



# Inclusive Education & Rehabilitation Forum:

Fostering collaboration towards inclusive development in Papua New Guinea

2018

# Acknowledgements

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# Acronyms

<b>cbm</b>	Christian Blind Mission
<b>CBID</b>	Community Based Inclusive Development
<b>CBR</b>	Community Based Rehabilitation
<b>CHW</b>	Community Health Workers
<b>CSNU</b>	Callan Services National Unit
<b>CIEI</b>	Callan Inclusive Education Institute
<b>EI</b>	Early intervention
<b>IE</b>	Inclusive education
<b>IERC</b>	Inclusive Education Resource Centre
<b>SBC</b>	Standards Based Curriculum
<b>TFF</b>	Tuition Fee Free

# Foreword

**Mike Potter**

*Acting CEO, **cbm** New Zealand*



In Papua New Guinea, children with disabilities are under-represented in education, entering school later than their peers without disabilities and often failing to progress academically. This is slowly changing – adoption of the United Nations Convention on the Rights of Persons with Disabilities and the UN’s 2030 Agenda for Sustainable Development have highlighted the need for inclusive, equitable, quality education and lifelong learning opportunities for all persons with disabilities. This is reflected by the government of Papua New Guinea’s commitment to an inclusive approach in the education of all children with and without disabilities at all levels.

**cbm** New Zealand is proud to partner with Callan Services, Cheshire disAbility Services and Divine Word University to make sure that children and adults with disabilities have access to quality rehabilitation services that will enable them to reach their full potential so they can participate meaningfully in society. These partners prepare children with disabilities for school, support teachers

in mainstream schools to include children with disabilities, increase the quality and availability of health services and provide non-formal education and rehabilitation services in remote communities.

While this document celebrates the achievements of children and adults in Papua New Guinea we are taking this opportunity to extend a warm invitation to consider how you can work with us to foster collaboration for inclusive education in Papua New Guinea. No single organisation or government department can achieve inclusive education on its own. Without collaboration, the achievement of Goal 4 “inclusive and equitable quality education” in the Sustainable Development Goals will simply not be possible.

Let us work together to ensure that inclusive, equitable, quality education and learning opportunities are available for all persons with disabilities.

# Introduction

## Linabel Hadlee

*International Programmes Manager,  
cbm New Zealand*

## Diana Ureta

*cbm Country Coordinator, PNG*

The Inclusive Education and Rehabilitation Forum took place on the 28th and 29th of June 2018 after three days of shared learning between implementing partners of the **cbm** programme in Papua New Guinea, funded by the New Zealand Aid Programme 2014-2019. Outcomes from this Learning Forum were shared with external stakeholders from government agencies of Papua New Guinea and international cooperation agencies that also play a key role. This publication is a compilation of the dialogue established in this open forum. It acknowledges the progress made, reflects on the challenges that remain and identifies next steps to progress the agenda on inclusive education and rehabilitation in the country.

As the programme has evolved, together we have documented best practices to promote quality services for persons with disabilities. Big steps have been made by developing a client database that has been standardised across five implementing Resource Centres. The information collected has enabled us to measure the positive impact of the programme, and to identify and address issues. For example, analysis of the data tells us that more boys than girls are in school, from which discussions have been initiated to address this gender gap. Likewise the database has identified training needs that will guide and give the direction to inclusive policy and practices.

The Individualised Education Plans (IEPs) designed and piloted through this programme have supported children to meet specific learning needs by providing teachers with a tool for inclusive learning practices. The Model of Education for Children with Visual Impairment developed and piloted through this programme is also a significant step toward addressing gaps in this particular area.

Physiotherapists and Community Based Rehabilitation staff have received ongoing training and are delivering quality rehabilitation to children and adults with disabilities.

*Linabel Hadlee from **cbm** New Zealand interviews a mainstream teacher from Sacred Heart Primary Faniufa about her experiences of including children with disabilities in classroom activities.*



Their efforts are guided by person-centred Case Management Plans (CMPs), tailored specifically to the need of each individual. Both the lives of individuals and their families have been transformed by health interventions in this programme. Cataract and clubfoot surgeries demonstrate how these services prevent avoidable blindness and physical impairment and promote quality of life. Further collaboration between the Resource Centres and health services is required to optimise service delivery.

Collecting and publishing case stories from this programme illustrates the journey we are undertaking to foster and share good practice. The recent publication *Transforming Lives together: Stories of inclusive education & rehabilitation in Papua New Guinea* showcases just a handful of the children and adults that have thrived with inputs from Inclusive Education Resource Centres (IERCs) over the years.

Callan Services National Unit, Cheshire disAbility Services, Divine Word University and the Inclusive Education Resource Centres have made an immensely valuable contribution to disability services in Papua New Guinea. However increasing the scale of this programme to all people with disabilities requires further investment in human resources and collaboration with government health and education services. By working together and multiplying our efforts the benefits of an inclusive society can be spread throughout Papua New Guinea.



*During a follow-up clinic, **cbm** Country Coordinator for PNG Diana Ureta, meets with children and adults from Gembogl in Simbu Province, who underwent surgery to correct clubfoot earlier in the year.*

# Introductory Remarks

## Opening remarks from Her Excellency, Ms. Suzanne Mackwell

*High Commissioner of New Zealand in Papua New Guinea*



*Kia ora* and good morning, it's great to be here with such distinguished stakeholders. I just wanted to say a few words about **cbm**, and also about our mission in Papua New Guinea (PNG) around children.

**cbm** is recognised as a key development partner of the New Zealand Ministry of Foreign Affairs and Trade. Through the Sustainable Development Fund, the Partnership for International Development Fund and the Disaster Response Partnership, **cbm** helps improve access to education, economic resilience and disaster relief. In this programme in Papua New Guinea, the focus is about inclusion in mainstream education.

All children need to be equipped with skills for the 21st century. Equitable access to quality education is the principle to facilitate opportunities for all children. We support the principle that underlines PNG policy which emphasises

equal access to education. But let's acknowledge that this is a challenge – especially in PNG. People with disability are often invisible to education. It takes us all to work together to address the needs of children with disabilities. This is our challenge.

Last week I was in Bougainville and I visited a modest health clinic where the nurses were trying their best with limited resource. It was a privilege to meet a young boy who had severe fractures to his leg after a serious fall. They were not able to operate since there were no facilities, so he just had some pain medication. This meant he would have a long-term disability. This boy was from a village a long way from school. I thought to myself, how will he get to school? As you have your meetings, please keep this boy in mind. How is what we do going to help children like him? The services you provide really provide much needed help to children in these circumstances.

Let me close with this reflection and quote from UN Secretary General, Ban Ki Moon on the UN International Day of Peace in 2013: *"It is not enough to teach children how to read, write and count. Education has to cultivate multiple respect for others and the world in which we live and help people forge more just, inclusive and peaceful societies"*. Let this be an encouragement to you, and thank you for your work.

*Parents and early intervention staff work together with children at a community based early intervention clinic in Wewak.*



## Message from Brother Kevin Ryan

*Director of Callan Services National Unit*



Welcome to all of you, and a special welcome to her Excellency Ms. Suzanne Mackwell, High Commissioner of New Zealand in Papua New Guinea (PNG). I'd also like to extend thanks to the New Zealand Aid Programme for providing funding for this programme, and the huge impact we can see in the work which has been made possible. We have had many thought provoking discussions in the last three days in this venue. And I know that the outcomes of these discussions will increase the skill and work in the field. There are themes emerging from your reflections yesterday which were also raising during Callan's Annual Conference.

### ***There are a number of achievements I wish to highlight:***

- We are identifying many more children earlier, and also doing more with preschool children in early intervention.
- Collection and analysis of data has improved with use of the Client Database. We are now growing capacity to learn and plan from the data and building skills and processes across another 15 Inclusive Education Resource Centre's (IERCs). The database has provided an advocacy tool. When we talk to potential supporters, we now have data that can be analysed to show the need and get people excited about what we are excited about.

*Opposite left, representative staff from IERC Mt Sion use the client database to measure the impact of their activities in Goroka.*

*Opposite right, team members from IERC Mingende reflect on the accomplishments and challenges from the last year of implementation.*

- I am proud of the Applied Diploma of Special Education developed by Callan Inclusive Education Institute and approved by the Department of Education on the recommendation by the Teacher Education Board of Studies. We worked with **cbm** Co-worker Dr. Jannike Seward on this curriculum. There are now a number of people in mainstream classrooms with a passion for inclusion.
- Frameworks or models for children who are deaf or who are hard of hearing, and those that are blind or who have low vision have been developed. As a result, children with low vision and blindness and children with hearing impairments can be educated more effectively.
- The development of PNG Sign Language and recognition from the Government of PNG as the fourth official language is a wonderful acknowledgement. A documentary has been produced addressing the stigma of deafness in PNG and will show the journey of the Deaf community in PNG.

***But now sadly I must touch on some challenges too:***

- There are many people with disabilities who are not yet identified. There are people with no roads to get in and out of those villages, and we have not been able to reach them yet - they are missing out.
- We need to increase collaboration between all departments of education, health and community development. The National Advisory Committee on Disability is for mainstreaming disability, and we have an opportunity to advocate for regular meetings. Mainstreaming disability matters will have an impact on education, health, future employment opportunities. We need multi-stakeholder support and drive in relation to the consultation on disability legislation in PNG. For example, we need to get more and more sign language interpreters. Although the government of PNG announced this provision, we will see the budgetary challenges.



- I'd like to strengthen Community Based Inclusive Development, CBID, moving away from a solely rehabilitation approach. Personally, I'd like to get rid of the word "client". This word does not fit with an empowerment approach. They are not our clients - we are working alongside them and they are making decisions about their futures. It is not a patient-doctor relationship. Unless we get rid of this term, we won't get rid of the mindset. I don't know what the word is, and we need to decide it together.
- The more we empower the people we work with, the stronger their voice will be. They will say thank you sometimes, and some of the time they will also give critique and this is good. This is empowerment, expressing their priorities, which are not our priorities.
- We need to strengthen skills for multiple and severe disabilities – especially in relation to early intervention in early childhood years. Yesterday we said we need to strengthen strategies for all impairment groups – the training about visual impairment last year was a good start for this.

*Attendees of the Inclusive Education and Rehabilitation Forum 2018*



- The review of the inclusive education policy needs wider stakeholder engagement which we believe can be achieved at a relatively low cost.
- We need to build relationships with our local community development departments for health, education. This is modelled in East New Britain with some joint funded programmes with provincial government. Another example is more access to community health workers to work with IERCs.
- We need infrastructure – buildings, computers, curriculum and activities to name a few. Many communities are growing, and staff travel long distances to get to work and to get to the community. There are sub-standard buildings, and many IERCs are working in offices that are too small.
- At Callan Services National Unit (CSNU), staff are employed solely through project funding. Funding is coming to an end for some in the network, and we are seeking funding from the private sector and overseas.

We have wonderful stories and we have tragic stories where there wasn't a happy ending. We need to be reflective in a society where our busy lives do not help us to be reflective. We need to look at the data and make changes. There are a thousand mountains in this country. Some of them are people, some of them are literally mountains. Let's work together, problem solving, learn by doing, taking an innovative mindset which endeavours to engage a wider number of people in addressing the challenges that stand in the way of service delivery.

To Cheshire, Divine World University and the IERCs across the Callan Network I say this: we are addressing the challenges and thinking about how we can do things differently. Let's keep talking with a 'can do' attitude. I'm really excited about these discussions. We have begun to see that all of us need to be in the problem solving. Not just the leaders but all of us.

## Message from Dr. John Pokana,

*Director of the Inclusive Education Unit,  
Department of Education*



On behalf of the Department of Education in PNG, I'd like to take this time to acknowledge the significant contributions from **cbm** and all programme partners. I acknowledge your wonderful work in the country, thank you.

During the colonial period up until political independence, education was a private affair in indigenous communities. Inclusive education only became formalised by private agencies after Papua New Guinea's (PNGs) political independence. The 1980's saw commencement of Mt. Sion School for the Blind, then another significant milestone was the formation of the Special Education Policy in 1993. After this, the National Special Education Unit was established by the Department of Education under Jennifer Tamarua's leadership. There are now 19 Callan Inclusive Education Resource Centre's (IERCs), Red Cross, Madang Self Help IERC, Cheshire and St. Johns IERC. Development partners have been supporting these IERCs.

Training for pre- and in-service teachers commenced to give hands-on experience of theory into practice. This collaboration

has come to a stand-still and needs to be revived so that head knowledge can once again be combined with knowledge from experience.

There are a number of achievements I present to you today since I have been on board from 2015. The education model for learners who are deaf or hard of hearing is a success, as is the PNG national Sign Language project. Work on assistive devices by Motivation Australia is now recognised by the Department of Education. A standardised template for Individualised Education Plans (IEP) is awaiting verification. We have commenced a process of aligning inclusive education with PNGs Standards Based Curriculum (SBC), which will roll out from elementary, to primary, to secondary levels.

### ***However, there are also challenges to present today:***

- We need workers for inclusive education for the Standards Based Curriculum (SBC). The Department of Inclusive Education has limited human resource. The inspection will be revived and reformed with

new standards-based reporting for performance, leadership and management. We have completed inspections in IERCs and given promotions and valued inputs. But the challenge is that we don't yet have a checklist to guide the inspectors.

- There is no Specialist Teacher for Visual Impairment, and no resources for the Standards Based Curriculum. Although there are four Braille embossers, we need to build capacity for Braille translation and we need Braille transcribers. Although I know you would like materials in advance for learners who are blind or have low vision, the challenge is human resourcing for the technical aspects and liaison with the text book companies for permissions to translate.
- Funding for our department is limited - we have increased the funding for inclusive education and Tuition Fee Free (TFF) funding for IERCs, but it is not enough.
- There is confusion of roles and responsibilities to deliver inclusive education.
- There is a lack of accessibility in schools, and a lack of inclusive leadership practices in mainstream education – we need to shift thinking in school leadership.

***Acknowledging these challenges, this is how I see the way forward:***

- Direction from the National Education board to clarify mandated roles and responsibility of IERCs Boards, IEIC lecturers and teachers and provincial government.

- Conducting a review of policy for inclusive education to inform future planning.
- Joint funding by the teacher education division and IERCs to fund inspections, training and curriculum writing for the primary Standards Based Curriculum.
- Identification of development partners to provide training for Braille education.
- I have a vision to create model inclusive schools. Schools that are defined in the context of PNG. We have a three-year pilot project from 2019-21 for this. The department of education is very supportive of a collaboration for the Model of Education for Children with Visual Impairment, which commenced in 2017.
- The National Disability Policy and the Disability Act Bill are good, but are restricted to three government departments - health, education and community development. There is no inclusive policy provision for these departments to work together to address disability support. These three departments need to be coordinated by a working committee.
- Make a submission for tuition fee subsidy –a cost analysis is underway.

I'd like to finish with this - I acknowledge your work and efforts in your Resource Centres. We are working together for a common focus. Together we are making a difference.

# Key messages: inclusive health services

## Session one: Challenges in eye-care for children in Papua New Guinea

Led by Dr Geoffrey Wabulembo, Ophthalmologist, **cbm** Papua New Guinea and Senior Lecturer, University of Papua New Guinea



Dr. Wabulembo introduced the growing problem of visual impairment globally, highlighting the 1.4 million children living with blindness worldwide, and the occurrence of up to 500,000 new cases every year. Dr. Wabulembo highlighted his passion for reaching those individuals living with severe visual impairment, whom otherwise face neglect – all stakeholders must work together to prevent neglect.

***Dr. Wabulembo went on to discuss the challenges in identifying and providing appropriate services for the visually impaired in PNG, highlighting four key themes:***

- There is a lack of information to identify trends in the conditions causing blindness in PNG. We need large-scale field studies to identify the major causes of blindness in PNG; many conditions can be prevented or treated if appropriately identified.
- Lack of standardised data collection on children seeking assistance for visual impairment; stakeholders are collecting different data sets, and they are not being aggregated and shared. There is a need for a single national data pool on visual impairment which will identify the scale of the problem, the causes of impairment and help with planning.
- Reaching the most vulnerable and marginalised segments of society with appropriate support is challenging. The recent national survey (RAAB 2017) showed significant gendered discrepancies in accessing appropriate support for impairments; appropriate and gender-sensitive services need to be considered.
- There are gaps in both human resources and infrastructure. People cannot consistently get the support they need, such as the correct spectacles prescription, simply because they are not available. With the support of **cbm**, the University of Papua New Guinea is training Doctors in Ophthalmology to extend the availability of services in PNG long term.

Dr. Wabulembo then went on to summarise four eye conditions prevalent in PNG, which require referral to eye care services as soon as possible to get the best outcome for the patient.

***A summary of the four conditions were discussed as follows:***

- **Congenital cataracts** is a treatable cause of blindness, and is one of the biggest vision problems that can be addressed in PNG. Barriers exist to children with congenital cataracts being identified and treated in PNG; for example many provincial hospitals lack safe anaesthesia and/or appropriate equipment, whilst others lack trained ophthalmologists. Those diagnosed in provinces without services face the additional barrier of needing to travel for treatment.
- **Corneal blindness** occurs when the clear part of the eye becomes opaque. Causes may be congenital or through infection (such as measles, or conjunctivitis in babies in their first 28 days), lime burns, vitamin A deficiency, and physical trauma.
- **Congenital glaucoma** can be present when a child has enlarged eyes.
- **Cross-eyes** is a condition that can be inherited and needs to be assessed.

***Dr. Wabulembo concluded with some recommendations on the way forward for stakeholders working with persons with visual impairment:***

- Emphasise and put in place systems for early referrals to eye clinics and refraction services. Any discharge coming from the eyes in a new born baby needs to be addressed immediately to prevent blindness.
- Establish a database for long term follow up and education.
- Increase efforts to raise awareness about what visual impairment is, and how to detect it, to improve early identification and treatment, targeting parents, and expectant mothers.
- Provide targeted awareness/ education for parents with specific messages, including:
  - The importance of breastfeeding for vitamin A, and including foods rich in vitamin A in children's diets (green vegetables, mangos, chicken and eggs)
  - To refrain from preparing buai (betel nut) when carrying a child
  - Promotion of immunisation (measles)
  - Encourage parents to seek medical treatment when a child has a high temperature as it destroys/depletes vitamin A.

## Session two: Physiotherapy in Papua New Guinea

*Led by Dr. Karthikeyan P Ramalingam, Head of the  
Department of Rehabilitation Services, Divine Word University*



Dr. Ramalingam described the progress of developing physiotherapy services in Papua New Guinea for people living with disabilities. In 2003, the Divine Word University (DWU) established a Bachelor's Degree in Physiotherapy, and following the first cohort of physiotherapy students graduating in 2006, the first physiotherapy service was established in a PNG hospital in 2008.

Recognising the need for a wider scope in practice beyond solely physical rehabilitation, in 2016 the DWU Department of Physiotherapy evolved to the Department of Rehabilitation Services. Significant plans are underway since expanding the Departments' scope including establishing a Community Based Rehabilitation (CBR) qualification, a mobile rehabilitation centre in Madang, a course in therapeutic massage, a degree in Occupational Therapy, a paediatric clinic and a sports rehabilitation clinic. The establishment of a database is underway, which will track delivery of physiotherapy services across the country.

Dr. Ramalingam went on to discuss the benefits and challenges of increased collaboration between the various disability inclusion stakeholders. Increased collaboration has resulted in improved training and services: A **cbm** and New Zealand Aid funded programme, established a practical simulation room with physiotherapeutic equipment at DWU, equipping staff with new skills. Furthermore, the **cbm** programme has fostered collaboration between the physiotherapy degree and the Inclusive Education Resource Centre's (IERCs) as physiotherapy students are required to complete a community placement. Beginning in 2018, each student must complete a case study based on the **cbm** case study format; this is designed to increase collaboration, information sharing and learning between IERCs and key stakeholders.

Dr. Ramalingam concluded by highlighting an opportunity for improvement: There is a need to place greater emphasis on rehabilitation in the community. Due to busy caseloads at the hospital, at present graduates largely remain working in the hospital. While IERCs recommend that graduates spend a number of hours in the community every week or month, the hospitals do not place the same emphasis on community rehabilitation. Improved linkages between hospital, IERC and the community could result in improved services and improved patient outcomes.

***“Before Divine Word University (DWU) commenced the Bachelor degree in Physiotherapy, there were only two physiotherapists for the whole country until 2003, and we had to rely on volunteers and churches to run programmes. In 2006 the first trained physiotherapists graduated, and in 2008, the first nationally trained physiotherapist joined a hospital.”***

***Dr. Karthikeyan P Ramalingam,  
Head of the Department of  
Rehabilitation Services,  
Divine Word University***



*Physiotherapist Sylvia Huaieware from Cheshire disAbility Services supervises a mother as she completes exercises with her son recovering from hemiparesis post-Tuberculosis Meningitis.*

## Session three: Ponseti and neglected club foot surgery

*Led by Joseph Kombeng, Senior Physiotherapist at Sir Joseph Nombri Memorial-Kundiawa General Hospital*

Mr. Kombeng presented an overview of the **cbm** Ponseti and neglected clubfoot surgery programme, operating in Papua New Guinea (PNG) since 2007. He described the importance of the programme at that time, as there was no programme for treating children born with this common musculoskeletal deformity; children with clubfoot were not accessing treatment and were living with a significant disability.

Mr. Kombeng described the inception of the programme, whereby the physiotherapy department at Kundiawa Hospital (Chimbu Province) began accepting patient referrals in partnership with the Mingende Inclusive Education Resource Centre (IERC), which identified children and adults with neglected clubfoot. As cases were treated using the Ponseti protocol, the number of referrals grew, and patients began to be identified from other provinces.

To conclude, Mr. Kombeng explained that following the most recent Ponseti refresher training, where 53 consultations and 33 surgeries were undertaken, it was revealed during follow-up visits to communities that many of the patients had already returned to school with full independent mobility.

So far more than 1,000 feet have been treated for clubfoot through Ponseti and surgery. It is a very successful programme introduced into the country. Patients and guardians who access the programme really appreciate and acknowledge cbm and everyone involved.



*Joseph Kombeng, Senior Physiotherapist at Sir Joseph Nombri Memorial-Kundiawa General Hospital poses with 4 year old Keziah from Mt Hagen who underwent successful surgery by Dr. Steve Mannion for severe varus bilateral tibia earlier in the year.*

## Session four: Launch of Community Based Inclusive Development advocacy materials

Led by Karen Jack, Programme Officer, **cbm** New Zealand



Ms. Jack, Programme Officer for **cbm** New Zealand, began by acknowledging the opportunity for productive dialogue offered by the Inclusive Education Advocacy Forum, and recognising the joint efforts of actors to date in increasing inclusive education opportunities in Papua New Guinea (PNG).

Ms. Jack then described the challenges posed by the geography of PNG, particularly the difficulty Resource Centre staff face in reaching children and adults living with disabilities. Ms. Jack concluded that this required a community-based approach - Community Based Inclusive Development (CBID) - to meet the needs of people with disabilities, where all stakeholders across health, education, social, livelihood sectors work together and collaborate.

Ms. Jack concluded by presenting two important advocacy materials showcasing the CBID approach, launched at the Advocacy Forum. The

resources are to be shared with staff, persons with disabilities, their families, teachers, stakeholders to profile the importance of CBID in PNG.

### ***The resources were summarised as follows:***

- A 5-minute video about CBID, showcasing two success stories and demonstrating the way all stakeholders work together to meet the needs of children and adults living with disabilities.
- A publication titled "Transforming Lives Together: Stories of Inclusive Education and rehabilitation in Papua New Guinea" - a collection of eight stories from partners implementing the programme funded by the New Zealand Aid Programme. The stories highlight examples of children and adults who have been supported with inclusive education. The stories profile a range of disabilities starting from early intervention, right through to vocational training and tertiary education in adulthood.



*The team from Rabaul are happy to use the CBID video and the recent publication of case stories to raise awareness of inclusive education with parents and teachers.*

# Accomplishments in inclusive education

**This section presents the eight core accomplishments in inclusive education, as acknowledged by all stakeholders engaged in the cbm New Zealand and New Zealand Aid Programme funded project for inclusive education and rehabilitation of children with disabilities in PNG (refer to Annex for details). The accomplishments are outlined in the following pages and summarised as:**

1. The standardised client database
2. Establishment and use of standardised tools - IEPs and CMPs
3. The Model of Education for Children with Visual Impairment in Papua New Guinea
4. Further development of early intervention clinics
5. Improved financial management and reporting
6. Networking with key stakeholders
7. Shared learning between Inclusive Education Resource Centres (IERCs) through Annual Learning Forums



*Participants at the Learning Forum reflect on the main accomplishments, challenges and lessons learned over the last year of activity implementation.*



*Alilander communicates with his class using sign language. The Inclusive Education Teacher has been transferring sign language skills to the mainstream teacher and class members so they can communicate with Alilander.*

## 1. The standardised client database:

In 2015, reflections on the efficacy of services being provided to clients led to the jointly developed concept of a standardised client database. A collaborative approach between **cbm** Papua New Guinea, **cbm** New Zealand, and IERCs saw an initial prototype database designed, refined, and rolled out.

The database has proven a powerful and user-friendly tool for record keeping, monitoring of client progress, assistive devices, and client transition between programmes. It enables systematic storage of client information, a method of data collection for analysis, and can also monitor staff performance. Staff training needs have been identified through the database analysis.

The adoption and roll out of the database by the Callan Network has been an important milestone for the programme bringing significant benefits to individuals accessing rehabilitation and inclusive education services in PNG.

*“Before the database, there was no way of monitoring to reflect on our work. Our records were not updated; though one may have a disability, it is not good to have them in the database if we are not providing services. So to update the database I asked each officer are you still seeing this person? Now the database for Mingende is for active clients only.”*

**Marcus Koima, Database and Inclusive Education Officer, Mingende**

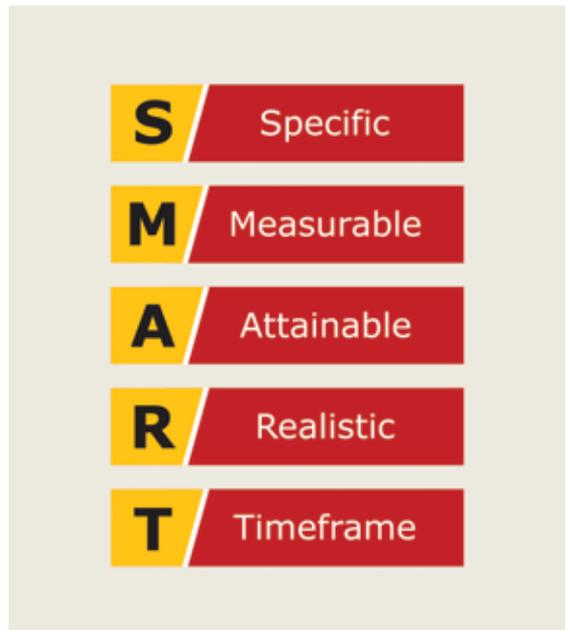


*Opposite, Staff from Cheshire disAbility Services analyse information using the client database.*

## 2. Establishment and use of standardised tools such as the Individualised Education Plan and Case Management Plan:

As a core part of this inclusive education programme, **cbm** worked with IERCs, mainstream teachers and the Department of Education to identify the different templates individual centres were using for case management, and facilitated a dialogue to identify best practices so that case management tools could be standardized across programme partners. As a result, one of the key accomplishments of the programme is the development of the Individualised Education Plan (IEP) and Case Management Plan (CMP) templates, used as tools to plan and improve the rehabilitation and educational performance of each child. These tools standardise best practices for service delivery across the centres. The tools focus on each individual, and plans are designed in close conversation with family, teachers and friends. They allow tracking of progress, with clients leading the vision. The tools incorporate SMART goal setting to set goals with clients that are specific, measurable, attainable, realistic with a specified timeframe.

Data suggests that these community based rehabilitation services, including the use of these standardized, best practice tools, is contributing to better health and functioning outcomes for children, youth and adults with disabilities, and better learning outcomes for children.



### 3. The Model of Education for Children with Visual Impairment in Papua New Guinea:

The transition from a residential boarding school programme to educate children with visual impairment, to an integrated-mainstream education approach, requires a significant support system to be in place, with sufficient resourcing.

Through a Reference Group, **cbm** is supporting the integration process through the design of a Model of Education for Children with Visual Impairment in Papua New Guinea. A reference group, engaging internal and external experts in this field within PNG, has been established and has designed the model and an accompanying Reference Manual which will equip IERC Officers, community-based workers, classroom teachers and school management to better support the education of children with visual impairment, and children with multiple disabilities including visual impairment.

The development of the model has been supported by the Blind and Low Vision Network of New Zealand (BLENNZ), who have provided advice, specialist devices, functioning equipment and training to the reference group and stakeholders. **cbm** New Zealand has facilitated the dialogue since the inception of the programme to ensure transfer of knowledge, skills and resources that consider the specific context and needs of PNG. Officers who attended training by BLENNZ, are utilising the skills and knowledge gained at early intervention programmes for children with low vision.

The model is nearing completion and will be presented to the Department of Education for endorsement.



*Sharon Duncan from the Blind and Low Vision Network of New Zealand (BLENNZ) conducts a LEA functional vision assessment on a learner with low vision as part of the training with Inclusive Education Resource Centres in 2017.*

#### 4. Further development of early intervention clinics:

Increased efforts to identify children in the early stages of life has proven effective in ensuring children with disabilities have the opportunity to reach their full potential. Parents of children with disabilities in the early intervention programmes clearly articulated gains in the health and functioning of their children.

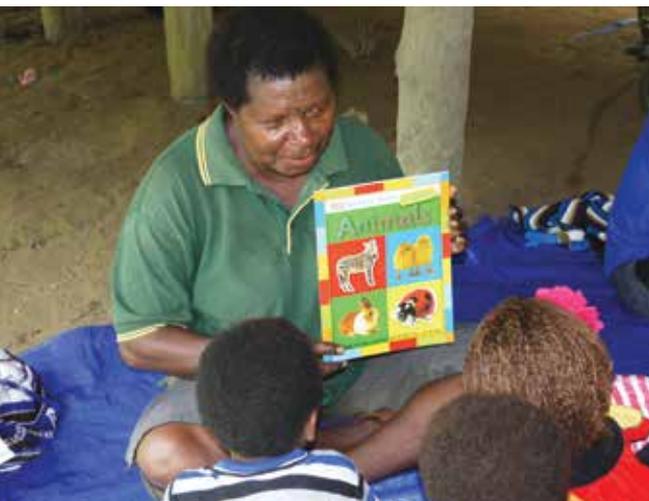
Defining the age-group covered by early intervention as children aged between 0-6 years has assisted staff to define their role. With new equipment, and training from BLENNZ, and a clear definition of the age-group targeted, staff are much better equipped to identify and refer children.

#### 5. Improved financial management and reporting

All project partners involved in the New Zealand Aid funded programme have improved their standards of financial management and reporting through use of standardised MYOB programme. In general, there is improved knowledge in the use of funds; acquitting and keeping records for reporting, and funding has been available to implement specific activities. Having financial officers at the Learning Forum involved in the presentation has helped share processes between programme and financial staff.

***“At IERC Wewak one of our biggest achievements is teamwork for our financial reporting. The Administration Assistant helps me tidy up the report, and we also coordinate with the Principal about budget lines. My hope is that the report reflects quality – a quality report will show quality of the service.”***

***Howard Ruarry, Finance Officer, IERC Wewak***



## 6. Relationship and networking with key stakeholders:

One of the key accomplishments of the programme is the fostering of new relationships, partnerships and collaboration between key stakeholders in the sector. For example, collaboration commenced with the University of Goroka to support tertiary learners who are blind or have low vision. One IERC has developed a partnership with a local life skills training centre, where they are trained to become CBR volunteers. Partnerships have started between IERCs and local medical facilities. For example, some IERCs invite doctors to clinics to provide medical advice and referrals for further check-up. Another IERC has commenced training with Community Health Workers (CHW) to enhance collaboration and partnership with provincial and district hospitals for identification and referral of clients with disability for intervention and registration. In addition, Collaboration has commenced with Health Authorities and Education Boards.

## 7. Shared learning between Resource Centres through Annual Learning Forums

Annual Learning Forums have provided a platform for Inclusive Education Resource Centre (IERC) staff to share successes, challenges and collectively think about ways forward; they have resulted in the transfer of skills between IERCs. Hearing case studies is an excellent way to see how skills are used with clients.

*"I've been working for Callan just two weeks and it has opened my eyes to the need. Before in my career I did not look at disability. These annual forums are really important and I am very impressed with the data gathering by the IERC staff. I hear the challenges, especially financial, the geographic barriers and lack of engagement from parents."*

**Baeau Tai, Executive Assistant to Director of CSNU**

*Opposite, Staff from Wewak discuss successful aspects of financial management in the IERC.*

# Challenges

**During the Advocacy Forum, a number of challenges that were identified by IERC staff during the preceding Learning Forum were presented (refer to Annex for details). This section outlines these challenges to be addressed and potential solutions that could be explored to meet persisting needs.**

## **1. Limited capacity of teachers in mainstream schools to include learners with different disabilities:**

In mainstream schools, Individualized Education Plans (IEPs) are in the hands of the IERC support teacher only. Mainstream teachers do not have a copy of the plan, and neither do parents. Since school administrators view the learners with disabilities as the sole responsibility of the IERC and not the school, mainstream teachers lack ownership over IEPs, which is not conducive to integrating learning in the classroom and supporting educational achievements at home.

For mainstream teachers to have stronger engagement with IEPs, they need to adapt teaching procedures, systems and expectations as well as receiving ongoing training to effectively support learners with disabilities. Teachers need targeted training to meet an individual child's targeted needs and IERCs to provide in-service training with classroom teachers upon request.

Regular education classroom teachers tend to rotate frequently, so there is a constant need for re-training amongst mainstream teaching staff; ongoing training for mainstream teachers is thus required, in addition to awareness raising amongst parents and stakeholders.

***“Inclusive education teachers feel that they do not have enough skills for working with children with multiple or severe disabilities. So all our IE teachers join the early intervention clinics twice a week to learn skills from the early intervention staff and grow confidence. Hands-on is how we learn best.”***

***Veronica Kave,  
Principal of IERC Wewak***

***“Most mainstream teachers do not have knowledge on disabilities they say I cannot teach this kid! We need to give teachers practical hands on experience and get Callan lecturers into the schools.”***

***Jeffrey Nehi, Project Manager of inclusive education programme funded by the New Zealand Aid Programme, CSNU***

## **2. Lack of ownership of inclusive education by mainstream schools**

While the role of IERCs is clear, the roles and responsibilities of schools in inclusive education are not clearly discussed or specified, and engagements tend to be limited only to the teachers in mainstream schools. To address this issue, formal agreements should be established between IERCs and schools to build institutional partnerships, rather than relying solely on lineal relationships between IERC teachers and mainstream teachers.

For the programme to increase its impact, mainstream schools must be committed to inclusive education at all levels, taking a whole-of-organisation approach; this includes taking on responsibilities for inclusive education in planning and procedures as well as school policies on inclusion.

***“Mainstream schools still see the child as the responsibility of the IERC. If the Head is supportive they will feed this down to the teachers. A school needs to be prepared so they can welcome any child, including those with disabilities. Teachers who have done the Applied Diploma are welcoming and make modification in their teaching.”***

***Maria John, Inclusive Programme Coordinator, IERC Mt. Sion***

***“The Learning Forum is very important and it is good to see the Department of Education come every year so we can learn from each other at one time. I see this is an opportunity to strengthen this partnership. The gaps are identified, but now we need to come together and find solutions. Now we have the database and we can use it for evidence.”***

***Joyce Koupere, Programmes Officer, Cheshire disAbility Services, PNG***



*Karen who is blind, enjoys learning in the mainstream classroom alongside children of the same age.*

### **3. Limited capacity and insufficient staffing in Inclusive Education Resource Centres**

Despite the fact that IERCs now have stronger capacity to provide services for various types of disabilities and to train families to continue with rehabilitation and education plans at home, there is a constant need to further enhance their capacity. For example, IERCs cannot yet provide adequate support for learners with specific impairments for which access to technical support remains insufficient, including access to physiotherapists, community health workers (CHW) and specific assistive devices. Also, the administrative and planning capacities remain weak; coordinators and finance officers need collaborate more closely for efficient financial management, and coordinators need to understand the budget lines assigned for activities. At a strategic level, IERCs need support to engage intentionally in collaborative relationships with local government units that can multiply and strengthen the work of IERCs.

Staff shortages are felt keenly by prospective clients: A client waiting list exists, but no new enrolments can be registered unless an existing case is 'closed'. Currently, even many enrolled children are still waiting for their IEPs to be developed. If new cases are accepted, this may come at the cost of existing clients, who will receive fewer or inconsistent visits; progress for existing clients will then be stalled.

Stalled progress is of course not solely attributable to staff shortages; some IERC staff are diverted and attend unplanned activities and/or engage in too many outreach causes, which slows progress towards existing goals. Also, if new community workers lack technical capacity - for example, if annual goals are not constructed realistically, accurately and clearly - clients may not be able to progress. In such cases, IERC staff will need to further develop their skills.

***"Sometimes we are in a tough position – we ask the staff to acquit their expenses. And they ask for funding for activities that are not in the budget and I have to say there is not enough. If there is no planned budget, what can we do? There is budget for specific activities and it is important that the Coordinators understand these budget lines."***

***Susan Kuno, Finance Officer,  
IERC Mingende***

#### 4. Lack of Braille materials and resources for education of children with visual impairment

Insufficient resources for the education of children with visual impairment remains a key concern. Educational attainment for children who are blind is weakened by the unsystematic approach to producing Braille materials. Transcribing textbooks and resource materials in Braille and distributing them is also challenging. In PNG, a limited number of Braille machines and teaching aids are available for learners who are blind or have low vision impairment in schools, although the embosser is not always functioning.

Braille production must increase significantly, to provide support services to learners who are blind or have low vision. However, having equipment for Braille production alone is not sufficient to ensure the materials are produced on demand. The need for resources and teaching aids for the education of children who are blind or have low vision is currently being identified for procurement.

*Alison Prskawetz from the Blind and Low Vision Network of New Zealand (BLENNZ) and teachers from Inclusive Education Resource Centres share ideas about transferring Braille skills to learners.*



## **5. Insufficient parent engagement in Individualised Education Plans and rehabilitation Case Management Plans**

Whilst some Inclusive Education Resource Centres (IERCs) have noticed increased participation from parents by involving them in awareness training, parental involvement in rehabilitation and education plans remains limited, with the degree of participation appearing to be dependent on the parents' level of education. One solution that was shared to address this challenge was to run camps through which parents, children, inclusive education teachers and mainstream teachers can come together for shared learning. The IERCs can provide transport and food, which is will be an incentive for participation. At the camp, stories can be shared and IEP goals set. Another camp can be held after three months, to set new goals. Since parents have reported that participating in training has provided them with a platform for sharing their experiences and helping one another. This could be another avenue to explore in order to increase active participation in the development of their children's education and rehabilitation plans.

***“In Papua New Guinea, if a child has disability it is often the mother who wears the blame. Where are the fathers? I do not take no for an answer. I write letters to employers asking time off for the father to come with the mum to a clinic. The clinic is not just for mums! We cannot accept that as being OK. We need to insist that the fathers come.”***

***Benard Ayieko, General Manager, Cheshire disAbility Services, PNG***

***“What I notice is that often parents keep their children with disabilities at home. Sometimes they are embarrassed of their family member so it takes a lot of encouragement to bring their child to school. So I go out to the village, talk to them and encourage parent-to-parent support. The next thing I plan to do is community awareness in the village - I will get a group together and show the new CBID video. That will encourage them to bring their children to school.”***

***Freddy Smith, Inclusive Education Teacher, IERC Rabaul.***

# Priority areas

The following priority areas have been identified as the next steps to further progress inclusive education in Papua New Guinea. These points highlight the desire of cbm and the stakeholders present in the Forum to continue developing partnerships and collaboration for greater and sustainable gains. While these initial areas have been identified, they require further dialogue amongst key stakeholders for further development and articulation to progress the agenda on inclusive development.

## ***Develop a formalised partnership between the Department of Education and institutions responsible for Inclusive Education Resource Centres (IERCs) to foster inclusive education***

- Invest in model schools of inclusive education that embrace inclusive policy and practice, support staff development and are well-resourced with accessible school buildings.
- Support and roll out models of education for specific disabilities (E.g. The newly developed Model of Education for Children with Visual Impairment).
- Create mechanisms to ensure resources for Standards Based Curriculum (SBC) are available in schools (e.g. Braille resources; Sign Language interpreters; Assistant Teachers).
- Endorse and roll out successful tools for inclusive education such as a standardised Individualised Education Plan (IEP).
- Collect data at the national level to obtain information and indicators on inclusive education in order to monitor, plan and learn.
- Continue Annual Learning and Advocacy Forums to continue to progress the agenda on inclusive education.

*Continued...*

***Institutionalise inclusion by increasing collaboration between government health, education, and community development departments that have a mandate for disability***

- Raise the importance of disability inclusion within national policy and international development cooperation.
- Reinstate the National Advisory Committee on Disability with a clear work plan, in consultation with key disability stakeholders.

***Strengthen partnerships between Inclusive Education Resource Centres (IERCs) and Provincial/District level health, education, livelihood and social service providers***

- Establish formal cooperation between IERCs and Provincial Community Health Centres for the detection of and referral for eye health, ear services and provision of assistive devices and physiotherapy services.
- Establish formal cooperation with primary health care centres to identify children not meeting development milestones at infant check-ups for referral to IERC early intervention services.
- Develop a community based non-formal education model for remote locations (e.g. similar to the concept of Pikinini Clinics).

***Support Inclusive Education Resource Centres (IERCs) to deliver quality services***

- Support to technical staff for different types of impairments (e.g. Physiotherapist; Ophthalmologists; Orthopaedic/surgical support; Audiologists).
- Design strategies to incentivise training for multiple disabilities.
- Increase the financial and administrative capacities of IERCs to maximise national and international funding opportunities.

### ***Increase ownership of inclusive education by mainstream schools***

- Schools working in partnership with IERCs to review policy and create a strategy for disability inclusion which articulates and compliments IERC support (e.g. buddy system; internal campaigns of inclusion; promoting Sign Language).
- Develop formal agreements between mainstream schools and IERCs to clarify roles and responsibilities for inclusive education.
- Increase training opportunities for mainstream teachers to include children with disabilities.

### ***Increase the participation of parents of children with disabilities in Individual Education Plans (IEPs) and rehabilitation or Case Management Plans (CMPs)***

- Support parents through regular visits, parent support groups, camps and events.
- Provide parents with information on the rights of children with disabilities and existing government assistance programmes.
- Increase awareness of parents about their role to set and reach goals to rehabilitate and educate their children (e.g. person-centred approach).

# Annex

## Summary of accomplishments and challenges

	WHAT WENT WELL SINCE THE START OF THE PROJECT?	WHAT ARE THE CHALLENGES?
<b>INCLUSIVE EDUCATION</b>	There are more children with disabilities in school	Teachers lack knowledge and confidence about teaching children with severe/multiple disabilities or learning difficulties
	The number of visits to schools has increased	Teachers are not accepting learners with disabilities due to large size of classes and high child to teacher ratio; lack of teacher support (assistants) in class
	Mainstream teachers training going well; we have received some positive feedback from mainstream teachers	Schools are often not accessible with ramps and suitable bathroom facilities
	Children with disabilities are receiving more assistive devices	Learners with disabilities are considered the responsibility of the IERC and there is limited ownership from the school
	We have more complete client profiles and goals are measured through IEPs	Braille materials are not available in class; the embosser is not working; insufficient resources for VI education available
	More screening clinics and more referrals to external stakeholders	Working with learners with disabilities within a classroom can be challenging
	The camps are going well	Some medical assessments are incomplete
		Children in remote settings cannot get to school and are disadvantaged

	WHAT WENT WELL SINCE THE START OF THE PROJECT?	WHAT ARE THE CHALLENGES?
<b>EARLY INTERVENTION / CBR</b>	Increased client enrolment	The distance and geography between clients is time consuming and poses security risks
	Referral pathways established to other stakeholders	There is a lack of technical knowledge and skills of CBR staff
	Standardised systems like Client Database	We do not have enough technical officers (e.g. physiotherapists)
	Increased parent participation	Insufficient availability of assistive devices
	Tools and guidance for rehabilitation: SMART goal setting	Increased effort is required in parent training
	Increased coordination between team members: EI, CBR and IE	Teaching multi-grades in Pikinini clinics is difficult
	Learning Forum has created a space to learn from each other	Insufficient access to teaching and learning materials
<b>FINANCIAL MANAGEMENT</b>	Standardised systems like MYOB have improved monitoring of funds	Manual book keeping and audits during Phase 1 were challenging and time-consuming
	Acquittal reports are more complete; staff aware of need to bring receipts	Sometimes acquittals remain incomplete, which causes delays in sending acquittal reports
	Funding arrives on time when acquittal reporting is submitted complete and on time	Lack of proper receipting; faded receipts

# Appendix

## List of participants

ORGANISATION	NAME	POSITION
<b>Department of Education</b>	Dr. John Pokana	Director, Inclusive Education Unit Teacher Education Division
<b>Department of Community Development and Religion</b>	Mr. Francis Walamsi	Acting Assistant Secretary, Disability, Religion & Elderly Department
<b>High Commission of New Zealand in PNG</b>	Ms. Suzanne Mackwell	High Commissioner
<b>Kundiawa General Hospital Physiotherapy Department, Mingende</b>	Mr. Joseph Kombeng	Head of Physiotherapy Department – Coordinator of Clubfoot strategy
<b>Callan Services National Unit</b>	Brother Kevin Ryan Mr. Benson Hahambu Mr. Jeffrey Nehi Mr. Peter Sindu Mr. Esuat Koi	Director Deputy Director Project Manager, <b>cbm</b> -NZAID Project M&E Officer, <b>cbm</b> -NZAID Project Finance Officer, <b>cbm</b> -NZAID Project
<b>cbm</b>	Ms. Diana Ureta Dr. Geoffrey Wabulembo Ms. Karen Jack	PNG Country Coordinator, <b>cbm</b> cbm Ophthalmologist/ Senior Lecturer, UPNG Programmes Officer, <b>cbm</b> New Zealand
<b>Cheshire disAbility Services, PNG</b>	Mr. Bernard Ayieko Ms. Joyce Koupere Ms. Esther Jessem	General Manager Programmes Officer Physiotherapist

<b>ORGANISATION</b>	<b>NAME</b>	<b>POSITION</b>
<b>Divine Word University</b>	Dr. Karthikeyan P Ramalingam	Head of the Department of Rehabilitation Services
<b>IERC, Mingende</b>	Mr. Paul Siwi Mr. Markus Koima Mr. Willie Mangre Ms. Susan Kuno Ms. Angela Mua	Inclusive Education (IE) Coordinator Data Officer/ IE Officer CBR Coordinator Finance Officer Coordinator
<b>IERC, Mt. Sion, Goroka</b>	Mr. Justin Wagame Ms. Maria John Mr. Don Waipe Ms. Dorothy Charles	Principal IE Coordinator CBR Coordinator Finance Officer
<b>IERC, Rabaul</b>	Mr. Pius Norogua Mr. Emmanuel Melchior Mr. Freddy Smith Ms. Rona Nima	Coordinator IE Coordinator, Vunakanau Data Officer, Vunakanau Finance Officer
<b>IERC, Wewak</b>	Ms. Veronica Kave Mr. Chanel Luwe Ms. Ruth Loff Mr. Howard Ruarry	Principal Deputy / CBR Coordinator IE Senior Teacher Finance Officer
<b>Save the Children</b>	Mrs. Jenny Griffiths	RISE Programme
<b>Unicef</b>	Mr. Shiva Bhusal	Education Specialist

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