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Inclusive Education Policies and Practices in the Context of International Development: Lessons from Cambodia

Abstract

The international standards for inclusive education policy and practice, such as the Salamanca Framework or the UN Convention on the Rights of People with Disabilities, emerge from a predominantly western-centric, resource-rich model of service provision that is often incompatible with the lived realities of people with disabilities in non-western contexts. Drawing on post-colonial and critical political theory scholarship, this paper explores the development of inclusive education in Cambodia within the context of international development and the aid agenda. It analyzes the “goodness of fit” of international standards espoused by international donors and consultants on the overall implementation of inclusive education policy and programs, as well as on specific practices, such as developing individualized education plans and classifying disabilities.

Keywords: *inclusive education, international development, children with disabilities, educational policy, Cambodia*

Zusammenfassung

Die internationalen Standards für integrative Bildungspolitik und Praxis, wie beispielsweise das Salamanca-Framework oder die UN-Konvention über die Rechte der Menschen mit Behinderungen, gehen in erster Linie von westlich zentrierten, ressourcenreichen Leistungserbringungsmodellen aus, welche häufig mit den gewohnten Gegebenheiten von Menschen mit Behinderung in nicht westlichen Kontexten unvereinbar sind. Diese Arbeit untersucht die Entwicklung von integrativer Bildung in Kambodscha im Rahmen der internationalen Entwicklungszusammenarbeit und der Entwicklungshilfeagenda auf der Grundlage der postkolonialen und kritisch politischen Wissenschaftstheorie. Die Arbeit analysiert die „Anpassungsgüte“ von internationalen Standards, welche von internationalen Geldgebern und Beratern bei der umfassenden Umsetzung integrativer Bildungspolitik und Programmen, sowie bei bestimmten Verfahren unterstützt werden, wie beispielsweise bei der Entwicklung von Bildungsplänen und Einstufungen von Behinderungen.

Schlüsselworte: *integrative Bildung, internationale Entwicklung, behinderte Kinder, Bildungspolitik, Kambodscha*

Inclusive education policies and practices in the context of international development: Lessons from Cambodia

In 2000, the World Education Forum in Dakar, Senegal, set the goal of achieving Education for All (EFA) by 2015 towards including within the educational mainstream all traditionally excluded and marginalized groups, such as girls, poor children, ethnic minorities and children with disabilities. The same year, the World Bank while presenting the Millennium Development Goals argued that disability, being both a cause and a consequence of poverty, needed to be targeted specifically in any development efforts (Braithwaite, Carroll, Mont & Peffley, 2008, p. 1).

The goal of EFA must be understood within the larger context of international development in a post-colonial world. The world's nations are ranked along an index of “human development” measuring quality of life that ranges from “very high” to “low human development” (UNDP, 2011), and the model of economic development that proved successful for those at the higher end of the range has become the global template for growth. Towards reducing these inequities, developed countries (the global North), consisting mostly of former colonial powers, contribute monetarily through international aid agencies and technically through an international technical assistance network to recipient developing countries, mostly former colonies (the global South).¹ However, scholars theorize that this structure reproduces old patterns of colonial exploitation in a form of neo-colonialism because of (a) the understanding that recipients of monetary assistance follow the international aid donors' guidelines specifying how the monies are to be spent, and (b) vested interests of the “white savior industrial complex”, which ensure the perpetuation of dependence on aid and are not always in the recipients' best interests (Cole, 2012, p. 1). In the disability arena, international standards like the 1994 UNESCO Salamanca Statement adopted by the World Conference of Special Needs Education and Quality, the International Classification of Functioning, Disability and Health (ICF) developed by the World Health Organization (WHO) in 2001 and the 2007 UN Convention on the Rights of Persons with Disabilities (UN-CRPD), which are based on best practice and values that prevail in the North, have similarly become the template for implementing inclusive education policies and programs in the global South.

Scholars have questioned the wisdom of homogenizing such a highly nuanced and complex issue like disability by creating international standards dominated by knowledge and practices from the global North in an attempt to apply them universally (Grech, 2011; Le Fanu, 2013; Moore & Slee, 2012; Shakespeare, 2009; Urwick & Elliott, 2010). For example, Urwick and Elliott (2010, p. 146) in their analysis of the application of the “international orthodoxy” of inclusive education in Lesotho, concluded that, despite government and donor support, “the grand inclusion program of the 1990s, fuelled by the rhetoric of human rights, had little chance of taking hold” because it failed to consider its financial implications for the resource-strapped country within the context of a limited pool of trained personnel, limited physical infrastructure, and lack of basic assistive devices for children with disabilities. Similarly, in a study of inclusive education policy and practice in Papua New Guinea, Le Fanu (2013) found that, by failing to tap into teachers’ existing ability to respond to the needs of children with disabilities or to engage in an attempt to change parents’ reluctance to send their child with disabilities to school and the community’s negative perceptions about the employability of people with disabilities, the top-down approach employed by both donors and government left the teachers feeling inadequate about their pedagogical knowledge and led to no change in school enrollment figures for children with disabilities. Grech (2011) noted that the imposition of international norms results in a disengagement which sustains very limited empirical knowledge of the lived experience of disability and classroom situations as prevail in developing countries, and questioned the relevance of an individualistic, rights-based platform prescribed by the UN-CRPD to raise visibility for people with disabilities in collectivist contexts that may prevail in the global South. In essence, the international aid agenda has tended to apply policies and practices prevalent in the global North without consideration of local context or culture and often with the presumption that local cultural beliefs are barriers rather than strengths.

This paper draws on postcolonial and critical political theory to examine the implications of the implementation of international standards on inclusive education and disability through the transfer of technical assistance from international development agencies to Cambodia, with specific reference to the challenges in (a) implementing inclusive education, (b) introducing individualized education plans for students with disabilities and (c) classifying disabilities. The first section provides the context to the implementation of inclusive education in Cambodia by describing the context and some of the challenges of its education system. The second section analyzes the challenges in providing services to children with disabilities. The analysis emerges from the author’s experiences as an international consultant over a four year period with the Cambodian Ministry of Education to develop policy recommendations and implement services for children with disabilities (see Kalyanpur, in press this year; 2014; 2011; 2010), during which a situation analysis was conducted that included interviews or focus group discussions with a variety of stakeholders (senior and middle-level officials from the Ministries of Education, Health and Social Affairs, international donor representatives, provincial and district education officers, school directors, tea-

chers, parents and children with disabilities both in and out of school), visits to government and non-government schools and classrooms observations, and a desk review of relevant documents and studies relating to disability and inclusive education in Cambodia.

The Cambodian educational system

Just two years prior to the MDGs, Cambodia established political stability by ending its civil war. Its emergence within the international arena as a low-income country under stress made it heavily dependent on international aid – between 2002 and 2010, international aid was as high as 94.3 percent of total government expenditures (Ear 2012, p. 8) – making it vulnerable to the global context of technical assistance and international standards. The decimation of the intellectual elite during the Khmer Rouge regime (1975–1979) left a crippling and unprecedented legacy of inadequately trained or completely untrained management personnel, most acutely felt within the educational system, where thousands of secondary students and teachers were lost (Geeves & Bredenberg, 2005, p. 7). The immediate post-Khmer Rouge period found the Ministry of Education struggling to find teachers and co-opting barely educated people to teach students at a lower grade (Ayres, 2004).

Although in 2011 Cambodia had primary school gross enrollment rates of 93 %, the EFA by 2015 goal turned all eyes towards that recalcitrant 7 % of out-of-school children in a targeted campaign of “reaching the un-reached”, which included poor children, street children, orphans, children with disabilities, and children in remote areas (VSO, 2009, p. 1; UNESCO, 2010, p. 1). International donor initiatives focused on building 650 new schools in remote areas between 2009 and 2012 to reduce over-crowding in classrooms and establishing merit-based scholarships for poor elementary school students who might otherwise drop out to earn incomes for their family. However, teachers in Cambodia are the fourth most poorly paid teachers in the world (Geeves & Bredenberg, 2005; Benveniste, Marshall & Araujo, 2008) making the profession unattractive, and the continued critical shortage of teachers renders these efforts less effective. For example, an evaluation found that the pupil-teacher ratio in these new schools was still higher than the national average, school directors were doubling as teachers in several instances, and many districts had hired completely untrained and often poorly educated community members as teachers to reduce the shortage (Primary Education Department, 2010).

Teacher shortage has led to large class sizes, ranging from 40 students in urban areas to over 60 in remote areas (Geeves & Bredenberg, 2005; VSO, 2009). In such circumstances, teachers are forced to implement more traditional teacher-led instructional practices, such as choral reading, recitation, and rote learning. It has also led to shorter instructional time: students at all grade levels receive up to four hours of instruction a day while most teachers teach two four-hour shifts per day. The low salaries often compel teachers to seek other sources of income, such as collecting informal fees from students or through private tutoring (Benveniste et al., 2008).

For poor and rural students, inequity in educational access abounds (Kalyanpur, 2014; VSO, 2009). The distance

to the nearest school may be over difficult terrain or farther than can be covered on foot by younger children, making parents reluctant to send their five-year-olds to start school in first grade. While older students may have the option of riding bicycles, monsoon rains can make roads impassable. The lack of water in toilets and separate toilets for girls and boys often become barriers for female secondary students, causing them to drop out. Most schools are structurally inaccessible for wheelchairs. Teachers' insistence on informal fees or private tutoring makes education unaffordable to poor students who may already be under pressure to earn an income for the family (Benveniste et al., 2008). During harvest and planting seasons, which do not coincide with the post-colonial school holiday calendar, rural students miss school to help in the rice fields; returning after these extended absences can involve a difficult process of catch-up that often results in school dropout (VSO, 2009). Given these conditions facing students and teachers, the inclusion of children with disabilities becomes even more challenging.

Problems in applying universal standards to different contexts

The previous section identified some of the challenges in providing services to children with disabilities in Cambodia. What happens when international standards created in conditions in the global North are applied in these very different conditions that prevail in the Cambodian context? This section describes three situations that illustrate the problems that arise when universal standards for inclusive education are applied through international aid within this educational system and socio-political context. These situations relate to the gaps between the realities of the local context and the conceptual expectations of (a) inclusive education, (b) individualized education plans, and (c) the classification of disabilities.

Implementing inclusive education

The decision to include children with disabilities within the educational system in Cambodia according to the recommendations of the Salamanca Statement and within the frameworks of EFA and Child Friendly Schools² was in response to demands from specific international donors and technical advisors with experience in inclusive education. In 2001, with funding from international donors, the Disability Action Council (DAC) was established within the Ministry of Social Affairs to respond to the rehabilitation needs of children with disabilities (Kong & Kalyanpur, 2008) and the Special Education Office (SEO) was set up within the Primary Education Department in the Ministry of Education to provide for the educational needs of children with disabilities. DAC's and SEO's collaborative efforts resulted in a teacher training manual on inclusive education and pilot initiative in inclusive education in one provincial school. Although this was expanded to ten schools in time, both material and human resources were found to be inadequate to the task (Yoder, 2005) and when the international advisor imbedded with DAC left, the project languished.

The failure of this initiative can be explained by a temporal gap in the application of universal standards. The concept of inclusion emerged in the North from the legacy of segregated services for children with disabilities (Friend & Bursuck, 2014). Following the closure of institutions, special schools led to the

creation of specialized professionals and curricular materials for the sole purpose of educating children with disabilities. However, in 1994, the Salamanca Statement decried special schools as exclusionary and made a plea for inclusion whereby children with disabilities could receive an education and additional services as needed in educational settings with non-disabled children. As a result, in those Northern countries where the push for inclusion began, a robust body of specialists and materials resources was available to provide the support that students with disabilities might need to access an education in general education settings.

At this time, Cambodia had not yet emerged from civil war following the Khmer Rouge regime. When it did in 1997, the main focus of the Ministry of Social Affairs was on providing rehabilitation services for war veterans and responding to land-mine victims. As a result, only people with motor impairments, and mostly adults, tended to be served. The focus of the Ministry of Education now was to get children into schools and increase gross enrollment rates. It was only when primary enrollment rates stabilized that the Ministry began to focus on the "un-reached" who remained out of school, which included children with disabilities (VSO, 2009).

Also around 1997, non-governmental organizations (NGOs) had moved in and established a small number of special schools as the most appropriate option for children with disabilities who were completely excluded from the educational system (Kalyanpur, 2010). These were the Krousar Thmey schools for the blind and the Deaf, the Lavalla School for students with motor impairments, and the Rabbit School for children with multiple and severe intellectual disabilities. Although in time Krousar Thmey began to develop integrated programs where their students would spend their morning shift in a general education classroom and then return to the special school in the afternoon shift to receive specialized or remedial instruction, the trend to build special schools remained. This trend must be understood within the Cambodian context: For one, there was no legislative framework to mandate any educational services for children with disabilities, so parents had no recourse to insist that their child had the right to attend any school, whether special or general, unlike for example in the US. For another, teachers in general education were already coping with large class sizes, had no training or modified curricular materials for working with students with special needs. The popular societal misconception was that children with disabilities could not benefit from an education and both teachers and educational administrators felt they had the authority to refuse such children an education.

Thus, when the concept of inclusive education was introduced to Cambodia in 2001, it was in a context with a very limited history of special schools, no infrastructure for training or materials for general education teachers, severely limited numbers of specialized personnel who could meet the needs of students with disabilities whether in special schools or general education, and the perception that any schooling was better than no schooling at all (Kalyanpur, 2011) and a formal education system that was already stretched to its limit (VSO, 2009). This has made implementation of inclusive education difficult. Teachers were more likely to include only children with mild cognitive and physical disabilities, who might be most easily

accommodated within the general education classroom (Kalyanpur et al., 2007). A World Bank (2011) report found that children with more severe physical or cognitive impairments who would require more intensive, individualized supports tend to be excluded from such a system of inclusive education and are by far the largest group of children with disabilities out of school; in Cambodia, too, this latter group is only served by the few NGOs which offer segregated services (Kalyanpur et al., 2007).

Implementing individualized education plans

In the effort to bring best practices in inclusive education to Cambodia, international disability workers have attempted to introduce Individualized Education Plans or IEPs, a legally mandated process of monitoring the progress of students with disabilities in Northern countries, for example the US. However, imbedded assumptions about this data-keeping method make it unsuitable to the Cambodian context. The IEP, as both a document and a decision-making process, is a legal means of operationalizing accountability for students with disabilities within the American educational system (Friend & Bursuck, 2015). The mandated components of the IEP document include the student's current level of achievement, goals the student is expected to achieve by the end of the school year, objectives that the student can be expected to achieve along the way towards meeting these goals, criteria for measuring these goals and objectives, expected timelines for meeting them, and persons responsible for ensuring the student meets them. The mandated components of the IEP process include at least a meeting, with prior written notice to parents, with all professionals, such as speech, physical, behavior or occupational therapists, psychologists, and special and general education teachers, involved in the implementation of the IEP at the beginning of the year to decide on the contents of the IEP document and again at the end of the school year to review it.

Developing an IEP, therefore, is both labor- and time-intensive, and requires a sophisticated level of technical expertise on the part of teachers and professionals and an equally high level of advocacy skill from parents, neither of which prevail in Cambodia. For one, with classrooms required by government regulation to have at least 50 students and, often more in cities and provincial towns (VSO, 2009), teachers would be hard-pressed to find the time to dedicate to developing an IEP for an individual student. Two, there are no supplementary professionals providing special and rehabilitation services, except a few trained by NGOs (Kalyanpur, 2010). Three, the training that general education teachers receive currently on inclusive education runs for five days and focuses primarily on raising awareness about disability and changing teachers' attitudes and behaviors towards their students with disabilities with a brief overview of different types of disabilities (Kalyanpur, 2014); including a module on developing IEPs would be beyond the scope of the training and the teachers' level of expertise. Four, most parents do not believe their child with a disability can benefit from an education, while those who do are likely to have had their child rebuffed by teachers and school directors (Ayala Moreira, 2011; Vanleit, Channa & Prum, 2007); as a result, there is neither expectation nor context for

parental advocacy, particularly within the rights-based framework as it functions in the US (Kalyanpur & Harry, 2012). In these circumstances, the effectiveness of introducing the concept of IEPs with its embedded assumptions of accountability, advocacy, and goal-setting can be reduced.

Developing a classification of disabilities

The question of who is disabled and who benefits from available services has always been fraught with political undertones (Shakespeare, 2009). In Cambodia, the processes of determining what constitutes a disability and of "labeling" have tended to be controversial because of the arbitrariness of their evolution. The original official classification system in Cambodia listed 14 categories of disability, all orthopedic (for instance, one leg amputation, two leg amputation, one arm amputation, two arm amputation, etc.) to serve the purpose of determining monetary compensation and pension benefits for wounded war veterans. Then, in 2003, with support from international aid agencies, the Disability Action Council (DAC) together with the Ministry of Social Affairs and the Ministry of Health developed an 8-category classification system for the general population. These categories, translated into English, were: difficulties with vision, hearing, speaking, mobility, feeling (or tactile), strange behavior (or mental), learning difficulties, fits (or seizures), and a final category of "other".

In 2010, technical advisors to DAC recommended the need for revisiting the classification system when it was noted that the overwhelming abundance of children tended to be categorized under "other", indicating the inadequacy of the original eight categories. They suggested implementing the approach proposed by the UN Economic and Social Commission for Asia and the Pacific (2008) in which an ethnographic study is undertaken to learn about and understand the local perceptions of disability and develop a grounded classification system based on this shared understanding. This initiative was shelved for lack of funding. In 2011, when disability became a primary platform for a major international aid agency, the Ministry of Social Affairs and DAC were asked to develop a "wish list" of disability-related activities for which the donor would provide financial support. With funding available, the Ministry added the task of revisiting the classification system to the list.

In its efforts to ensure "ownership" of this initiative by the government, the donor allowed the government to determine the process by which this task was to be undertaken. The first decision was whether technical assistance in the form of an international consultant was needed. The Ministry of Social Affairs elected not to hire an international consultant and instead chose to tap into locally available technical resources. Unfortunately, the original purpose of conducting the ethnographic study, which could have taken into account indigenous knowledge, was abandoned once again.

What occurred instead was a daylong workshop of stakeholders in the field of disability organized by DAC, which included administrative representatives from local NGOs providing services for people and children with disabilities, and national level representatives from the Ministries of Health, Education, Social Affairs, and Rural Development. While the representation was extensive at the national level and included adults with disabilities themselves, no family members and al-

most no personnel directly working with children with disabilities were involved. Several of the Ministry representatives had no experience in the field of disability, having been appointed by their department directors to attend the workshop because, as often happens, they were available that day. In concurrent sessions, four groups of representatives debated the existing system and discussed the alternatives they deemed appropriate. When the outcomes of these discussions were compiled, four categories emerged: physical disability (mobility, listening, speaking, seeing, and health impaired), mental disability (emotional disorders), intellectual disability, and the ubiquitous “other” disabilities (hydrocephalus, dwarfism). Included in the intellectual disability category among conditions like autism, Down syndrome, cretinism and cerebral palsy was a condition called “mental readiness” with no definition provided.

Later at DAC’s monthly meeting on inclusive education, when I asked what this condition of “mental readiness” referred to and what behaviors such a person might exhibit, DAC responded that this was just “an example of the types of intellectual disabilities” that exist and was unable to give further details. This led to more questions from the larger community of international expertise on disability based in Cambodia and discussion about the validity of the category of “mental readiness”. In response, DAC decided to drop the category. These rather arbitrary efforts to classify and construct categories of disability make more overt the political undertones of labeling. Here, the labeling process was removed from the reality of people’s lives and the limitations they face and fell into the hands of professionals and government officials developing their own criteria for severity of function and limited participation.

Discussion

The instances described illustrate the gaps that occur when the international standards for disability and inclusive education developed for Northern contexts are applied without consideration of local contexts in the global South. In the race to transfer technology, the concepts of inclusive education as envisioned in the North become distorted versions of the original intention. Breidlid (2013) and Grech (2011) assert that the hegemonic role of western epistemology has resulted in the disavowal of alternative “knowledges” and an epistemological silencing in the global South. For instance, Breidlid (2013) argues, the western feminist agenda and gender education policies promoted through international development organizations and Education For All goals tend to define women in the South as weak and incapable of agency, overlooking “the cultural embeddedness in the life and behavior of females in the South” (p. 29). He warns against dismissing indigenous knowledge as primitive or traditional. To ensure that children with disabilities in the South receive the services they need, significant stakeholders like international aid agencies, governments, and consultants must be more sensitive to the nuances of context and culture, and be willing to consider and utilize local understandings of disability in policy and programmatic decisions rather than imposing externally derived constructs. This can be accomplished by giving local stakeholders time and opportunity to develop structures that emerge from their own realities which allows them to be more invested in the process, rather than responding to top-down directives.

In this, the consultant’s role is crucial: although, as the intermediary between international agency and national government, consultants walk a fine line to maintain both parties’ interests, they can also use this vantage point to facilitate the emergence of indigenous knowledges. Breidlid (2013) builds on Freire’s (1970) concept of conscientization, through which a catalyst, such as an international consultant, engages in a dialogue with the dominated groups to raise awareness of the inequities of continued post-colonial hegemony. Similarly, Kapoor (2009) notes that when funded research is embedded in the “living praxis of people’s movements with participatory intent, the movement participants will move to politicize the research process and engage with the researcher” (p. 30). Kalyanpur (in press) suggests applying the process of cultural reciprocity, whereby both international consultant and beneficiaries learn from each other through reciprocal dialogue that identifies the embedded values in both perspectives, and provide some examples illustrating this process in Cambodia. The initial step of identifying the underlying values behind policy or best practice recommendations provide a frame of reference from which a so-called universal standard can be modified to become more appropriate to a new context. Similarly, ethnographic researchers have successfully identified alternative knowledges about disability in Cambodia that could inform the efforts of international consultants (Husaina & Sanders, 2012; Morgan & Tan, 2011).

In the end, international standards cannot be imposed on contexts that are divergent or dissimilar from the contexts in which they emerged. What is needed is a willingness to utilize a strengths-based or an assets lens and a greater sensitivity to these differences through an un-silencing of local epistemologies that will facilitate a “goodness of fit”.

Notes

- 1 There are exceptions: For example, not all former colonies are recipients of aid (e.g. Brunei), some of them provide aid (e.g. South Korea, Taiwan). On the other hand, some countries that have not been colonies receive aid (e.g. Nepal).
- 2 The Child Friendly Schools (CFS) model developed by UNICEF (2008) “embraces a multidimensional concept of quality and addresses the total needs of the child as a learner. This means providing safe and protective schools that are adequately staffed with trained teachers, equipped with adequate resources and graded with appropriate conditions for learning” (p. 4). The CFS model espouses student-centered learning over teacher-led instruction.

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