



Convention on the **R**ights of **P**ersons with **D**isabilities

2023

CRPD

**SHADOW
REPORT**

Submission to the UN Committee on the Rights of Persons with Disabilities by the Human Rights Commission of the Maldives on priority concerns on the Maldives' Initial Report submitted under Article 35 of the Convention on the Rights of Persons with Disabilities



**Human Rights Commission of the Maldives (HRCM)
2023**

Abbreviations

AAC	Augmentative and alternative communication
APL	Assistive Products List
ASL	American Sign Language
ATM	Automated Teller Machine
BML	Bank of Maldives
CPP	Child Protection Policy
CRPD	Convention on the Rights of Persons with Disabilities
CSC	Civil Service Commission
CSR	Corporate Social Responsibility
DBA	Dhivehibahuge Academy
DC	Disability Council
DoIE	Department of Inclusive Education
DV	Domestic Violence
DVPA	Domestic Violence Protection Act
FCSC	Family Children Service Centre
FGD	Focus Group Discussion
FPA	Family Protection Authority
HE	Higher Education
HEI	Higher Education Institute
HIES	Household Income and Expenditure Survey
HPSN	Home for Persons with Special Needs
HRCM	Human Rights Commission of the Maldives
IAS	Inclusive Adaptive Sports
IEP	Individualized Education Plan
IGMH	Indira Gandhi Memorial Hospital
IPC	International Paralympic Committee
LFPR	Labour Force Participation Rate
MEMIS	Maldives Education Management Information System
MoE	Ministry of Education
MoED	Ministry of Economic Development
MoGFSS	Ministry of Gender Family and Social Service
MoTCA	Ministry of Transport and Civil Aviation
MoYSCE	Ministry of Youth Sports Community Empowerment
MPS	Maldives Police Service
NEOC	National Centre for Emergency Operation
NGO	Nongovernmental Organization
NIE	National Institute of Education
NCP	Non-Consensual Pornography
NSPA	National Social Protection Agency
OOSC	Out of School children
PDF	Portable Document Format
SDG	Sustainable Development Goals
SRH	Sexual Reproductive Health

TVET
VAC

Technical Vocational Education Training
Violence Against Children

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Introduction

1. The Human Rights Commission of the Maldives (HRCM) was established under Presidential Decree on December 10, 2003. On August 18, 2005, the Human Rights Commission Act (6/2006) (hereinafter referred to as the Human Rights Commission Act) was ratified, thereby making HRCM the first independent and autonomous statutory body in the Maldives. The amendments brought to the Human Rights Commission Act in August 2006 broadened the mandate and powers of HRCM, making it compliant with the Paris Principles. With the ratification of the Constitution of the Republic of the Maldives (hereinafter referred to as the Constitution) in August 2008, the HRCM was made an independent and autonomous constitutional body.
2. HRCM currently holds ‘B’ status under the Global Alliance of National Human Rights Institutions (GANHRI) and is an Associate Member of the Asia-Pacific Forum of National Human Rights Institutions (APF).
3. In December 2007, HRCM was designated by a Presidential Decree as the National Preventive Mechanism (NPM) Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment and Punishment (OPCAT). As prescribed under the OPCAT, HRCM was designated as the NPM in legislation with the ratification of the Anti-Torture Act (law number 13/2013) in December 2013.
4. This report underlines priority concerns and the information on the initial report submitted by the Maldives pursuant to Article 35 of the Convention on the Rights of Persons with Disabilities. The initial State report was due on 2012.
5. HRCM conducted field monitoring visits to the outer islands in 2016 and 2022 specifically to comprehend the implementation status of this convention. HRCM consulted with state authorities such as island councils, Women’s Development Committees, schools, health facilities, Family and Children Service Centres, police stations, persons with disabilities, civil society organizations, parents, and caretakers of persons with disabilities during these visits. Due to the COVID-19 pandemic, online consultations were held in 2021 with persons with disabilities and NGOs working to protect and promote the rights of persons with disabilities. HRCM also collated information from government and state institutions. Furthermore, HRCM conducted a series of meetings during the third quarter of 2022 in order to verify the findings and facilitate constructive dialogue with stakeholders.
6. This report reflects, information received by state institutions on efforts to implement this Convention, in-house monitoring data and findings from NPM’s visits to places where persons are deprived of their liberty.

Articles 1 to 4 – General Principles and Obligations

7. Persons with disabilities, their caretakers, civil society and island councils expressed their discontent in the inadequate consultation during the formulation of the State Report, in the review process of the Law on Protection of the Rights and Financial Assistance of Persons with Disabilities (8/2010, Disabilities Act), as well as in subsequent formulation of policies, regulations and action plans pertinent to persons with disabilities.¹
8. Disabilities Act (8/2010) does not provide adequate compensation for persons with disabilities who have been victims of harassment, stereotypes, prejudices and harmful practices against persons with disabilities.
9. Pursuant to Article 15 of the Decentralization Act (24/2019), island councils are mandated to compile a list of people who need special assistance and protection, monitor their situation regularly at a minimum interval of 4 months and report to relevant national authorities.² Island councils either do not compile the list of people who need special assistance and protection nor are aware of their mandate in the protection and promotion of rights of persons with disabilities.³ In an effort to address such challenges a community social group (IBAMA) is being established in each island.⁴
10. Local population was generally unaware of the functions of the Disability Council established pursuant to Article 4 of the Disabilities Act.⁵
11. DC is comprised of seven members. As of March 2022, five members have been appointed. The intervals between appointment of members were concerning as it impacts the performance of the Council, Additionally, provisions related to budget, functioning, and reporting mechanisms of DC under the Disability Act remain an impediment for DC to implementing its mandate independently.⁶
12. While the election of DC members was originally scheduled for February 2022, stakeholders concerns and complaints were raised in regards to two categories of election arrangements (PWD Representatives of persons with disability and parents); HRCM also requested elections in these two categories be postponed.⁷
13. Persons with psychosocial disabilities that are classified as persons with disabilities under the Disability Act are not considered as persons with disabilities by the community.⁸
14. Access to basic services, particularly health care services, for persons with disabilities living in the atolls was sporadic. Consequently, families moved to the capital city for better access to services.⁹
15. FCSCs operated under MoGFSS are challenged with numerous difficulties due to budgetary constraints and lack of human resources. FCSCs often have one social worker, thus when that individual departs, the facility is left without staff to handle cases. Therefore, cases which require immediate attention were delayed.¹⁰ Due to funding limitations, FCSC staff are constrained to get basic facilities for communication and transport, which are essential for periodic monitoring and casework. In certain instances, FCSC staff have sought assistance from MPS for transportation.¹¹
16. Although persons with disabilities have the opportunity to participate in social and cultural life, they are not encouraged to participate in community activities.¹² For instance, neither council nor other relevant agencies have attempted to particularly involve persons with

disabilities in socio-economic activities.¹³ Before Covid-19 lockdowns, a limited number of activities/events were held which persons with disabilities could partake. These activities included celebration of internationally marked day of disability, community social fairs, sporting events, etc. Lack of such activities has further isolated persons with disability from the public sphere.¹⁴

17. There was limited research to inform development of policies, regulations, services, goods, devices, technologies and facilities that would improve the quality of life for persons with disabilities.¹⁵
18. At present a policy has not been formulated in civil service that provides flexible working hours to persons with disabilities or parents of persons with disabilities.¹⁶
19. There was limited effort by the State to raise awareness on the rights of persons with disabilities under applicable international and national law.¹⁷
20. No state agency has efforts underway to translate and disseminate CRPD. However, ARC, an NGO working on child rights, has developed a child-friendly book on CRPD.¹⁸

Recommendation

- **Amend Law on Protection of the Rights and Financial Assistance of Persons with Disability to align with the purpose, definitions, principles and general obligations of the CRPD.**
- **Promote & undertake research, including participatory research and user-led research that would be a basis for law reform to improve the quality of life for persons with disabilities.**
- **Ensure participation of persons with disabilities in the decision-making process.**
- **Increase and strengthen awareness raising efforts on the rights of persons with disabilities.**
- **Conduct capacity building programmes on the rights of persons with disabilities to all stakeholders**
- **Distribute a child friendly version of CRPD, in English and the local language Dhivehi, among elementary schools**
- **Grant FCSCs the resources they require to successfully fulfil their mandate.**

Article 5 - Equality and Non-Discrimination

21. Despite encouraging developments in legislation guaranteeing equality and non-discrimination for all, adequate measures and reasonable accommodations are not implemented to ensure equality for persons with disabilities.¹⁹ Thus issues that affect the equality of persons with disabilities remain relevant.²⁰
22. Affirmative actions were not adequately applied to address structural discrimination against persons with disabilities. For instance, the fewer higher education, training and employment opportunities for persons with disabilities, inadequate living conditions and insufficient availability of health services are relevant factors in this regard. Recently, persons with disabilities were not a specific focus in the planning process for COVID-19 response, and no social protection unit was embedded in the NEOC structure.²¹
23. Article 22 of the Disabilities Act prohibits bullying and harassment of persons with disabilities. Moreover, the Penal code comprises criminal offenses such as assault, the threat of assault, and intimidation which can be used to prosecute hate crimes against persons with disabilities. Article 22 (e) of the Disability Act specifies a fine (MVR 500-2000) if the rights of persons with disabilities are violated while repeated offenses carry out incarceration of offenders for 3 to 6 months. However, Disabilities Act does not specify whether the fine would be paid to the victim or the state.²² As a general practice, fines for offenses usually go into public funds.²³

Recommendations

- **Take affirmative actions to provide legal protection, promote equality, address structural discrimination and increase participation of persons with disabilities.**
- **Take specific affirmative measures to address structural discrimination to ensure reasonable accommodation to ensure equality for persons with disabilities.**

Article 6 – Women with Disabilities

24. Prevalence of disability is higher among women than men.²⁴
25. Women with disabilities are severely marginalised: while Gender Equality Action Plan has strategies for economic empowerment of women with disabilities, there was minimum effort to include women with disabilities in empowerment programmes targeting women.²⁵ As there are no quotas for women with disabilities, men became recipients to opportunities reserved for persons with disabilities.²⁶ The proportion of employed women with disabilities was low at 25 percent.²⁷ Being dependent on guardians or spouses financially and otherwise makes it difficult for women with disabilities to leave abusive relationships.²⁸
26. Most women with disabilities are dependent on their families throughout their lives. Women with disabilities are not encouraged to live independently with reasons being they are not empowered to live as such and parents/families are worried for their safety.²⁹ Statistics indicate that less women (57%) with disabilities were married when compared with men (67%).³⁰
27. There is a lack of research on the situation of women with disabilities that would inform legislations and policies for advancement of women with disabilities.³¹

Recommendation

- **Take measures to make the Gender Equality Action Plan inclusive of women with disabilities.**
- **Enact temporary special measures to empower and increase participation of women with disabilities in social and public life.**
- **Promote and undertake multi-dimensional research that would contribute to the improvement of life of women with disabilities.**

Article 7 – Children with Disabilities

28. Article 18 (a) of Child Rights Protection Act (19/2019) stipulates that every Child with a disability has the right to lead a full-dignified life with equal opportunity to participate in the community and to make decisions for themselves to the best of their capabilities and in a manner, which would not prejudice their dignity.
29. Awareness raising and information campaigns targeting children were not fully accessible and inclusive of children with disabilities.³² Additionally, facilitators of such campaigns and programs are not always trained to work with children with disabilities.³³
30. While programs were conducted targeting parents and teachers on child protection and early intervention, there were no programs on combating stereotypes and prejudices concerning children and youth with disabilities, and eliminating harmful practices practiced against them.³⁴
31. The three mediums established by MoGFSS for children to report complaints or cases (Child Helpline, email and in person) was not accessible for children with disabilities.³⁵

32. At present, there are 31 children with disabilities under state care.³⁶ Reasonable accommodations are not in place in state care facilities to cater for the needs of children with disabilities.
33. MoYSCE reports that 4 females aged 18 and 1 male aged 14 with physical disabilities participated in the sports forums.³⁷
34. Children with IEP do participate in sports activities carried out as part of their formal education. While measures have been taken to introduce IAS in schools with training given to SEN teachers on IAS in three cities, children with disabilities in the atolls still remain excluded from sports activities.³⁸

Recommendation

- **Strengthen awareness raising activities by making them inclusive of children with disabilities and by including components that address the rights, livelihood and issues faced by children and youth with disabilities.**
- **Improve existing mediums for children to report complaints to make it accessible for children with disabilities.**
- **Upgrade state care facilities to make it accessible for and to cater to the needs of children with disabilities.**
- **Ensure that the sports component in the formal education curriculum is inclusive of children with all forms of disabilities.**

Article 8 – Awareness

35. Components of CRPD are covered in various sessions conducted by Human Rights Commission of the Maldives. CRPD and Disability act was covered in human rights defender's programme targeted for government institutions, NGOs, WDC and council members.³⁹
36. Majority of persons with disabilities and the public in general were unaware of the existence of CRPD, the Disabilities Act and the subsequent rights guaranteed for persons with disabilities.⁴⁰
37. It is noteworthy that, Disability Act is developed and published in audio format on the website of the Ministry of Gender Family, Social Service and AGO for the use of persons with visual disabilities, although people are generally unaware of the availability of this tool.⁴¹
38. Limited efforts by the State to disseminate CRPD in readable formats for persons with disabilities, such as in braille format.⁴²
39. The capacity building programs offered for teachers at the National Institute of Education does not cover components on the rights of children with disabilities. Further, no such training has been provided exclusively for school counsellors. However, SEN teachers are offered with frequent refresher courses.⁴³
40. In 2018 an initiative to digitalise school education, electronic tablets were introduced to students. However, students were provided with these tablets without prior awareness or familiarization training. As a result, students, especially those with disability, were not equipped with technical skills on using tablets and lacked knowledge on safe use of cyberspace. Furthermore, when learning became completely online during COVID-19, children with disabilities faced additional challenges.⁴⁴
41. Staff working in hospitals/health centres lacks awareness on CRPD. Capacity-building refresher programs are not conducted to sensitize medical staff to the specific needs of persons with disabilities.⁴⁵
42. Article 33 of the CRPD states that, Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process. While civil society organisations in sports sector have easy access to state-sponsored funding. NGOs active in the protection and promotion of human rights expressed concerned that, there is no particular program that provides funding specifically for the organisations that works for human right and works to defend and advance the rights of persons with disabilities. Further, due to Covid-19 pandemic some of the NGOs working to protect the rights of persons with disability were forced to shut down office and conduct its work out of their homes. Despite the fact that Covid-19 also had a significant impact on human rights NGOs, no relief resources were granted to these organizations. Moreover, the absence of functioning CSOs in the outer islands intensifies the exclusion of persons with disabilities from society.^{46 47}
43. Even while police conducted door-to-door home visits as part of their community policing initiatives, no data on persons with disabilities is gathered or maintained up to date.⁴⁸
44. Capacity building programs for government officials are being conducted online since the Covid-19 lockdown. Although employees in rural areas could easily access these online programs, participants have noted that these programs are less effective than physical ones.⁴⁹

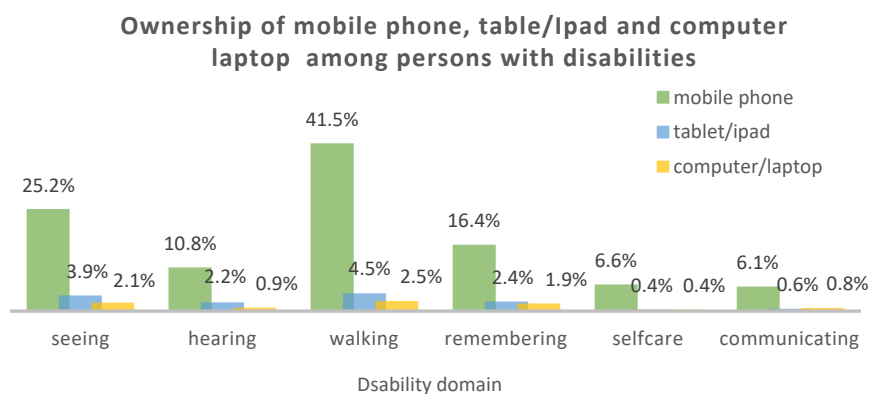
Recommendation

- **Develop a translation summary of the CRPD in brail format for persons with visual disability.**
- **Incorporate components of CRPD and Disability Act in capacity building programmes conducted for public sector service providers.**

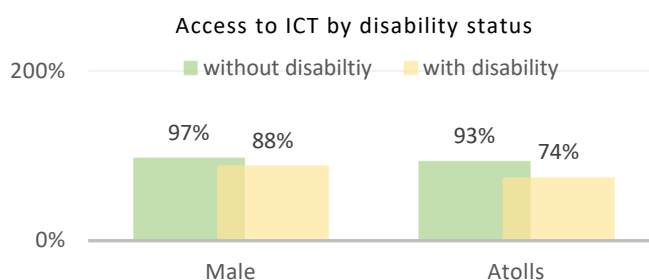
Article 9 - Accessibility

45. Disabilities Act guarantees access to public spaces, transportation services, and access to information and communications facilities. The scope of the regulation on Minimum Standards for accessibility (2013/R-557) applies to health facilities, education, training, and therapy centres for persons with disabilities, and centres that accommodate people under state care. Additional legislation that provides for accessibility includes the Construction Act (4/2017) and the building code of the Maldives (2019/R-1020). The legislative framework lacks reference standards or design codes (compliance documents), which will facilitate the accessibility of premises to persons with disabilities.⁵⁰ Inadequate inspection from authorities impedes the implementation of the accessibility obligations of CRPD.⁵¹
46. Restrictions to dignified and equitable access to public buildings, roads, parks, recreational centres, supermarkets, transportation services, schools, and houses to persons with disabilities impacted equal participation in all areas of life. Effective measures made to designate at least one access route in public buildings for persons with disabilities remain insignificant.
47. It is encouraging to find that main roads in the capital have dropped curbs for persons with mobility disabilities. Unconcerned drivers habitually block road access points designated for wheelchair users. Mostly, there are no tactile paving and audible pedestrian traffic signals on the streets.
48. Priority seats are designated for persons with disabilities in public transport.⁵² However, built-in accessibility features for passenger ferries remain inadequate national wide.⁵³ Similarly, the application of accessibility features such as information displays, tactile information, and pre-recorded and real-time audible information in public transportation systems remain limited. Paragraphs 95 and 130 of the State Report refer to the nationally accepted “identification card” for persons with disabilities. Nevertheless, having an identification card does not ensure that people with disabilities have easy access to services.⁵⁴
49. Reasonable adjustments to improve accessibility to services for persons with disabilities remained insubstantial. The measures in place to guarantee that people with disabilities have access to live assistance and intermediates remained irregular. Lack of independent access to ATMs and limited use of a token display with voice are a few instances that demonstrate the challenges faced by persons with visual disabilities. With the launch of the Thaana Mallow application (Dhivehi screen reader) in June 2020, persons with visual disabilities now have access to online information in Dhivehi.⁵⁵
50. Trained sign language interpreters were unavailable across most offices. Persons with hearing disabilities residing in the greater Male’ region only understand American Sign language (ASL) as educational opportunities were available to them in the past.⁵⁶ ASL cannot be understood by persons with hearing disabilities living in outer islands thus, the information conveyed by sign language interpreters in ASL on mass media cannot be comprehended by persons with hearing disabilities living in outer islands.⁵⁷ Online newspapers in Dhivehi and general documents issued by state authorities in service delivery do not largely cater to persons with hearing disabilities. For example, consent forms given to persons with hearing disabilities in quarantine facilities during the Covid-19 pandemic were incomprehensible to persons with hearing disabilities.

51. Most persons with disabilities tend to own a mobile phone however those who have a disability in self-care and communication hold the least amount of assets.⁵⁸ Nevertheless, persons with disabilities especially those living in outer islands tend to own mobile phones less habitually.⁵⁹



Ownership of mobile phone, tablet/iPad, and computer laptop among persons with disabilities. *National Bureau of Statistics 2019*⁶⁰



Access to ICT disaggregated by disability status. *National Bureau of Statistics 2019*⁶¹

Recommendations

- **Adopt regulatory framework on compliance documents or design code to enforce accessibility standards on public space to persons with disabilities.**
- **Ensure adequate resources are allocated to undertake accessibility audits to facilitate access to public spaces for persons with disabilities have access to public spaces on an equal basis with others in a dignified manner**
- **Adopt a procedural guideline to ensure different forms of live assistance and intermediaries, including guides and sign language interpreters, to facilitate accessibility to public buildings and information and services.**
- **Adopt a guide on protocol on providing forms of live assistance and intermediaries, including guides and sign language interpreters, to facilitate accessibility to public buildings.**
- **Establish built-in accessibility facilities in ferries to ensure easy access to transportation for persons with disabilities on an equal basis with others.**
- **Establish and enforce information displays, tactile information, and pre-recorded and real-time audible information in all modes of public transportation to cater for persons with disabilities.**
- **Ensure access for persons with disabilities to information and communication technologies and systems, including access to the internet.**

- **Conduct capacity-building programs for stakeholders, architects, construction engineers, designers, and managers on the legislative framework in order to facilitate accessibility for persons with disabilities.**

Article 10 – Right to Life

52. Cases of self-harm and suicide were identified among persons with disabilities who lived alone at home without assistance from their relatives. In such cases, some island councils have been active in mediating between victims and relevant governmental authorities, but others remain oblivious to the situation.⁶²
53. The Figh Academy of the Maldives has published a sermon permitting abortion in four situations. This includes situations where it is medically certain that the unborn child is a thalassemia major or suffers from sickle cell disease, or is diagnosed with a significant congenital illness that may result in a lifelong physical or mental disability that cannot be cured by medical treatment.⁶³
54. There are challenges in the availability and accessibility of disability focused crime statistics. Statistics on persons with disability who were subjected to crimes or violence that might threaten their life is not suitably maintained.⁶⁴

Recommendations

- **Implement the island council's mandate to keep a close watch on and report on the status of persons with disabilities, paying special attention to persons with disability who lives in solitude.**

Article 11 – Situations of Risk and Humanitarian Emergencies

55. Although the Disaster Management Act (28/2015) does not provide specific provisions to safeguard persons with disabilities, Article 28 of the Disability Act guarantees special consideration to persons with disabilities in the relocation, protection and assistance in the event of natural disasters and other similar incidences as well as requiring participation of persons with disabilities in the consultation process during the preparation and formulation of disaster management plans. Moreover, provisions are made for persons with physical disabilities in terms of appropriate access to shelters, settlement locations and essential services in the National Framework for Managing Internally Displaced Persons in the Maldives in case of a Disaster/Crisis developed by National Disaster Management Authority.⁶⁵
56. While the legislative framework ensures protection and safety of persons with disabilities in situations of risk to an extent, gaps in implementation persists.⁶⁶ There is no mechanism in place to monitor the whereabouts of persons with disabilities during emergency or risk situations. Furthermore, the communication methods in place may not be accessible to all persons with disabilities.⁶⁷

57. Persons with disabilities remain unaware of the legislative safeguards available to them in emergency or risk situations.⁶⁸

Recommendation

- **Amend the Disaster Management Act to include provisions specific for persons with disabilities.**
- **Take measures to ensure that the Maldives National Emergency Operation Plan and the Relief Guidelines are inclusive of persons with all forms of disabilities.**
- **Ensure greater inclusion of persons with disabilities in the awareness raising efforts towards informing the public on the measures to be taken and the existing safeguards during emergencies and risk situations.**

Article 12 – Equality Before the Law

58. Constitution grants persons with disabilities the right to equal protection and equal benefits of the law. ⁶⁹ Persons with disabilities have the opportunity to participate in legal agreements, and their signatures and fingerprints are legitimately recognized.⁷⁰ Furthermore, Disabilities Act, emphasizes equal rights for persons with disabilities, including protection from harm, and access to legal aid. ⁷¹
59. Persons with disabilities who are capable of handling their finances independently have the option to do so, while caretakers often manage finances for persons with mental disability. However, it has been observed that low-income households are forced to use financial assistance provided for persons with disability by the State to fund other indirect household expenses. ⁷²
60. Persons with disabilities are granted equal rights in regards to property ownership and inheritance. However, anecdotal evidence indicates, instances of forcible seizure of property while taking undue advantage of person with disability. ⁷³

Recommendation

- **Amend the disability act to penalize those who take undue advantage of persons with disabilities and forcibly seize their property.**

Article 13 – Access to Justice

61. Persons with disabilities face additional challenges in accessing legal and justice services. Judicial courts lack communication facilities for persons with hearing and visual disability. ⁷⁴
62. Magistrate courts are generally not equipped with access ramps. Persons with physical disability coming into court premises had to be carried in with the help of court officials. ⁷⁵
63. With the amendment to the Juvenile Justice Act (18/2019), all cases involving minors are now referred to the Juvenile Court. Hence, all cases related to children with disabilities are referred and attended in Juvenile Court. ⁷⁶
64. Persons with disabilities must seek the assistance of a second party who serves as an intermediary in order to receive judicial services. In such instances, a family member typically serves as the mediator. However, there is a chance that these mediators won't provide the most reliable information in situations where persons with disabilities are being mistreated within home or by a family member. As a result, this prevents persons with disabilities from accessing the court system and seek justice. ⁷⁷
65. In police stations, documents regarding case involving persons with disabilities are exchanged through normal procedure and oral narration. In situations where oral communication is not feasible, the documents are handed over to family in the presence of the persons with disability involved in the case. ⁷⁸
66. The lack of prompt response to cases by the FCSCs is one of the biggest challenges faced by victims of violence and abuse seeking justice. Instances are identified where FCSCs have not attended cases even when the circumstances of the cases change. ⁷⁹
67. The relevant authorities, including MPS, the Judiciary, and FCSCs, are not well aware with laws and regulations related to the rights of persons with disabilities. In the stakeholder meeting, it was identified that some police officers were unaware of the existence of a law on the rights of persons with disabilities. ⁸⁰
68. As recently as August 2022, DJA conducted training for judicial staff on the 'role of judges in ensuring access to justice for persons with disability'. However, capacity-building programs conducted for judges and judicial officers generally do not cover components of Protection of rights of persons with disability and provision of financial assistance act. ⁸¹

Recommendation

- **In order to ensure access to justice for persons with disability, build capacity of public sector officials from each island to be commissioned in cases involving persons all types of disabilities.**
- **Include the disabilities act as a part of the Judicial Service Institute's capacity-building trainings for judges.**

Article 14 – Liberty and Security of Persons

69. Mandatory accessibility standards are not in place in prisons, detention centres and institutions to accommodate persons with disabilities. Detention facilities remained overcrowded, with inadequate natural lighting, and poor cross ventilation. Moreover, access to and avenues for physical exercise was an issue of concern for all prisoners.⁸²
70. At present there are 19 persons with disabilities in incarceration; “hired-help” among detainees is utilized to support prisoners with disabilities as reasonable accommodation, and adjustments are not in place to cater for prisoners with disabilities.⁸³

Recommendation

- **Ensure that detention and correctional facilities, and institutions meet mandatory accessibility standards.**

Article 15- Freedom from torture or cruel, inhuman, or degrading treatment or punishment and Article 17- protecting the integrity of the person

71. Persons with disabilities remain severely marginalized in the community and continue to experience harassment, although few people see it as harassment as such.

Home for People with Special Needs (HPSN)

72. The legislative framework lacks imperative provisions such as involuntary and voluntary institutionalization of persons with psychosocial disabilities, judicial review of involuntary treatment under hospitalization, along with substantive and procedural safeguards for persons subjected to institutionalization. While the agreement between the guardian and MoGFSS comprises of provision on consent on behalf of the patient undergoing medical treatment, consent from patients is not a requisite to administer medical treatment for persons with psychosocial disabilities following psychiatric consultations.⁸⁴
73. HPSN is not adequately equipped with human, medical, and material resources to provide the patient with the required services and support.⁸⁵ Above all availability of in-house professional staff such as psychiatrists and specially trained nurses remained inconsistent.⁸⁶ Despite continuous recommendations put forward and constructive dialogue held with relevant authorities to ensure the elderly and persons with psychosocial disabilities receive treatment from clinical psychologists, psychotherapists, counsellors, speech therapists, and social workers, these have not been systemically reformed.⁸⁷
74. Therapy for persons with psychosocial disabilities was focused on medication. The absence of referral protocols contributes to the extended periods between follow-ups by psychiatrists despite referrals made by the in-house medical officer.⁸⁸ This also remained a challenge in the management of the diverse health needs of persons with psychosocial disabilities.
75. Chemical injections were used to restrain patients with aggressive behaviour. While HPSN has an operating procedure for the use of a straitjacket to restrain patients, it is not an operational practice.⁸⁹ Nevertheless, care workers had resorted to using patients' clothes as a means to restrain patients due to their aggressive behaviour.⁹⁰ This was carried out without the doctor's orders and subsequent supervision.⁹¹ Moreover, some patients in HPSN reported to have been subjected to verbal abuse and ill-treatment by care workers.⁹²
76. Underfunding remained a contributing factor to deteriorating material conditions and the poor state of repair at HPSN. While the dedication of care workers was evident, persistent failure to increase staff numbers impacted the execution of services. Similarly, staff working at HPSN lacks the requisite training to care for the patients, especially the elderly. HPSN did not undertake daily activities and regular recreational programs in a systematic manner for persons with psychosocial disabilities.⁹³
77. While patients present complaints to the staff, there is no formal mechanism established to submit complaints to authorities in a confidential manner to access effective remedies.⁹⁴

78. Minors undergoing treatment at HPSN, within its general population remained unsegregated.⁹⁵ Moreover, there are no special programs conducted to ensure development, of technical, vocational, and educational programs.⁹⁶
79. HPSN indefinitely accommodates persons with psychosocial disabilities who were medically discharged, yet cannot return home as family members refuse to accept them.⁹⁷ Consequently, there is a lengthy waitlist considering a lack of halfway houses to accommodate them.

Persons deprived of liberty in detention facilities

80. The right to free and informed consent to medical treatment cannot be exercised by persons deprived of their liberty. The consent of a family member or guardian of a prisoner with disabilities is not required in the administration of medical treatments. Moreover, a lack of information on the risks, benefits, and alternatives of a given intervention or procedure prevents prisoners with disabilities from making informed consent.
81. When imposing disciplinary measures on prisoners, the regulatory framework for prisoners does not exclusively consider mental illness or developmental disability into account.
82. Records of requests made by prisoners for medical care were not maintained efficiently. There were delays in getting prescribed medications by a psychiatrist due to the lack of availability of controlled drugs. Access to specialist consultations, including those with psychiatrists, psychologists, and counsellors in prisons, takes time despite being referred by an in-house medical practitioner. Similarly, access to therapeutic services for persons with disabilities remained challenging.⁹⁸
83. There are no reasonable adjustments in place to facilitate the right to a complaint by prisoners with disabilities.
84. There is limited access to psychiatric treatment in specialized facilities for prisoners with severe mental disabilities after incarceration. Correctional officers lack the capacity to deal with or care for prisoners suffering from mental illnesses. Thus, the practice of separation from the general prison population was observed amongst prisoners with severe psychological issues who were diagnosed as an imminent risk to their life or that of others.⁹⁹

Recommendations

Persons with psychosocial disabilities in institutions

- **Ratify the National Mental Health bill. Ensure that the proposed legislation encompasses substantive and procedural safeguards on involuntary and voluntary institutionalization of persons with psychosocial disabilities, and judicial review of involuntary treatment under hospitalization.**
- **Ensure HPSN is equipped with medical and material resources to provide the optimum services and support to patients.**
- **Ensure that HPSN has in-house medical officers, a clinical psychiatrist, a psychotherapist, counsellors, and social workers to provide psychiatric and psychological support to patients.**

- Take steps to record administration of psychotropic medications to patients to avoid possible excessive use. Furthermore, establish a sound mechanism to manage the diverse health needs of persons with psychosocial disabilities.
- Establish a confidential system to lodge complaints to monitoring bodies on acts of torture and ill-treatment without delay.
- Increase the budget allocated to undertake capacity-building programs for all necessary staff to care for patients in a periodic manner.
- Introduce effective therapeutic activities as part of essential treatments and undertake daily recreational programs in a standardized manner.
- Ensure the establishment of a formal mechanism to submit complaints to authorities in a confidential manner.
- Segregate minors in institutional care. Additionally, ensure that minors undergoing treatment at HPSN have access to educational and vocational training programs.

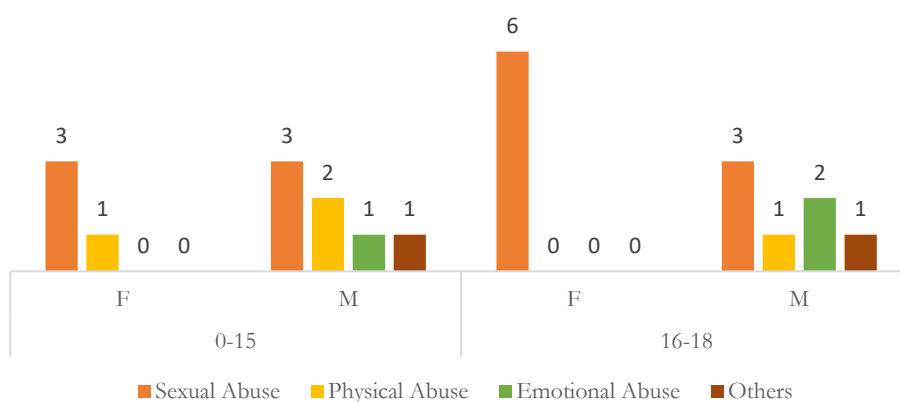
Detention facilities

- Establish an independent complaint mechanism with a view to instituting an independent and confidential complaints procedure with reasonable accommodation so complaints can only be accessible to intended independent oversight mechanisms external to the place of detention.
- Ensure that the practice of seclusion is only imposed in line with the Nelson Mandela Rules.
- Ensure that detainees are informed in an understandable manner on the right to free and informed consent to medical treatment, including benefits and risks, and the right to refuse treatment at all times, including in situations of mental distress. Furthermore, ensure that consent forms are fully accessible to persons with disabilities.
- Ensure that detainees have access to prompt health care services. Additionally, establish a sound mechanism to ensure detainees have access to psychiatric treatment, and that counselling is available in detention centres.

Article 16 - Freedom from Exploitation, Violence and Abuse

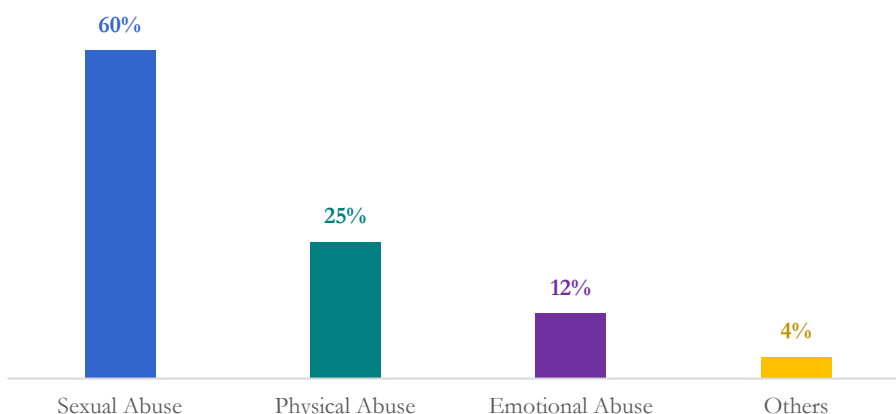
85. Between 2014 and 2021, 28 cases of violence against children with disabilities were reported to the MPS. Majority of the VAC cases reported were committed against girls.¹⁰⁰
86. Prevalence for sexual abuse was high at 60 percent, with a concerning majority of the victims being girls with disabilities.¹⁰¹

Cases of Violence against Children reported to Maldives Police Service
between 2014 and 2021



87. Majority of the cases of violence against persons with disabilities reported to MPS were cases of sexual abuse followed by physical abuse and emotional abuse.¹⁰²

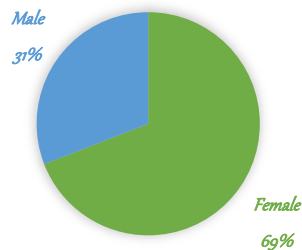
Violence against persons with disabilities - percentage of cases reported to Maldives Police Service
between 2014 and 2021



88. Other forms of violence that persons with disabilities are subjected to included NCP, forced prostitution, cybercrimes, scams, drug trafficking and domestic violence.¹⁰³

89. FPA reported a total of 71 cases of DV against persons with disabilities between 2014 and 2022. Types of domestic violence committed against persons with disabilities included physical, sexual, verbal and psychological abuse.¹⁰⁴

Cases of domestic violence against persons with disabilities from 2014 - June 2022 ~
Family Protection Authority



90. Women with disabilities are more vulnerable to incidents of violence and exploitation with high prevalence for sexual abuse.¹⁰⁵ Anecdotal evidence suggests that women with disabilities, particularly women with intellectual impairment were vulnerable to forced sterilization, and caregivers may have used it as a last resort to avoid pregnancy.¹⁰⁶
91. Spiritual healing methods such as *Rugyah* were used as a pretext to commit abuse, particularly sexual abuse against persons and children with disability, and often such cases go unreported.¹⁰⁷
92. Elderly persons with disabilities were among those who were financially exploited for their pension.¹⁰⁸
93. There are persons with disabilities who are at risk of increased poverty and social exclusion as they are neglected by their families and the state.¹⁰⁹ Moreover, they did not have access to adequate psycho-social support.¹¹⁰
94. There is lack of coordination between enforcement agencies when investigating cases of violence leading to delays in the investigation process.¹¹¹
95. Reasonable accommodations are not in place in enforcement agencies to investigate cases of violence against persons with disabilities.¹¹²
96. Challenges for law enforcement agencies in the investigation process included lack of trained staff, insufficient budget and necessary resources. In particular, MPS reported lack of female investigation officers in the atolls as a challenge to investigating cases concerning women and children.¹¹³
97. The shelters that were established under the Domestic Violence Protection Act (3/2012) are not functional.¹¹⁴
98. MPS and NGOs noted that there was hesitancy to report violence against persons with disabilities, particularly sexual violence. Reasons cited include lack of trust in law enforcement agencies and the justice system; fear that confidentiality might not be maintained, belief that enforcement agencies will be negligent in their investigation, the system being inadequate to attend to and investigate cases involving persons with disabilities, and fear that no one will believe them.¹¹⁵

99. Reporting incidences of violence was challenging for persons with disabilities for various reasons such as lack of awareness on the reporting process and reasonable accommodations to lodge complaints. Additionally, fear of reporting due to perpetrator being a family member or an upstanding member of the community, fear of having to return to perpetrator, and fear of being stigmatised were challenges to reporting.¹¹⁶
100. Harassment and bullying of persons with disabilities still persist in communities. It is concerning that some key stakeholders regard such incidents as minor issues.¹¹⁷
101. Although all schools are required to follow the anti-bullying policy formulated by MoE, children, including children with disabilities were subjected to bullying.¹¹⁸
102. While the CPP outlines a referral mechanism for schools following identification of VAC, the mechanism followed by schools differ. That is, according to the CPP, such cases are to be informed to MPS or MoGFSS depending on the severity of the case. However, even though MoE has stated that schools are instructed to follow the CPP, it was identified in meetings with some schools that they received instructions to forward cases of VAC directly to the MoE. Additionally, it was also revealed that following referral to MoE, response time was slow.¹¹⁹
103. There were concerning incidents of VAC by teachers reported by the media.¹²⁰

Recommendation

- **Strengthen institutional coordination to ensure better, effective and timely provision of services to people with disabilities.**
- **Strengthen institutional capacity to investigate cases pertaining to persons with disabilities.**
- **Take action to ensure and facilitate proper functioning of the shelters that have been established under the DVPA.**
- **Adopt measures to make the complaints mechanism accessible to persons with disabilities and disseminate information on the mechanism.**
- **Fully enforce the Anti-bullying Policy and the Child Protection Policy.**
- **Take measures to eliminate violence against children, including children with disabilities in schools.**
- **Adopt measures to eliminate violence against persons with disabilities and ensure that victims of violence receive essential psycho-social support.**
- **Criminalize non-consensual pornography and all cybercrimes, and adopt measures to ensure that victims of such crimes are not revictimized.**
- **Conduct research to determine prevalence of sterilization of women with disability and elderly people who are financially exploited for their pension.**
- **Adopt measures to ensure protection of persons with disabilities who are neglected, at risk of poverty & social inclusion.**
- **Adopt measures to eliminate exploitation of persons with disabilities using any pretext.**

Article 19 - Living Independently and Being Included in the Community

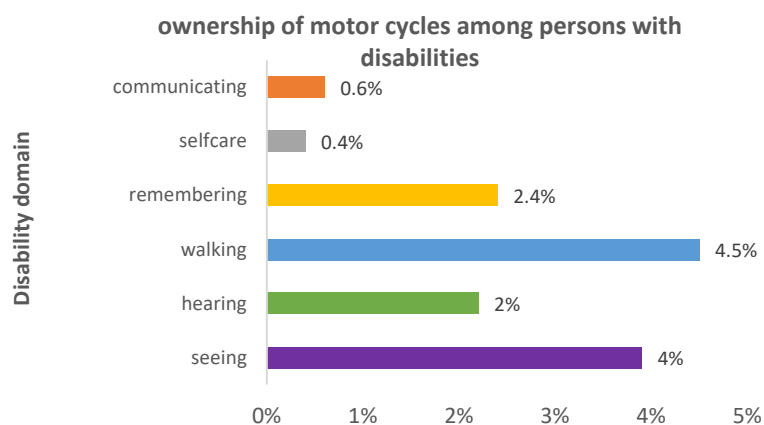
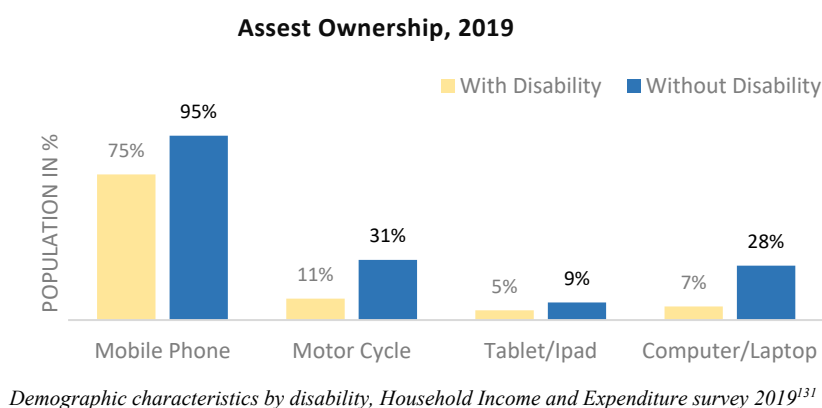
104. It is challenging for persons with disabilities to choose their place of residence independent of their families. While a quota is allocated for persons with disabilities in social housing schemes, points are allocated to caretakers rather than persons with disabilities. There are no provisions in place to establish assisted living facilities or access support services for independent living.¹²¹
105. There was limited effort to encourage persons with disabilities to take part in society by actively involving them in community programs, events, gatherings or activities.¹²²
106. While persons with disabilities registered at NSPA receive a monthly allowance of MVR 2000, this amount is not sufficient to take care of their basic needs.¹²³ In recent years, Families of people with disabilities have been calling for an increase in the disability allowance since the amount is insufficient to meet their basic needs when adjusted to inflations and rise in cost of living.¹²⁴ As of 2023, the government has increased the minimum allowance for persons with disabilities to MVR 3,000. Additional financial incentives are also introduced based on types and severity of disability and for those with disabilities who live in more difficult economic circumstances.¹²⁵
107. Full accessibility to government offices, shops and other buildings remains a challenge.¹²⁶

Recommendation

- **Establish assisted living facilities or support services for persons with disabilities and elderly people.**

Article 20 – Mobility

108. The caretakers of persons with disabilities living in the outer islands lack adequate awareness of the financial assistance provided by NSPA for assistive devices and information on diagnostic assessments for applying for disability allowance. Only one-quarter of persons of disabilities were registered for disability benefits.¹²⁷
109. The situation is aggravated by the fact that a household having a person with disabilities experienced more multidimensional poverty than households without a person with disability.¹²⁸ Thus, some families living in outer islands depended on philanthropic in-kind contributions to obtain mobility assistive devices.¹²⁹ While, wheelchair users believe that having a vehicle increases their mobility, independent of their caregivers, ownership of motorcycles among persons with disabilities remains low.¹³⁰



Ownership of motorcycles among persons with disabilities. National Bureau of Statistics (2019)¹³²

110. Reasonable accommodation to persons with disabilities at motor vehicle registration offices, and driving test centres for lessons, tests, registration and renewal procedures remained inadequate.¹³³ Moreover, there are no disaggregated data on the number of adapted vehicles and driving permits specially issued for persons with disabilities.¹³⁴
111. Not all assistive products on the WHO Priority Assistive Product List (APL) are included in the list of assistive devices provided by the NSPA. Nevertheless, NSPA facilitates financial assistance to persons with disabilities to acquire essential assistive devices and medical equipment required.¹³⁵ The actual device or equipment to acquire is identified by the

applicant upon recommendation by a health care provider.¹³⁶ However, the shortage of local supply and availability of these devices remains an obstacle to the integration of support services to facilitate the maximum independence of persons with disabilities.¹³⁷

112. While access to rehabilitation therapies is mostly available to those living in greater Male', physical therapy is available at regional hospitals. Consequently, there are no targeted programs conducted in outer islands to enhance the mobility skills of persons with disabilities.¹³⁸

Recommendations

- **Ensure that assistive devices are easily available to persons with disabilities living in outer islands.**
- **Ensure the dissemination of information in accessible formats to persons with disabilities on available assistive devices that promote their mobility.**
- **Adopt the WHO priority Assistive Product List (APL) to ensure access to mobility and assistive technologies of individual choice.**
- **Ensure disaggregated data is compiled on adapted vehicles, driving and strength and take measures to ensure that reasonable accommodations are in place for driving test centers, license registration and renewal procedures.**
- **Ensure access and availability of rehabilitation programs for persons with disabilities, especially those residing in outer islands.**

Article 21 – Freedom Expression and Access to Information

113. Although persons with disabilities are granted the same rights, including freedom of expression, by the Constitution and laws as anyone else, they are unwilling to express themselves in the same manner because they feel that their views on matters will not be recognized or accepted. While island councils conduct public consultations on pressing issues, councils actively do not seek to bring persons with disabilities to such community gatherings to have their say. ¹³⁹
114. Persons with disabilities have significant difficulties in accessing information. There is no official way for persons with hearing disability to communicate with state agencies, and public officials have difficulty recognizing their dialects due to their lack of literacy and sign language. ¹⁴⁰
115. In the cases of persons with hearing disability, an interpreter is commissioned through public announcement and although an allowance is offered to such interpreters, it is difficult to get interpreters. ¹⁴¹
116. Persons with visual impairments face difficulty in accessing information as access to ‘voice-activated’ technology is not available for accessing information and services. No government agency has established such technology to facilitate screen reading in the Dhivehi language for persons with visual impairments. An NGO, Blind and Visually Impaired Society of Maldives has developed a software called “Thaana Mallow” that allows persons with disabilities to listen to online materials. ¹⁴²
117. Launching of Thaana Braille (Maldivian Scripture)¹⁴³ is a significant step towards realising persons with disabilities right to access of information and their freedom of expression. However, development of material in Thaana braille remains a challenge as only a hand full of people are equipped to create scripture in braille format. Additionally, adequate efforts have not been done to train persons with disability in braille proficiency. ¹⁴⁴
118. Adequate efforts have not been made to include persons with disabilities living in outer islands in the elections of the Disability Council. Effort has not been made to raise awareness among persons with disabilities about the election and no information has been provided about the candidates contesting the election. ¹⁴⁵

Recommendations

- **Develop voice-activated and screen-reading technology for those with visual disabilities to access online Dhivehi content in order to enhance their accessibility to information.**
- **To enhance participation of persons with disabilities in disability council’s election, prior to voting, raise awareness among persons with disability on the mandate and functions of Disability Council.**

Article 22 – Respect for Privacy

119. Confidentiality is generally maintained in government institutions. Private consultations are accommodated when persons with disability express a desire to do so. The courts maintain confidentiality in cases related to persons with disabilities and facilitate the submission of cases anonymously.¹⁴⁶
120. Police in the outer islands are unable to maintain the confidentiality of investigations in small communities. Private information about cases is often known to the public and is a barrier for persons with disabilities to access justice in instances of abuse.¹⁴⁷
121. Parents tend to overprotect women with disabilities because they believe it is in their best interest to keep them from harm and abuse. Such beliefs are found in families because instances of violence against persons with disabilities are prevalent in society.¹⁴⁸

Recommendations

- **Maintain confidentiality of information obtained in cases submitted to police involving persons with disabilities.**

Article 23 - Respect for home and the family

122. While there are no legislative restrictions for persons with disabilities entering into marriage, there are no policies, regulations or guidelines specifying appropriate measures, such as availability of sign language interpreters, to make the process accessible to persons with disabilities.
123. Provisions were not made to make SRH information and SRH service centres accessible to persons with disabilities.¹⁴⁹
124. It was observed from home visits with persons with disabilities and community FGD that women with disabilities did not always have the choice to make their own informed decisions in forming a family. While not common, local NGOs reported that marriages were arranged for women with disabilities by family to ease their burden.¹⁵⁰
125. There were incidents where men with disabilities were paid to enter into temporary marriage with women who have been irrevocably divorced.^{1,151}

Recommendation

- **Adopt measures to ensure that SRH information and service centres are accessible to persons with disabilities.**

¹ Islam has two types of divorce; revocable and irrevocable divorces. In revocable divorce, the divorce can be revoked by the husband within three months. In irrevocable divorces, the divorce becomes absolute and the spouses can remarry only after the woman marries another man and consummates the marriage. It was observed that men with disabilities who were also experiencing financial difficulties were paid a small amount of money to enter into such a marriage and divorce the wife thereafter. In addition to being vulnerable because of their disability, it was observed that men with disabilities exploited in this manner were living in poverty with no employment prospects and in great need of money.

Article 24 – Education

126. Despite an increase in the number of schools providing education for children with disabilities, the inadequacy of specialized teachers and inclusive coaches impacts equitable access to quality education for children with SEN.¹⁵² For instance, in the past, some children with hearing disabilities in the outer islands did not have access to education and remained excluded from the education system as schools lacked proficient sign language teachers.¹⁵³ Similarly, the provision of education to the blind using braille, alternative scripts, and screen readers was unavailable.¹⁵⁴ Maldives’ first-ever screen-reading software (Shaamil Adu) launched in March 2022 is a significant landmark for the country’s education system.¹⁵⁵

2021 – promotion of linguistic identity in schools					
Atoll/islands	No. of SEN teachers	No. of trained SEN teachers	No of specialist schools for hearing disabilities	No. of trained teachers in sign language	No. of trained teachers in the use of screen readers
All the schools	368	291	1 - (There is no restrictions in school enrolment)	64	24

Information on promotion of linguistic identity in schools, MoE¹⁵⁶

127. Resource constraints remained as one of the core challenges in providing effective specialized education for children with most types of disabilities, especially for those living in outer islands. Consequently, the rate of primary and secondary completion among persons with disability was low compared to persons without disability.¹⁵⁷
128. While measures were taken to adapt school infrastructure and materials, mobilities and access to facilities such as laboratories and libraries, and assistive technologies for children with disabilities remained inadequate.¹⁵⁸
129. There has been increased access to financial assistance for therapeutic services for persons with disabilities.¹⁵⁹ Nevertheless, early identification and diagnosis of children with disabilities remained underdeveloped and the situation was exacerbated by the absence of special multidisciplinary therapeutic services in outer islands.¹⁶⁰ Planning interventions and implementing IEP for children with SEN remained challenging for teachers as they were the only source of assistance, especially in outer islands.¹⁶¹
130. SEN unit is upgraded to DIE under MoE. SEN program prepares children for entry into regular classes.¹⁶² One of the main challenges faced by teachers in implementing IEP is the lack of specialized training to handle specific interventions for students.¹⁶³
131. While a greater proportion of students following an IEP are in the mainstream and learning disabilities are identified as the highest proportion under children with complex profiles.¹⁶⁴ Difficulties faced by the teachers in educating children with SEN in mainstream classes (children with mixed SEN, and children with severe SEN particularly with sensory issues) include limited skills, lack of para-teachers, and assistive technology to provide the additional support required.¹⁶⁵

132. Records of students with IEP are maintained at the school level in MEMIS, but the mechanism in place to monitor the progress of IEP of every child also remains inadequate.¹⁶⁶
133. Children with disabilities remain vulnerable to bullying.¹⁶⁷ One of the risk factors that contribute to OOSC is a lack of motivation to learn which can stem from a disability in a child that might not be adequately supported.¹⁶⁸
134. Limited opportunities to access Higher Education and Vocational Training compounded by a lack of planned transitions from school to TVET or HEI remained a painful reality for persons with disabilities.¹⁶⁹ Lack of universal accessibility in buildings and unavailability of assistive devices remained a challenge in providing TVET for persons with disabilities. One of the few options available for persons with visual disabilities from the HEI is Quranic studies and Imaam courses. While the decision to introduce a special category for persons with disabilities in HE loans schemes is affirmative, the utilization rate remained low.¹⁷⁰

Participation in Vocation and Educational Training			
Year	Name of the course	Number of Persons with visual impairment	Number of Persons with hearing impairment
2019	Certificate III in Automotive Repair & Maintenance		5
2021	Basic Spoken English	12	

Participation of persons with disabilities in Vocational and Education Training. MoHE¹⁷¹

Recommendations

- **Conduct specialized training to ensure equitable access to education for children with Special Education Needs.**
- **Ensure all children with special education needs have access to assistive technologies.**
- **Increase annual budget allocations to provide effective specialized education for children with all types of disabilities.**
- **Develop a roadmap to adapt the infrastructure of all schools to realize universally accepted standards for children with disabilities.**
- **Establish a mechanism in collaboration with island-based health facilities to ensure functional assessments and therapeutic services are available to children with special education needs.**
- **Increase the number of para-teachers and the support needed by SEN and mainstream teachers to expedite the delivery of education to children with complex profiles.**
- **Ensure adequate resources are allocated to the Department of Inclusive Education to monitor the Inclusive Education Plan of every child.**

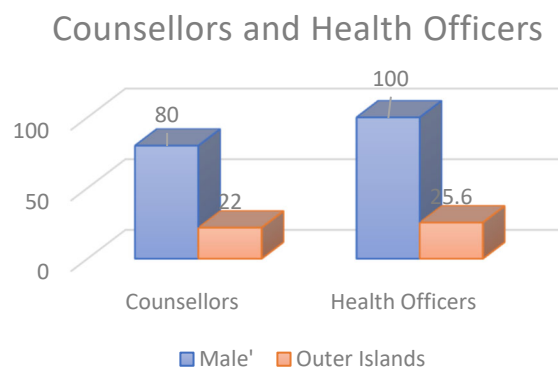
- **Allocate quotas as a temporary special measure to increase access to higher education for persons with disabilities and ensure reasonable accommodation is provided for all.**

Article 25 – Health

135. It can be challenging for those with hearing and vision impairments to find healthcare on their own. Hence, medical information regarding the person with disability is shared with the bystander. Healthcare facilities lack the necessary communication equipment. Hospitals and health centres do not have sign language interpreters on staff. Thus, at times it is difficult for family members or friends who act as interpreters to comprehend complex medical and technical terminology. ¹⁷²
136. Health care facilities in the outer islands are not equipped to provide medical treatment for a variety of disability-related health conditions. While island health centres provide basic medical services, including access to general doctors, regional hospitals provide varying degrees of specialized medical services. ¹⁷³
137. In therapeutic services, only physiotherapy services are available at atoll hospitals (located on the administrative capital island). Therapeutic services such as psychotherapy, speech therapy, occupational therapy, etc. are mostly not available in the outer islands. ¹⁷⁴
138. To obtain specialist medical services, persons with disability living in outer islands are forced to travel to regional hospitals or the referral hospital in the capital city, Male'. Such travel is costly, since patients will have pay for transport, board and lodging. ¹⁷⁵
139. Access to healthcare services is mainly not prioritized for persons with disabilities. The main referral hospital, IGMH, does not give persons with disabilities preference when it comes to getting specialists medical care. They too are required to be added to the waitlist in the same manner. ¹⁷⁶
140. Getting an appointment for certain specialist doctors takes a while, and getting an appointment at the central referral hospital, IGMH, even longer. Persons with disabilities must wait weeks or even months for an appointment after waiting for a listing to visit a specialist. ¹⁷⁷
141. Residents living in outer islands face additional challenges in accessing mental health services. Psychiatric doctors are not available in island health centres or atoll hospitals. At IGMH, it takes several months to see a psychiatric specialist, ¹⁷⁸ which causes patients to run out of medicine and exacerbate their existing condition. ¹⁷⁹
142. Basic medical treatment and medicines are available in all outer islands (Health Centres) and are covered under the state medical insurance scheme, Aasandha. However, additional specialist treatment is not available in the outer islands. Likewise, they face additional challenges in obtaining medications timely. ¹⁸⁰
143. Medicines that are not available in outer islands are brought from pharmacies in the region or from Male' City through STO pharmacy. Due to the delays in receiving medicines, persons with disability often tend to acquire these medicines through relatives or friends living in Male' City. ¹⁸¹
144. Although Telemedicine has been established in outer islands to a certain extent, it is not widely in use. ¹⁸²
145. Although, travel within outer islands is affordable with atoll boat ferry. Boat ferries move slowly and on days when the sea is rough, getting on and off the ferry can be challenging for persons with physical disability. Since, these ferries are available on specific days of the week

in cases of medical emergency persons with disability are required to hire a speed launch, which often is expensive. In order to address this, government has launched the Integrated National Public Ferry Network. First phase of this project has been completed by linking the northmost islands with highspeed ferries. This ferry service is run by Raajje Transport Link (RTL).¹⁸³

146. Persons with disabilities must take into account a number of factors and make the necessary preparations before traveling to Male' city for medical treatment. This includes finding accommodation on the ground floor or with an elevator, for persons with physical disability, as well as the price of accommodation, the availability of taxi services etc.¹⁸⁴
147. Health centres in the outer islands conduct home visits to bedridden people on a routine basis to conduct general health check-ups. However, such programs are not offered exclusively to persons with disability. Hence, persons with disability who are not bedridden are not taken into account in these programs.¹⁸⁵
148. Although a counsellor and a health officer are required in every school, this is not the case in outer islands. Only 22% of the schools in the outer islands have counsellors on staff, compared to 80% of the schools in the Male region. Additionally, while 100% of the schools in Male' district have health officers on staff; just 25.6% of schools in the outer islands do. The lack of qualified health professionals in outer islands and the low pay that these professionals receive in the public sector are the causes of this disparity.¹⁸⁶



Recommendations

- **Improve medical services offered at tertiary hospitals in outer islands to address the range of disability related illnesses. Including, therapeutic services and rehabilitation care.**
- **To enable specialized medical care in remote islands, implement the telemedicine services already established in atoll hospitals.**
- **Implement a policy to give persons with disabilities priority access to specialist medical doctor consultations in all health facilities.**
- **Mandate health facilities to routinely conduct home visits and provide health check-ups to persons with disabilities living in the community.**

- **Provide an attractive salary to school health officers and council members working in the outer islands.**

Article 26 – Habilitation and Rehabilitation

149. Persons with disability who live in outer islands were unable to take part in rehabilitation programs while still living in their community. There are no existing plans to enable persons with disability get the assistance they require from others (peer support) or to motivate them to get involved in community issues.¹⁸⁷
150. Persons with disability said they felt left out of social activities. The fact that state institutions have not done enough to include persons with disabilities in society is one of the main reasons for this sentiment.

Recommendations

- **Conduct peer support programs to encourage persons with disability to participate in community events and provide reasonable accommodation in community activities.**
- **Develop therapeutic service centre in atoll hospitals, including as psychotherapy, speech therapy, occupational therapy, etc.**

Article 27 – Work and Employment

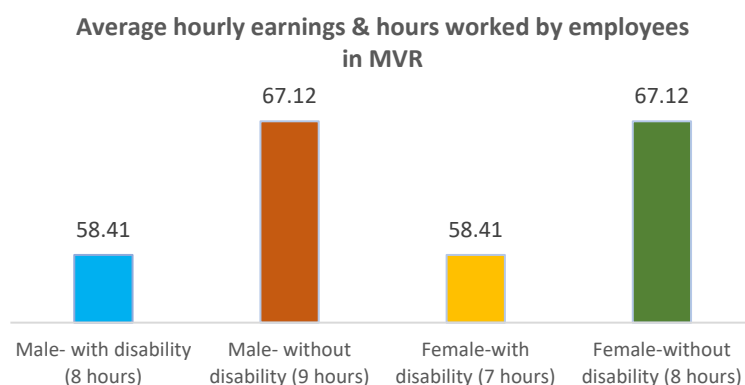
151. In comparison to the general population, the Labour Force Participation Rate of persons with disabilities was twice as low (The LFPR for the general population is 60.2% and for persons with disabilities is 31.0%).¹⁸⁸ Moreover, persons with cognitive impairments were more likely to experience deprivation in a variety of areas, including employment.¹⁸⁹ The unemployment rate of persons with disabilities remained higher than the general population (The Unemployment of general population is 5.3%, and persons with disabilities 7.1%).¹⁹⁰
152. Persons with disabilities largely work in the informal sector especially most women with disabilities work as own-account workers.¹⁹¹ Four in five women with disabilities work in informal jobs.¹⁹²
153. There is very little scope for persons with disabilities to enjoy equal access to employment or income-generating opportunities on an equal basis with others.¹⁹³ While there were extremely limited vocational programs conducted specifically for persons with disabilities, no self-employment and entrepreneurship programs were initiated. Consequently, challenges in accessing skill development opportunities prevent them from entering the job market.¹⁹⁴
154. Online job centre portal established by MoED was designed to consolidate job listings where employers indicate whether persons with disabilities are fit to work.¹⁹⁵ However, lack of job opportunities for persons with disabilities appears as an apparent gap identified against their financial independence.¹⁹⁶

Persons with Disabilities registered in the Job Center				
Year	Type of disability	Number of Males	Number of Females	Area of employment
2022	Autism	Male (01)		Water Sports, Diving
2022	-	Male (01)		Fishing, Guesthouses, Security, Libraries, Crop cultivation, Residential care services, sports activities
2022	person with physical disability	Male (01)		-
2022	person with physical disability		Female (01)	Activities of Head office, Insurance & Reinsurance and pension funding, banking & Financial activities, Legal & accounting activities
2022	person with physical disability		Female (01)	-
2022	person with physical disability	Male (01)		Computer programming, Insurance & reinsurance and pension funding, Activities to auxiliary to financial service, Banking & Financial service activities
2021	-	Male (02)		-

2021	Person with hearing Impairment		Female (01)	Hospitals, Creative arts, Public & private schools, Residential care services, social work activities, Office administrative, libraries, Legal & accounting activities, Secondary education, Tuition activities
2021	Person with hearing Impairment		Female (01)	Computer Training Institutions, Computer programming, Public & Private schools, Office administrative, Air Transport services, information service activities, Banking & Financial service activities, Legal & Accounting activities, University & Colleges, Publishing activities
2020	-	Male (01)		-

Registered persons with disabilities in the job centre. MoED¹⁹⁷

155. The government allocated jobs to persons with disabilities in 2016, resulting in state-owned companies employing at least a small number of persons with disabilities.¹⁹⁸ However, limited efforts were undertaken to build their capacity and to provide reasonable accommodation to make workplaces inclusive, which led to low job retention in some of the institutions.¹⁹⁹ Recently, CSC implemented a substitute imam recruitment policy that targeted recruitment opportunities for persons with disabilities.²⁰⁰
156. Workplace harassment is a distressful reality for several employed persons with disabilities.²⁰¹ While some of them experienced workplace discrimination, most lacked information on wage discrimination, job specifications, promotions, complaint mechanisms, and harassment protection measures.²⁰²
157. While legislative standards ensure freedom from discrimination, the gaps between legislation and implementation remain wide. Persons with disabilities received reduced hourly earnings as employees compared to persons without disabilities.²⁰³



Average hourly earnings and hours worked by employees. NBS²⁰⁴

Recommendations

- **Adopt a national plan to ensure that persons with disabilities have access to vocational training and conduct targeted programs specifically to increase the skills of persons with disabilities entering the job market.**
- **Adopt national accessibility standards as a measure to ensure reasonable accommodation to make workplaces inclusive.**
- **Adoption of a national disability-specific plan to ensure that persons with disabilities are employed in all areas of work.**
- **Ensure that there is a zero-tolerance policy for harassment of persons with disabilities at the workplace**

Article 28 – Adequate Standard of Living and Social Protection

Although persons with disabilities have access to enough food, clothing, shelter, clean water and sanitation persons with disability are unable to meet these needs on their own and must rely on family members, friends, private donors, as well as financial assistance provided by the government, to make ends meet. Accessibility to public toilets is yet deemed as challenging for persons with disability.²⁰⁵

158. The regulation on identifying and categorising persons with disability aims to set forth guidelines for creating a national registry of persons with disabilities, and aids in the provision of social assistance to persons with disabilities who need it.²⁰⁶
159. Article 28 of CRPD states, to ensure equal access by persons with disabilities to retirement benefits and other programs. Additional benefits or social insurance is not provided for persons with disability who are willing and unable to find work. Similarly, caretakers express concern that they are unable to be employed as their time is demanded by taking care of a persons with disabilities.²⁰⁷
160. No additional benefits or social insurance is provided for persons with disability who are willing and unable to find work. Similarly, caretakers express concern that they are unable to be employed as their time is demanded by taking care of a persons with disabilities.²⁰⁸
161. Evidence indicates that poverty can prevent people from obtaining social assistance, particularly when it requires complex assessments. Caretaker of an intellectual and physical disability expressed that because they had to travel to find the specialists needed for the medical assessment, they were unable to gather the required medical documents to support their application.²⁰⁹
162. The geographical dispersion of the islands created barriers accessing social protection in Maldives.²¹⁰ In outer islands, the process of application is harder as certain documents are required to be submitted for further validation. Additionally, due to the difficulty in finding appointments for specialists in the outer islands, persons with disabilities are required to travel to Male' City in order to complete all the necessary paperwork. Nearly 60% of people based outside greater Malé area reportedly travelled to Malé City for the medical assessment.²¹¹
163. Lack of awareness (36.2%) and ambiguity regarding eligibility (46.6%) were most often cited obstacles to obtaining the Disability Allowance. Other reasons for not applying includes difficulty in application procedure (9.7%) and a perception that the benefits were ineffective (1.1%). 4.7% had requested for allowance but were either awaiting an answer or had been turned down.²¹²
164. The MVR 2,000 allowance provided to persons with disability under NSPA is insufficient to cover their basic living expenses. It is anticipated that the new policy will increase allowance for those with severe disabilities and be applied selectively.²¹³
165. Stigma limits barrier to participation in the program. In particular, if public do not perceive them to have a disability, people who want to apply for the Disability Allowance

expressed fear over criticism from the community, particularly if others do not perceive them to have a disability.²¹⁴

166. Majority of persons with disability and parents of persons with disability who took part in focus group discussions agree that, rejected requests for medical care from abroad submitted in accordance with conventional process have been granted approval when submitted by politicians or influential individuals. In a similar manner, services provided by NSPA's are arranged rapidly when taken the alternative route.²¹⁵
167. Disability identification card was initially issued by MOGFSS. NSPA started issuing the card on behalf of MoGFSS, to streamline the process and make it easier for persons with disability to access disability identification card. Nevertheless, few of the NSPA-registered disabled individuals own a disability identification card; majority were not aware such a card. In prior registrations, in addition to registration, anyone who wanted a disability identification card had to apply for one individually in addition to registering. Nevertheless, a disability card is now issued along with NSPA registration. As a result, persons with disabilities whom has already been on the list remain unaware of this card and its application process.²¹⁶
168. Few councils in the outer islands have put employment programs for persons with disabilities and family member of persons with disability. In employing to these positions, priority was given to persons with disabilities or family members of persons with disabilities.²¹⁷
169. The "Hiya social housing project" has provided apartments to persons with disabilities living on outer islands, however since these apartments were handed over without the completion of its finishing, persons with disabilities from lower-income families were unable to move in to these flats.²¹⁸
170. A specific special measure (affirmative action) does not exist to ensure housing for persons with disabilities. Likewise, housing policy and its point system vary from one housing scheme to another. Guidelines for housing schemes in outer islands are formulated by island councils in consultation with the ministry of national planning, housing, and infrastructure.²¹⁹
171. Obtaining housing through housing programs in the outer islands can be challenging for those with disabilities. As more points are given for marriage and the number of children, there is less housing available for those with disabilities. As a result, persons with disabilities who are single are at a disadvantage because their disability often prevents them from getting married and starting a family.²²⁰
172. No special measures (affirmative action) exist to ensure housing for persons with disabilities. Likewise, housing policy and its point system vary from one housing scheme to another. Guidelines for housing schemes in outer islands are formulated by island councils in consultation with the ministry of national planning, housing, and infrastructure.²²¹

Recommendations

- **Increase monthly social assistance provided to persons with disabilities in accordance with consumer price index and selectively increase benefits depending on severity.**
- **Establish a comprehensive national database on persons with disabilities that includes a classification of disabilities.**
- **Appoint an NSPA focal point in each island council to ensure easy registration at the NSPA.**

- **Establish a framework for social housing on a national scale and include affirmative action to help persons with disabilities access affordable housing.**

Article 29 - Participation in political and public life

173. In 2019, for the first time, persons with disabilities were represented on the National Advisory Committee on Parliamentary Elections. Moreover, 20 persons with disabilities were among the election officials.²²²
174. Electoral laws are designed to address the needs of persons with physical disabilities with no provisions in place for persons with mental impairment.²²³
175. According to Election Commission of Maldives, discussions are underway to introduce voting aids for persons with visual impairment.²²⁴
176. Participation by persons with disabilities in political and public life in the past 10 years was negligent.²²⁵ While there are no legislative restrictions for persons with disabilities to take part in political and public life, there are no provisions within the legal framework to encourage or increase participation of persons with disabilities.²²⁶

Recommendation

- **Amend electoral laws to address the needs of all persons with disabilities.**
- **Adopt measures to encourage and ensure participation of persons with disabilities in political and public life.**

Article 30- Participation in Cultural Life, Recreation, Leisure, and Sport

177. Dhivehi braille was introduced in 2015.²²⁷ However, braille literacy is low.

Year	Program / type of activity for persons with visual impairment
2018	Literacy program for the visually impaired (Thaana Braille) organized by Dhivehibahuge Academy (DBA) ²²⁸
2019	a program was introduced to teach Quran in Braille ²²⁹

programs are conducted to enhance culture and creativity of persons with disability, MoACH²³⁰

178. Access to cultural material, literature, and the arts is considerably low for persons with disabilities.²³¹ Similarly, access to library services with books in accessible formats and availability of audio descriptions of programs and descriptive video services remain limited.²³² Moreover, there is a lack of awareness of the availability of limited materials available.²³³ The National Library has the following materials in accessible formats.²³⁴

- 4 audiobooks
- 11 large print books
- 2 Thaana Braille books available in the DBA's library

179. Thaana Mallow application (Dhivehi screen reader) has helped persons with visual disabilities to access digitized information in Dhivehi.²³⁵

180. The country has been advancing in participation in international parasports. Maldives has gained full membership of IPC in 2019 and given special emphasis to establishing para-athletics, para table tennis, blind football, para football, para-badminton, and para-swimming²³⁶. Limited specialized instructors remain a challenge faced in furthering their talent. Women in para sports do not enjoy equal opportunities in accessing special sports.²³⁷

181. Major impediments facilitating paralympic mobility across the country are the lack of financial resources, parasports equipment, trained coaches, and officials in specific parasports.²³⁸ Accessible transportation and accommodation costs continue to be obstacles for persons with disabilities participation in parasports, although facilities and skilled personnel are only available in the capital.²³⁹

Type of Sport	Registered para-athletes in Maldives Paralympic Committee	
	Male	Female
Athletics	6	2
Badminton	3	4
Swimming	1	0

Number of persons with disabilities participating in sporting events, MoYSCE²⁴⁰

Recommendations

- **Take measures to increase braille literacy to promote active reading experiences for persons with visual impairments.**

- **Ensure cultural and linguistic identities of all persons with disabilities by ensuring access to cultural materials and literature for persons with disabilities.**
- **Address the obstacles to increasing the participation of persons with disabilities in parasports by increasing resources to ensure the availability of parasports equipment and trained coaches.**

Article 31- Statistics and data collection

182. Availability of disaggregated data on disabilities remains limited.²⁴¹ Moreover, lack of reports in accessible formats for persons with disabilities remains as an issue of concern. Even within the existing data, there is a significant data gap of the disaggregated disabilities' data. Moreover, data gaps exist for SDG indicators 4.5.1, 4.a.1,10.2.1,11.2.1,11.7.1,11.7.2,16.7.1.²⁴²
183. In 2012, HRCM carried out a National Inquiry on Access to Education. The inquiry looked into the legislations, policies and practices related to children with disabilities.

Recommendations

- **Ensure that Sustainable Development Indicators are produced at the national level with disaggregation, taking persons with disability into account.**
- **Disseminate census and research on persons with disabilities in accessible formats to persons with disabilities and in collaboration with civil society organisations working to protect and promote the rights of persons with disabilities.**

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