/03/08
34	Om Sreyna	Teacher	Lavalla School	Kandal	SSI	RT	14/03/08
35	Soeung Mayanith	Community Coordinator	HAGAR (House of Smiles)	Kandal	FG	RT	21/05/08
36	Soeur Saorin	Special Needs Teacher	HAGAR (House of Smiles)	Kandal	FG	RT	21/05/08
37	Ou Sokun	Community Staff	HAGAR (House of Smiles)	Kandal	FG	RT	21/05/08
38	Bou Thang Kham	Driver	HAGAR (House of Smiles)	Kandal	FG	RT	21/05/08
39	Nimol	Director	YODIFEE	Kandal	FG	RT	21/05/08
40	Seng Sai	CPO	V.I.	Kratie	FG	RT	25/08/08
41	Mao Samnang	Physiotherapist	V.I.	Kratie	FG	RT	25/08/08
42	Bun Kimheang	Social Worker	OEC/PoSVY	Pailin	SSI	RT	1/8/2008

43	To Chentong	Community Staff	HAGAR (House of Smiles)	Phnom Penh	FG	RT	27/06/08
44	Ly Chanthou	Community Staff	HAGAR (House of Smiles)	Phnom Penh	FG	RT	27/06/08
45	Hear Chheng Kong	Physiotherapist	HAGAR (House of Smiles)	Phnom Penh	FG	RT	27/06/08
46	Pen Syna	Special needs teacher	HAGAR (House of Smiles)	Phnom Penh	FG	RT	27/06/08
47	Sok Chenda	House Parent	HAGAR (House of Smiles)	Phnom Penh	FG	RT	27/06/08
48	Choub Phally	House Parent	HAGAR (House of Smiles)	Phnom Penh	FG	RT	27/06/08
49	Nob Sophan	House Parent	HAGAR (House of Smiles)	Phnom Penh	FG	RT	27/06/08
50	Hout Puthy	House Parent	HAGAR (House of Smiles)	Phnom Penh	FG	RT	27/06/08
51	Uch Vantha	CBR Program Manager	NCDP	Phnom Penh	SSI	Jenn	5/8/2009
52	Ham Hak	Comm. Manager	DAC	Phnom Penh	SSI	Jenn	6/3/2008
53	Vors Samphors	Children's Manager	DAC	Phnom Penh	SSI	Jenn	6/3/2008
54	Hun Touch	Director	Rabbit School	Phnom Penh	SSI	Jenn	12/3/2008
55	Steve Harkett	Founder	DDSP	Phnom Penh	SSI	Jenn	6/3/2008
56	Steve Gourley	Researcher	NA	Phnom Penh	SSI	Jenn	19/02/08
57	JoJo Pastores	Peace and Justice Program Manager	World Vision Cambodia	Phnom Penh	SSI	Jenn	22/02/08
58	Chenda	Program Assistant	TASK	Phnom Penh	SSI	Jenn	25/03/08
59	Hun Sokhoeun	Teacher	TASK (Sunrise School)	Phnom Penh	SSI	Jenn	25/03/08
60	Hang Kimchhorn	Principal	Krousar Thmey-Deaf School	Phnom Penh	SSI	Jenn	20/03/08
61	Saorath	Director	CDPO	Phnom Penh	SSI	Jenn	27/03/08
62	Nhem Navy	Teacher	Rabbit School	Phnom Penh	FG	Jenn	12/3/2008
63	Keo Thida	Teacher	Rabbit School	Phnom Penh	FG	Jenn	12/3/2008
64	Channy	Physical Therapist	Rabbit School	Phnom Penh	FG	Jenn	12/3/2008
65	Sophal	Physical Therapist	Rabbit School	Phnom Penh	FG	Jenn	12/3/2008
66	Sokha	Physical Therapist	Rabbit School	Phnom Penh	FG	Jenn	12/3/2008
67	Ey Vonn	L & D Coordinator	HAGAR	Phnom Penh	SSI	Jenn	12/9/2008

68	Theavy	The Little Conquerers Program	TASK	Phnom Penh	SSI	Jenn	12/9/2008
69	Charlie Dittmeier	Program Director	Deaf Development Program	Phnom Penh	SSI	Jenn	17/09/08
70	Amy Gough	Program Director	Happy Child Project, HIB	Phnom Penh	SSI	Jenn	8/10/2008
71	Son Song Hak	Resource Mobilizing Officer	ADD	Phnom Penh	SSI	Jenn	14/10/08
72	Chea Sam Nang	Executive Director	CABDICO	Phnom Penh	SSI	Jenn	14/10/08
73	Chhin Sokuntheary	Community Staff	HAGAR (House of Smiles)	Phnom Penh	FG	RT	
74	Chin Sambath	Physiotherapist	DDSP	Pursat	FG	RT	30/07/08
75	Oun Chhouy	Physiotherapist	DDSP	Pursat	FG	RT	30/07/08
76	Ly Sokunthear	Special Needs Teacher	DDSP (Prey Nhee Primary School)	Pursat	FG	RT	30/07/08
77	Seth Buntha	Physical Therapist	DDSP	Pursat	FG	RT	29/07/08
78	Samnang	Director	DDSP	Pursat	SSI	RT	29/07/08
79	Meas Soy	Community Kindergarten Teacher	UNICEF	Stung Treng	FG	RT	27/08/08
80	Serm Somaly	Community Kindergarten Teacher	UNICEF	Stung Treng	FG	RT	27/08/08
81	Saroeun Sarun	Community Kindergarten Teacher	UNICEF	Stung Treng	FG	RT	27/08/08
82	Phai Yuth	Community Kindergarten Teacher	UNICEF	Stung Treng	FG	RT	27/08/08
83	Nou Taeng Thoeun	Community Kindergarten Teacher	UNICEF	Stung Treng	FG	RT	27/08/08
84	Prom Saron	Community Kindergarten Teacher	UNICEF	Stung Treng	FG	RT	27/08/08
85	Meas Kadul	Education Officer	UNICEF	Stung Treng	SSI	RT	27/08/08
86	Leng Ponlork	Maternal and Child Health Officer	UNICEF	Stung Treng	SSI	RT	29/08/08

87	Dr. Bhoomikumar	Consultant Child Psychologist	CCMH	Takamao	SSI	Jenn	20/03/08

4.4 GOVERNMENT OFFICIALS AND STAFF

#	NAME	POSITION	MINISTRY/AREA	PROVINCE	FORMAT	INTERVIEWER	DATE
1	Kim Seang	Deputy Director	PoSVY	Battambang	SSI	RT	31/07/08
2	Neak Vicharak	Staff	PoEYS	Battambang	FG	RT	2/8/2008
3	Choub Savuth	Principal	Prey Totung Primary School	Battambang	FG	RT	2/8/2008
4	Chhey Sarun	Teacher	Prey Totung Primary School	Battambang	FG	RT	2/8/2008
5	Has Sinem	Teacher	Prey Totung Primary School	Battambang	FG	RT	2/8/2008
6	Chan Pearch	Office Staff	Prey Totung Primary School	Battambang	FG	RT	2/8/2008
7	Roeun Rin	Assistant Principal	Prey Totung Primary School	Battambang	FG	RT	2/8/2008
8	Tart Saran	Teacher	Khum Chrey Primary School	Battambang	FG	RT	2/8/2008
9	Thai Sary	Principal	Khum Chrey Primary School	Battambang	FG	RT	2/8/2008
10	Sieng Sovanarith	Staff	PoEYS	Battambang	FG	RT	2/8/2008
11	Kong Vutha	Assistant	PoEYS	Battambang	FG	RT	2/8/2008
12	Em Bo	Health Center Assistant	Ponley Health Center	K. Chhanang	FG	RT	7/7/2008
13	Meas Dutty	Doctor	Ponley Health Center	K. Chhanang	FG	RT	7/7/2008
14	Yong Pisey	Health worker	Ponley Health Center	K. Chhanang	FG	RT	7/7/2008
15	Chea Sauyaet	Health worker	Ponley Health Center	K. Chhanang	FG	RT	7/7/2008
16	Tim Nok	Member	Commune Council	K. Chhanang	FG	RT	8/7/2008

17	Ean Choeun	Village Chief	Kraing Khmer	K. Chhanang	FG	RT	8/7/2008
18	Min Sarin	Village Chief	Tuol Poa	K. Chhanang	FG	RT	8/7/2008
19	Chea Tha	Village Chief	Stung Thmey	K. Chhanang	FG	RT	8/7/2008
20	Nget Sarim	Commune Chief	Popel Commune Council	K. Chhanang	FG	RT	8/7/2008
21	Thoy Loarn	Village Chief	Damrei Kaun	K. Chhanang	FG	RT	8/7/2008
22	Sin Pom	Commune Chief	Pich Changvar	K. Chhanang	FG	RT	8/7/2008
23	Chan Seng	Village Chief	Thlok Chroav	K. Chhanang	FG	RT	8/7/2008
24	Hem Mut	Village Chief	Thnal village	K. Chhanang	FG	RT	8/7/2008
25	Nuv Norn	Village Chief	Kraing Korkoh	K. Chhanang	FG	RT	8/7/2008
26	Noun Choeung	Village Chief	Kroal Chi village	K. Chhanang	FG	RT	8/7/2008
27	Kim Seng	Secretary	Andoung Rovieng Primary School	K. Chhanang	FG	RT	9/7/2008
28	Loeung Sambat	Grade 1 Teacher	Andoung Rovieng Primary School	K. Chhanang	FG	RT	9/7/2008
29	Sun Bunthang	Grade 6 Teacher	Andoung Rovieng Primary School	K. Chhanang	FG	RT	9/7/2008
30	Iv Sopheap	Grade 3 Teacher	Andoung Rovieng Primary School	K. Chhanang	FG	RT	9/7/2008
31	Prak Choeun	Grade 4 Teacher	Andoung Rovieng Primary School	K. Chhanang	FG	RT	9/7/2008
32	Iv Phoa	Grade 2 Teacher	Andoung Rovieng Primary School	K. Chhanang	FG	RT	9/7/2008
33	Tim Sophal	Principal	Andoung Rovieng Primary School	K. Chhanang	FG	RT	9/7/2008
34	Jo Vanna	Director	PoSVY	K. Chhanng	SSI	RT	
35	Kang Tim	Commune Assistant No.2	Commune Council	K. Speu	FG	RT	14/08/08
36	So Roeun	Head of district CD	Commune Council	K. Speu	FG	RT	14/08/08
37	Lao Nget	Finance	Commune Council	K. Speu	FG	RT	14/08/08
38	Keo Voeun	Chief of Group	Commune Council	K. Speu	FG	RT	14/08/08
39	Hang Chhorn	Head of CD	District Phnom Srouch	K. Speu	FG	RT	14/08/08
40	Hy Sovannara	Social office Assistant	District Phnom Srouch	K. Speu	FG	RT	14/08/08
41	Oeun Khom	Member	Commune Council	K. Speu	FG	RT	14/08/08
42	Phann Chanthou	Member	Commune Council	K. Speu	FG	RT	14/08/08

43	Long Harn	Member	Commune Council	K. Speu	FG	RT	14/08/08
44	Sieng Phoun	Member	Commune Council	K. Speu	FG	RT	14/08/08
45	Oem Arth	Member	Commune Council	K. Speu	FG	RT	14/08/08
46	Men Phoeuk	Education Staff	District Phnom Srouch	K. Speu	FG	RT	14/08/08
47	Kong Songly	Social Dept Assistant	PoSVY	K. Speu	FG	RT	15/08/08
48	Oum Puthearithy	Social Dept Staff	PoSVY	K. Speu	FG	RT	15/08/08
49	Loek Chim	Head of Commune council	Kaheng Commune	K. Speu	FG	RT	
50	Kang Sroy	Social staff	Phnom Srouch District	K. Speu	FG	RT	
51	Sday Ngim	Chief of village Kaheng	Kaheng Commune	K. Speu	FG	RT	
52	Phoeung Kimthol	Finance	Kaheng Commune	K. Speu	FG	RT	
53	Luy Lom	Director	PoSVY	K.Speu	FG	RT	
54	Yim Sidet	Director	PoSVY	Kratie	SSI	RT	25/8/08
55	Bun Kimheang	Social Worker	PoSVY	Pailin	SSI	RT	1/8/2008
56	Mr. Vuthy	Director	Child Welfare Dept. MoSVY	Phnom Penh	SSI	Jenn/Chetra	11/9/2008
57		Deputy Director	Rehabilitation Dept. MoSVY	Phnom Penh	SSI	Jenn/Chetra	16/09/08
58		Director	CNCC, MoSVY	Phnom Penh	SSI	Jenn/Chetra	23/09/08
59	Ros Sareth	Director	PoSVY	Pursat	SSI	RT	29/07/08
60	Chhoun Khourn	Head of Commune	Prey Nhee	Pursat	FG	RT	30/07/08
61	Sien Sovannarith	Staff	PoEYS	Pursat	FG	RT	30/07/08
62	Chab Sophan	Principal	Prey Nhee Primary School	Pursat	FG	RT	30/07/08
63	Ngeth Rithy	Primary Teacher	Prey Nhee Primary School	Pursat	FG	RT	30/07/08
64	Kit Try	Chairman	PoSVY	Ratanakiri	SSI	RT	29/08/08
65	Sok Samnang	Assistant	PoSVY	Ratanakiri	SSI	RT	29/08/08
66	Teng Sokun	Assistant	PoSVY	Ratanakiri	SSI	RT	29/08/08

67	Min Sodany	Assistant	PoSVY	Ratanakiri	SSI	RT	29/08/08
68	Hak Pheng Hy	Chairman of Child Welfare	PoSVY	Ratanakiri	SSI	RT	29/08/08
69	Pa Satha	Assistant	PoEYS	Ratanakiri	SSI	RT	29/08/08
70	Keo Phan	Assistant	PoEYS, Primary Office	Ratanakiri	SSI	RT	29/08/08
71	Tin Ong	Chief	Yeak Loam Commune Council	Ratanakiri	FG	RT	29/08/08
72	Seng Thong	Assistant No.2	Yeak Loam Commune Council	Ratanakiri	FG	RT	29/08/08
73	Klelm Vil	Member	Yeak Loam Commune Council	Ratanakiri	FG	RT	29/08/08
74	Mao Sok	Assistant No.1	Yeak Loam Commune Council	Ratanakiri	FG	RT	29/08/08
75	Ham Ten	Village chief Assistant	Laun village	Ratanakiri	FG	RT	29/08/08
76	Koh Samoeun	Chief of district assistant	O chum commune	Ratanakiri	FG	RT	30/08/08
77	Choung Khin	Commune chief assistant No.1	O chum commune	Ratanakiri	FG	RT	30/08/08
78	Kven Likheang	Village chief assistant	O chum commune	Ratanakiri	FG	RT	30/08/08
79	Tan Teov	Village chief	Kalai commune	Ratanakiri	FG	RT	30/08/08
80	Ty Thida	Primary Office	PoEYS	Stung Treng	SSI	RT	27/08/08
81	Sear Kimse	Director	PoSVY	Stung Treng	SSI	RT	29/08/08
82	Prak Bunthan	Office Manager	PoSVY	Stung Treng	SSI	RT	29/08/08
83	Noy Sokny	Staff	PoSVY	Stung Treng	SSI	RT	29/08/08
84	Sok Saren	Staff	PoSVY	Stung Treng	SSI	RT	29/08/08
85	Chhieng Nhen	Staff	PoSVY	Stung Treng	SSI	RT	29/08/08

4.5 PERSONS WITH DISABILITIES

#	NAME	MET THROUGH	PROVINCE	FORMAT	INTERVIEWER	DATE
1	So Sam	Self Help Group, NCDP	K.Speu	FG	RT	15/08/08
2	Ton Norb	Self Help Group, NCDP	K.Speu	FG	RT	15/08/08
3	So Heng	Self Help Group, NCDP	K.Speu	FG	RT	15/08/08
4	Bo Sokhom	Self Help Group, NCDP	K.Speu	FG	RT	15/08/08
5	Mam Sorn	Self Help Group, NCDP	K.Speu	FG	RT	15/08/08
6	Thy Sophal	Self Help Group, NCDP	K.Speu	FG	RT	15/08/08
7	Svay Chorn	Self Help Group, NCDP	K.Speu	FG	RT	15/08/08
8	San Sa Een	Self Help Group, NCDP	K.Speu	FG	RT	15/08/08
9	So Chantha	Self Help Group, NCDP	K.Speu	FG	RT	15/08/08
10	Chhim Sokun	Disability Council, DDSP	Pursat	FG	RT	30/07/08
11	Ten Sambok	Disability Council, DDSP	Pursat	FG	RT	30/07/08
12	Ney Kimheng	Disability Council, DDSP	Pursat	FG	RT	30/07/08
13	Phoak Kan	Disability Council, DDSP	Pursat	FG	RT	30/07/08
14	Ek Neu	Disability Council, DDSP	Pursat	FG	RT	30/07/08
15	Ngoun Chroeung	Disability Council, DDSP	Pursat	FG	RT	30/07/08
16	Toun Oeurn	Disability Council, DDSP	Pursat	FG	RT	30/07/08
17	Raen Bauch	Yeak Loam commune council	Rattanakiri	FG	RT	29/08/08
18	Breng Mim	Yeak Loam commune council	Rattanakiri	FG	RT	29/08/08
19	Deng Reng	Yeak Loam commune council	Rattanakiri	FG	RT	29/08/08
20	Doek Yin	Yeak Loam commune council	Rattanakiri	FG	RT	29/08/08
21	Nan Yorng	Yeak Loam commune council	Rattanakiri	FG	RT	29/08/08
22	Nhorch Nhae	Yeak Loam commune council	Rattanakiri	FG	RT	29/08/08
23	Phol Ol	Yeak Loam commune council	Rattanakiri	FG	RT	29/08/08
24	Noat Thoeun	Yeak Loam commune council	Rattanakiri	FG	RT	29/08/08
25	Dor Nhean	O chum commune council	Rattanakiri	FG	RT	30/08/08
26	Pror Veay	O chum commune council	Rattanakiri	FG	RT	30/08/08
27	Det Ngork	O chum commune council	Rattanakiri	FG	RT	30/08/08
28	Kard Prue	O chum commune council	Rattanakiri	FG	RT	30/08/08
29	Kan Treng Kim	O chum commune council	Rattanakiri	FG	RT	30/08/08
30	Pok Mao	O chum commune council	Rattanakiri	FG	RT	30/08/08
31	Bun Khorn	O chum commune council	Rattanakiri	FG	RT	30/08/08
32	Kwai Daeng	O chum commune council	Rattanakiri	FG	RT	30/08/08
33	Yoeung	O chum commune council	Rattanakiri	FG	RT	30/08/08

	Thath					
34	Tan Taev	O chum commune council	Rattanakiri	FG	RT	30/08/08
35	Neng Sar	O chum commune council	Rattanakiri	FG	RT	30/08/08
36	Pao Loeun	O chum commune council	Rattanakiri	FG	RT	30/08/08
37	Chaa Veng Vat	O chum commune council	Rattanakiri	FG	RT	30/08/08
38	Hang Poun	O chum commune council	Rattanakiri	FG	RT	30/08/08
39	Yang Ansai	O chum commune council	Rattanakiri	FG	RT	30/08/08
40	Nhem Korng	O chum commune council	Rattanakiri	FG	RT	30/08/08
41	Nae Ki	O chum commune council	Rattanakiri	FG	RT	30/08/08
42	Dor Nhean	O chum commune council	Rattanakiri	FG	RT	30/08/08
43	Lor Vai	O chum commune council	Rattanakiri	FG	RT	30/08/08
44	Nen Pyear	O chum commune council	Rattanakiri	FG	RT	30/08/08
45	Phoeun Pauk	O chum commune council	Rattanakiri	FG	RT	30/08/08
46	Plann Srey Touch	O chum commune council	Rattanakiri	FG	RT	30/08/08
47	Kheoun Plouk	O chum commune council	Rattanakiri	FG	RT	30/08/08
48	Vin Soeun	O chum commune council	Rattanakiri	FG	RT	30/08/08
49	Saet Morn	O chum commune council	Rattanakiri	FG	RT	30/08/08
50	Saet Ngork	O chum commune council	Rattanakiri	FG	RT	30/08/08
51	Maing Sor	O chum commune council	Rattanakiri	FG	RT	30/08/08
52	Vien Laboeun	O chum commune council	Rattanakiri	FG	RT	30/08/08
53	Tong Deng	O chum commune council	Rattanakiri	FG	RT	30/08/08
54	Bek Kampor	O chum commune council	Rattanakiri	FG	RT	30/08/08
55	Touk Chiv	O chum commune council	Rattanakiri	FG	RT	30/08/08
56	Kam Prang Truok	O chum commune council	Rattanakiri	FG	RT	30/08/08
57	Totouk Kapov	O chum commune council	Rattanakiri	FG	RT	30/08/08
58	Parn Khok	La Oak commune council	Rattanakiri	FG	RT	30/08/08
59	Yeay Noi	La Oak commune council	Rattanakiri	FG	RT	30/08/08
60	Reang Kaeng Na	La Oak commune council	Rattanakiri	FG	RT	30/08/08
61	Han Nous Saut	La Oak commune council	Rattanakiri	FG	RT	30/08/08
62	Hakhaev Kantoel	La Oak commune council	Rattanakiri	FG	RT	30/08/08

63	Champong Katuoy	La Oak commune council	Rattanakiri	FG	RT	30/08/08
64	Taveng Kraim	La Oak commune council	Rattanakiri	FG	RT	30/08/08
65	Sei Chan	Kalai commune council	Rattanakiri	FG	RT	30/08/08
66	Soun Saveng	Kalai commune council	Rattanakiri	FG	RT	30/08/08
67	Tieng Nhorng	Kalai commune council	Rattanakiri	FG	RT	30/08/08
68	Rorng Vaikrim	Kalai commune council	Rattanakiri	FG	RT	30/08/08
69	Klem Vandarng	Kalai commune council	Rattanakiri	FG	RT	30/08/08
70	Maa Thien	Kalai commune council	Rattanakiri	FG	RT	30/08/08
71	Kheng Harm	Kalai commune council	Rattanakiri	FG	RT	30/08/08
72	Rin Bun See	Kalai commune council	Rattanakiri	FG	RT	30/08/08
73	Pleng Hayi	Kalai commune council	Rattanakiri	FG	RT	30/08/08
74	Vieng Thy	Kalai commune council	Rattanakiri	FG	RT	30/08/08
75	Thanh Proi	Kalai commune council	Rattanakiri	FG	RT	30/08/08
76	Savieng Traun	Kalai commune council	Rattanakiri	FG	RT	30/08/08
77	Chas Pronos	Kalai commune council	Rattanakiri	FG	RT	30/08/08
78	Soeun Vout	Kalai commune council	Rattanakiri	FG	RT	30/08/08
79	Khon Socha	Kalai commune council	Rattanakiri	FG	RT	30/08/08
80	Suon Sisophon	Kalai commune council	Rattanakiri	FG	RT	30/08/08
81	Bearn	Kalai commune council	Rattanakiri	FG	RT	30/08/08
82	Sek Phaun	Kalai commune council	Rattanakiri	FG	RT	30/08/08
83	Vel Ky	Kalai commune council	Rattanakiri	FG	RT	30/08/08
84	Phoeun Vien	Kalai commune council	Rattanakiri	FG	RT	30/08/08
85	Vy	Kalai commune council	Rattanakiri	FG	RT	30/08/08
86	Loi	Kalai commune council	Rattanakiri	FG	RT	30/08/08
87	Loeun Phai	Kalai commune council	Rattanakiri	FG	RT	30/08/08

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