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Distortions and Dichotomies in Inclusive Education for Children with Disabilities in Cambodia in the Context of Globalisation and International Development

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This paper explores the consequences of transferring technical information on disability and inclusive education from the North to the South within the context of international development. Based on data from the author's experiences as a US-trained Indian international consultant in Cambodia, it analyses how problems with translation and socio-cultural assumptions embedded in the terminology of disability can divert the intention of teacher training in inclusive education. The paper also examines the politics of inclusive education with regard to the disconnect between a donor-based agenda and local priorities, and discusses the complexities of the author's own role within the context of increasing South/South cooperation.

Keywords: inclusive education; disability; Cambodia; international development; globalisation; children with disabilities; transfer of technology; international technical assistance

Introduction

As a consequence of the Dakar World Education Forum goal of Education for All (EFA) by 2015, many developing countries, including Cambodia, are focusing on including children with disabilities in their educational systems. The EFA goal must be understood within the larger context of globalisation in a post-colonial world. The model of economic development that had proved so successful for industrialised nations has become the template for growth, with countries being classified as “developed”, “developing” or “in transition” (UNDP, 2011). To enable countries on the low end of the scale to move up, developed countries, consisting mostly of former colonial powers or the North, contribute monetarily and technically through international development agencies (IDAs) primarily to recipient developing countries, which were former colonies or the South. However, the implicit, and sometimes explicit, understanding in most cases that recipients follow IDA guidelines has led scholars to theorise that the contemporary global political and economic environment reproduces old patterns of colonial exploitation under the veneer of international assistance (Cole, 2012), affecting outcomes for policies and programmes on disability and inclusive education (Grech, 2011; Kalyanpur, 2011; Meekosha, 2011; Miles, 2002).

More recently, as more developing countries move into the strata of medium or high human development, IDAs are increasingly suggesting that technical assistance be provided from more developed to less developed countries in the South (Quisumbing, 2010). The expectation of South/South cooperation is that knowledge dissemination

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activities are conducted in developing countries by professionals who come from these countries and have undergone training in developed countries. The deployment of local successfully trained professionals vindicates the benefits of international aid and development efforts and generates “cross-cultural learning between Southern countries [that] can help to contextualize global debates” (Miles & Singal, 2010, p. 8). However, the concern is that this system only perpetuates the cycle of the colonised stepping into the shoes of the coloniser, with goals, theories and structures for development remaining essentially unchanged. As Le Fanu notes:

when rigidly hierarchical IDAs ... driven by post-colonial agendas and ideologies are staffed by individuals whose personal and professional lifestyles detach them from local contexts and cultures ..., apparently progressive initiatives can be transformed into repressive measures which enforce the *status quo*. (2013, p. 146)

This article discusses the implications of the international agenda on inclusive education for children with disabilities in Cambodia within this context of globalisation and international development. It analyses how distortions in translation and the socio-cultural assumptions embedded in the terminology of disability can divert the intention of teacher training, and examines how dichotomies in priorities and the agenda for inclusive education between donors and governments can result in programmes being implemented that are neither appropriate nor sustainable. Finally, it explores the complexities of the author’s own role as a US-trained Indian international consultant to the Cambodian Ministry of Education within the framework of South/South cooperation.

The Context for Globalisation and International Development Aid

Artiles and Dyson define globalisation as:

the tendency for human activities which occur at places geographically remote from each other nonetheless to interact with each other so that local practices—in terms, say, of culture, politics or economics—become overlain, or are entirely swept aside by global patterns. (2009, p. 38)

This tendency has existed from pre-colonial times, shifting from food as the exchange commodity of globalisation when economies were largely agrarian, to manufacturing during the colonial period (Parker, 2010), and in more recent times to the transfer of ideas, such as concepts of good governance epitomised in democracy, human rights, and decentralisation (UNDP, 2011). Two important distinctions exist. First, during earlier phases of globalisation, much of the transfer occurred *from* the rest of the world *to* Europe with a strong element of exchange, whereas the current movement of ideas tends to occur in one direction *from* Western Europe and North America *to* the rest of the world. Second, during the colonial period and now, the transfer from Europe and North America was and is imbalanced and imposed on the rest of the world. In the disability arena, international standards such as the 1994 Salamanca Statement, “virtually the Bible of the inclusion movement” (Urwick & Elliott, 2010, p. 139), the International Classification of Functioning developed by the World Health Organization (WHO, 2001) and the 2007 UN Convention on the Rights of Persons with Disabilities (UNCRPD) have become the template by which IDAs are implementing policies and programmes in inclusive education, in what Goodley refers to as the “McDonaldisation of education” (2011, p. 144).

With disability and inclusive education becoming a firm part of the international development agenda, disability studies scholars have begun to explore the ramifications of the “international orthodoxy” (Urwick & Elliott, 2010), or the homogenisation of such highly nuanced and complex issues into a monolithic paradigm dominated by western knowledge and practices, and the “epistemological disengagement” with local realities (Grech, 2011) that results from the assumption that IDAs can then dictate or prescribe the application of these norms globally (Bickenbach, 2012; Grech, 2009, 2011; Le Fanu, 2013; Meekosha & Soldatic, 2011; Shakespeare, 2012). For example, in their analysis of the application of the international orthodoxy of inclusive education in Lesotho, Urwick and Elliott (2010) conclude 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” (2010, p. 146) 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 enrolment figures for children with disabilities. Where poverty precludes access to more basic amenities and services, such as basic healthcare and potable water, for populations extending beyond people with disabilities (Eide & Ingstadt, 2011; Grech, 2009; Groce, Kett, Lang, & Trani, 2011), there are serious implications for the sustainability of such programmes beyond the bolus of funding from donors (Metts, 2000).

As Grech (2011) notes, the imposition of international norms results in a disengagement that sustains very limited empirical knowledge of the lived experience of disability and classroom situations as prevail in developing countries. For example, scholars have questioned the relevance of an individualistic, rights-based platform prescribed by the UNCRPD to raise visibility for people with disabilities in collectivist contexts that may prevail in the Global South (Meekosha, 2011; Miles, 2002). Similarly, in an analysis of inclusive education policy in Cambodia, Kalyanpur (2011) argued that the cultural traditions of elitism and social hierarchy and the uniquely post-Khmer Rouge context of severely limited human resources are paradoxical to the value of universal access and quality embedded in EFA and inclusive education.

The Cambodian Context

The decimation of the intellectual elite during the Khmer Rouge regime has left a crippling and unprecedented legacy of inadequately trained or completely untrained management personnel: within the educational system, over 80% of all secondary students and teachers were lost (Ayres, 2004; Gottesman, 2004). The immediate post-Khmer Rouge period found the Ministry of Education struggling to find teachers. With civil war following the Khmer Rouge regime, Cambodia remains one of the poorest nations—teachers there are the fourth most poorly paid teachers in the world (Berkvens, 2009)—and has become severely dependent on international financial and technical assistance. While the immediate post-Khmer Rouge period brought a flood of Vietnamese and Russian advisors, political stability since 1997 with a clear endorsement of free market

economic policies has made Cambodia attractive to international donors with an agenda for decentralisation and democracy. Currently, almost 2000 non-governmental organisations (NGOs) and donors provide support with foreign aid, pledging up to US \$2.8 billion until the end of 2012 (Strangio, 2010).

As conduits to creating a citizenry suited to the needs of the nation, educational systems are particularly susceptible to the politics of globalisation and international development (Artiles & Dyson, 2009). For example, in Indochina (now Vietnam, Laos and Cambodia) under the French Protectorate, the educational system was strongly French-based in both medium of instruction and curriculum to groom students for the elite colonial civil service and only a few secondary schools were built in Cambodia (Ayres, 2004; Tully, 2002). In 1956 UNESCO recommended that newly independent Cambodia should pursue a policy of universal primary education in an early version of EFA. Although the numbers of students almost doubled at nearly all levels, the unchanged content of the curriculum perpetuated its elitist traditions and students pursued programmes of study that made them misfits for the agrarian lifestyle they had come from. Further, expansion did not include rural areas even as it reduced the legitimacy of the indigenous monastic structure of education.

To achieve the goal of EFA by 2015, the Ministry of Education has implemented specific initiatives to reach the 7% of children who remain out of school (Zook, 2010). In 2003 UNICEF provided technical and financial support to the Ministry of Education and the Disability Action Council, a national disability-related advisory and advocacy agency, leading to the establishment of the Special Education Office in the Ministry and ushering in an era of top-down responses to international imperatives in inclusive education in Cambodia (Kalyanpur, 2010; Kong & Kalyanpur, 2009). Essentially, this has translated into international consultants coming in on short-term and long-term assignments to develop legislation and policy, implementing programmes based on the international standards outlined in the UNCRPD and training trainers and teachers using training manuals developed by UNICEF and UNESCO. The next section describes instances of the problems that arise from uncritical applications of these international standards.

The Language of Disability

At a teacher training session on intellectual disabilities conducted in Khmer by a Cambodian English-speaking professional, I was intrigued to see the single, unfamiliar English word “donsintraum” on a slide. As the trainer proceeded, I realised the word was an interpretatively spelt version of “Down syndrome”—in all the training he had received, he had apparently never seen the term in written English. This anecdote has become, for me, a metaphor for the ways in which information becomes distorted or creatively interpreted as it is conveyed down the pipeline from international consultant through translator to trainer to trainee. These distortions occur on at least two levels, relating to, firstly, an understanding of the technical meaning, and, secondly, the socio-political implications of the term.

Literal versus Technical Translation of Language

A common misconception is that, for any technical term in English, there is a corresponding term with the exact same meaning in the language in which the training is being conducted. In training teachers to work with children with disabilities, the problem between literal and technical meanings of language complicates the knowledge

dissemination process (Grech, 2009; Miles, 2002). For example, usage of the words “disability” and “impairment” in the dictionary shows very similar examples (Cambridge Dictionaries Online, 2012), indicating that there is little difference in the literal meaning of these two terms in English. However, in response to the official definition that *disability* is the combination of a biological *impairment* which may limit an individual’s ability to participate in daily life activities and the barriers in their social environment in which they live, such as architectural barriers or negative social attitudes (WHO, 2001), for English-speaking disability professionals, the two words have come to have different *technical* meanings. Since this distinction is technical rather than linguistic, translation of the technical difference into another language becomes more than just finding words roughly equivalent in meaning.

The Cambodian language, however, does not have different words for “disability” and “impairment”. The Khmer word for disability, “*pikarapheap*”, literally translates to biological limitation of function or the technical meaning of impairment in English. When I arrived as an international consultant, I found that trainers had looked up the literal meaning of the word “impairment” in English, which was “weakness”, and reached a consensus that the word “*k’saawr*”, which literally means weakness as in physical tiredness, was the closest match. As a result, trainers’ explanation of the technical difference between disability and impairment in Khmer had become convoluted in the attempts to conflate the terms “*k’saawr*”, a word that literally translates to physical tiredness, with its new technical meaning of biological limitation of physical, mental or behavioural function, and “*pikarapheap*”, which literally means biological limitation, with its new technical meaning of additional social and environmental barriers.

It seemed the concept had been introduced by English-speaking consultants relying on translators and assuming: that the translation would be seamless; and that if not, the trainers would ask for clarification. When I gained some fluency in Khmer, I attempted to remedy this problem by suggesting that perhaps there need not be a distinction between disability and impairment and the definition of disability itself could be modified to include the effects of societal barriers. However, the trainers insisted that the WHO model prevail despite, ironically, the controversy regarding the distinction between impairment and disability within the international arena (Connor, Gabel, Gallagher, & Morton, 2008). As the technical adviser arriving late on the scene, I had to accept this. The convolutions with the language of disability and the trainers’ insistence on staying with what they perceived as the canon reflect the power differential between the North and South. As Wormnæs (2008, p. 213) notes in a study of special education teacher training in Egypt, the very fact that the teaching programmes were developed in western countries became “an indicator of quality” for the participants. Non-western participants, in deference to the consultant and in conformance with their cultural courtesies, are unlikely to rate the trainings or consultant poorly, and many consultants are not concerned by the lack of questions (Berkvens, 2009; Wormnæs, 2008). This limited feedback loop perpetuates the epistemological disengagement that divorces consultants from the real effects of their efforts at imparting the orthodoxy.

Socio-political Translation of Language

This section describes the distortion in the socio-political meaning of concepts that occurs when there is no shared historical or social context, with specific reference to

the medical versus the social model of disability. Most teacher training curricula in inclusive education developed and taught by international advisors begin with the distinction between the medical and the social models of disability as a means of understanding the concept of disability (Barnes & Mercer, 2005). Emerging from the legacy of institutionalisation and emphasis on medically based professional expertise in the North, the assumptions underlying this distinction are: that the medical model represents a model of service delivery which confers paramount authority to medical professionals in identifying who is disabled; and that, for this reason, this model is no longer desirable and should be replaced by the social model, which recognises that the interaction of negative societal attitudes and environmental barriers on a biological impairment can result in disabling a person. When I arrived, this distinction was being presented as two webs, the centre of one containing the words “medical model” and the other “social model”, whereby participants were expected to identify the problematic values associated with the medical model and, by default, the advantages of the social model. The statements included “the child is the problem” and “needs special services” to describe the medical model and “attitudes are the problem” and “schools, not children, need ‘fixing’” to describe the social model.

However, as Cambodia, similar to other developing countries (Grech, 2009; Miles, 2002), has not shared this legacy of institutionalisation and medical authority, conducting this exercise resulted in a completely opposite response. Since some disabling conditions, such as epilepsy and cerebral palsy, are often attributed to spiritual causes, especially among more traditionally minded people in rural areas (Ayala-Moreira, 2011), the participants were particularly careful to point out that by attributing a medical cause or idea to the condition they were exhibiting modern views. Thus, in their opinion, the medical model was good because it was new, modern, and western-looking. Similar findings are reported by Anthony (2011) in Ghana. Further, participants were concerned that many doctors and most village health workers had little to no information about disabilities, but provided with this knowledge and given their moral authority they could change the attitudes and beliefs of the “rural ignorant”. Since the intention was not to teach the participants that “the child is a problem”, I suggested removing the web exercise and all references to the medical model and focusing instead on the social model, with its underpinnings of the rights-based approach espoused by local disabled people’s organisations (Zook, 2010). I did succeed in making this change within the limited sphere of the training I conducted.

These distortions of disability concepts are exacerbated by the prevailing model of in-service training in Cambodia. Severe shortages of trained human resources have forced a structure called the “cascade model of training”, whereby national trainers train provincial trainers, who in turn train district officers. The district education officers then train school directors and one teacher at each grade level, who then trains the teachers at monthly meetings. However, a significant shortcoming of this structure is the “Chinese whisper effect”, where, like the children’s game, the final outcome is distorted from the original intent as it progresses down the line (Kalyanpur, 2011). Consider, then, the “Chinese whisper effect” of a message that has originated in the headquarters of UNESCO or UNICEF in Paris, Geneva or New York and ends in the classroom of a teacher in rural Cambodia.

The “developmental delay” or the temporal displacement that occurs with the spatial transfer of concepts, whereby ideas may already have fallen into disrepute in their countries of origin by the time they are transmitted, is a major concern (Byrne, 2013; Rao & Kalyanpur, *in press*). Urwick and Elliott identify three significant flaws in the

inclusive education orthodoxy: “the assumption that fully inclusive schooling is universally the most effective strategy for children with special educational needs ... , the overly dismissive attitude to the ‘medical model’... and the supposed economic advantages of inclusive schooling” (2010, p. 139). Indeed, Byrne notes, the educational segregation of many children with disabilities in special schools continues in the United States. Further, there has been no evidence to support the cost-effectiveness of inclusive schooling (Urwick & Elliott, 2010) while the pivotal distinction between disability and impairment has been rendered moot within the US version of disability studies in education (Connor et al., 2008). Finally, as an alternative to the medical model, the social model has itself come under scrutiny within the West, with scholars arguing that it fails to challenge the assumption of perceptions of disability as “abnormal” (Beauchamp-Pryor, 2011) or to address issues of pain and chronic illness (Thomas, 2007) and is “insufficient for creating change” (Connor et al., 2008, p. 443). Yet it has become the schema for “explaining” disability for the rest of the world. Thus, the appropriateness of introducing a theory that had no applicability within the Cambodian context and had become suspect within the consultants’ own professional spheres was not questioned.

The Politics of Disability

Distortions in the language of disability become less serious amidst the larger concerns of the politics of disability: the major decisions on whether to prioritise disability within the national agenda for action, what these services will be, and who receives the services. At a presentation at World Bank headquarters on services for children with disabilities in Cambodia, the event organiser asked whether there were any “champions for disability” in the country; that is, were there any high-ranking government officials who might be willing to include disability issues within the national agenda, as, if there were, international donors would be more willing to earmark funds for such initiatives. Interestingly, a study on disability responsiveness in government policies in Cambodia had just found that, to the contrary, senior government officials felt that donors were setting the agenda and that there were so many priorities Cambodia now had to “prioritise the priorities” (Kalyanpur et al., 2007). This dichotomy between donor and beneficiary perspectives is an ongoing concern in international development whereby donors insist they will only support a project or activity “if the government is interested in it”, or there are champions for the cause within the government, while the government will do anything “if that’s what the donors want”, or there are champions for a cause among the donors. In the context of international development, this begs the question: who really makes these decisions?

Who Sets the Agenda for Disability?

In 2007, a workshop jointly initiated by two IDAs was held in Phnom Penh to present, among other projects, a two-stage method of epidemiological surveillance for childhood disabilities within a community setting. In the first stage, children between the ages of two and nine years would be screened using a Ten Question Screening Instrument through maternal recall. Those tested positive for impairments would then be referred to the second stage, which involved a professional assessment by medical doctors and psychologists. The purposes of this survey were to provide (1) policy-makers with accurate data on children with disabilities to enable them to make more informed decisions on inclusive education policy, and (2) information to communities on the

benefits of inclusion and early identification of children with disabilities. As the survey had already been conducted in Ethiopia, a similarly resource-strapped country, the purpose of the workshop was to convince Cambodia to do the same. Towards this goal, government officials and non-government representatives in education and disability were invited to the workshop. However, when the proposal was opened for discussion, several points were raised against it, mostly relating to sustainability and applicability.

One concern was the strong medical emphasis in the identification process that did not reflect the more recent incorporation of levels of individual functioning and participation when determining disability (Mont, 2007; WHO, 2001): the two-stage approach of assessment decontextualised and discounted local perceptions of disability. Given the extreme social stigma attached to disability in Cambodia, as in many countries, participants felt it was unlikely that family members would respond positively to a complete stranger asking whether their child had some difficulty, especially if the difficulty was not noticeable and was likely to result in the child and family being discriminated against. They also expressed concern about the survey's lack in terms of changing attitudes towards disability.

A second concern related to the identification instruments: the minimalist approach of the Ten Question Screening Instrument ("do you have difficulty seeing/hearing/walking, etc.?"") in the initial screening had proved problematic in other countries (Durkin et al., 1994; Zaman et al., 1990), while the next stage assumed the existence of an extensive corpus of trained professionals, such as psychologists, developmental paediatricians, audiologists, optometrists, and so forth, who could conduct sophisticated assessments, using culturally appropriate tools. In his study of the reliability of an easy-to-use developmental milestone chart to identify children with development delays in Cambodia modified from screening tools used in the West, Scherzer (2009) noted that what constitutes "delay" in one culture may not in another and recommended the need for more accurate, locally identified milestones. With services for children with disabilities being mainly in Phnom Penh and in some provincial capitals, assessments as the survey envisioned would either involve huge numbers of children coming to these centres or "mobile crews" of trained professionals following the survey enumerators. Due to limited availability and the lack of relevant personnel (Zook, 2010), neither option was feasible, and nor did the survey include a component for local capacity-building.

Third, the activity did not take advantage of available local structures, such as household mapping, which in Cambodia is conducted annually, whereby school personnel and community members visit each house to find out which school-age children are not in school and why. As a result, statistics on out-of-school children were already available for the entire population. There were also other sources of national statistics, such as the Demographic and Health Survey, the Socio-Economic Survey, and the Census. Admittedly, there were problems associated with these statistics. One, they differed according to source (Zook, 2010). Two, the household mapping statistics were not incorporated into the existing central database managed by the Ministry of Education itself. However, it still seemed unnecessary to conduct another household survey, and more meaningful if the prevalence study improved the mechanism for making the household mapping statistics available at the central level.

A fourth concern was that most children between the ages of two and nine were unlikely to be in school in the first place. Although, technically, children are expected to start school at six years of age, because of endemic stunted growth many children are deemed by their families to be too small to walk the distance required or to stay

away for the length of a school day; as a result, many children only begin school when they are nine years old. A final concern was that the prevalence study did not address the need for interventions or supports for the students it was identifying. As a high-ranking Ministry official stated, children with disabilities were students for whom positive outcomes would be high only with equally high investment and were, therefore, not a high priority for the government. Not including interventions in the prevalence survey made little sense.

It is indicative of how the priorities of the donors eventually prevail that, despite all these concerns, the prevalence study came to fruition. Indeed, merely the fact that this workshop had been conducted in Cambodia to present the methodology—regardless of its overall outcomes—was used by the donor to justify inclusion of the activity in their grant in 2008 to the Ministry of Education. To further convince government officials, the consultant brought, as they put it, “a basket of carrots” of the possibility of a second round of funding as an incentive.

The activity was justified on the grounds that the Ministry would not have to spend a large amount of grant money on it, since the consultant’s expenses would be covered by the donor’s international office, and the small budget for Ministry expenses would be sufficient for implementation. However, because of limited local human capacity, it became necessary to hire a firm to develop the sampling frame, another to analyse the data, an international consultant to oversee the implementation of the part of the project dealing with the screening of the children with disabilities, a local consultant as a translator to assist the international consultant, and a NGO to provide the medical services required for the screening, which it did by sub-contracting the services of other NGOs specialising in different categories of disability. As a result, the initial budget of \$242,000 in 2010 expanded to over \$1 million by February 2012. In an ironic twist, these unexpected additional expenses were used to justify the relevance of the project: during a presentation of the initial findings of the pilot of the survey, the international consultant noted that, “We know the government is committed to this prevalence study because they have spent a lot of money on it”.

In this situation, the one-size-fits all approach, which assumed that the prevalence study conducted in Ethiopia was therefore equally feasible and useful in Cambodia, merely resulted in more and more money being pumped into the activity to develop short-term solutions for the inevitable problems faced in conducting it. From situation analyses conducted previously, what was needed most urgently was a basic, yet systematic and sustainable, process for screening and referral of children with disabilities to enable them to access school. Working on a very small scale of two to four schools at a time, and in collaboration with a supporting NGO, this would involve developing a directory of services available, creating appropriate screening tools, arranging for identified children to receive medical referrals and other supports as necessary, such as building a ramp in the school or training teachers to teach these children when they came to school, and monitoring the whole process to ensure that the children were progressing satisfactorily in school. Most importantly, it would require a disability awareness-raising component, through the use of media and community events at local *wats* or temples, and local community members interacting with families on a personal and sustained basis. The existing structure of household mapping could be used to find out where the children with disabilities were, as this was conducted by local community members, but procedures and tools for the rest of the steps would have to be created. I suggested this approach as an alternative to the prevalence study, and the compromise reached was that I would proceed with it at the grassroots level

and the prevalence study, from which I recused myself, would proceed at the national level.

Dishearteningly, this story is not unusual in international development. Donors' epistemological disengagement tends to permeate most development initiatives because, "critical issues related to context, culture, economy, history, community and relationships of power among others are often bypassed" (Grech, 2011, p. 88). Studies of inclusive education projects funded through IDAs present similar divergence between the donors' "one-size-fits-all" approach and the local realities (Le Fanu, 2013; Urwick & Elliott, 2010), suggesting that donors frequently use their fiduciary clout to push their own agenda while believing that they are following the agenda of their beneficiary country.

Negotiating the Middle Ground

A popular sub-text in the North/South discourse is the call for South/South cooperation, a partnership among equals that, "affords the benefits of creating opportunities for assisting countries to expand the markets for their skilled nationals and their technologies and products while making relevant, affordable technologies available to receiving countries" (Quisumbing, 2010, p. ii). It plays out as a "triangular cooperation" that continues to involve the financial and technical support of developed countries in the North, while relatively more developed countries in the South, such as Malaysia, South Korea, India and China in the Asia-Pacific region, having themselves emerged from limited-resource environments, provide similar technical support they have previously received from the North to less developed countries in the South. Within the inclusive education arena, for example, Miles and Singal have suggested that, "this South/South collaboration is essential in the ongoing development of innovative and culturally and contextually appropriate education policies and practices" (2010, p. 12).

When I came to Cambodia as an international consultant in inclusive education, I saw myself as a microcosmic illustration of the South/South triangular cooperation: I was both from and familiar with conditions in a developing country, having started my career as a school teacher of children with disabilities in India. Equally significantly, having received a doctoral degree in special education from the United States, I had technical expertise from the North that I had used over the course of my professional career to recognise and examine assumptions of universal applicability and to develop and encourage others to develop culturally specific and culturally responsive alternatives. I believed I could use my own experiences as a resource-strapped teacher in India to encourage teachers in Cambodia, for instance, to develop their own teaching aids with locally available, low-cost materials at the same time that I introduced them to best practices in inclusive education that I had learned in the United States. During my five years in Cambodia (2006–2007 and 2008–2012), supported by different international donors, I provided technical assistance to the Ministry of Education to develop and implement a national policy and an action plan on the education of children with disabilities. However, I found that triangular cooperation meant negotiating a middle ground between donors and recipients amidst the dichotomies of agenda and context.

Global versus Local Agendas

My first task towards developing the national policy initiative on inclusive education involved conducting a situation analysis, through which I gained a fairly comprehensive

understanding of the context. During this period, the issue of children with disabilities not being cost-effective for a resource-strapped country came up often. High-ranking Ministry of Education officials pointed out what was corroborated during school visits: that there was already some “natural inclusion” occurring with public schools willing to accept students with disabilities who needed either no additional supports or just a one-time support, like a prosthetic or orthotic device, since they were no additional burden on teachers where class sizes approximated 50 students per teacher. These levels of inclusion were perfectly acceptable to them as the priority was on poor students who could benefit from a small investment of a scholarship. If provision had to be made for students with disabilities, Ministry officials recommended a step-by-step approach, perhaps starting with a few special schools, along the lines of those established by the handful of NGOs in the field, for the students who exhibited visible and obvious signs of disability, so that teachers in regular classrooms would not be overburdened by additional students who would need extra attention. When these findings were presented to the donor funding the activity, I was told that special schools were out of the question since the global agenda was on inclusive education and on Child Friendly Schools, an approach for student-centred learning using interactive teaching strategies developed by UNICEF and endorsed by the Cambodian government. The policy had to focus on students with mild and moderate disabilities who could be included in regular classroom or integrated settings and to recommend that students with more severe disabilities be targeted in a second phase of implementation. So, although I felt this was not good triangular cooperation, a policy on inclusive education was developed for students with mild and moderate disabilities within the framework of Child Friendly Schools with some attempts to mesh expectation with reality as best as possible through the policy recommendations to make them meaningful.

Global versus Local Contexts

Understanding the local context was another area where I found myself negotiating a middle ground. I felt I had some advantages on both professional and personal fronts. One, the situation analysis I undertook, had helped me gain a fairly comprehensive understanding of the context. Subsequent responsibilities, which involved my working at the central level of government overseeing the implementation of activities by provincial and district offices of education and NGOs, also allowed me a bird’s-eye view of policy and programmatic developments in inclusive education. I learned enough of the local language to be able to understand the proceedings of training and other workshops. When translation was necessary, I used the services of a Ministry colleague who had studied overseas and was familiar with the technical terms in English and Khmer, rather than the project-appointed translators who spoke English but had no training in pedagogy.

Two, by moving to Cambodia and living there I had an additional advantage over many other international consultants of having a sense of continuity and being part of the historical development of inclusive education in Cambodia. The arena of international development is a transient one for consultants. For instance, during my tenure, I worked with four different international consultants in a provincial programme on inclusive education supported by an international disability-related NGO. Although I outstayed most international consultants, I too have eventually left. This transience also has enormous implications for planning: it results in overlaps and gaps in service and, most significantly, in routine “wheel re-invention”, as new consultants, particularly

short-term international consultants who come in for periods ranging between a week to a fortnight, might bring their own ideas of how something should be done (Berkvens, 2009; Stiglitz, 2007). Further, among all the international consultants in the education and disability sectors, only eight were from Asia and one from Africa. During one workshop presentation on South/South cooperation for the education sector, I was the only international consultant present from the South.

These advantages notwithstanding, I was in a minority, straddling between the worlds of donors and national trainers, in number and in my efforts to suggest the need for more grounded approaches to understand the cultural contexts and identify local strengths. On one hand, as described in the section on the language of disability, the national trainers were eager for western knowledge because they saw it as the path to development and wealth. On the other, as described in the section on the politics of disability, donors preferred quick results by applying boilerplate strategies in pilot projects to ensure compatibility with the local situation before a regional or national scale-up, an approach that precluded the more time-consuming grassroots exploration.

Artiles and Dyson (2009) note that, “the potential for negative consequences arises ... if and when the globalizing tendencies of inclusion lead us—as commentators or advocates, practitioners or policy-makers—to overlook legitimate local differences” (p. 42). However, even with the best of intentions, legitimate local differences play a minuscule role in globalisation when consultants are caught within the hegemony of the northern international development agenda (Grech, 2009). For example, Hickling-Hudson suggests one reason for the successful South/South collaboration between Cuban teacher consultants in Jamaica and Namibia was that the project was, “independent of traditional direction and financing with strings from the wealthy countries of the ‘North’” (2004, p. 308). With both donors and governments alike becoming vested in endorsing the orthodoxy (Grech, 2011; Ulwick & Elliott, 2010), the purpose of South/South collaboration is somewhat defeated.

Conclusion

Although Stiglitz (2007) notes that the “one-size-fits-all solutions [of IDAs] do not—*can* not—capture [the] complexities” of development (p. xii, emphasis added), international development continues to be the fastest growth industry, “a white savior industrial complex” constructed to benefit the donors rather than the recipients (Cole, 2012, p. 1). Within the context of inclusive education, the vested interests that have emerged from the current structure of globalisation tend to seek to maintain this structure (Grech, 2011; Le Fanu, 2013). This paper has attempted to illustrate some of the unfortunate consequences of maintaining this structure for the development of educational services for children with disabilities in developing countries. Children with disabilities are often the lowest priority in national agendas; indeed, a global analysis of policies and programmes for children with disabilities found that in efforts to target out-of-school children, children with disabilities were usually the last to receive any benefits (WHO/World Bank, 2011). Inclusive education is a political agenda. However, in order to make inclusive education truly part of the political agenda for development of any developing country rather than merely twenty-first-century sensibilities being pushed on governments by donors holding the purse-strings, it is imperative that we avoid this “becoming part of the problem rather than the solution” (Byrne, 2013, p. 233). Towards this, Le Fanu urges that:

IDAs, if they want to work effectively in the field of inclusive education, must themselves become inclusive organizations. They must become inclusive in the sense that they develop the broadest and deepest understanding of the social worlds in which they operate ... Rather than being “prescribers of norms” (Finnemore, 1993, p. 565), they should therefore become facilitators of dialogue, disseminators of information, and open-minded investigators of multi-faceted social realities. (2013, p. 146)

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