

INCLUSION OF CHILDREN WITH DISABILITIES IN CAMBODIA: IDENTIFYING PRIORITIES FOR JOINED ACTIONS



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PHOTOS

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Acronyms

CO	Country Office
CPD	Country Programme Document
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DHS	Demographic and Health Survey
DIPAS UNICEF	Disability Inclusion Policy and Strategy
HR	Human Rights
MoH	Ministry of Health
MoEYS	Ministry of Education, Youth and Sport
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
OPD	Organization of Persons with Disabilities
RGC	Royal Government of Cambodia
SBC	Social Behavior Change
SDG	Sustainable Development Goals
UNICEF	United Nations Children’s Fund
WASH	Water, sanitation, and hygiene

UNICEF’s Proposed Vision for Supporting Inclusion of Children with Disabilities in Cambodia

“Cambodia is where every child with disabilities is embraced, their uniqueness is celebrated, and their potential is unleashed. In this inclusive world, barriers are dismantled, opportunities are abundant, and every child thrives in a society that champions equality, respect, and limitless possibilities.”

1 Overview of Cambodia’s progress in realising the rights of children with disabilities

“Disability” encompasses a wide range of functional limitations in populations worldwide. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.¹ These challenges can be permanent or temporary and might be present from birth, emerge in childhood or adolescence, or develop later in life, potentially affecting educational pursuits or employment.



¹ Convention on the Rights of Persons with Disabilities, Article 1, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

Children with disabilities are extremely diverse, and disability is not a fixed characteristic. Many disabilities are invisible, yet stereotypes persist, portraying individuals with disabilities as permanent wheelchair users or blind from birth. Children with disabilities have unique needs, priorities, and perspectives influenced by their personal circumstances, such as the type and level of support required, education, gender, age, and ethnic or cultural background. Disability impacts not only the individuals but also their families, caregivers, and the broader community.

The Royal Government of Cambodia (RGC) recognises that adults and children with disabilities often encounter formidable barriers that hinder their access to vital services, education, and employment opportunities, placing them at a greater risk of poverty. Often, the architecture, policies, information or service delivery are not geared to include persons and children with disabilities.

The RGC has demonstrated a strong commitment to advancing the rights of persons and children with disabilities. Cambodia ratified the Convention on the Rights of the Child (CRC) on October 15, 1992, demonstrating its commitment to safeguarding the rights and well-being of all children, including those with disabilities,² and ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2012, committing to uphold and promote the rights of persons and children with disabilities.³ The Convention on the Rights of Persons with Disabilities mandates that governments must promote the full integration and inclusion of persons with disabilities in all aspects of society. The CRPD is grounded on the premise that public authorities should go further than just help persons with disabilities to adjust to existing conditions: they should adapt the conditions to accommodate everyone, including persons with disabilities. Per the CRPD, governments are required to submit comprehensive reports on measures taken to implement the Convention and the progress made.

The RGC's National Disability Strategic Plan for 2019-2023 sets a comprehensive roadmap to support inclusion of children with disabilities. It emphasises inclusive education, ensuring every child can access and thrive in supportive learning environments. It also focuses on healthcare, aiming to make specialised care and rehabilitation services more accessible to meet each child's unique needs. Furthermore, the Plan underscores the need for robust social protection measures. It aims to provide a safety net for children with disabilities and their families, offering financial assistance and easier access to a range of social services, ensuring no one is left behind. The focus on disability inclusion is integral to Cambodia's commitment to the Sustainable Development Goals (SDGs) and its agenda of leaving no one behind in its development efforts. The new RGC's National Disability Strategic Plan for 2024-2028 is in the final stages of approval and aims to enhance the inclusion of children with disabilities in Cambodia. International partners can support its enforcement and implementation, ensuring comprehensive and coordinated support across education, healthcare, and social protection services.

The Disability Action Council (DAC) oversees the execution of the Strategic Plan. Its responsibilities include advocating for disability rights, ensuring that disability inclusion is integrated across various sectors, and fostering collaboration among ministries, civil society,

² Convention on the Rights of the Child (CRC), <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

³ Convention on the Rights of Persons with Disabilities, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

and international organisations. The Council's efforts in monitoring and evaluating the progress of inclusivity initiatives are crucial for identifying areas of improvement and ensuring that policies translate into tangible benefits for persons and children with disabilities.

UNICEF Cambodia is committed to enhancing the inclusion of children with disabilities.

In its country programme document (CPD) approved in 2024, UNICEF commits to supporting inclusion of children with disabilities across all key areas. It also refers to the Committee on the Rights of the Child concluding observations (2022) that called for establishing a national database on children with disabilities, adopting laws to prohibit all forms of discrimination and violence against them, with monitoring and enforcement mechanisms; and implementing an efficient system for early detection, intervention and support for children with disabilities.⁴

2 Purpose of the paper, its methodology and tools

In aligning with the CRPD and implementing the National Disability Strategic Plan for 2019-2023, the RGC with extensive UNICEF support, has undertaken various initiatives to enhance the inclusion and realization of rights of children with disabilities. These efforts encompass legislative reforms, policies and programs development to improve accessibility and quality of education, healthcare and social protection services for children with disabilities and their families.

This paper outlines the strides made in Cambodia towards including children with disabilities, highlighting UNICEF's roles and contributions and covering the 2019-2023 period. It uses UNICEF Disability Inclusion Policy and Strategy (DIPAS) as a framework to identify challenges and opportunities.⁵

The paper presents potential areas for international partner interventions in supporting the RGC in implementing effective and efficient measures to foster the inclusion of children with disabilities in Cambodia.

The paper is based on:

- A desk review of relevant documents from UNICEF and other sources.
- Interviews with UNICEF, relevant line ministries management, staff, and international partners.
- Populated self-reporting templated by UNICEF sections to identify bottlenecks and potential solutions to support inclusion of children with disabilities.

⁴ United Nations Children's Fund, Executive Board, Country programme document Cambodia, 6–9 February 2024

⁵ DIPAS has set six strategic priorities: 1) Prevention of stigma and discrimination; 2) Improvement of disability-inclusive services, programmes, and workplaces; 3) Ensuring access to comprehensive community care and support services; 4) Facilitating access to assistive technology; 5) Promoting disability-inclusive action in humanitarian, emergency, and fragile contexts; and 6) Encouraging the full and meaningful participation of persons with disabilities. See, UNICEF's Disability Inclusion Policy and Strategy (DIPAS 2022-2030).



3 Progress in inclusion of children with disabilities and UNICEF's contributions: Key dimensions

Cambodia has made notable advancements in legislative promotion of the rights of persons and children with disabilities, with laws and policies reflecting international human rights treaties like the CRPD and CRC.⁶ The United Nations, for instance, is working with the Government on a new draft Law on the Protection of the Rights of Persons with Disabilities. It is expected that it will apply the human rights lens and focus on enhancing access to education, healthcare, employment, and social protection for persons and children with disabilities. The anticipated adoption of the comprehensive Child Protection Law underscores the country's dedication to improving the quality of life for persons and children with disabilities and ensuring their full and active participation in society.

3.1 Data on children with disabilities

The prevalence of disability in Cambodia is estimated to range between 2% and 9.5%, with variances mainly due to different definitions used for census and other data-gathering processes. Comparing Cambodia's census disability rates with other sources is challenging due to varying definitions and data collection methods. The 2014 Demographic and Health Survey (DHS) is the most comparable, using identical questions as the 2019 General Population Census. According to the DHS, 9.5% of Cambodians aged five and above reported some severe difficulty in at least one of six functions, with 2.1% experiencing significant difficulties or incapability.⁷ Some studies find that approximately 10% of the children in Cambodia have some form of disability, with speech-to-cognition impairments being the most common.⁸

The National Institute of Statistics and the Ministry of Planning, with UNICEF's support, developed a Thematic Report on Disability in Cambodia based on the 2019 General Population Census of Cambodia. The report provides a comprehensive presentation and disaggregation of disability data collected through the 2019 census. The 2019 census included six Washington Group questions that assessed whether the respondent had a disability. Six universal basic activities (functions) were captured: seeing, hearing, walking, self-care, cognition, and communication. The questions do not ask a respondent to identify as having a 'disability.' Instead, an individual's answers to the six questions are used to define whether that person is 'with disability' or 'without disability,' where disability is generally understood to mean at greater risk for limitations in participation. Respondents who answer 'a lot of difficulty' or 'cannot do it at all' to at least one of the six functioning questions are considered a person with disability for data disaggregation. These are people whose functional limitations place them at risk of being excluded if faced with

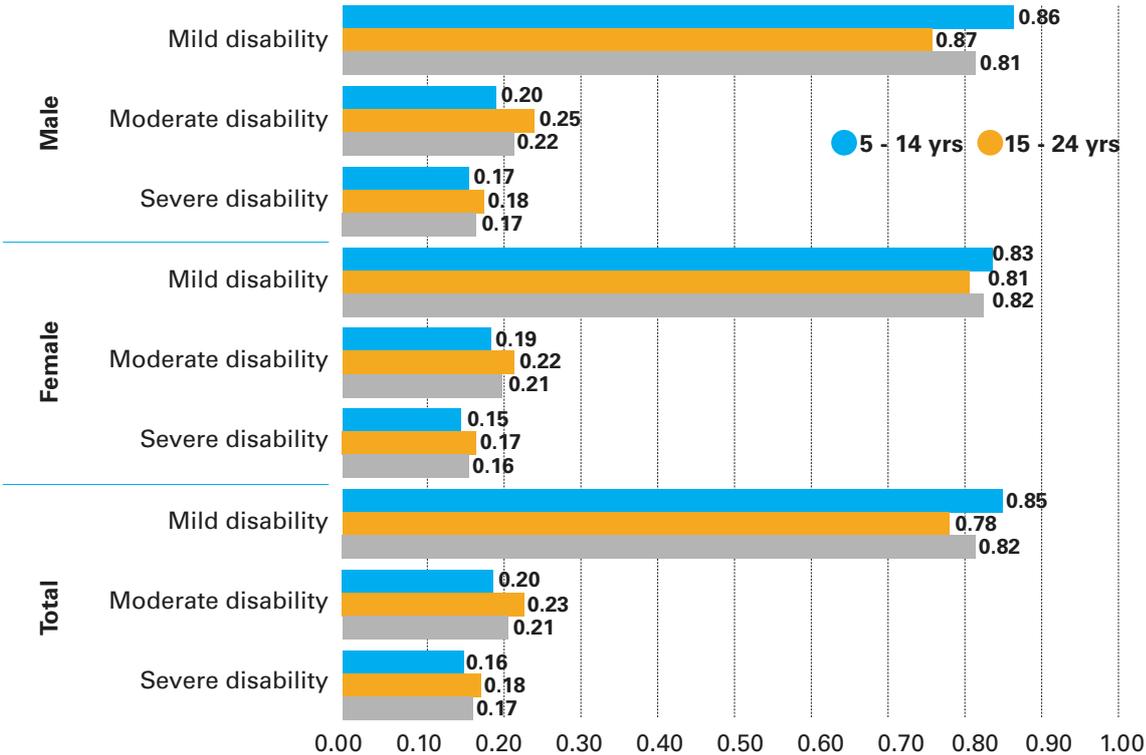
6 Some of the current legislation and policies are continue to be framed through the medical model of disability and further work is needed to support their full alignment with the international conventions and best practices.

7 National Institute of Statistics, Ministry of Planning, General Population Census of Cambodia 2019 Thematic Report on Disability in Cambodia Phnom Penh, Cambodia July 2022

8 Brizendine, G. Disability and poverty in Cambodia, 2020, The Borgen Project. <https://borgenproject.org/disability-and-poverty-in-cambodia/>

physical, informational, attitudinal, or institutional barriers in their surrounding environment.⁹ **When combining the percentages for mild, moderate, and severe disabilities, a total of 4.89% of the Cambodian population reported having at least some difficulty in one or more of the six functional domains.** When disaggregated by sex, disability was found to be higher for females compared to males (5.5% versus 4.2%).¹⁰ However, if the definition of disability is limited to those with moderate or severe functional difficulties, the proportion drops to 1.18%. A more detailed information on percentages of children (5 - 14 years) and young persons (15 - 24 years), by sex and degree of disability can be found in Visual 1 below.

Visual 1: Percentage of children (5 - 14 years) and young persons (15 - 24 years), by sex and degree of disability, 2019



Source: National Institute of Statistics, Ministry of Planning Phnom Penh, Cambodia, General Population Census of Cambodia 2019 Thematic Report on Disability in Cambodia, 2022

Factors contributing to disability’s high rate include conditions like malnutrition and accidental landmine explosions. Due to civil and international conflict over decades, which resulted in large numbers of residual mines and unexploded ordnance, Cambodia has one of the highest numbers of amputees per capita in the world due to landmine injuries.

A Country Case Study commissioned by UNICEF reveals a critical shortage of detailed data on children with disabilities in Cambodia, especially in education. This lack of data hampers efforts to address inequities and build disability-inclusive systems. Urgent action is needed to gather quality data on the challenges faced by these children and their families, enabling better access to services and fostering Cambodia-tailored solutions.

9 An Introduction to the Washington Group on Disability Statistics Question Sets, 2020, https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/An_Introduction_to_the_WG_Questions_Sets__2_June_2020_.pdf
 10 National Institute of Statistics, Ministry of Planning, The Thematic Report on Disability in Cambodia General Population Census of Cambodia 2019 National Report on Final Census Results, Cambodia 2020

3.3 Stigma and social behaviour change

Stigma is deeply embedded and is one of the most significant cross-sectoral barriers to inclusion of children with disabilities. Despite some positive developments and improved acceptance of children with disabilities, stigma continues to hinder their social and educational inclusion, leading to isolation, lower self-esteem, and diminished opportunities for learning and personal development.

In Cambodia, the cultural belief in karma often leads to the perception that disabilities result from past wrongdoings, either in the current or a previous life. This belief can hinder children with disabilities from receiving education¹¹ and services, as they may be viewed as burdens or less capable of contributing to their family's well-being. A prevalent culture of pity, rather than empowerment, further exacerbates their exclusion from societal opportunities.¹² There is a genuine and widespread lack of understanding that most children with disabilities could, in fact, function effectively at school and with society if given adequate support. In addition, children with disabilities often face social discrimination from teachers and peers at school, leading to insults and bullying.¹³ For example, stigma and discrimination for children with disabilities limit their access to hygiene and sanitation facilities and services.¹⁴



11 Save the Children, Inclusive education for all, 2012 https://cambodia.savethechildren.net/sites/cambodia.savethechildren.net/files/library/Brochure_A5_IKEA_2017_LR.pdf

12 Sheree Bailey AM and Sophak Kanika Nguon, Situation analysis for disability-inclusive governance and community development in Cambodia, Prepared for UNICEF Cambodia, 2014

13 MoEY, 2021, Understanding social exclusion in the Cambodian context and planning for inclusive education. <http://moeys.gov.kh/wp-content/uploads/2022/09/Understanding-Social-Exclusion-in-the-Cambodia-Context-and-Planning-for-Inclusive-Education-2021.pdf>

14 Achieving Social and Behaviour Change (SBC): A strategic shift in support of the country programme, UNICEF Cambodia

Children with disabilities may be stigmatised at home as well and may be viewed as a burden to their families.¹⁵ Some parents prefer to hide their children with disabilities from the public to avoid stigma coming from neighbours in the communities. Some parents are uncertain whether inclusion is a good option for their children with disabilities. Only when parents have more experience with or exposure to inclusive education will they have a positive attitude toward it and send their children with disabilities to schools. When the household has limited resources, a child with a disability is more likely to bear the brunt of these limits than other children, including access to education. This is particularly true for girls with disabilities, who face double discrimination resulting from gender and disability.

Cambodia's COVID-19 vaccination campaign was supported through UNICEF's Social Behaviour Change (SBC) and communication initiatives that played a critical role in supporting inclusion of persons and children with disabilities. The COVID-19 pandemic underscored the critical need for targeted support for persons and children with disabilities in Cambodia who have faced challenges accessing health services and vaccinations that would consider their specific needs.¹⁶ By addressing vaccine hesitancy, providing accurate information about vaccine safety and efficacy through the creation and dissemination of tailored communication materials, and encouraging community participation in the vaccination process, UNICEF has contributed significantly to Cambodia achieving one of the highest vaccination rates in the region, with a notable impact on public health actions and attitudes. The RGC, in collaboration with UNICEF, spearheaded the development and implementation of the COVID-19 Risk Communications and strategy aimed to enhance vaccination rates among persons and children with disabilities through inclusive communication materials, including in braille and sign language¹⁷ and targeted vaccination drives. Persons and children with disabilities, often overlooked, were specifically reached through collaborations with Civil Society Organizations and Rapid Community Assessments to identify and address their unique barriers and context-specific needs; findings were then shared with provincial health teams to tailor service delivery outreaches accordingly. Moreover, the groundwork laid by RGC with support UNICEF in identifying and registering persons and children with disabilities and training stakeholders was pivotal in ensuring that persons with disabilities were prioritised in vaccination efforts and broader health initiatives, marking a significant stride towards inclusive health services. These efforts not only aimed for immediate behaviour changes but also strived for a lasting impact, fostering a culture of health and inclusion.¹⁸ Overall, the broad reach of SBC work, supported by a diverse partnership network, has been a cornerstone of Cambodia's response to the pandemic.¹⁹

15 Vong, S., & Penh, S. (2019). Barriers to education for children with disabilities in Cambodia. In E. Boeren & S. Petrovic (Eds.), *Inclusive education in the global south* (pp. 171-191). Springer. https://doi.org/10.1007/978-981-13-8329-6_10

16 Turk, M.A.; McDermott, S. The COVID-19 pandemic and people with disability. *Disabil. Health J.* 2020, 13,

17 UNICEF EAPRO: Documentation of COVID-19 response: Cambodia

18 DFAT COVID vaccine delivery and programme support in (country Cambodia)

19 Review of risk communication and community engagement initiative for COVID-19 prevention behaviours in Cambodia



“A Community’s Shield: Vaccinating Persons with Disabilities in Cambodia”

In the heart of Kandal Province, Men Sum, chief of Rokakoang Commune, takes part in a crucial training aimed at safeguarding the most vulnerable persons with disabilities. Inspired by the session, he was determined to pass on his newfound knowledge to village chiefs, focusing on overcoming the unique challenges faced by community members with disabilities in accessing COVID-19 vaccines. This initiative, supported by UNICEF and local government efforts, symbolized a collective stride towards inclusive health protection, ensuring that every member, no matter their abilities, is not left behind in the fight against the pandemic.

Source: UNICEF

3.3 Social protection

Disability is both a cause and a consequence of poverty. Poverty was reported to be a recurring barrier for children with disabilities and their families. In Cambodia, the intersection of disability and poverty presents significant challenges. The rate of poverty among households with at least one member with disabilities is around 18%, which increases to about 34% when considering additional costs associated with disability. This is substantially higher than the national poverty rate of 13.5%.²⁰ Low-income families unable to meet the cost of support or services for their children with disabilities are likely to abandon them or place them in institutional care.²¹ World Health Organization concluded that "...disability may increase the risk of poverty, and poverty may increase the risk of disability".²²

As a result of lower family income, children with disabilities face a range of challenges, such as a higher likelihood of requiring health and rehabilitation services, which demand high direct and indirect costs and lower attendance at school. While there are many reasons for not attending school, costs are likely to be one reason.²³ Global evidence demonstrates that when compared to adults with disabilities or same-age peers without disabilities, children with disabilities are at a higher risk for socioeconomic hardship and homelessness, poor nutrition, domestic violence, sexual exploitation, higher stress and anxiety, and cyberbullying.²⁴

Recognizing the importance of improving social supports to children with disabilities, UNICEF supported the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) with the introduction of Disability Identification Mechanism²⁵ presented in the Visual 2 below and establishing the Disability Management Information System in 2023. It became an important step towards developing a robust social protection system sensitive to the needs of children with disabilities. UNICEF helped MoSVY develop social and rights-based identification tools, trained stakeholders in eight provinces to collect data, piloted the model and supported revisions of the Guidelines in 2020 for the national roll-out of the tool. With 338,821 currently registered (with 165,956 being female), including more than 25,000 children and over 10,000 girls, more of the country's most vulnerable people, especially those living in poverty, can access essential social protection programs to support their health and livelihoods. The disability identification protocol is relatively basic, so most likely, a number of children with more complex and not visible disabilities such as autism, learning and intellectual disabilities may not have been identified and timely referred to medical professionals for official and validated diagnoses. **Proper identification and registration of children with disabilities helps to improve targeted support programs.** UNICEF is currently advocating for developing data sharing protocols for all relevant ministries, providers, and local authorities to better target and coordinate inclusion of children with disabilities.

20 General Population Census of Cambodia 2019, Thematic Report on Disability in Cambodia, 2022.

21 Gender Programmatic Review, UNICEF Cambodia, Final Draft, Quoted Coram International, 2019.

22 World Health Organization, World report on disability. Malta: WHO, 2011

23 Development Pathways, Social protection- A situational analysis of persons with disabilities in Cambodia, 2022

24 UN Sustainable Development Group. Policy Brief: The Impact of COVID-19 on Children; UN Sustainable Development Group: New York, NY, USA, 2020.

25 Ministry of Social Affairs Veterans, Youth Rehabilitation, Guideline on Social and Rights Based Disability Identification, 2020; Sub-Decree On Disability Identification through Social and Rights-Based Models

Visual 2 Disability Identification Process



Source: Ministry of Social Affairs, Veterans and Youth Rehabilitation, Report on Social and Rights-Based Disability Identification, 2022 September 2023

develop a map presenting geographic distribution of social transfers to families with children with disabilities before and after registration of families that will include the number of beneficiary families, average amount received, and types of assistance provided;

The link between early identification and intervention is crucial; enhancing support would enable families to access the necessary healthcare and support services to address delays and impairments, thereby preventing further complications or worsening of conditions. In Cambodia, Early Childhood Development programs are underdeveloped highlighting a significant gap in foundational support for young children.

Caring for a child with disabilities can be expensive as they may require special food, assistive devices, and transportation fees for medical appointments. Travelling with a child with a disability can be quite difficult for caregivers, especially if the child uses heavy assistive devices such as a wheelchair or if the family lives in rural areas far from the health facility. This can hinder families from accessing those services or taking their children to medical appointments. There is some anecdotal evidence that even if some children are identified as having disabilities or are referred for assessment in regional centres, often low-income families cannot travel for assessments and rehabilitation services. **The disability transfers are too low to appropriately respond to the needs of persons and children with disabilities, including disability-related extra costs for health care, transportation, assistive devices, personal assistance, and housing adaptation.** With UNICEF's support, the Government introduced the Family Package program in April 2024 to support vulnerable families, including those households with a person or child with disabilities, who will receive an additional cash support of 7USD for each PWD/CWD, on top of the regular IDpoor cash support (8,50 USD per month). This comprehensive social protection program will offer monthly cash payments across various categories and aims to merge existing social assistance programs for a more cohesive support structure.

Social services for children with disabilities are underdeveloped, and service providers are not trained to provide specialised services to children with disabilities and their families in communities. In addition, the time spent caring for family members presents an opportunity cost - that is, this time cannot be spent on other activities which may bring in income or otherwise contribute to the economic stability and welfare of the household. If support services are not available, this increases the time spent in caring, and carers often struggle to participate in any income-generating activities due to the burden of housework and direct care of the child with disabilities. The MoSVY issued instruction No.009 on November 12, 2021, on the roles and responsibilities of officers in charge of social work. This included a requirement for them to manage and analyse client data, including persons with disabilities, within the jurisdiction of municipal, district, Khan level. Within the supporting handbook, it also outlined a range of rehabilitation specialised services including: medical, social, psychological, and professional supports for children with disabilities.²⁶ Additionally, the national curriculum for the social service workforce incorporates a module dedicated to children with disabilities. **The coverage, accessibility and quality of social services are limited to support the effective inclusion of children with disabilities.**

3.4 Child protection

The RGC, with extensive expert support from UNICEF,²⁷ has made **significant strides in advancing the legislative and policy framework of child protection**, particularly with Draft Law on Child Protection, 2023 nearing the final stages of Government review and adoption. This comprehensive legal framework includes provisions regarding including children with disabilities, ensuring they have equal rights to education, healthcare, rehabilitation, employment preparation, and recreation opportunities.²⁸ The Standard Operating Procedures for Child Protection emphasise the principle of non-discrimination, providing specific guidance for addressing the needs of children with disabilities in case management. UNICEF has supported the extension of the national curriculum for social service workers with disability-focused modules, reinforcing the integration of child protection and disability inclusion efforts across social services, including during emergency prevention and responses.

Legislation supporting the inclusion of Cambodians with disabilities was established, and the operationalisation is being envisaged through tailored regulations and guidelines. The Draft Law on Child Protection contains a special provision related to the rights of children with disabilities:

Article 18: Rights of children with disabilities,

(1) A child with disabilities shall enjoy a full and decent life, in conditions which ensure dignity, promise self-reliance and facilitate the child's active participation in the community.

(2) Children with disabilities shall have the right to:

a. equal treatment and to full implementation of their rights under this Law;

²⁶ Ministry of Social Affairs Veteran and Youth Rehabilitation, Handbook on Implementing Functions of Social Affairs Veteran and Youth Rehabilitation For officer in charge of social work "Para-professional social worker" Municipal, Districts, Khans, 2022

²⁷ International Social Service Australia and UNICEF, Enhancing Alternative Care Opportunities for Children with Disabilities in the Kingdom of Cambodia: Recommendations and Action Plan to promote a family setting for children with disabilities without parental care, 2017

²⁸ Kingdom of Cambodia, Draft law on Child Protection, May 2023

- b. to access quality and free primary education and secondary education on an equal basis with other children;
- c. effective access to health, care and rehabilitation services, preparation for employment and recreation opportunities.

(3) The Ministry shall ensure that:

- a. schools make reasonable accommodation to meet the needs of children with disabilities; and
- b. children receive the support they require within the education system to facilitate their effective education.²⁹

The Action Plan on Improving Alternative Care for Children, 2023-2027, is an important document outlining service delivery for all types of child victims and vulnerable children.

It has a specific provision that “various efforts shall be made to combat discrimination against certain situations of the children or parents which includes poverty, ethnicity, religion, sex, mental and physical disability, HIV/AIDS or other severe diseases.”³⁰ Although its core parameters are consistent with CRPD and CRC in such areas as the provision of removal of children from their families as a last resort and for the shortest period possible, it does not contain targeted measures supporting children with disabilities.

The national authorities recognise that many girls and boys continue to experience and witness violence, abuse, exploitation and neglect and that their likelihood of being exposed to violence is often exacerbated by negative attitudes and discrimination towards children with disabilities. Some activities planned are to develop a particular section of the Positive Parenting Toolkit for supporting parents of children with disabilities and provide capacity building to implement child-friendly standard operating procedures/protocols for handling cases and reports of violence of children, with particular attention to reports from children with disabilities and boys.³¹

De-institutionalisation of children in Cambodia focuses on transitioning children with disabilities from institutional care to community-based settings, promoting autonomy and integration. However, the Procedure to Implement Kinship Care and Foster Care does not contain specific provisions for children with disabilities.³² Ensuring successful de-institutionalisation requires clear accountability from national and local administrations, developing and enforcing standards, and quality control focused on enhancement. **Building community services, social assistance, and networks of foster families tailored to children’s specific needs is essential for preventing institutionalisation, unnecessary family separation and fostering family-based care. In this context, it is of utmost important to establish a qualified social workforce at community level that is well-trained to manage cases of children with disabilities.**

3.5 Healthcare

In November 2022, the Ministry of Health (MoH) with UNICEF’s support, launched an interim Guideline on Growth Monitoring and Promotion for children under five. It identifies child

²⁹ Kingdom of Cambodia, Draft Law on Child Protection, 2023

³⁰ Ministry of Social Affairs, Veterans and Youth Rehabilitation, Action Plan on Improving Alternative Care for Children 2023-2027

³¹ Kingdom of Cambodia, Action Plan to Prevent and Respond to Violence Against Children 2017-2021, Commitment of Steering Committee on Violence Against Women and Violence Against Children

³² Kingdom of Cambodia, Prakas on Procedure to Implement Kinship Care and Foster Care, 2021

development milestones at 3 months, 6 months, 1 year, 2 years, 3-4 years, and 5-6 years. These milestones cover fine and gross motor skills, social development, cognition, language, hearing, and self-care. Once fully and properly implemented, it will improve the early identification of children with disabilities, enabling timely intervention and access to specialised services and supports crucial for their development and integration into society.

In 2015, the MoH introduced a regulation to offer free healthcare services to persons with disabilities, yet many still incur healthcare costs due to unclear guidelines and the absence of a unified system at healthcare facilities. Additional costs are opportunity costs and other associated costs such as travel, accommodation related to seeking health care. The CRPD advocates for health insurance for persons with disabilities, but the RGC currently limits this provision to those from impoverished households. Persons with disabilities are significantly more likely to be in poor health - 8% of persons with disabilities and 23% of persons with severe disabilities reported being in poor health (bad or very bad) compared to 1% of persons without disabilities.³³ Catastrophic health expenditure is particularly common for households with a person with disabilities, with nearly a third (30%) spending more than 10 per cent of household expenditure on health, compared to 17% of households without a person with disabilities.³⁴ Cambodia has yet to develop an online platform or system for people with disabilities to access free healthcare services and insurance easily.³⁵ This gap in healthcare provision can lead to untreated common illnesses in children, such as fever or diarrhoea, potentially escalating into lifelong disabilities. Further efforts focusing on the prevention of disabilities in children, such as immunisation, proper prenatal care, and addressing environmental risk factors, that can significantly reduce the incidence of disabilities can be considered as well. When impoverished children experience disability, it is frequently due to inadequate healthcare services for pregnant mothers and basic healthcare services for young children.

Many children with disabilities and their families do not have equal access to healthcare services compared to children without disabilities and do not undergo treatment or disability-related services and rehabilitation. **The availability of healthcare and rehabilitation services for children with disabilities is often confined to urban settings, leaving many without essential care.** UNICEF provides training programs for healthcare workers that fills critical capacity gaps in supporting children with disabilities.

A common and remaining challenge is the **lack of sufficient community health and outreach**, and hence bringing services closer to the people with disabilities in demand. This could be improved through regular identification/screening, timely referrals, and a comprehensive nurturing care support at community level through well-trained staff.

The national authorities recognise the importance of addressing the mental health needs of children and adolescents and commit to providing early interventions for children and adolescents with mental health conditions through family-centred and child-adolescent-responsive health care at the primary health care, school and community levels,³⁶ levels. However, these support and services remain basic.

33 Persons with Disabilities in Cambodia: Findings from the Cambodia Demographic and Health Survey, 2014 & 2021-22, 2023

34 Knox-Vydmanov, C., Cretney, M. and Siu, J., Empowering Children with Disabilities and Families through Social Protection and Care in East Asia and Pacific, UNICEF East Asia and Pacific Policy Working Paper, EAPWP/05/2023, UNICEF, Bangkok, 2023

35 Channthey Heng, Health Advisor, GIZ-ISP, Disability Situation Analysis Report into Social Protection Program for ISPH project, 2024

36 Kingdom of Cambodia, Mental Health Strategic Plan 2023-2032, supported by WHO

3.6 Education



Overall, inclusive education for children with disabilities in Cambodia has improved over the years. In 2011, for example, children who required more intensive support were either not in school or enrolled in NGO-special schools.³⁷ **Children with disabilities in Cambodia, however, are three times less likely to have attended school compared to those without disabilities.** Disability status substantially impacted school attendance,³⁸ outweighing factors like wealth, gender, and location.³⁹ The 2019 census showed that 9% of young people (aged 5-20) without a disability had never attended school, compared to over 30% of those with a disability.⁴⁰ They are twice as likely to be out of school compared to children without disabilities, making them unable to thrive and reach their full potential.⁴¹ Girls are also less likely to attend school than boys. As a result, persons with disabilities are significantly more likely to have never attended school compared with persons without disabilities: 31% of persons with disabilities reported having never attended school compared to 16% of persons without disabilities.⁴² Research has shown a correlation between inclusive education for children with disabilities and poverty rate reduction because inclusive education has proven to have economic benefits.⁴³ The 2019 census data presented in Visual 3 below clearly demonstrate that a majority of children with severe disabilities have never attended school, while more than 40% of children with moderate disability have never attended schools.

37 Kalyanpur, Maya PhD, "Paradigm and paradox: Education for All and the inclusion of children with disabilities in Cambodia" School of Leadership and Education Sciences: Faculty Scholarship, 2011 <https://digital.sandiego.edu/soles-faculty/9>

38 Half of all children with disabilities do not attend school in low- and middle-income countries. In some contexts, this figure is as stark as 90%. See, UNICEF, Learning is For Everyone (LiFE) To what extent are children with disabilities accessing learning opportunities, and what is needed to make education systems more disability-inclusive? Research Concept Note

39 UNICEF, Paving the pathway for inclusive education for children with disabilities in Cambodia

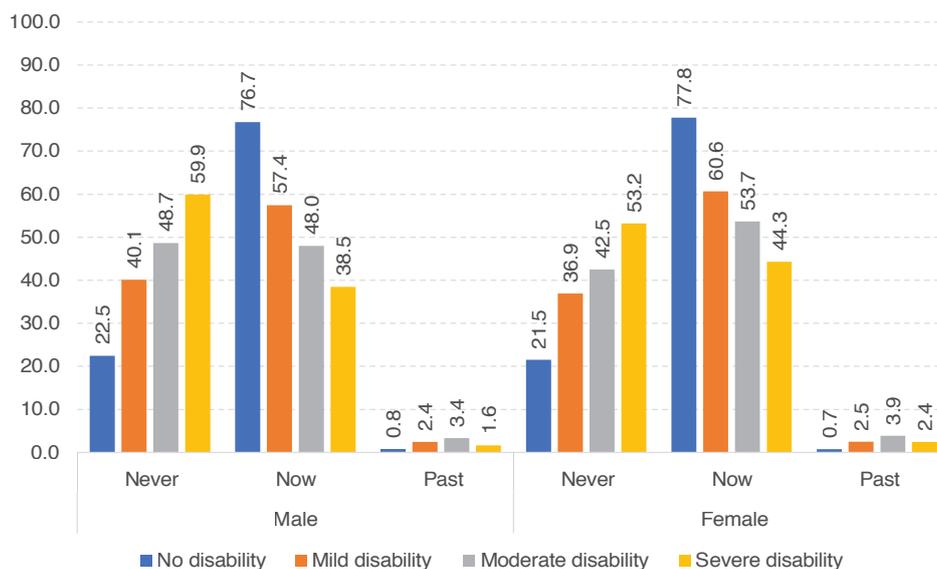
40 UNICEF, Paving the pathway for inclusive education for children with disabilities in Cambodia

41 MoEYS, Report on 9th national forum on inclusive education (Theme: Capacity building of teachers to teach persons with special needs in all educational institutions), 2021 https://static1.squarespace.com/static/5940eb9a414fb5787b3436ac/t/61022e5dfc11c93225dee6d4/1627532902907/Report_9+National+Forum+on+IE_EN_finaled.pdf

42 Persons with Disabilities in Cambodia: Findings from the Cambodia Demographic and Health Survey, 2014 & 2021-22, 2023

43 (Hehir et al., 2016). Hehir, T., Grindal, T., Freeman, B., Lamoreau, R., Borquaye, Y., & Burke, S. (2016). A summary of the evidence on inclusive education. Instituto Alana. https://alana.org.br/wp-content/uploads/2016/12/A_Summary_of_the_evidence_on_inclusive_education.pdf

Visual 3 School attendance of children 5-9 years old, by degree of disability, sex and broad age groups, GPCC 2019



Source: National Institute of Statistics, Ministry of Planning Phnom Penh, Cambodia, General Population Census of Cambodia 2019, Thematic Report on, Disability in Cambodia, 2022

There are six special education high schools in Cambodia, including Phnom Penh Thmey, Chbar Ampov, Battambang, Siem Reap, and Kampong Cham provinces as well the one that the ministry took over from NGO in 2022 in Kandal province. These special education schools cater to specific categories of disabilities and focus on students with visual or hearing impairments or intellectual disabilities.⁴⁴

UNICEF-led assessment of disability-inclusive education in Cambodia revealed that children with disabilities are significantly less likely to attend school, and many of those enrolled are not attending full-time. Prolonged absenteeism and higher illiteracy rates among children with disabilities suggest systemic barriers. Children with disabilities mostly have a hard time getting access to most schools in Cambodia due to the lack of infrastructure responding to their basic needs, such as ramps, easy-access toilets, and washing facilities. On top of this, transportation shortages, bad road conditions, and the geographical distance from home to school are additional problems, further preventing children with disabilities from accessing education. Most often, accessible learning materials are not available to facilitate learning. Quality of education for children with disabilities is compromised due to limited assessment adaptations, with entry to school system posing a greater challenge than in-school learning achievements. On the demand side, persistent stigma and discrimination underscore the need for increased awareness and support. Parents of children with disabilities call for additional resources to enable their children to attend school, highlighting the need for a more enabling environment for inclusive education.⁴⁵ The reality of inclusion varies across the country, with urban centres offering more comprehensive inclusive school opportunities.

44 Nishio, A. (2019). History and current situation of education for children with disabilities in Cambodia: A gray literature review. *Creative Education*, 10(8), 1753-1763. <https://doi.org/10.4236/ce.2019.108125>

45 UNICEF, Paving the pathway for inclusive education for children with disabilities in Cambodia



Often children with disabilities are placed in regular classrooms without adequate support.

These students are in ‘inclusive classrooms’, either because they had received one-time support, such as an orthotic or a prosthetic device or surgery or because they have a mild physical disability that does not warrant any support or modification. It is insufficient just to place children with disabilities into mainstream schools without appropriate and child-specific support. If teachers are unprepared to support children with disabilities, these children are often bullied by non-disabled students and are likely to drop out of school, ending up with low educational attainments and, hence, with limited opportunities in the labour market. Most teachers lack training in inclusive education and many still support the idea of separate classrooms for children with disabilities, indicating a misunderstanding of inclusive principles.⁴⁶ There are no readily available inclusive education teachers who can provide hands-on training and support and teacher assistants who can provide more individualised support for children with disabilities. Despite these challenges, there are some positive examples of best practices for implementing inclusive education in Cambodia that can be scaled up.⁴⁷

Add visualizations on: Classroom layouts for inclusive classrooms in Cambodia based on UNICEF’s learning from the field; visualize the journey of a child with disabilities through the education system that would show challenges and opportunities. It may show milestones, support mechanisms, parents engagement and achievements. Use icons and brief descriptions

Parental involvement plays a pivotal role in the effective inclusion of children in schools.

Engaging parents of children with disabilities as equal partners, involving them in school governance and encouraging their active participation in classrooms can greatly enhance the inclusive education experience. In Cambodia, involvement of parents of children with disabilities

46 Malinen, O. P., Savolainen, H., Engelbrecht, P., Xu, J., Nel, M., Nel, N., & Tlale, D. (2013). Exploring teacher self efficacy for inclusive practices in three diverse countries. *Teaching and Teacher Education*, 33, 34-44.

47 Sa-eung, S., & Abonyi, S. Inclusive education in Cambodia: A case study of a primary school in Siem Reap. *International Journal of Inclusive Education*, 23(3), 259-271, 2019 <https://doi.org/10.1080/13603116.2018.1502453>

is still at early stages but, if properly supported, can enhance school experiences and learning of children with disabilities.

Significant strides were made at the policy and educators’ capacity-building level. The Ministry of Education, Youth and Sport (MoEYS) has developed the Policy on Inclusive Education and Action Plan with UNICEF’s technical and financial support.⁴⁸ The plan encompasses revising and strengthening educational policies, building the capacity of educators through professional development in inclusive teaching practices, and modifying school infrastructures to ensure physical accessibility. Its core elements are presented in Visual 4 below. It emphasizes community and parental engagement to foster a supportive atmosphere for inclusive education and establishes robust monitoring and evaluation systems to assess its effectiveness. Central to the plan is the collaboration between the government, NGOs, and international agencies, pooling resources and expertise to create an equitable and accessible education system for every child in Cambodia.

Core elements of the Policy on Inclusive Education and Action Plan



Source: Policy on Inclusive Education and Action Plan, consultant’s assessment

The MoEYS established the Special Education Department and the National Institute for Special Education in 2016 and 2017, respectively. These institutions oversee the provision of inclusive education, teacher training, and the operation of special education schools accommodating the learning of children with disabilities. Some international partners deliver various trainings, such as through collaboration between MoEYS and the Research Triangle Institute, which has improved teacher capacity by focusing on visual and hearing impairments. With UNICEF’s support, inclusive education technical guidelines and materials, including training curriculum, were embedded into preservice and in-service teacher training programmes from preschool to secondary school education level. Teacher training colleges across the country have delivered

48 The Policy on Inclusive Education (MoEYS, 2018). MoEYS. (2018). Policy on inclusive education. https://static1.squarespace.com/static/5940e-b9a414fb5787b3436ac/t/5e3b131449b9d50287aa5b8f/1580929822677/Inclusive+Education+Policy_EN_2018.pdf

the training.⁴⁹



Silent Dreams Speak Volumes: Duong Chay's Journey Through Hardship to Inclusion and Making Dreams Real

In a quiet village near the historic Angkor Wat, seven-year-old Duong Chay, despite her hearing impairment and autism, dreams of becoming a doctor. Her world, marked by silence and the recent loss of her father, finds hope and promise with the improvements of the national inclusive education that offers her a chance to pursue her dreams in an environment that celebrates diversity and nurtures potential.

At the Siem Reap Special Education High School, Chay discovers a community where her dreams are coming true. The school, equipped to support children with diverse needs, becomes a sanctuary where Chay's ambition to learn and help others, just as her father did, begins to take root. Her mother, Nye Na, single-handedly supporting her family amid personal tragedies, finds solace in her daughter's resilience and progress. Together, they dream about a future where Chay's aspirations are not just dreams but realities happening in inclusive society.

Source: [UNICEF](#)

The Ministry of Education Youth and Sport has made efforts through the implementation of its 5-year inclusive education action plan 2019-2023 resulted in embedment of inclusive education curriculum into all levels of pre-service teacher training programs; training approximate 4,000 teachers for special and integrated education schools, and mainstream schools across the country. MoEYS, in partnership with development partners, non-governmental organizations (NGOs), and local communities implemented inclusive education in some target schools, set up home-based education, and supported children with disabilities with referral services. As a result, approximately 16,000 children with disabilities have been able to access quality inclusive

49 IIEP- UNESCO, Situation analysis of Cambodia's education system 2023, December 2023

education every academic year. MoEYS is committed to continuing its efforts to ensure that all children with disabilities receive inclusive, quality education.⁵⁰

3.7 WASH

Inaccessible water, sanitation, and hygiene (WASH) facilities negatively impact inclusion of children with disabilities and increase their vulnerabilities. The lack of accessible facilities not only imposes additional burdens on caregivers, limiting their access to services, but also compromises the dignity and well-being of adolescent girls with disabilities, especially during menstruation. Critical hygiene information often fails to reach children with disabilities due to unsuitable formats and lower school attendance rates. Misconceptions about the cost and expertise required for inclusive WASH further hinder progress towards accommodating the needs of persons with disabilities.⁵¹

The RGC has demonstrated a firm commitment to enhancing WASH accessibility for persons and children with disabilities. The National Strategy for Rural Water Supply, Sanitation, and Hygiene (2014-2025) explicitly states that the needs of people with disabilities should be integral to all development stages, including legislation, policies, and programs, across all areas and levels. Similarly, the National Disability Strategic Plans (2014-2018 and 2019-2023) operationalised these commitments, ensuring that WASH initiatives are inclusive and accessible.

Over 2019-2023 period, UNICEF's efforts have contributed to the inclusive and climate-resilient rehabilitation of WASH facilities in 193 primary schools and 18 health centres, enhancing accessibility for around 50,000 students and 110,000 community members. This initiative aligns with the National Guidelines on WASH for Persons With Disabilities and Older People, focusing on reducing barriers to water and sanitation access for individuals with disabilities. The Ministry of Rural Development has also integrated "Accessibility" criteria into the revised Open Defecation Free verification guidelines, furthering inclusivity and resilience in water, sanitation, and hygiene infrastructure.

⁵⁰ Draft inclusive education action plan 2024-28

⁵¹ Disability Inclusive WASH Practices Including people with disabilities in UNICEF Water, Sanitation and Hygiene (WASH) Programming



“A Simple Change Makes a Big Difference in One Family’s Path to Health in Rural Cambodia”

In a small village near Kratie, the life of young Phanha was marred by frequent illnesses due to poor sanitation. His father, Mom Soeun, constantly juggled between caring for him and earning a livelihood. The installation of a UNICEF-supported latrine near their home marked a new beginning. It shielded Phanha from harmful contaminants and significantly improved his health, allowing Soeun to work more and worry less. This change not only brought health and stability to Phanha’s family but also pride as they contributed to their community’s goal of becoming open defecation free. The simple addition of a latrine brought profound changes, turning their struggles into hope for a healthier future. Improvements in basic sanitation can have a significant positive impact, turning a cycle of illness and hardship into one of health and hope.

Source: UNICEF

Progress in providing disability-inclusive WASH services is steady, but it needs to be more comprehensive. In Cambodia, coverage of disability-accessible toilets in schools is 20%.⁵² National standards and guidelines, such as the National Guidelines on WASH for Persons with Disabilities and Older People, set the groundwork for these improvements.⁵³ However, financial barriers remain challenging for many households, including those with mobility impairments, underscoring the importance of support mechanisms and assistive devices to ensure inclusivity in WASH initiatives.

52 WHO and UNICEF, Progress on drinking water, sanitation and hygiene in schools 2000-2021

53 Ministry of Education, Youth and Sport, Minimum Requirements Guideline On Water, Sanitation and Hygiene in Schools (WinS) School Health Department, 2016

WASH policies and programs inconsistently uphold the concepts of disability and gender inclusion.⁵⁴ While some had accessibility features, the surrounding environment and other features often failed to meet universal design standards. In some cases, it was perceived that a ramp made the toilets fully accessible, while other features made them inaccessible such as lack of required toilet seats, handrails and circulation space. In Cambodia, women with disabilities have reported exclusion from community meetings, making it difficult for them to learn about WASH and health management.⁵⁵

3.8 Gender

The Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD) form the core international human rights framework underlying the mandate of UNICEF. Intersectional approaches in the work of the CRC, CEDAW and CRPD Committees are particularly important as they address the rights of girls with disabilities, and the intersecting forms of discrimination they experience on grounds of sex and/or gender, age and disability. Discrimination based on age, disability and sex or gender is to some extent prohibited by all three CRC, CEDAW and CRPD Conventions.

Girls with disabilities should be identified as all girls below the age of 18 who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (Art 1 CRPD, read in combination with Art 1 CEDAW).

Article 6 of the CRPD includes a specific provision on women and girls with disabilities. Article 16(5) determines that States parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted. Article 28(2)(b) also explicitly calls on States Parties to ensure access by women and girls with disabilities to social protection programmes and poverty reduction programmes.

The three Committees have referred to the specific situation of girls with disabilities in quite a number of their General Comments/Recommendations, Concluding Observations and, to a lesser extent, Individual Complaints. The Committee on the Rights of Persons with Disabilities (CRPD Committee) consistently raises concerns over the situation of women and girls with disabilities in their Concluding Observations, particularly over violence against them, sexual and reproductive health and rights, and forced medical interventions such as forced sterilization and abortion.

Although data disaggregated by disability and gender is scarce, there is research indicating that women and girls with disabilities face more barriers than women and girls without disabilities, and more barriers than men and boys with and without disabilities. Also, children and adults with disabilities are known to be at risk of multiple forms of discrimination based on sex characteristics, sexual orientation and gender identity. The CRPD Committee also consistently adopts an

⁵⁴ Scherer, N.; Mactaggart, I.; Huggett, C.; Pheng, P.; Rahman, M.-u.; Biran, A.; Wilbur, J. The Inclusion of Rights of People with Disabilities and Women and Girls in Water, Sanitation, and Hygiene Policy Documents and Programs of Bangladesh and Cambodia: Content Analysis Using EquiFrame. *Int. J. Environ. Res. Public Health* 2021, 18, 5087. <https://doi.org/10.3390/ijerph18105087>

⁵⁵ Dumpert, J.; Gelbard, S.; Huggett, C.; Padilla, A. WASH Experiences of Women Living with Disabilities in Cambodia. CRSHIP: Issue Brief. Available online: <https://www.wsscc.org/media/resources/wash-experiences-women-living-disabilities-cambodia>

intersectional approach to disability, recognizing the specific vulnerabilities of persons who are gender non-conforming, including intersex and LGBTIQ+.⁵⁶

Intersectionality of gender and disability is recognised, but the evidence to assess it in Cambodia remains limited. The intersectionality of gender and disability presents a complex landscape where individuals face compounded forms of discrimination and exclusion. Yet, this area remains under-researched, with notably limited data available in Cambodia. Girls with disabilities often encounter multifaceted barriers, experiencing not just the societal limitations imposed by their gender but also the additional challenges brought about by disability. The COVID-19 pandemic has worsened violence against women and girls.⁵⁷ This intersectionality can significantly affect their access to education, healthcare, and participation in public life. Despite the critical need for comprehensive understanding and targeted interventions, the scarcity of disaggregated data on girls' experiences at this intersection hampers the formulation of effective policies and programs.

3.9 Participation of parents of children with disabilities and Organizations of Persons with Disabilities

Consulting with children and parents of children with disabilities and Organizations of Persons with Disabilities (OPDs) is crucial for success of any inclusion efforts. Children with disabilities are not a uniform group, and their diverse needs and perspectives must be recognised in consultation processes. Poor households and girls with disabilities face additional layers of marginalisation that have to be taken into consideration. The tendency among individuals who do not have disabilities to view those with disabilities as a homogeneous group leads to assumptions and overlooks the necessity for genuine engagement with parents of children with disabilities and OPDs themselves.

OPDs are actively working to improve inclusion. For example, the Phnom Penh Center for Independent Living, founded by Cambodians with disabilities, empowers individuals with severe disabilities through education, vocational training, and assistance in finding accessible housing and employment.

In Cambodia, civil society and OPDs are in their development stages, which are marked by limited capacities and evolving relationships with the Government. Such OPDs as the Cambodian Disabled People's Organization⁵⁸ work on practical initiatives like conducting workshops to educate parents and educators about disability rights and running campaigns to raise public awareness about the importance of inclusion. They actively collaborate with the MoEYS and other government entities to influence policy changes to make schools more accessible and learning environments more inclusive. Despite these positive developments, there is no robust network of OPDs capable of effectively advocating for the wide-ranging interests of people and children with disabilities at the policy level. Although state institutions and OPDs have expressed strong interest in consultations, they have limited experience collaborating on disability policy development and implementation. The diverse needs and strengths within the community

⁵⁶ UNICEF PD Disability, 2024.

⁵⁷ Preventing violence against women and girls with disabilities in Cambodia: A community mobilization model project. September 2018-August 2021, Evaluation report.

⁵⁸ For more on Cambodian Disabled People's Organization, see <https://www.cdpo.org/en/home>

of parents of children with disabilities often lead OPDs to focus on specific interests of their members, which may not always align with broader disability rights.

Children with disabilities and their parents have several platforms through which they can raise their voices and contribute to advocacy for disability rights and inclusion:

- Cambodian Disabled People’s Organization that provides a platform for persons with disabilities and their families to advocate for their rights, including organizing forums and workshops where children with disabilities and their parents can share their experiences and challenges. Its initiatives often involve direct dialogue with policymakers, thereby giving a voice to those affected by disability policies.
- Disability Action Council that as a governmental body, coordinates with various ministries and stakeholders to implement disability policies in Cambodia. It organizes meetings and consultations where children with disabilities and their families can provide input on policy and program development, ensuring that their needs and concerns are considered in national planning.
- Inclusive Parent-Teacher Associations in schools provide a platform for parents of children with disabilities to engage with educators and advocate for inclusive education practices. Through these associations, parents of children with disabilities can voice their concerns, share insights on their children’s needs, and work collaboratively with educators to develop strategies that support all students’ learning and social inclusion. Some PTAs are well-organized and actively engage in the school’s decision-making processes, others particularly in rural areas are less developed due to various factors such as limited resources and limited awareness about the rights and needs of children with disabilities, and fewer resources to support their activities.
- Social media and online platforms that are becoming more important to connect parents of children with disabilities to share their stories, connect with similar individuals, and mobilize support for specific causes or policy changes.

These platforms enable parents of children with disabilities to participate in advocacy, but the extent of their involvement and capacities to contribute to decision-making remain limited.

The UNICEF CPD for 2024-2028 integrates SBC across sectors, focusing on health, education, protection, and more, with an emphasis on behavioral changes and social accountability. The approach is life-course oriented, using innovative methods like Human-Centered Design for issues like adolescent health and mental well-being. It is structured around four main pillars: strengthening institutional SBC capacities, rigorous monitoring and research, community empowerment for norm change, and strategic partnerships to enhance reach and innovation.⁵⁹

One of key observations made by the interviewees:

We have good disability laws, regulations and policies in Cambodia but the national partners need support of international partners with their proper implementation and reporting.

59 Optimising social and behaviour change (SBC) and community engagement in the Country Programme (2024-2028) UNICEF Cambodia

4 Recommendations: Joint actions to support inclusion of children with disabilities in Cambodia

In Cambodia, children with disabilities face significant challenges, including discrimination, limited access to education and healthcare, and a higher risk of poverty. Despite progress in policy and legislative frameworks, challenges persist in fully implementing these measures and adopting a human rights-based approach across all sectors. Children with disabilities in Cambodia continue to face discrimination, social isolation, and numerous barriers to accessing healthcare, social protection and education. There is evidence that significant intersectional vulnerabilities are experienced by women and girls with disabilities as well as children in rural, remote locations, especially of indigenous and ethnic minority groups.⁶⁰ **To truly mainstream and enhance the inclusion of children with disabilities, a concerted effort involving all stakeholders, grounded in community engagement, is essential.** The following recommendations, based on this paper analysis, provide specific recommendations for joint actions:

Recommendation 1: Support the RGC in implementing the National Action Plan on Disability 2024-2028

As multiple national partners indicated in interviews, they need significant support in implementing the current and forthcoming legislation, strategies and policies supporting inclusion. In supporting the implementation of the National Action Plan on Disability 2024-2028, UNICEF and international partners are advised to:

- aid in collecting, analyzing, and utilizing data on children with disabilities to inform operational aspects of the National Action Plan implementation,
- support the DAC in strengthening its institutional capacity to effectively champion the rights of children with disabilities, with **focus on the National Action Plan operationalization**;⁶¹
- develop budget estimates for all elements of the National Action Plan implementation specific to inclusion of children with disabilities as policy ambitions for inclusion will not be sustainable without financial resources to implement its actions;
- facilitate meaningful engagement with children with disabilities, their families, and civil society organizations in the implementation of the Action Plan; and
- establish a robust monitoring and evaluation framework to assess the impact of the Action Plan implementation, ensuring it meets the set objectives and contributes to the realization of children's rights.

⁶⁰ Gender Programmatic Review, UNICEF Cambodia, Final Draft, 2022

⁶¹ Chantney Heng, Health Advisor, GIZ-ISP, Disability Situation Analysis Report into Social Protection Program for ISPH project, 2024

Improved collaboration of all partners should be pursued to enable consistent and synchronised actions, ensuring that children with disabilities in Cambodia can realise their full potential and participate fully in their communities. Some specific areas where horizontal cross-sectoral efforts can be pursued include:

- Preparing one online mandatory course for all national and regional public servants on designing and implementing human rights-based disability policies and programmes. Training can involve persons with disabilities as trainers.
- Conducting research on emerging areas that may affect children with disabilities' rights realisation, such as climate change and advance cross-sectoral solutions. Climate change may invariably bring human hardship and suffering to children with disabilities. There is a need to research the extent of its impact and develop the appropriate mitigation strategies to minimise distress to the greatest extent possible for all those affected, including children with disabilities. Promote the adherence to national climate-smart guidelines for designing WASH facilities in educational and healthcare settings, ensuring they are accessible and meet the needs of children and persons with disabilities.
- Fostering partnerships with private businesses to support the inclusion of children with disabilities by advocating for corporate social responsibility initiatives. In championing the inclusion of children with disabilities, the partners can pursue Public-Private Partnerships aimed at fostering a more inclusive society. The journey may begin with targeted fundraising efforts, focusing on simple yet impactful initiatives like accessible playgrounds and inclusive educational materials. Crafting compelling value propositions, the international partners are advised to highlight the benefits to potential private partners, such as enhanced corporate image and opportunities for employee engagement. Moreover, implementing matched funding schemes encourages companies to match donations from employees or customers, doubling the impact of contributions towards inclusivity projects. Through these partnerships, the national and international partners can not only raise vital funds but also increase awareness about the needs of children with disabilities and the broader benefits of inclusive practices.

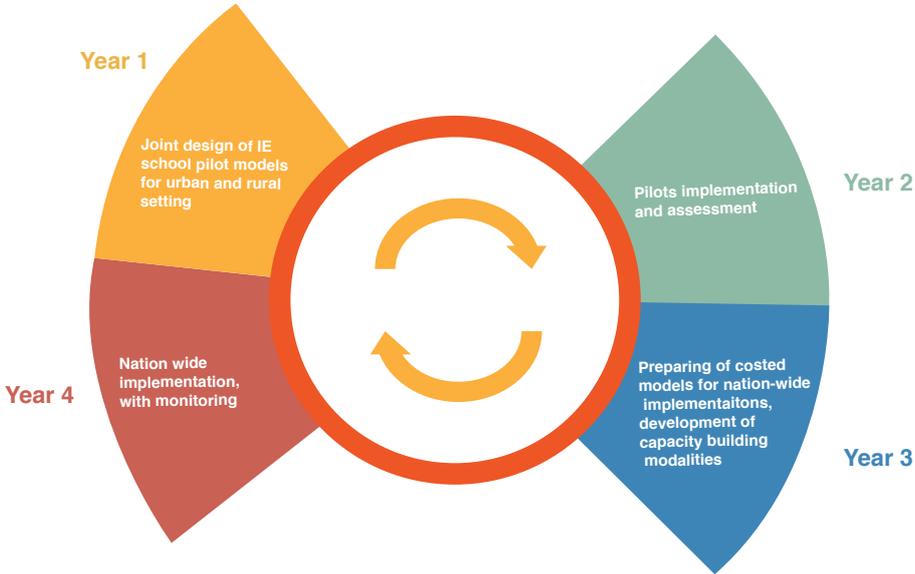
Recommendation 2: Support practical implementation of the National Action Plan on Inclusive Education

To move towards a truly inclusive education system, Cambodia needs more investment in areas like teacher training, specialised expertise in inclusion of children with disabilities⁶² accesible learning materials and flexible/adaptable curricula. Additionally, further investments are recommended for assistive technologies, accesible infrastrucutre, water and sanitation facilities as well as support for shift in societal attitudes towards acceptance of education of children with disabilities in inclusive settings.” A range of areas needs to be addressed is vast, and the international partners are advised to support the RGC with prioritization, sequencing and contextualization of inclusion models. The following suggestions operationalize UNICEF research paper’s recommendations.⁶³

⁶² On the importance of Assistive technology, see WHO and UNICEF, Global report on assistive technology, Summary
⁶³ UNICEF, Paving the pathway for inclusive education for children with disabilities in Cambodia

Most children with disabilities have low needs, and it may be beneficial to focus first on them to develop Cambodia-specific models and then expand them to children who require more extensive inclusion support. As depicted in the Visual 4 below, the international partners are advised to support the MoEYS, with piloting of urban and rural inclusive education models, their assessment and support with the nationwide implementation. This approach allows for testing the practicality and effectiveness of IE models including such elements as accessible school facilities, regional inclusion centres, individual education plans, support staff, assistive technologies, transportation modalities and others. Involving all stakeholders, especially children with disabilities and their families, in the pilot design will be crucial to ensure the models are grounded in the actual needs and reflect Cambodia’s realities.

Visual 4: Sequence of actions supporting implementation of the National Action Plan on inclusive education



Based on the models implementation review, the international partners are advised to support the MoEYS in designating IE schools in each locality (full inclusion and partial withdrawal model), with corresponding enhancements such as additional IE education staff, support rooms for focused interventions and establish selection criteria for enrolment of children with disabilities. Support needs to be provided with implementation of a robust monitoring and evaluation system to track the progress of inclusive education initiatives, identify areas for improvement, and ensure that practices align with the international standards for inclusive education. The inclusion should be supported by school-based IE specialists, teacher assistants and other inclusion specialists.⁶⁴ A strong advocacy campaign can bolster support for the pilot projects, highlighting successful practices and encouraging replication across other regions, irrespective of prospects of national-wide policy adoption. The international partners are advised to organize comprehensive training programs for educators and school administrators focused on inclusive teaching methods, curriculum adaptation, and classroom management that accommodates diverse learning needs.

⁶⁴ It is advisable to avoid the promotion of special education, which is not in line with the CRPD GC4: General comment No. 4 on Article 24 - the right to inclusive education | OHCHR that states that ensuring the right to inclusive education entails a transformation in culture, policy and practice in all formal and informal educational environments to accommodate the differing requirements and identities of individual students, together with a commitment to removing the barriers that impede that possibility. It involves strengthening the capacity of the education system to reach out to all learners. It focuses on the full and effective participation, accessibility, attendance and achievement of all students, especially those who, for different reasons, are excluded or at risk of being marginalized. See, <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-4-article-24-right-inclusive>

Inclusion is always best for a child. Only in more severe cases can a child with disabilities be placed in either partial integration or separate special education classes or schools.

Key informant's observation

UNICEF may support the MoEYS in promoting the use of assistive devices across all areas, starting with education sector. Providing children with disabilities with access to appropriate assistive devices is crucial for fostering their independence, participation, and inclusion in all aspects of life. Tailored to individual needs, these tools can significantly enhance learning, communication, and daily activities, promoting equality and reducing barriers. The national and international partners can identify and test the most relevant assistive devices that are tailored to Cambodia realities and develop training opportunities for educators, ensuring that children and their families have the necessary resources and knowledge to use them effectively.



Silent Bonds: A Family's Journey to Bridge Communication Gap with Their Deaf Son

Pisal's family faced unique communication challenges after discovering he was deaf at two years old. To connect with Pisal, they created a bespoke family language, which they used until he began learning sign language at a specialized school. This new skill not only transformed Pisal's educational experience but also enriched his family life, as they too embraced sign language. Despite the disruptions caused by the COVID-19 pandemic, which briefly set back Pisal's education, the family adapted and continued his learning at home. Now back in school, Pisal enjoys the best of both worlds: morning classes in a specialized setting and afternoons in mainstream education, highlighting successful integration and the power of inclusive learning environments.

Source: UNICEF

The international partners are advised to support review of the funding formula to ensure that it does not create barriers to IE implementation. Inclusion requires additional staff, assistive technology, and improvements in schools' accessibility, and it is important to ensure that these and other costs are covered through the ministry funding and are reflected in the implementation plan. The IE funding models can be based on a region/locality specifics and capture hiring and training of teachers with specialization in inclusion of children with disabilities, teacher assistants and aides, educational psychologists, social workers, speech therapists, occupational therapists, nurses and other professionals.

Recommendation 3. Improve timely identification of children with disabilities.

In Cambodia, fostering a collaborative approach among education, social, and health services through individual case management is a crucial nexus for advancing the Disability Identification Mechanism and Disability Data Information Management System.

Improving the identification of disabilities among children in Cambodia is crucial for ensuring that all children receive the appropriate support and interventions needed for their development. The international partners are advised to support the RGC with expanding the Disability Identification Mechanism and registry to ensure seamless data sharing across social sectors, enabling targeted interventions and focus on the following:

- Develop community-based programs that actively involve local stakeholders in the identification process. This includes setting up local committees or groups tasked with monitoring child development and reporting concerns.
- Conduct extensive training for healthcare providers, teachers, and community leaders on how to recognize early signs of disabilities. Awareness programs could also target parents to help them understand the importance of early diagnosis and intervention.
- Support development of standardized screening tools and promote their implementation across healthcare and educational institutions to identify disabilities early. These tools will be culturally appropriate and contextualized for realities of Cambodia.

- Integrate disability screening with existing health and education services. For example, include disability checks as part of routine health assessments in clinics and schools.
- Support cross-sectoral access to the national database on children with disabilities. The international partners are advised not only to improve cross-sectoral data sharing, and improve quality of data collected but also focus on capacity building of national partners in data use to track trends, assess the effectiveness of interventions, and allocate resources more effectively.

Recommendation 4. Support development of social and child protection services reflecting Cambodia’s realities, with a focus on promoting individualised support models

Advancements to the social protection system that were implemented with UNICEF support laid a solid foundation to make support more individualised, as children with disabilities are a diverse group with varying abilities and challenges. Tailoring support to reflect the unique qualities, capacities, and aspirations of each child and their family is critical. The international partners are recommended to support the RGC with developing and institutionalising personalised support plans across various sectors, particularly in education and social services. These plans would consider factors such as the child’s age, specific needs, skills, and potential for development and encompass educational adjustments, therapy programs, and assistive technologies that empower children to participate fully in learning and social activities. Furthermore, these individual support plans would be dynamic, allowing for regular review and adjustment by a team that might include educators, therapists, social workers, and the child’s family.

One of key observations made by the interviewees:
Children with disabilities have diverse strengths and needs, and they need individualised support to realise their potential.

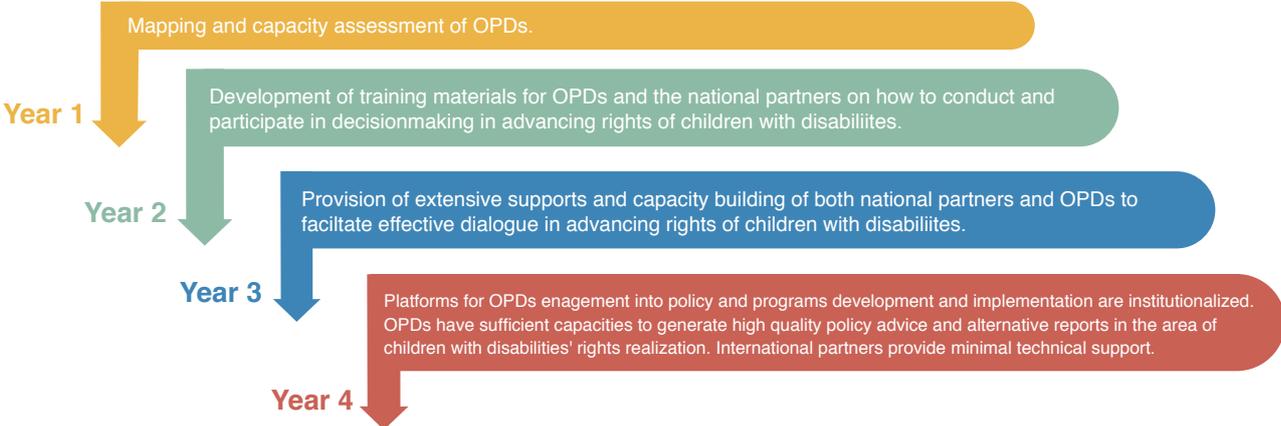
The international partners are recommended to support the RGC with developing a Cambodia-tailored model of community-based social services by incorporating local insights and addressing specific needs, based on the individualized model of support. The international partners should continue supporting the RGC with development of solutions to support de-institutionalisation that may include bringing the legal and institutional frameworks for child and family protection in line with international best practices, increasing the professionalism of human resources within the child protection system, and developing a mechanism for re-directing financial resources from the residential system to family-type and community-based services. More specifically, **the international partners are advised to draft policy standards covering the availability, duration, intensity, range, and quality of services needed to support de-institutionalisation and the development of alternative social care placements.**

Recommendation 5: Empower and support OPDs and parents of children with disabilities

Policies, decisions, and initiatives that affect children with disabilities should involve

them and their parents directly in the decision-making process to ensure solutions are better tailored, effective and respectful of the autonomy and dignity of children with disabilities and their families.⁶⁵ The international partners are advised to support the RGC with systematically involving OPDs and parent groups at all policy development, monitoring, and implementation levels. OPDs/parent groups could be consulted on broader topics related to all children rights realization, with focus on topics specific to children with disabilities. Examples include round tables, working groups and targeted consultations with potential beneficiaries that help to identify children with disabilities and their parents’ perspectives and aspirations, improve the information base and help the decision-makers gather information on all the potential consequences of the current or new policies and programmes promoting the rights of children, including those with disabilities. The international partners can strengthen OPDs’ capacities on how to reach out to and engage children and adolescents with disabilities.⁶⁶ A potential sequence of joint international partners’ support activities, by year, is presented in Visual 5 below.

Visual 5: Sequence of actions in empowering OPDs’ involvement in advancing inclusion of children with disabilities



The international partners are advised to enhance capabilities of OPDs to engage in the policymaking process, particularly in preparing reports for international bodies and contributing to policy making. Training can be provided to parent organisations on such topics as advocacy and persuasiveness skills in working with decision-makers. As some disability groups do not have OPDs to represent and support them, the international partners may help to identify leaders within specific disability groups and help them establish OPDs. Additional training may be provided to the relevant ministries by the international partners on how to manage the policy consultation process with parents’ organisations, including the development of clear and well-focused documents for consultations with stakeholders, working with individual organisations to solicit their feedback, analyse the feedback received and address the inputs received in policy and programmatic work.

Recommendation 6: Implement comprehensive SBC and inclusion awareness raising campaigns

Recognising and respecting the rights and abilities of children with disabilities is foundational to their successful inclusion in schools and communities. **The international partners are advised**

⁶⁵ See, for instance, Includovate Pty Ltd, Report Country Case Studies 26 January 2023 UNICEF - East Asia and the Pacific Regional Office, Empowering Children with Disabilities and their Legal Representatives for Effectively Claiming their Rights
⁶⁶ Optimising Social and Behaviour Change (SBC) and community engagement in the country programme (2024-2028) UNICEF Cambodia

to focus on shifting public attitudes, encouraging acceptance and understanding of inclusion. UNICEF, building on its successful campaigns supporting vaccination during COVID-19 focusing on people with disabilities its multiple communication materials,⁶⁷ and other partners can integrate SBC and stigma reduction as core elements in all their interventions supporting inclusion of children with disabilities. By challenging and reducing stigma through all relevant international partners' interventions, more inclusive environments where all children feel valued and supported, regardless of their abilities, can be created. Based on the consultant's analysis, the international partners are advised to prioritize addressing the stigma and negative attitudes towards children with disabilities among parents, educators, service providers, and broader communities. Targeted communication and extensive awareness campaigns, engaging diverse audiences, from children and parents to educators and community leaders, utilising various platforms, including social media, to spread a positive message of inclusion of children with disabilities can be implemented. The Visual 6 below presents key stages and activities to implement SBC and communication campaign over the following four years.

Visual 6 Sequence of actions to advance SBC and awareness raising on inclusion



These campaigns could engage diverse audiences, from children and parents to educators and community leaders, utilising various platforms, including social media, to spread a positive and inclusive message. Some of additional SBC and communication interventions that the international partners are recommended to implement over the next four years include:

- targeted collaboration with OPDs to reach and involve children with disabilities and their parents to understand the barriers faced by children with disabilities and utilize these insights to inform the design and implementation of inclusive SBC strategies that support inclusion of children with disabilities;
- contribution to capacity building of national front-line workers such as educators and social services providers through development of communication materials and tools that address stigma with regard to children with disabilities and how to effectively engage with and support children with disabilities and their families; and
- targeted campaigns of awareness raising of community leaders to support participation of children with disabilities in their communities.

⁶⁷ United Nations urges to break down barriers and build inclusive communities for, with and by persons with disabilities in Cambodia Op-ed by the OHCHR, UNDP, UNESCO, UNICEF in Cambodia 08 December 2023

