REPORT

DISSEMINATION WORKSHOP ON

CHILD DEVELOPMENT MILESTONE ASSESSMENT

AND

STIMULATION TOOLS

Participants discussing DMAT the study findings
Picture taken by Hoeung Heam
Belong to GIZ-Cambodia

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Phnom Penh, Sunway Hotel

Prepared by Hoeung Heam

Submitted to GIZ

Abbreviations

AHC	Angkor Hospital for Children
CB-DMAT	Community Based Child Development Milestone Assessment and Stimulation Tools
CCAMH	Center for Child and Adolescent Mental Health
CPTA	Cambodia Physical Therapy Association
CSPO	Cambodian School for Prosthetics and Orthotics
DMAT	Child Development Milestone Assessment and Stimulation Tools
HC	Health Center
HI	Humanity and Inclusion Organisation
ICRC	International Committee for the Red-Cross
IEC	Information Education and Communication (tools)
MoH	Ministry of Health
MoSVY	Ministry of Social Affairs Veterans and Youth Rehabilitation
MPA	Minimum Package of Activities
Muskoka	Maternal and Newborn Care Project (of GIZ)
NMCHC	National Maternal and Child Health Center
NPH	National Paediatric Hospital
OD	Operational District
PHD	Provincial Health Department
PRC	Physical Rehabilitation Center
PWD	Person/People with Disability
PwDF	Persons with Disabilities Foundation
TSMC	Technical School for Medical Care
UHS	University of Health Science
VI	Veterans International (organization)
WGED	Working Group on Education and Disability

Contents

1. Background

Developmental milestones are a set of functional skills or age-specific tasks that most children manage to do at a certain age range. Reaching milestones at the typical ages shows a child is developing as expected and not reaching those by a certain age is a warning sign or red flag for potential developmental delays. Children with developmental problems are at increased risk for poor outcomes in many areas important to health, well-being, and success in life.

Most children with developmental delays are not identified early enough for them to benefit from early intervention services. In Cambodia, the lack of early identification, intervention and support for young children with disability can reduce their ability to enter school on time and learn effectively. Despite the activities of various government and NGOs, there is no continuum of care for people with disabilities following the discharge from hospitals. These children commonly rely on community and family support.

In 2008, a culturally adapted screening tool, the Angkor Hospital for Children Developmental Milestones Assessment Tool (AHC DMAT), was created by a team of Dr. Ngoun Chanpheaktra (Cambodian paediatrician) and international paediatricians. The AHC DMAT consists of 140 milestones based on a Western developmental assessment tool (Denver II) that was revised in accordance with results derived from screening assessments of more than 150 Cambodian children. Based on the AHC DMAT, a large scale assessment of 1,440 Cambodian children was conducted in three Cambodian rural and semi-urban districts between November and December 2015. The study was commissioned by the GIZ Maternal and Newborn Care Project (Muskoka) to document the age range at which average Cambodian children can perform each of the 140 developmental milestones. Insights from the study allowed to establish a functionality-based disability screening tool, identifying unacceptable delays in children who are in need for referral assessment and surely early intervention.

By the end of 2016, GIZ Muskoka commissioned a consultant to assess existing resources on child development assessment and stimulation in Cambodia. The objective of the consultancy was to establish recommendations, a Physiotherapy training manual and a family guide manual linking results from the DMAT study to child development tools, notably the “Play Activities for Child Development Book” (Blue Book) produced by HI and Terre des Hommes in the 1990s. Ultimately, this should pave the way towards a child development package supporting families and health staff at health centre and referral hospital levels.

2. Objectives

The overarching objective of the workshop is to present and disseminate tools and other resources on child development to governmental and non-governmental institutions. This objective is linked to following goals:

- Goal 1: Raising awareness about the current situation of (supporting) child development in Cambodia.
- Goal 2: Raising awareness about the results of the DMAT research in Cambodia (cDMAT) and the various tools subsequently developed.
- Goal 3: Present and make available cDMAT resources and tools to governmental and non-governmental institutions.

- Goal 4: Discussing and agreeing on a general roadmap for the dissemination of DMAT and other child development tools.

3. Participants

Because of its nature child development is cross-cutting through different sectors, which this workshop attempted to appeal to. However, to keep this disseminating workshop to be effectively interactive and engaged, we purposely invited four main sectors, including health, education, rehabilitation, and social work. We anticipated between 30-40 participants for this workshop, but 41 participants actively participated in this one-day workshop. They were participants working for the Ministry of Health (MoH), the Ministry of Education Youth and Sports (MoEYS), the Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSVY), and institutions and organisations (local and international) working in those three main sectors.

4. Program and Achievements

4.1. Opening Speech

Appointed to chair the dissemination workshop, Dr. Ngoun Chanpheatra, Director of the Angkor Hospital for Children (AHC), kindly provided a speech to remark on the history and the overall perspectives of the initiation and development Cambodian Child Development Assessment and Stimulation Tools within the health sector by his paediatric expert team since 2008. He also highlighted the importance of support and collaboration with the GIZ Maternal and Newborn Care Project (Muskoka) for further validation activities and studies.

To clarify participants on child development, Dr. Pheaktra provided a definition before proceeding to the concept behind the development of cDMAT. He highlighted the link between the promotion of child development and its benefit for adulthood productivity as well as the socioeconomic challenges of families with developmental delays resulting from childhood. With many years of experience in child care, his team and himself realised that international child development tools may not be cultural, contextual and environmental in line with child development in Cambodia. Having a tool for assessing and stimulating children in the Cambodian context is important for detecting child development issues locally; therefore allowing for early intervention.

Dr. Pheaktra acknowledged the continuous support of and collaboration with GIZ project that further motivate his team for validating the cDMAT tool and other tool development. He was delighted to have this dissemination workshop, so that the tool could be shared among all related sectors and actors, as well as creating the possibility for advice and comment for future use, review, and further development.

For the workshop activities, he encouraged participants to share their views and also suggested to promote cDMAT. He then announced the opening of the workshop.

4.2. Presentation: Current situation of childhood development in Cambodia

Mr. Rithy Yoeung, Deputy Operation Coordinator of Humanity and Inclusion (HI), presented the child development situation in Cambodia. His presentation focused on 9 areas, including definition of child development; prevalence of children with disability; challenges regarding early detections and interventions, specialized services, early and inclusive education; early age disability detection; activities/programs for early child section and prevention implemented by HI, GIZ and others; key achievements of the implemented activities/programs and the way forward.

Regarding child development, the presentation highlighted key developmental areas such as physical, social, emotional, cognitive, and motor of children between 0 and 8 years old. Regarding the prevalence, Rithy provided data from three different surveys, including the Cambodian Demographic Health Survey (MoP & MoH, 2014) that found 1.8% of 5-14 year old children have at least one form of disability, the Cambodia Inter-Censual Survey (MoP, 2013) reporting 2.33% and 3.55% of 0-4 year old and 5-9 year old children have some forms of disabilities respectively, and an 10% of children of 2-9 year old have one or more forms of disability, according to a study of Evans et al. in 2014.

Mr. Rithy noted that challenges of early detection and intervention are linked to the lack of awareness among parents/caregiver of children, financial barrier of accessing needed child services, knowledge, skills, attitude, and practice of health care professionals for children, and the lack of referral services. A strength is definitely to have now a national policy and protocol in place for screening newborns and young children on birth defects. This situation is aggravated by the fact of having a limited number of child development specialists, in particular in rural areas. For example, Cambodia has very few child psychologists, psychiatrists, cognitive/behaviour experts, and social workers while have no audiologists and speech therapists.

Furthermore, he also raised the issue of challenges within child education. He noted that the percentage of children with disability missing to be enrolled in a school is around 30%, twice the number of non-disabled children missing school enrolment (MoEYS, 2012). Missing school means missing the opportunity to promote the cognitive, physical and social development of those children (WHO, 2012).

Linked to the program and initiative of HI, GIZ, partners and stakeholders, Rithy highlighted the key importance for early detection and intervention as:

- Children with disabilities need special attention because they are at an increased risk for health problems and exclusion from school enrolment;
- Early detection can help to find needed health, rehabilitation and social support that could reduce the impact of impairment and resulting disabilities;

- Often, children with disabilities are identified not early enough to fully benefit from early support.

He also shared the initiatives that HI, GIZ, and other related partners and stakeholders have been implementing since 2006. For example, there was a family survey by HI in 2006, the launch of the Happy Child Project in 2007, the improvement of identification and early intervention tools for children with disabilities in 2009, the 2011-2012 study on children of 2-9 year old with MoEYS (Evans et al.), the development of physical screening tools and manuals 2013-2014 by GIZ/HI, the improvement of the physical screening and referral tools in 2015, the integration of the physical screening tools into the Safe Motherhood Protocols 2016 and MPA clinical guidelines 2016-2018, the implementation of social support vouchers by the Voucher Management Agency (German Cooperation) in 2017, and the finalisation and official endorsement of the physical screening protocols, ToT manual and Referral pathway guideline in 2017-2019.

Through these activities/programs, 198 Health Centre staff were trained about the use of the physical screening tools to detect birth defects. Implemented and used in 58 HCs, 24,000 children were screened in Kampong Thom and Kampot with a 5% disability detection rate and a 9% rate in Siem Reap. A HC supervision checklist has been developed and implemented by PHDs and ODs in 4 provinces. A research study was conducted to assess the effectiveness of the screening tool in 2017. A TOT training for creating national master trainers has been conducted in 2018 at national level. In 2018 the Disability Action Council (DAC) has been assisted for the development and launching of the Online Disability Service Directory (http://dac.org.kh/directory/).

For future promotion, the presentation recommended scaling up of physical examination of children using the screening protocol recently endorsed by MoH, and integrating a functional developmental assessment into the screening process, which would be an adoption of the Community Based DMAT (CB-DMAT) tool in the different sectors: health, education and the social sector, including rehabilitation services. In addition, the Screening Protocol and CB-DMAT should be:

- Integrated into nurse and midwife training programs
- Strengthen referral system and pathways
- Train other specialized professions (e.g. physiotherapists on cDMAT)
- Strengthen family care approach: BlueBook (in the thumb drive), BlueBox (contact HI to gain access)

4.3. Group discussion: Identification of enablers and barriers for promoting child development

All participants were divided into separate Health, Rehabilitation and Education groups. The aims that exercise was to identify policies, programs, or activities, which have been implemented or are being developed to promote child development. In addition to this, each group was encouraged to find constraining factors to promote child development during their institutions' initiation and implementation of any relevant child development policies, program or activities. It is noted that we had three facilitators for this activities:Mr. Klaus Baesel (GIZ) facilitated the Education Group, Mr. Sit Song (Cambodian Physical Therapy Association) the Rehabilitation Group, and Dr. Piet de Mey (GIZ consultant) the Health Group.

Each group was given 20 minutes for discussion and 5 minutes for presenting their results of discussion to the large group (all participants). However, it was observed that everyone was very interested in the each group topic by keeping discussion for around 30 minutes. Furthermore, after the individual group presentations, there were several questions and answers to clarify finding key points. Thus, the three groups took 20 minutes to present the three discussion results.

The following are the enabling factors and barriers which were identified by each group:

⇒ The Health Group:

Enablers (past and present)

Guidelines:

- Early Child Development (CCAMH)
- Referral system

Tools:

- cDMAT (AHC)
- IEC materials for family education and care (CCAMH)
- Physical Screening Protocol (MoH, 2018)

Identification:

- Nutrition assessment (Krousar Thmey)

Service Deliveries:

- Speech therapy (OIC, NPH by foreign staff)
- Art therapy
- Play therapy (AHC, CCAMH)
- Rehabilitation (NPH, AHC, NMCHC and public hospital with PT service)
- Surgery and reconstruction (NPH, AHC, Kantha Bopha, Children Surgical Center)
- Playground facilities (NMCHC)

Referral

- Educate and refer street children to public facilities for vaccination (Krousar Thmey)

Center follow up

- Infant follow up at NMCHC (0-28 days)
- Rehab follow up (NPH, AHC)

Community based activities:

- Baby Friendly Initiative for 1 month to 2 years children (NMCHC)
- ECD/nutritional SAM (Plan International)

Training

- Training physical therapy students at the level of associate and bachelor degrees (TSMC/UHS)
- ToT training to health professionals on the Physical Screening Protocol (raised during question & answer time)

Social Support

- By AHC

Barriers (past and present)

- Lack of funds
- Distance, cost let to negative impact on travelling
- Lack of skills in speech and occupational therapies
- Some families were not collaborative when staying with care providers
- Limited courage
- Overload number of patients/clients
- Contractual staff (government) hired on an annual basis rather than being permanently assigned.

⇒ The Rehabilitation Group:

Enablers (past and present)	Barriers (past and present)
Law/Regulation/Policy/Guidelines: • UN Convention on the Rights of the Child • UN Convention on the Rights of Persons with Disabilities • Cambodian Law on the Promotion and Prevention of the Rights of Persons with Disabilities • Guideline on Physical Rehabilitation Centres in Cambodia (MoSVY, 2012) • Standards working procedures • Child Protection Policies **Tools:** • DMAT tools • IEC materials for family education and care (VIC) **Identification:** • Children assessment (Exceed Worldwide, came in the discussion later) • Open day at HC and referral hospitals (Cambodia Trust) **Service Deliveries:** • Physical Rehabilitation (11 PRCs) • Individual Rehabilitation Plan (IRP) – current practice of Exceed Worldwide • Family meeting • Recreational activities (VIC) • Provide intervention in assistive devices **Referral** • Clubfoot and cerebral palsy referred to health care facilities for needed interventions (Voucher Management Agency project in 2017) • Epilepsy referral to receive medications treating convulsion (when VIC was managing PRCs, they send epilepsy children with convulsion to CCAMH, referral hospital in their catchment areas, and Health centres (usually with the prescription from a doctor at referral hospital first)). **Center follow up** • Implement client follow up policies (based on each PRC) **Community based activities:**	• Lack of policies/law enforcement • Lack collaboration with/from local authorities • Lack funds for transport for referral • Lack of funds for project implementation (NGOs/Government) • Lack of capacity and human resource • Limit knowledge in child development/impairment among family members/health professionals • Take time to complete assessment (long tool) • Lack of information on physical rehabilitation services • Communities strongly believe in traditional healers

- Community based rehabilitation
- School integration
- Environmental adaptation (home and school)
- Social integration
- Mobile camp

Training

- Through CPTA, CSPO, and actors in the physical rehabilitation physical therapists and P&O as well as bench technician have been continuous trained.
- In-house training (case study and team base learning)

Social Support

- Livelihood and emergency support

⇒ The Education Group:

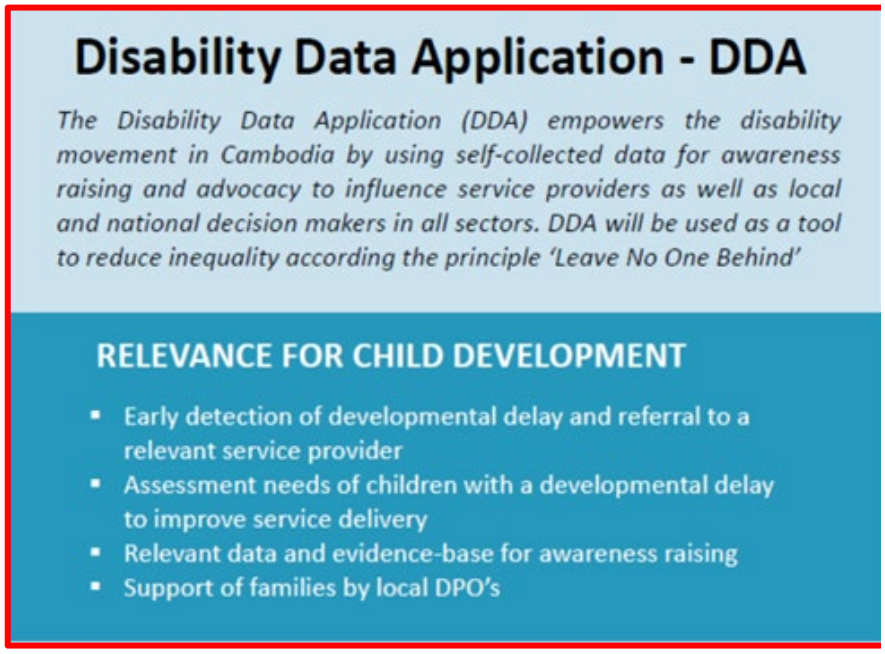
Enablers (past and present)	Barriers (past and present)
Guidelines: • MoEYS policy on inclusive education • MoEYS guideline on Identification of Children with Disability at Pre-School Level **Tools** • MoEYS Manual on Inclusive Education for Preschool Service • MoEYS Manual on educating preschool teachers (3 tools for children observation, methods to help children with disabilities) • Tool for assessment of seeing, hearing, Braille, slow development, functional impairments, general health • Method to help children through play (games for learning) • Games for child development of different age groups (65 games) • Three package of games: pre-writing, mathematic, general games • Yoga manual and philosophy • Manual for training on preschool and nursery **Institution/settings/Working group** • Special Education High School 5 • Institute for Special Education • Departments (Special education and early childhood education) • Early Childhood Network • Working Group on Education and Disability (WGED)	(did not discuss)

4.4. Presentation to showcase practical examples on how child development milestones tools and practices are used by different institution or sector

To share with participants current practice or initiatives related with child development, the workshop invited six institutions/organisation to present their activities. The invited showcases were organized according to a market place model where small groups of 6-7 participants spent 5-10 minutes listening to each presentation / demonstration. Each initiative also had its own poster to provide brief information about the program/initiatives, key information, and contact detail (address of the program/initiative, email address, and focal person phone number). Each group has their own laptop or tablet to present their practice programs/initiatives. Although they were instructed to have question at the end, we observed that some presenters allowed more interactive way with participants such as discussion and clarification during the presentation.

Each of the six group present information on their practice as below:

- **DDA-Cambodia Group:**



- CCAMH Group:

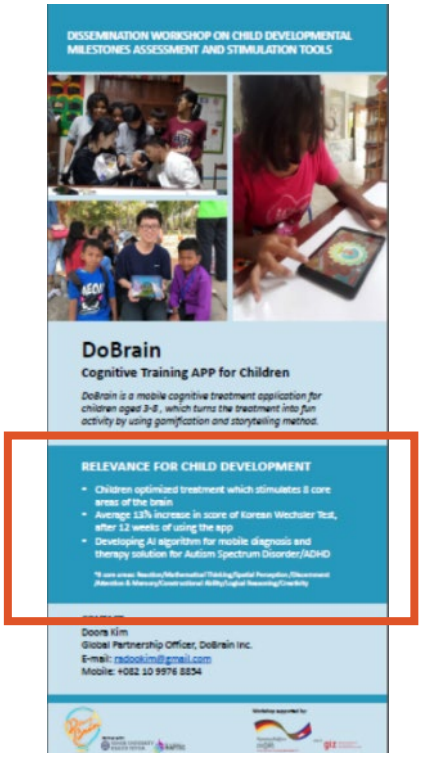
Promoting early childhood development with Parent as co-therapists

This 'parent-empowering therapeutic model' aims to promote early childhood development by improving the parent-child and interaction using play activities, rather than diagnosis or developmental-milestone focused. The parent identifies the level of the motor, social, language, communication abilities of the child and chooses to promote particular domain in a step-by-step manner through home-based intervention in consultation with the therapist at Caritas-CCAMH.

Step-by-step

1. **Detailed assessment:** Building rapport with the family and understand the child's challenges with developmental pespective
2. **Psychoeducation:** Educate, engage and give a time-frame for visits
3. **Parent-participatory assessment:** Developmental milestsones marked over different domains, motor, language etc.
4. **Caregiver/parent choose** an activity in consultaion with the therapist
5. **Therapist and caregiver actively practice** intervention
6. **Mother practices at home,** gets feed-back and cycle continues
7. **Cross-refer to:** speech, structured teaching and other therapies at CCAMH and elesewhere

- **DoBrain Group:**



DoBrain

Cognitive Training APP for Children

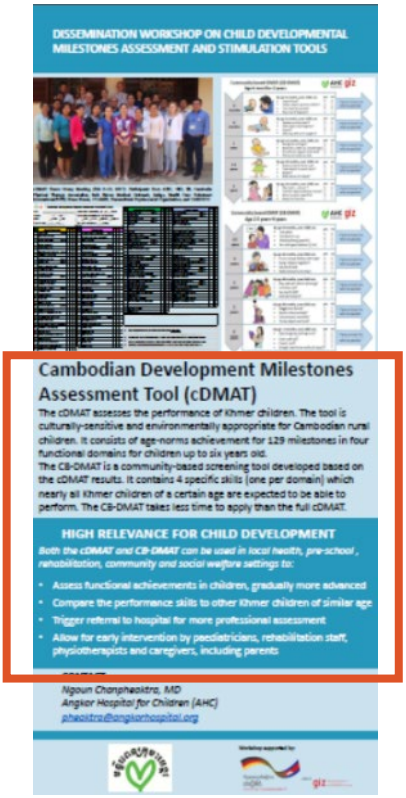
DoBrain is a mobile cognitive treatment application for children aged 3-8 , which turns the treatment into fun activity by using gamification and storytelling method.

RELEVANCE FOR CHILD DEVELOPMENT

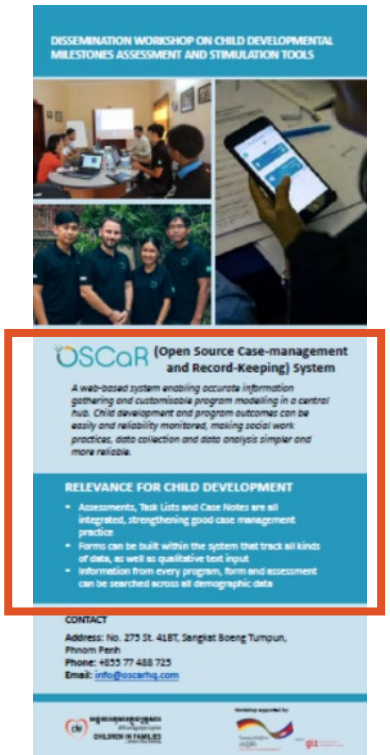
- Children optimized treatment which stimulates 8 core areas of the brain
- Average 13% increase in score of Korean Wechsler Test, after 12 weeks of using the app
- Developing AI algorithm for mobile diagnosis and therapy solution for Autism Spectrum Disorder/ADHD

*8 core areas: Reaction/Mathematical Thinking/Spatial Perception /Discernment /Attention & Memory/Constructional Ability/Logical Reasoning/Creativity

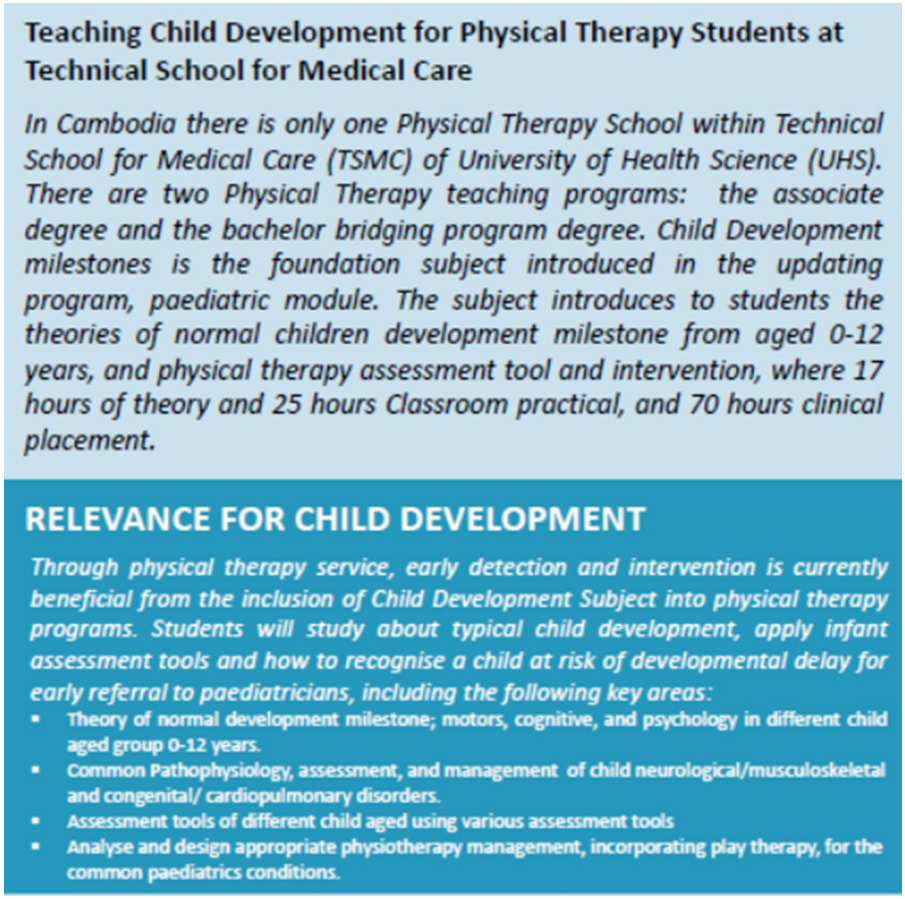
- **cDMAT Group**:



- **OScaR Group:**



TSMC/UHS Group:



4.5. Presentation child development milestone assessment and stimulation tools

Cambodian DMAT was developed by AHC paediatric experts. In collaboration with GIZ, studies and tool have been further improved, while the DMAT have been tested for validity and specificity, and the family stimulation tools from the rehabilitation services (MOSVY and key partners) have been field tested for about 20 years.

To share with all participants, Dr. Piet de Mey, who once led the validation study of DMAT, was asked to share the study results. The followings are key points of DMAT, which were presented:

- DMAT was adopted from the international tool (Denver version 2) in 2008.
- Two DMAT tools: CB-DMAT for community (short version) and cDMAT (full version) have been developed based on the performance data.
- The 2019 cDMAT consist of 129 items.
- It is used by the AHC team to assess child development.
- Four areas of skills are included: gross motor, fine motor, social/personal and language/cognition.
- It is used for children aged 0-6 years.

Aim of validation study

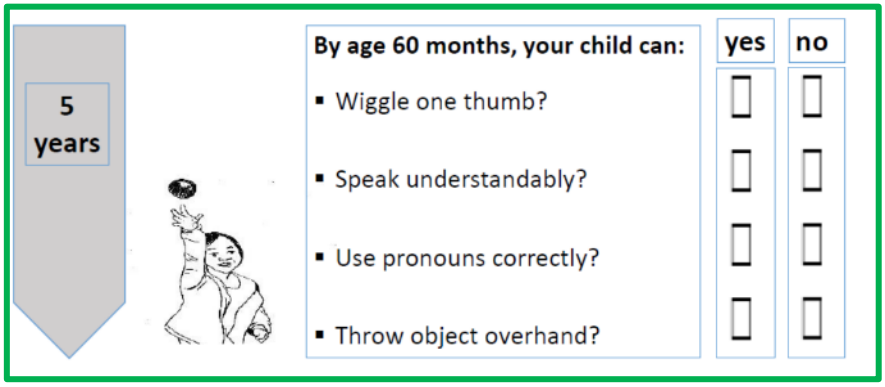
To validate the tool two studies were conducted, one with 180 children and another one with 1330 children. The later one was conducted in rural and semi-urban areas with children of Kampong Thom and Siem Reap provinces. Nurses and pre-school teachers were assigned for data collection from the children who were well-nourished. One of the aims of the study was to investigate "When can 25%, 75%, 90%, 100% of Khmer children within a particular month cohort perform a certain skill?"

Methodology of study:

- Define assessment methodology and pass and fail criteria
- Demonstrate skills by the child by playing with them or interacting with them.
- When no observation can be made, the caretaker has been asked whether the child can perform this skill.

Tools

A binomial responses (Yes, No) was used to assess the child's skills in 4 domains at different monthly age groups. Figure below was the example of the Community Based DMAT presented to give an example of the tools for what a 5-year old child should surely manage to perform.



DMAT and relevant tools

With the cDMAT there are several tools which can be used for assessing child development:

- cDMAT performance charts and CB-DMAT assessment forms
- Statistical Report about the observational study and reliability study on rural and semi-urban Developmental Milestones Performance amongst average well-nourished Khmer children
- Physiotherapist Guide
- Family Stimulation Guide For Child Development
- Blue book: Khmer and English

All files were with participants via USB thumb drives.

Q&A:

- Has the Family stimulation guide been tested in practice?
    - Answer: No, this has not been done so far. However, it tries to link the milestone definitions of DMAT with family stimulation exercises from the Blue Book – this latter has been extensively used in Cambodia since the early 1990s.
- What is the difference between the DMAT and the Screening Protocol Tool?
    - Answer: It is different. The Screening Protocol focusses on physical screening whereas the DMAT is focussed on functional skills.
- How good the CB-DMAT is for detecting children with developmental problem?
    - Answer: we suggest that 99%+ children can perform these four skills assess at a certain age. The less than 1 %, who is unable to perform this skill, needs a medical examination and stimulation exercises by the physiotherapist, with

collaboration of its caregivers to intensely practise the appropriate stimulation exercises.

- How good is the validity and specificity of the population study?
    - It is validated with 1330 well-nourished children. It should be strong enough. The full study can be read in the stat report. Assessment methodologies and pass and fail criteria have been scrutinized and fine-tuned by a team of local and (inter)national experts when weak reliability has been documented.
    - What is still missing is to make a prevalence study within the general population and find false positives and negatives. One issue is the lack of a golden standard of developmental delay for Cambodia.

4.6. Panel discussion: How can child development be promoted across Cambodia Ministries

As planned, there were three panellists, including Ms. Thoang Chanchhorda, Deputy Head of the Early Childhood and Parents Office of the Early Childhood Education Department, Dr. Ngourn Chanpheatra, Director of the Angkor Hospital for Children, and Mr. Suy Sarith, Officer from the Persons with Disabilities Foundation (PwDF).

Introductory Information:

⇒ **PWDF**

Each panellist was invited to share information about his or institution.

Starting with Mr. Suy Sarith, the following background information about PwDF were shared:

- Established and operated based on government sub-degrees;
- Five specialised office under it, where physical rehabilitation service is under the Rehabilitation and Social Support Scheme Office (where Mr. Sarith is a member);
- Currently manage 5 PRCs with full government funding, 2 PRCs with ICRC majority fundings, 2 satellite centre with government funding;
- Contributions from Exceed Worldwide and HI to provide and manage the other 4 PRCs;
- At PRCs, therapy and assistive device rehabilitation services are provided (child development assessment and intervention).

⇒ **AHC**

Dr. Ngoun Chanpheaktra started the introduction of the AHC by acknowledging the strong support of MOH and partners for the functioning and activities. Background information of AHC includes:

- Provide free service too all children who come to receive service at the hospital in Siem Reap
- Children accepted age: 0-16 year old
- Hospital services:
    - Cancer
    - HIV/AIDS
    - Heart disease
    - General health care
    - Disability service
    - Social service
- Current service delivery to around 500 children per day
- Health care HR development:
    - Nurse
    - Midwives
    - Other health staff
- Community service for prevention:
    - Hygiene issues
    - Nutrition
    - Health behaviours
- Team for neurology and child development
- Collaborate with partner, like GIZ, to implement health programs/activities

⇒ **Early Childhood Education Department:**

Represented her office and department, Ms. Thoang Chanchhorda shared the following:

- The department is under the Ministry of Education, Youth and Sports (MoEYS)
- The department is currently implementing four group programs
    - Community preschools (Maternal and home education)
    - Preschool within primary school
    - Private preschool and
    - Home based care/parenting education

Discussion Session: Panellists and Facilitator

Each panellist was ask to respond to three questions from the facilitator, Mr. Hoeung Heam.

The first question was "Why is the topic of child development relevant to your sector (education, rehabilitation, health)?"

- Responses from Ms. Chanchhoda: Education
    - Education program of children 0-3 years: it is important to detect any child development issues
    - Produce and introduce training curriculum on early childhood development for children between 3 and 5 years
- Responses from Dr. Chanpheaktra: Health
    - Investing in child development is important foundation for human resource
    - Treatment and intervention services/activities
    - Most impairments and health issues in children are preventable through health promotion and interventions
    - Improve quality of life of children
- Responses from Mr. Sarith: Rehabilitation
    - Priority service for prevention and adaptation
    - Referral service special education

Regarding second question: "What is the specific role that programmes within the sector can play to promote child development?"

The following were the responses:

- The Early Childhood Education Department is responsible for child early education and development, and currently implementing its 6 objectives to ensure that all children have good education at an early age.
- The Health: Dr. Kim Savuth participated the workshop, Deputy of the Department of Hospital Service, share that MoH has developed its Health Strategic Plan 3 (2016-2020) where maternal and child health is included. Thus, MoH has the role and responsibilities to implement its strategies in collaboration and partnership with others stakeholders
- Managing most of PRCs in Cambodia, PwDF is the public institution to implement UNCRC, UNCRPD, Cambodian disability law in providing physical rehabilitation service to children as well as educate their parent and rehabilitation and caring of their children.

The three panellists were also asked to respond to the third question: Do you have any policy, program, or activity relates with child development? What are they? How is it/are they related?

The education sector has a national strategic plan on early childhood education and development, a policy on inclusive education and a guideline on the identification of Children with Disabilities at Pre-School Level. In addition, they have four main programs/activities as response in the second question, as well as the 13 child development manuals.

Health sector, again, Dr. Chanpheatra referred to the work have been done on child development and cDMAT development, and currently service at the AHC. In addition he referred to the response of the MOH Department for Hospital Services in question 2, indicating the development and implementation of the HSP3.

PwDF indicated the Cambodian disability laws and child protection policy for physical rehabilitation centers.

In order to promote the cDMAT and CB-DMAT tools, AHC believes that working with partners and MoH on awareness and use are key activities are key interventions, while PwDF and Early Childhood Education Department should surely complement.

In addition, the panellists representing the latter two institutions will check within their institutions for integration possibilities.

Discussion Session: Panellists and participants

There were also questions from participants.

First question was addressed to Dr. Ngourn Chanpheaktra, whether cDMAT is the same or different from the Physical Screening Protocol?

It are different tools. As earlier discussed, the Physical Screening Protocol focuses mainly on screening of physical issues rather than assessing skills as cDMAT and CB-DMAT.

Second question if the preschool program includes child development assessment?

In fact, the child assessment program is for training preschool teacher only. The training is to provide knowledge on observation of any child developmental issues. However, it is not compulsory for all preschool teachers to assess and report any child developmental issues. It is up to them to design the way and the environment for teaching the child when suspected development issues have been found. It is noted that the training program for preschool teacher includes three components: child slow development, child functional development and general child health.

The third question was "what is the role of the National Committee for Early Childhood Education and Development?"

The panellist from the education sector apologised for not knowing the clear role and responsibility of the national committee about child development.

4.7. Group discussion on general roadmap towards implementation of activities promoting Child Development.

This activity continued group work from the morning when enablers and barriers in various sectors were identified. For future promotion of the DMAT tools, the three groups (health, rehabilitation and education) were asked to identify initiatives, programs, or activities that the three sectors can integrate the use of the tools. In addition, each group was asked to prioritise three top potential initiatives, program, or activities. Each group assigned one person to present their discussion results to the large group, one at a time. The followings are the results of each group discussion.

Health Group:

- Establish a technical working group for child development within MoH.
- Integrate child development into educational program (school of health care training)
- Widely promote, train, and use in the child development related institutions.
- Need parents for the assessment of child development.
- Record and report of children with disabilities for presenting/sharing (e.g. record information systems).
- Community study of CB-DMAT to assess the prevalence of children with development delays and outline early detection initiatives in communities.

Rehabilitation Group:

- TOT on CB-DMAT to physiotherapy team of AHC and others (including a TOT training on CP assessment), which will be the responsibility of AHC, CPTA.
- Conduct awareness raising on CB-DMAT for the NGO CBR network, which will be the responsibility by CIF, AHC, CPTA.
- PWDF will bring the idea on cDMAT tool promotion to discuss with the PRC steering group, which will be responsible by PWDF.

Education Group:

- Integrate cDMAT into Early Childhood Education at home program /with parents.
- Include cDMAT implementation into national action plan.
- Integrate the cDMAT into the education program/curriculums of Krousar Yoeung
- Include at least one psychologist into one cluster

4.8. Wrap Up

After presenting each group discussion results, a summary of the whole workshop was made by Mr. Hoeung by including key points of each presentations and activities for participants.

4.9. Closing workshop

On behalf of GIZ, AHC, and CPTA, Mr. Klaus Baesel thanked all participants for being actively involved and being observed to be interested all activities and presentation of the workshop. He also urged participants to check the tools, and that it will be finally up to each programme to use, adapt or modify the tools based on respective needs.

Final comments he made was, the project will finish soon, but experts like Dr. Pheaktra, Dr. Rachana and Dr. Piet are people who have been involved in the cDMAT and CB-DMAT development and if you have any question, please contact them. They are all based in Cambodia.

Mr. Klaus announced the closing of the workshop at 3:45 pm.

5. Appendix

Appendix 1. The Agenda of the workshop

Time	Topic
08:00 – 08:30	Registration
08:30 – 09:00	Welcome speech
09:00 – 09:30	Presentation: Current situation of childhood development in Cambodia
09:30 – 10:15	Presentation of DMAT study results and tools
10:15 – 10:45	Coffee break
10:45 – 12:00	Presentation to showcase practical examples of how child developmental milestones inform tools and practices used by different institutions/ sectors
12:00 – 01:00	Lunch
01:00 – 01:45	Panel discussion: how can child development promoted across Cambodian Ministries?
01:45 – 02:30	Group work: development of general roadmap towards implementation of activities promoting child development (including coffee break)
02:30 – 03:00	Wrap-up, closing and handing-over

Attached Concept Note:

DMAT Handing-Over WS Concept Note FIN

Appendix 2. Participant list

Name	Position, Institution
Dr. Som Rithy	Vice Chief of NCU, National Maternal and Child Health Centre
Phim Loon	Staff, National Maternal and Child Health Centre
Dr. Kim Savuoy	Deputy Director, MoH, Department of Hospital Services
Mr. Suy Sarith	Officer, People With Disabilities Foundation
Dr. Suy Ravuth	Head of PT Department, National Paediatric Hospital
Dr. Ngoun Chanpheaktra	Director, Angkor Hospital for Children
Dr. Khann Khoeun Rachana	Paediatrician, Angkor Hospital for Children
Dr. Piet de Mey	DMAT Core Member, Angkor Hospital for Children
Ms. Kim Navuth	Mental health nurse, Centre for Child and Adolescent Mental Health

Ms. Ranjani Poobalan	PT/OT, Centre for Child and Adolescent Mental Health
Mr. Song Sit	President, Cambodian Physical Therapy Association
Mr. Heam Hoeung	Consultant
Dr. Peng Vanny	Deputy Project Manager, GIZ Social Health Protection Project
Ms. Cornelia Becker	Project Manager, GIZ Improving Maternal and Newborn Care Project
Mr. Klaus Baesel	Advisor, GIZ Improving Maternal and Newborn Care Project
Dr. Chea Mengtieng	Advisor, GIZ Improving Maternal and Newborn Care Project
Mr. Yoeung Rithy	Deputy Operations Coordinator, Health and Rehabilitation, Humanity & Inclusion
Ms. Virginie Dattler	Operations Coordinator, Humanity & Inclusion
Phorn Sophal	Program Manager, Veterans International
Ms. Suth Seiha	Field Physical Therapists, ICRC
Mr. Chhor Bonnaroath	Disability Health Specialists, Cambodian Disabled People's Organisation
Mr. Fried Lammerink	Development Advisor Disability & Health, Cambodian Disabled People's Organisation
Mr. Raphael Freitas	Occupational Therapist, Health Care Volunteers International
Mr. Soeun Savath	Director, Komar Pikar Foundation
Ms. Lisa Yunker	ABLE Technical Advisor, ABLE / Children in Families
Ms. Song Kunthea	Coordinator, NGO Education Partnership
Somaly Nhem	Early Childhood Education Specialist, Krousar Yeung
Mr. DooRa Kim	Global Partnership Officer, DoBrain NGO
Mr. Sor Keo Sothy	Health Specialist, Krousar Thmey
Ms. Prim Sophorn	Health Referent, Krousar Thmey
Ms. Chheang Socheata	Health Referent, Krousar Thmey
San Many	Peadiatric Responsible Teacher, TSMC/UHS
Mr. Sean Kosal	Education Specialist, Catholic Relief Service
Chhuon Weathna	Health Specialist, Plan International
Claire Banks	Speech Therapist, Happy Kids
Ngoy Kimdiandary	Technical Advisor, ECED

Appendix 3. Presented Posters

Appendix 4: Group work 1 & 2 results