HUMAN RIGHTS COMMISSION OF THE MALDIVES

ACTIVITIES ADDRESSING RIGHTS OF PERSONS WITH DISABILITIES

A BASELINE ASSESSMENT

APRIL 2010

UNDP

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بسم الله الرحمن الرحيم

FOREWORD

Our deepest gratitude is to Allah Almighty for having bestowed upon us human beings the right to live in peace, prosperity and tranquility.Our blessings and prayers are upon Prophet Muhammad (PBUH) who decreed and facilitated the fair and equitable distribution of these rights.

Persons with disabilities continue to face barriers to their full participation in society throughout the world and are often forced to live on the margins of the societies. Negative societal attitudes towards persons with disabilities remain a fundamental challenge to their full enjoyment of their basic human rights. As persons with disabilities are also an important part of our society it is vital to integrate persons with disabilities into all development activities. They should be able to enjoy and exercise the same rights and freedoms granted by the constitution like others without any discrimination.

I am pleased and honored to present the Baseline Assessment of activities addressing rights of persons with disabilities. I hope that the report would act as a valuable tool for advocacy and important in informing policy decisions and developing new strategies to alleviate the economic, social & environmental barriers the persons with disabilities have and to make persons with disabilities more inclusive in our society.

I would like to sincerely thank the UNDP for assisting us financially for the assessment and I would also like to express my sincere gratitude to CDE Consulting for producing the report which gives substantial insight into the gaps and challenges in the services provided to persons with disabilities.

Ahmed Saleem
President
Human Rights Commission of the Maldives

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EXECUTIVE SUMMARY

1. This report presents an evaluation of the activities targeted at persons with disabilities, conducted during 2009. The evaluation was commissioned by the Human Rights Commission of the Maldives (HRCM), as part of the commitments specified in their mandate. Several services targeted at persons with disabilities have now been in place for several years, it is timely to review not only the effectiveness with which it has achieved its aims, but also to identify opportunities for improvement.

2. The first ever disability screening in the Maldives in 1981showed that 0.9 percent of the population (1,390 persons) was comprised of persons with disabilities (President's Office 2006). According to the 2000 Population and Housing Census there were 4,728 persons with disabilities in the Maldives, constituting 1.75 percent of the total population (Velezine 2001). In the nationwide Survey of People with Disabilities undertaken in 2002 a total of 9,216 persons with disabilities were identified, comprising about 3.4 percent of the total population (MGFDSS 2002). The most recent disability prevalence rates show that about 4.7 percent of the population (14,100 persons) have permanent disabilities (HI 2009).

3. The number of men with disabilities is slightly higher than that of women. The 2002 survey showed disability among males (4,902) is slightly higher than females (4,314) (MGFDSS 2002). Census 2000 data also confirmed that disability is more common among males with 1.90 percent of the male population identified as experiencing disabilities whilst of the female population, 1.59 percent identified as having disabilities (Velezine 2001).

4. There is no conclusive data on different types of disabilities in the Maldives. In the 2002 survey, 3,062 persons reported having visual disability, while 2,640 persons reported speech disability and 2,560 persons reported mental health disability (MGFDSS 2002). However, the most common form of disability identified in the Census 2000 for both sexes is mental illness (Velezine 2001).

5. The Maldives signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on 02 October 2007 (UnitedNations 2009). On 06 January 2010, the President's Office submitted the relevant ratification instrument to Parliament. The Parliament approved ratification of CRPD on 03 March 2010. The Maldives lodged its instrument of ratification of the CRPD on 05 April 2010 and became the 85th United Nations Member State to formally accept the obligations contained in the Convention. The CRPD entered into force on 03 May 2008, after the Convention received the 20th ratification.

6. The Maldives is a member of the 2002 Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (BMF). The Maldives also has international commitments under the Standard Rules on the Equalization of Opportunities for Persons with Disabilities adopted by the United Nations General Assembly in 1993.

7. The Constitution of the Maldives protects the rights of persons with disabilities. Persons with disabilities have the same set of rights, obligations and opportunities that other Maldivians have. According to Article 17 of the Constitution of the Maldives, everyone including those with mental or physical disability is entitled to the rights and freedoms included in the Constitution without discrimination of any kind (Hussain 2008). Article 35 (b) of the Constitution states that elderly and disadvantaged persons are entitled to protection and special assistance from the family, the community and the State.

8. The Government submitted to Parliament a bill on 20 July 2009 to operationalize protection and special assistance to persons with disabilities specified in Article 35 (b) of the Constitution. The bill on "Protecting the Rights of People with Special Needs and Providing Financial Assistance" was passed by the Parliament on 21 December 2009. However, the President returned the bill on 05 January 2010 for reconsideration by the Parliament. The President did not ratify the bill onto law because it was found crucial to amend the bill in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

9. In 2007, the Government developed a human rights based National Disability Policy to address the rights of persons with disabilities (MGF 2007). Persons with disabilities were consulted extensively in the formulation of the draft National Disability Policy. An Action Plan for Children with Disabilities 2008-2013 developed by the Child and Family Protection Authority was introduced in July 2008 (MGF 2008).

10. The Maldivian Democratic Party (MDP) "Aneh Dhivehi Raajje" Strategic Action Plan 2009-2013 adopted in November 2009 also has several policies and strategies that are related to the rights of persons with disabilities (President'sOffice 2009). The strategies include: developing and establishing a 'minimum social protection package'; strengthening delivery mechanisms of social assistance; establishing state care institutions including after care programs; and strengthening the legislative framework for alternative care. The education sector has included a specific policy on special education needs in the Strategic Action Plan 2009-2013. The Eighth Policy of education sector is to: "increase and expand educational opportunities for children with special needs including the gifted and talented". The health sector has given priority in the Strategic Action Plan 2009-2013 to prevent and control mental illnesses, disabilities and injuries.

11. The government focal agency for support and services for persons with disabilities is the Ministry of Health and Family. The mandate for institutional care is given to the Department of Gender and Family Protection Services (DGFPS).

12. Children with disabilities in the Maldives did not have access to education within the education system until 1985 when Jamaluddin School in Male' started enrolling hearing impaired children. The Government started setting up special education classes in 2006 with a vision to establish a minimum of one school in each atoll that enrols children with

disabilities by 2010. By the end of 2009, there were a total of 11 schools across the Maldives (three in Male' and eight in six different atolls) that provide education opportunity for children with disabilities. Screening of school age children for disabilities has been completed in 16 atolls and there are about 2,250 children identified with disabilities in the Maldives (EDC 2009). However, only 230 children with disabilities were enrolled in schools in 2009.

13. The Government provides approved essential drugs free of charge to registered psychiatric patients, and in April 2009 there were 1,150 registered psychiatric patients. A formal list of essential psychotropic medicines is available and the green prescription medicines are available from State Trading Organization PLC (STO) pharmacies for registered psychiatric patients resident in Male'. Patients residing in an island other than Male' have to visit the health facility available in the island and make a request for medication.

14. There are 173 residential care beds available at the Home for People with Special Needs in Guraidhoo. In mid 2009, the state was providing residential care for 119 psychiatric patients and 46 geriatric patients in the six different wards available. A seventh ward with 32 additional beds was constructed in 2009 and will become operational when furniture is made available. Altogether 120 persons are employed by the Home of whom 56 are engaged in direct care services.

15. A monthly allowance of Rf1500 is provided to blind persons upon certification by an ophthalmologist that the person is totally blind or legally blind. By June 2009, there were 220 persons registered as totally blind or legally blind. The assistance given to blind persons was increased from Rf500 to Rf1500 following discussions held by HRCM with concerned agencies of the Government. The financial assistance for blind people is provided monthly by the Ministry of Finance and Treasury.

16. Wheelchairs, walkers or crutches were provided to people in need of such devices until 01 January 2010. Children affected by cerebral palsy who experience difficulty sitting in normal chairs were given special seats. Spectacles were provided for children of school going age (less than 18 years), elderly people who were above 65 years of age, and for persons with disabilities. For hearing impaired persons who benefit from an assistive device, hearing aids were provided. These assistive devices were then provided by the Medical Welfare Section of the Ministry of Health and Family. Since 01 January 2010 the

policy was changed and assistive devices are now provided through the National Health Insurance scheme *Madhana*.

17. The first ever Maldivian Sign Language Dictionary was released on 28 October 2009. The dictionary contains signs for around 650 words supported with English and Dhivehi description, explaining the required hand-shapes and the movement to be used while signing a particular word.

18. Care Society has been very active since 1998 in supporting children and women with disabilities through education and rehabilitation services. The Maldives Deaf Association (MDA) has more than 58 members who are deaf and brings together previously isolated, deaf groups and individuals and conducts programmes to raise awareness on issues faced by deaf people, and provides sign language teaching and vocational training. The Association for disAbility & Development (ADD) formed in 2008 acts as a support group on disability that brings parents and caretakers together. Hand in Hand provides psycho-social support for persons with disabilities.

19. Handicap International (HI) has contributed significantly to the development of disability policy and disability related services in the Maldives. HI conducted screening for functional limitations as an ongoing survey in islands whereby student in schools and the community were screened for any type of disabilities. HI contributed immensely to the preparation of Maldivian Sign Language Dictionary. A key achievement of HI is the establishment of three national level NGOs that work in the area of disability support and services; namely MDA, ADD and Hand-in-Hand.

20. There are several good activities that are ongoing. However, real gaps in activities remain and persons with disabilities still face barriers accessing their basic necessities. Although assistive devices are available from the Government, there is limited information made available to persons with disabilities. Financial assistance is provided to blind people, but there is no income assistance to persons with other forms of disabilities. Improving outcomes for persons with disabilities is not just about getting specialised disability supports right – it is also about ensuring change at much broader levels especially in providing access to education, health care, homes, buildings, sports, communication and transport. In addition, social discrimination directed at persons with disabilities still hinders the full realisation of their human rights, and prevent full participation in society.

21. An inadequate consultation is a major barrier confronting persons with disabilities in attempting to gain access to services provided by the Government and in participating in activities targeted for them. Consultation is recognised as one of the primary strategies in human rights based development, particularly in policy formulation. Consultation must also be a core element in service delivery for persons with disabilities.

22. There is no evidence of any early detection and intervention initiatives for disabilities. Maximum development and full potential for children with disabilities are achieved when early intervention strategies are implemented in the first three years of life (FirstSigns 2001). Early intervention services includes therapy, education, health services, inclusion support in early childhood services, formal and informal family support, information and referral and the provision of information and support for transition into school systems (TheNucleusGroup 2002).

23. Parents want their children to be successful in education but access to education for children with disabilities is severely limited. Where there is access to education teaching is not conducted in inclusive classrooms. No standard curriculum is being followed for special education with the exception of Jamaluddin School. Training of special education teachers and getting teachers to respect and protect the rights of children with disabilities is a major challenge. Furthermore, there is virtually no access to or transition to secondary level education for children with disabilities. Another challenge facing young people with disabilities and their parents is the lack of planned transitions from school to work, vocational training, tertiary education or other meaningful day-time activities.

24. Human resources and facilities required to address mental health is lacking. There is no mental health authority, mental hospital or mental health clinic in the Maldives. The only out-patient facility for mental health is at Indira Gandhi Memorial Hospital in Male'. There are only two psychiatrists working in the country and both work at the outpatient facility at IGMH. There are no psychiatrists at any of the regional hospitals or in the private sector. The two psychiatrists make monthly visits to the Home for People with Special Needs in Guraidhoo. There are trained psychologists in the Maldives but none of them work directly for mental health services.

25. In March 2010, there were more than 31 persons with disabilities waiting to get a place at the Home for People with Special Needs. Paradoxically there were 31 patients at residential

care in Guraidhoo who were discharged but not taken home. Although there are entry and exit policies for residential care at the Home for People with Special Needs, it has proved extremely difficult to implement these policies.

26. For the last ten years, none of the staff at the Home for People with Special Needs were given training opportunities. The staff expressed that they were not able to provide the kind of care required by the beneficiaries simply because they do not know how to provide the care. The poor attention given in the past to staff development at the Home for People with Special Needs is evident from the meagre resources allocated for training. In the 2008 budget US$ 2,543 (Rf32,680) was allocated for the staff development of an institution with 120 staff. The total budget allocated for training was less than US$ 21 per staff per year.

27. Persons with disabilities have to find and retain employment to have an adequate income, so that they can support themselves and lead an independent life, but there are major barriers to employment. The most obvious gap in services provided to persons with disabilities in the Maldives is lack of employment services. There is no evidence of any government organised support or services to persons with disabilities in obtaining jobs. The challenges around employment include discrimination in the labour market and workplace and low expectations and assumptions about what persons with disabilities can and cannot do. Some persons with disabilities need equipment and workplace modifications for them to be effective and to work to their full capacity, or to retain a job following an accident. Accessible transport to and from work and accessible workplaces are also critical factors in ensuring people can work.

28. Access to information about available services continues to be a very significant barrier for persons with disabilities. There is a lack of accessible information for persons with disabilities on financial allowances, assistive devices and support available to them. People have a right to information in appropriate formats about the programs and services that are designed for them. It is highly likely that if people knew about the extent and coverage of essential social security services provided by the government for persons with disabilities, they will utilise the support and services which will improve their quality of life.

29. High quality, comparable data on disability that is important for the planning, implementation, monitoring, and evaluation of policies are not available. There is a need for better

coordination and technical rigour in the information gathering on disability. There is an urgent need to conduct a national wide disability survey.

30. There are several groups with severe disabilities who do not receive financial support. Presently, financial assistance is provided only for the blind among persons with disabilities. The Welfare Section of the Ministry of Health and Family provides monthly financial support to some persons with disabilities through the social safety net scheme on absolute poverty. People who receive income support on the grounds of disability and/or health conditions are likely to increase in the future and it is critically important to develop a set of standard criteria that can be used to provide adequate and equitable financial assistance for persons with disabilities.

31. Persons with disabilities who live outside Male' face barriers in access to government services. Some of the procedures for obtaining services require people to visit Male' and the full costs of travel and accommodation has to be borne by the applicant. Some procedures also require people to obtain certification from IGMH doctors based in Male'. There are no psychiatrists and psychologists in the regional hospitals and physiotherapy services are also limited in the atolls. There is a need for immediate review of the procedures for access to government service and ensure that people resident in any atoll of the Maldives have equal and equitable access to services and support.

32. There is limited knowledge of disability related issues among government staff. The social service workers and counsellors working in the Family and Children Services Centres have received only basic training on disability. Training for staff must focus on increasing confidence, while also addressing the basics of disability as a rights issue.

33. There are many barriers that prevent persons with disabilities getting from place to place. Living an ordinary life means being able to get from place to place, whether it's from home to school or work, to friends' places, to social events. The roads, pavements, road signs and traffic lights are not designed to be friendly for persons with disabilities. The passenger dhonis and speed boats do not have any special seating or built in accessibility considerations for persons with disabilities.

34. Limited access to premises that provide services to persons with disabilities is a major service gap. There is an urgent need to make premises such as homes, hospitals, schools,

mosques, and shops more accessible and user friendly. Inaccessibility of the built environment is a major contributing factor that decreases the number of workplaces available to persons with disabilities.

35. There is no single, highly visible and accessible entry point to all government disability services and support. There is a need for a well structured, streamlined Office for Disability that reports to the Minister of Health and Family. Disability issues require stronger leadership, commitment and a higher profile from and among the Ministries accountable for policy development and service delivery, and those responsible for disability supports. This leadership could be achieved through the establishment of a "Disability Forum" made up of the permanent secretaries of Ministries that could make a critical difference in the lives of disabled people. The Disability Forum could be headed by the Vice President of the Maldives and its members would be held accountable through formal arrangements for the achievement of shared outcomes for the disability sector.

RECOMMENDATIONS

1. Speed up the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) through developing a national implementation plan.

2. Design and conduct a continuing programme to raise societal awareness necessary to enable respect for the rights and dignity of persons with disabilities and combat stereotypes and prejudices relating to persons with disabilities. The Ministry of Tourism, Arts and Culture shall be required to demonstrate leadership in this regard.

3. Develop annual work plans to implement the National Disability Policy, and the Minister for Health and Family be required to report annually to Parliament on progress in the implementation of the policy.

4. Develop a national strategy for the reduction of risk factors contributing to disabilities during pregnancy and childhood and take all necessary prevention steps including strengthening and supporting existing family counselling programmes, premarital confidential testing for diseases such as thalassaemia, along with prevention counselling for intra-family marriages.

5. Implement a well-designed early identification and intervention initiative for disability, especially during pregnancy and for children zero to three years of age.

6. Commence specific early intervention services at public expense through the Family and Children Service Centres with the collaboration of hospitals and health centres in the atolls. Such services must include finding and referral of children; evaluation and assessment of children; development of an Individualized Family Service Plan for each child with a disability; and establishment of multi-disciplinary early intervention teams at each of the FCSCs.

7. Provide training to the staff at FCSCs for delivery of early intervention initiatives.

8. Develop clear guidelines and procedures on early intervention service entry and exit; assessment and prioritisation of children with a disability; privacy; complaints mechanisms, review mechanisms, and monitoring and evaluation system.

9. Develop an implementation plan for the execution of the Special Education Policy in the context of inclusive joint education of children and young persons with and without disabilities.

10. Strengthen the mental health services by establishing a national mental health team and seven teams of one doctor and one nurse at the province/regional level. These teams would be responsible for all age groups and the team would also be responsible for care of people with co-morbid mental health and substance use problems and to provide training on mental health for nurses, primary and community health workers, and counselors.

11. Conduct a training needs assessment for the Home for People with Special Needs, develop specific training programmes and provide training to the staff of the residential facility as a priority.

12. Develop and implement an employment strategy with clear focus on preparing and supporting persons with disabilities entering paid employment or leaving school.

13. Improve access to information on support services available for persons with disabilities and ensure information on assistive devices and financial allowances are available

in all inhabited islands. The National Social Protection Agency shall disseminate the information to the public on a regular basis through TV, Radio and newspapers. Such information should also be made available in audio cassette, large print, and Braille. Plain or easy language must be used to assist understanding.

14. Amend the National Building Code to include provisions that enable persons with disabilities to access all public buildings and eliminate obstacles and barriers to indoor and outdoor facilities.

15. Take speedy action to make existing buildings more accessible to persons with disabilities.

16. Ensure that the new Family and Child Service Centres are built to recognized accessibility standards, use universal designs and carry proper signage.

17. Develop a "Future-proofing" strategy to inform designers, planners, architects, engineers and construction contractors on the need to modify the built environment and technologies at the initial stage to meet the needs of persons with disabilities and the elderly. With future proofing the need to do expensive 'retro-fits' later to meet the needs of the population can be avoided.

18. Provide disability awareness training to all existing Family and Children Service Centre staff.

19. Provide disability awareness training to staff of Ministry of Human Resources, Youth and Sports; Ministry of Education; Ministry of Health and Family; and Maldives Police Services.

20. Provide urgently sign language training to Family and Child Services Centre staff. Sign language courses also need to be organised as evening classes and opened for interested public and parents. These courses can be provided by the new hearing-impaired trainers in Male' and can be extended to Atolls either on-line via the Teacher Resource Centres or by visiting trainers.

21. Employ urgently a sign language trained person at the Maldives Police Services and the Ministry of Health and Family.

22. Develop a 'disability charter' which states the fundamental purpose and philosophy of the various sector agencies with regard to protecting the rights of persons with disabilities.

23. Revise the present disability support programme to ensure outcomes-focused funding; simplify and better align assessment processes; and improve the way people access information and support. Focus needs to be on better outcomes for persons with disability and enhancing choice for rights holders and improving service flexibility.

24. Establish an 'Office for Disability' under the aegis of the Ministry of Health and Family to provide a single, highly visible and accessible entry point to all government disability support information and services; and ensure longer-term planning for priority areas including disability supports, making targets and achievements more transparent, and enhancing monitoring to improve the effectiveness of future implementation activities.

25. Establish a 'Disability Forum' to providing leadership, commitment and a higher profile for disability related issues in the Maldives. It is recommended that Permanant Secretaries of concerned Ministries be members of the Forum. The Vice President of the Maldives could be invited to chair the Forum.

26. Establish a formal network of NGOs, professionals, civil society organisations and volunteers who work on disability issues for better dissemination of information and extend service delivery beyond the government sector into wider agencies and society.

27. Conduct a nationwide disability survey to establish a reliable baseline of disability in the Maldives.

28. Include the set of questions developed by Washington Group on Disability Statistics in the future population censuses of the Maldives.

29. Designate the Department of National Statistics as the national focal agency for disability statistics and identify a Statistician from the Department as the focal point for disability statistics in the Maldives.

INTRODUCTION

1. INTRODUCTION

This report presents a baseline assessment of activities addressing the rights of persons with disabilities in the Maldives. It does not attempt to evaluate the performance in fulfilling national commitments under specific articles of the relevant international conventions. This report also does not assess performance of individual Ministries and agencies in disability related service delivery. Rather, it attempts to identify the ongoing activities and the key issues that will need to be considered for the future development and improvement of services to protect the rights of persons with disabilities.

This assessment was commissioned by the Human Rights Commission of the Maldives (HRCM) as part of the commitments specified in their mandate. The evaluation was conducted during 2009. Several activities targeted at persons with disabilities have now been in place for several years and it is timely to review not only the effectiveness with which it has achieved its aims, but also to identify opportunities for improvement.

The Government provides a range of useful services to help persons with disabilities. The non-governmental organisations also play an important role in the provision of services for persons with disabilities. Current national thinking on disability issues is guided by the draft National Disability Policy and the recently ratified United Nations Convention on the Rights of Persons with Disabilities.

There are still many challenges both in terms of what government services are provided and how these services are delivered. The most fundamental challenge is in changing society's attitudes towards persons with disabilities. This report aims to give an overview of the situation of support services provided in the Maldives to persons with disabilities and the key challenges faced.

This baseline assessment report is presented as a strategic review of the evidence available from information gained from a variety of sources. Information was collected primarily through interviews with key officials of government ministries, individual employees of the government who are engaged in providing services and the recipients of service. Field visits were conducted to centres where services are provided to assess the status of activities. Interviews were also conducted with advocacy groups and non-governmental organisations. A list of stakeholders consulted for this assessment is given in Annex 1.

Consultations were undertaken to gauge perceptions of the performance, drivers to success, and of any barriers. Subjects for discussion included equity, inclusion, participation, access, and accountability and its objectives and achievements; access to information; and whether progress has been made over the last five years in service provision. The methods used such as face-to-face interviews with key stakeholders, case study interviews with employees, and visits to disability service delivery centres provided the required information. Written reports were received from the Ministry of Health and Family.

A review of the literature on national and international policies and examples of good practice to identify possible future directions for service delivery was undertaken. The focus of the international literature review was on policies and strategies that have facilitated equal access and the full participation of vulnerable people in other countries.

PERSONS WITH DISABILITIES

2. PERSONS WITH DISABILITIES

Persons with disabilities have same set of rights, obligations and opportunities that other Maldivians have. The Constitution of the Maldives fully recognises the rights of persons with disabilities and treats them as full and equal citizens (Hussain 2008). To realise their rights, persons with disabilities need access to the goods, services and facilities that other Maldivians can access. Some persons with disabilities also need disability-specific support and services to help them to be as independent as possible.

2.1 Definition of disability

There are varying definitions of disability and this has implications on the number of persons with disabilities and the extent and nature of support services provided. It is difficult to define what disability is and there are several distinct views on how the term disability should be defined. These differences of definition derive from two main approaches to thinking about disability issues. In the "medical model", disability is largely viewed as a medical condition to be "cured". In the "social model", disability is viewed as resulting from social barriers to

participation. A useful definition for disability is provided by the Australian Bureau of Statistics (ABS). According to ABS, a person with a disability is defined as "anyone who has experienced a limitation, restriction or impairment, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities" (ABS 2003).

A standard national definition of disability is now available. According to the draft National Policy on Disability, "disability" results from the interaction between persons with impairments, conditions or illnesses and the environmental and attitudinal barriers they face (MGF 2007). Such impairments, conditions, or illnesses may be permanent, temporary, intermittent or imputed, and include those that are physical, sensory, psychosocial, neurological, medical or intellectual. It is also important to note that there are people who have multiple disabilities.

2.2 Disability statistics

P**revious estimates were that around three percent of the population had disabilities.** The first ever disability screening was undertaken in the Maldives in 1981(President's Office 2006). Then there were 1,390 persons with disabilities that comprised 0.9 percent of the population.). In 2000, according to the Population and Housing Census data there were 4,728 persons with disabilities in the Maldives (Velezine 2001). This constituted 1.75 percent of the total population. According to the Report on Survey of People with Disabilities undertaken in 2002 a total of 9,216 persons with disabilities were identified that comprised about 3.4 percent of the total population (MGFDSS 2002). In Census 2006, a total of 897 persons identified that they were not able to work due to a disability (MPND 2008).

More recent disability prevalence rates show that 8.1 percent of the population has either temporary or permanent disabilities. According to the preliminary report of the Disability Screening Survey undertaken by Handicap International in 2009, about 4.7 percent were found to have severe permanent functional limitations or disabilities (HI 2009). In those islands where all the households were screened the prevalence rates varied between 9 percent and 11.8 percent.

The percentage of the persons with disabilities in the Maldives (8 percent) conforms to the WHO burden of diseases averages. The WHO estimate for persons with disabilities is between 5 to 15 percent of the population (WHO 2008). A possible difference in the Maldives is that

disabilities caused by war, accidents and other unnatural disasters are fewer in the Maldives than other countries. Lack of standard definitions of disability and different survey methodologies do affect the number of persons screened as having disabilities.

There are more men with disabilities than women. The 2002 survey showed disability among males (4,902) is slightly higher than females (4,314) and similar pattern is shown in all atolls except Lhaviyani, (M=155; F=189) and Alif Dhaal (M=350; F=386) where reported cases of females are more than males with disabilities (MGFDSS 2002). Census 2000 data also confirmed that disability is more common among males with 1.90 percent of the male population identified as having disabilities whilst of the female population, 1.59 percent identified as having disabilities (Velezine 2001).

The most common types of disabilities reported in the Maldives are visual impairment, speech impairment, and mental illnesses. In the 2002 survey, 3,062 persons (1,495 males and 1,567 females) reported having visual impairment, while 2,640 persons (1,553 males and 1,087 females) reported speech disability and 2,560 persons (1,413 males and 1,147 females) reported mental health disability (MGFDSS 2002). However, the most common form of disability identified in the Census 2000 for both sexes was mental illness with a total of 1,364 persons of whom 624 are females and 740 are males (Velezine 2001). The second highest form of disability among women (532 females) was visual impairment. Among men, the second highest form of disability (720 men) was related to mobility or walking.

INTERNATIONAL COMMITMENTS

3. INTERNATIONAL COMMITMENTS

3.1 Convention on the Rights of Persons with Disabilities

The Maldives has ratified the international convention addressing the specific needs of persons with disabilities. The Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol was adopted on 13 December 2006 at the United Nations Headquarters in New York and was opened for signature on 30 March 2007 (UnitedNations 2009). The Maldives signed the CRPD on 02 October 2007. The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

The CRPD entered into force on 03 May 2008, and the Maldives deposited the instrument of ratification on 05 April 2010. In a press statement issued on 03 December 2008 to mark the International Day of Disability, Minister of Health and Family Dr. Aminath Jameel expressed that ratification of the CRPD was necessary to ensure the full realisation of the rights of persons with disabilities and to get the full participation of all duty bearing agencies of the

Government. The Ministry of Health and Family prepared the cabinet paper required for the ratification process which was reviewed by the President's Office and tabled for consideration by the cabinet. On 06 January 2010, the President's Office requested for Parliamentary approval of ratification. The Parliament approved the ratification of CPRD on 03 March 2010.

The ratification of CRPD binds the Maldives as a nation to uphold the rights of persons with disabilities. According to Article 4 of the Convention, parties shall develop and carry out policies, laws and administrative measures for securing the rights recognized in the Convention and abolish laws, regulations, customs and practices that constitute discrimination. Ratifying countries shall also guarantee that persons with disabilities enjoy their inherent right to life on an equal basis with others (Article 10), ensure the equal rights and advancement of women and girls with disabilities (Article 6) and protect children with disabilities (Article 7).

3.2 Human rights instruments

The Maldives has signed-up to 8 of the 9 core United Nations human rights instruments. In addition to the CRPD, the rights of persons with disabilities are protected under the following international legal human rights instruments to which Maldives is a party:

International Covenant on Economic, Social and Cultural Rights (ratified on 19/09/2006);

International Covenant on Civil and Political Rights (ratified on 19/09/2006);

Convention on the Rights of the Child (ratified on 11/02/1991);

Convention on the Elimination of all forms of Discrimination against Women (acceded to on 01/07/1993);

3.3 Biwako Millennium Framework

Maldives is a member of the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (BMF). The BMF is a set of policy guidelines and regional mandate adopted by 62 Governments in the Asia Pacific region in May 2002. It is a non-legally binding instrument, but contains moral commitments made by Governments.

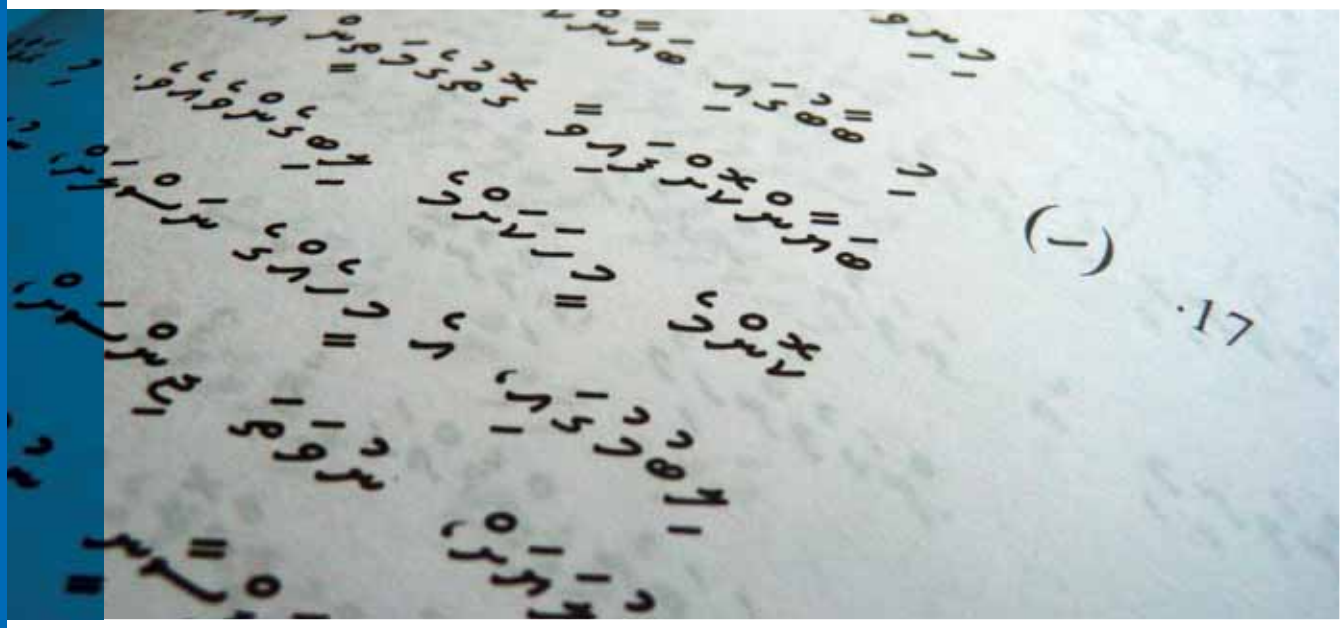
Maldives has specific moral commitments under the seven priority areas for action specified in the BMF. The seven priority areas are: 1) self help organizations of persons with disabilities; 2) women with disabilities; 3) early intervention and education; 4) training and employment, including self-employment; 5) access to physical environments and public transport; 6) access to information and communications, including information and communications technology; 7) poverty Alleviation through capacity-building, social security and sustainable livelihood programmes. BMF also contains an additional 17 cross-cutting strategies.

3.4 Standard Rules of Equalization of Opportunities for People with Disabilities

Maldives has international commitments under the Standard Rules to attain equal opportunity for persons with disabilities. In 1993, the United Nations General Assembly adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. Although not a legally binding instrument, the Standard Rules represent a strong moral and political commitment of governments to take action to attain equalization of opportunities for persons with disabilities. The rules serve as an instrument for policy-making and as a basis for technical and economic cooperation. The Standard Rules consists of 22 rules: 1) awareness-raising; 2) medical care; 3) rehabilitation; 4) support services; 5) accessibility; 6) education; 7) employment; 8) income maintenance and social security; 9) family life and personal integrity; 10) culture; 11) recreation and sports; 12) religion; 13) information and research; 14) policy-making and planning; 15) legislation; 16) economic policies; 17) coordination of work; 18) organizations of persons with disabilities; 19) personnel training; 20) national monitoring and evaluation of disability programmes; 21) technical and economic cooperation; and 22) international cooperation.

NATIONAL LEGAL FRAMEWORK

4. NATIONAL LEGAL FRAMEWORK



4.1 Constitution of the Maldives

The Constitution of the Maldives protects the rights of persons with disabilities. According to Article 17 of the Constitution of the Maldives, everyone including those with mental or physical disability is entitled to the rights and freedoms included in the Constitution without discrimination of any kind (Hussain 2008). The Article also specifies that special assistance or protection to disadvantaged individuals or groups, or to groups requiring special social assistance, as provided in law shall not be deemed to be discrimination. Article 35 (b) of the Constitution states that elderly and disadvantaged persons are entitled to protection and special assistance from the family, the community and the State.

4.2 National disability law

The Government submitted to the Parliament a bill on protecting the rights of persons with disabilities on 20 July 2009. According to the President's Office, this bill was proposed to set the government's policy under Article 35 of the constitution.

The bill submitted by the Government was proposed to establish the essential legal framework for all support and services provided to persons with disabilities. The key features of the proposed bill included:

- creating a council to protect the rights of persons with disabilities with its members to be appointed by the president and entrusted with compiling a national database on persons with disabilities, protecting the rights of persons with disabilities, overseeing monitoring centres and formulating guidelines for their operation, addressing complaints and compiling an annual report;
- providing financial assistance of a minimum of Rf 2,000 a month for persons with disabilities by the government (no ceiling is set);
- giving special protection to persons with disabilities in work places and preventing discrimination against them in the provision of employment;
- establishing a special educational centre for persons with disabilities;
- providing free education for children with disabilities up to the age of 18;
- establishing facilities for children with disabilities in all government schools, and no child shall be denied an education due to a disability;
- punishing persons found guilty of harassing or mocking persons with disabilities with a fine of between Rf 5,000 and Rf 10,000; and
- enabling access for persons with disabilities at public places, such as supermarkets and parks.

The bill was based on the provisions in the draft National Disability Policy and the United Nations Convention on the Rights of Persons with Disabilities. The draft bill was prepared by the National Law Reform Commission through outsourcing. The Attorney General's Office sought the views of Government agencies before the bill was submitted to Parliament.

Prior to the submission of this bill by the Government, Parliament had accepted a similar bill submitted by MP Riyaz Rasheed on provision of financial assistance for people with special needs. The Parliament accepted both bills and decided to deliberate on them simultaneously.

As the debate on these bills progressed in the Parliament it was realized that the concerned civil servants were not adequately consulted. Hence a meeting was conducted on 03 August 2009 by HRCM to obtain the views of Ministry of Health and Family, NGOs and other key stakeholders. All stakeholder comments were obtained in writing and a summary of the comments were submitted to the relevant Parliamentary Committee. Even though the Committee was expected to propose several amendments to the original bill based on the stakeholder comments, this did not happen. Following the debate in the Parliament the title of the bill was changed to "Protecting the Rights of People with Special Needs and Providing Financial Assistance". The law was passed by the Parliament on 21 December 2009 and sent for ratification by the President.

The bill on "Protecting the Rights of People with Special Needs and Providing Financial Assistance" was returned by the President to the Parliament on 05 January 2010 for reconsideration. In a letter to the Speaker of the Parliament, the President emphasised that it was crucial to amend the bill in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Attorney General noted that the bill did not contain some of the rights stipulated in the convention and advised the President that the bill contained articles that contradicted provisions in the convention as well as other international standards. The Minister of Health and Family advised the President that the bill contains several provisions that might lead to socio-economic problems and difficulties in implementation.

4.3 Sector laws

There are provisions in existing laws that are relevant to rights of persons with disabilities and services provided to them. These include:

Law 09/1991 – Law on the Protection of the Rights of Children – According to Article 6 under Chapter I (Duties of the Government) treatment and care for children with mental or physical disabilities shall be facilitated to the extent possible at the time. Efforts shall be made to enable such children to participate in the activities of the community by providing the special care and assistance required by them.

Article 17 of Chapter II (Duties of Parents) states that parents shall, as appropriate to the means available to them, provide medical care to children who have mental or physical disabilities at birth or thereafter, and shall make efforts to provide functional treatment to and rehabilitate such children.

Law 04/2000 – Family Law - Article 57 on providing care for parents states that every person shall in order that he may act in the manner commensurate with the position ordained by the religion of Islam with respect to parents, and to the extent it is financially possible for him, provide his parents with adequate food, shelter and clothing, attend to their medical needs, meet their other basic needs, and extend other conveniences and amenities they require in life.

Law 02/2008 - Employment Law - Article 4 (a) prohibits discrimination amongst persons carrying out equal work either in the granting of employment, determination of remuneration, increase in remuneration, provision of training, determination of conditions and manner of employment, dismissal from employment or resolution of other employment related matters, based on a disability.

According to Article 4 (b) the implementation of any principles, activities or programmes with the objective of assisting those persons disadvantaged against for any of the reasons specified in sub-section (a) or socially disadvantaged persons shall not be deemed as discrimination amongst employees carrying out equal work.

According to Article 21(b) a disability or temporary failure to report to work for a period of time due to illness or injury shall not be deemed reasonable cause that the employee is failing to maintain work ethics or in dismissing him from employment.

NATIONAL POLICIES AND PLANS

5. NATIONAL POLICIES AND PLANS

5.1 National Disability Policy

In 2007, the Government developed a draft of the necessary policy instrument to address the rights of persons with disabilities. Draft National Disability Policy is based on the human rights-based approach rather than the previous charity approach (MGF 2007). The policy promotes equality for all Maldivian people and stipulates 16 principles that need to be adhered to. The policy specifies awareness raising; access to information and communication; participation of persons with disabilities; and community based rehabilitation as key cross cutting strategies. It has detailed strategies and policy directions that should be followed in health, education, employment, social security and sports and recreation. It provides the activities necessary to ensure that everyone can independently move from one side of the road to the other; see road signs, read directions, hear announcements, reach buttons; and open doors. It recognizes the need for standards for accessibility in transport and inclusion of specific standards in the building code. Many of the public and private buildings and other spaces remain largely inaccessible. The houses, schools, mosques, workplaces, shops, and banks have been designed and built for

persons without disabilities. The draft National Disability Policy provides the interventions required in construction and housing to make the Maldives from a disabling society to an inclusive one.

Persons with disabilities were consulted extensively in the formulation of the draft National Disability Policy. Consultation workshops were held in two islands each in five different geographic regions of the Maldives. Persons with disabilities participated in and contributed to all consultation workshops. Additionally three persons with disabilities participated fully in the drafting of the policy as full members of the working group selected to prepare the policy.

5.2 Strategic Action Plan 2009-2013

The Maldivian Democratic Party (MDP) "Aneh Dhivehi Raajje" Strategic Action Plan 2009-2013 has several policies and strategies that are related to the rights of persons with disabilities, but the required clarity and sense of purpose is lost. The policies and strategies relevant to the protection of the rights of persons with disabilities are scattered across the broad Social Protection theme along with the more politically high profile policy areas such as pensions, health insurance, as well as social protection for the Maldives National Defence Force (MNDF) personnel (President's Office 2009). Some of the strategies included are: develop and establish a 'minimum social protection package' basing it on age, disability, gender and location disaggregated realities of Maldivian citizens; strengthen the delivery mechanisms of social assistance to reduce wastage and increase efficiency, access and equality; establish state care institutions including after care programs (age-appropriate and gender segregated) and community rehabilitation in selected locations for abandoned and maltreated children, elderly and persons with disabilities and a shelter for abused and disaffected children; and strengthen the legislative framework for alternative care.

The education sector has included a specific policy on special education needs in the Strategic Action Plan 2009-2013. The 8th Policy of education sector is to: "increase and expand educational opportunities for children with special needs including the gifted and talented". The planned strategic interventions to implement the policy are: develop a Special Education Needs Policy; establish a mechanism to identify children with special needs for early intervention; providing equitable access to educational opportunities for children with special needs; and strengthen the monitoring mechanism of inclusive programmes to ensure effective programme implementation.

The health sector has given priority in the Strategic Action Plan 2009-2013 to prevent and control mental illnesses, disabilities and injuries. Relevant strategies under the pledge of affordable and quality health care for all include: strengthen policies and programmes for prevention and control of Non-Communicable Diseases (NCDs), including mental health, injury and disability prevention, with risk factors surveillance of NCDs; and introduce and implement a universal health insurance scheme (*Madhana*).

5.3 Action Plan for Children with Disabilities

An Action Plan for Children with Disabilities 2008-2013 was developed by the Child and Family Protection Authority and introduced in July 2008 (MGF 2008). A strategy to revise and implement the Action Plan is included in the Strategic Action Plan 2009-2013.

INSTITUTIONAL FRAMEWORK

6. INSTITUTIONAL FRAMEWORK

6.1 National focal agency

The Maldivian government focal agency for support and services for persons with disabilities is the Ministry of Health and Family. Work related to the development and formulation of disability policy is undertaken by the Policy and Planning Division of the Ministry. Disability screening and information management is the responsibility of the Decision Support Services of the Ministry. Work related to the ratification and implementation of the Convention on the Rights of Persons with Disabilities is coordinated by the International Relations Division of the Health Ministry. The mandate for institutional care is with the Department of Gender and Family Protection Services (DGFPS). Delivery of assistive devices and medicines was undertaken by the Medical Welfare Assistance Section until this function was transferred to the National Social Protection Agency on 01 January 2010.

6.2 Information sources

There are a few sources of useful information on the status of disability in the Maldives. The Report on Survey of People with Disabilities published in 2002 by the then Ministry of Gender, Family Development and Social Security contains useful data on persons with disabilities in the Maldives (MGFDSS 2002). The Situation of People with Disabilities in Haa Alifu and Haa Dhaal (Campion 2008) provides an account of perceptions of persons with disabilities and their families in the two northern most atolls of the Maldives. The most recent and most comprehensive data is available from the Disability Screening Survey undertaken in 2009 by Handicap International (HI 2009). The World Health Organisation undertook an assessment of Mental Health System in the Maldives in 2006 (WHO and MoH 2006).

The Government does not provide a portal for rights holders, duty bearers, professionals and community members to search on-line for information on services and policies related to persons with disabilities.

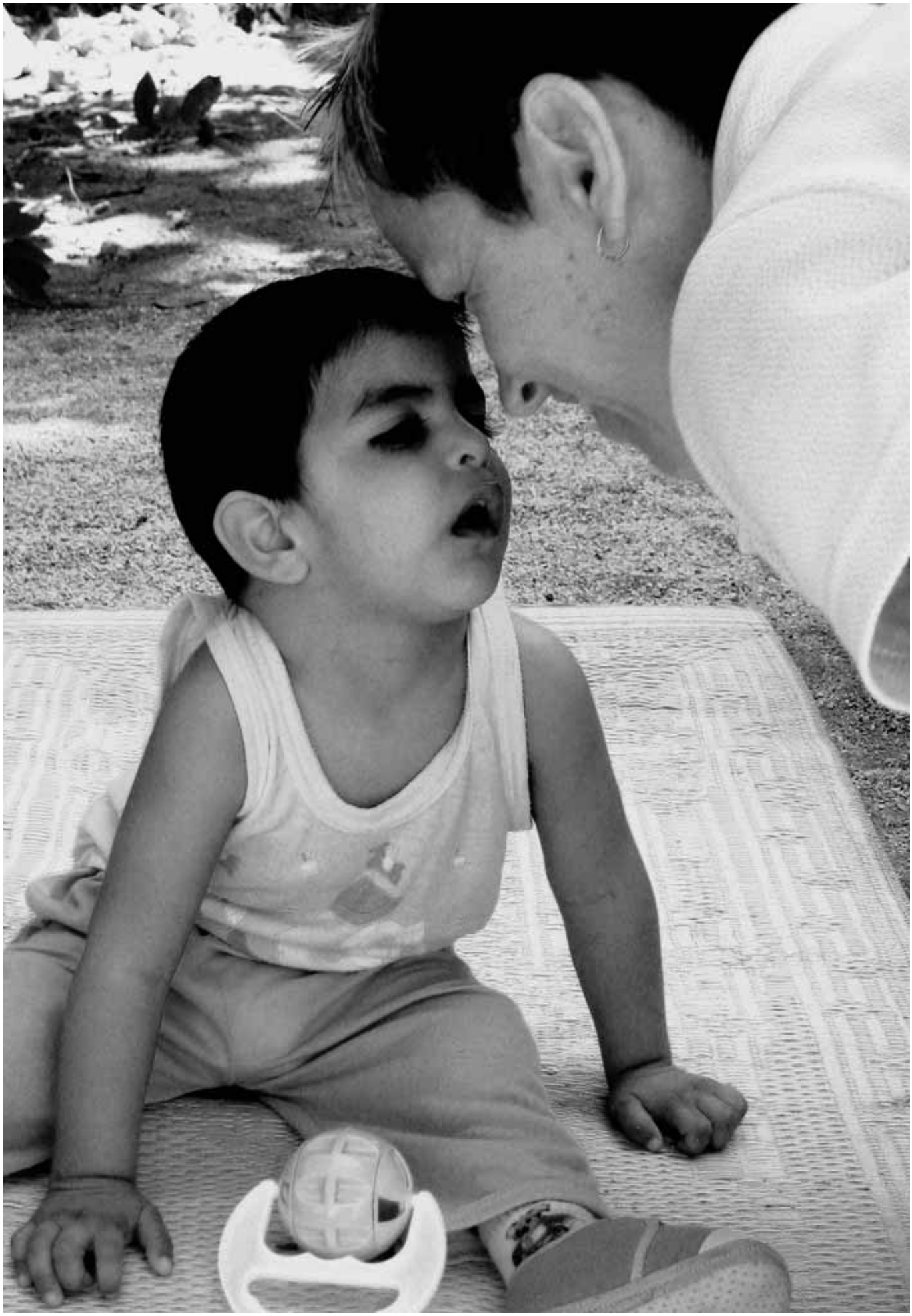
The social networking forum on Google Groups MVdisAbilityNet

http://groups.google.com/group/mvdisability/, the website of Care Society

http://www.caresociety.org.mv/web/eng/, the official blog of Association for disAbility and Development

http://www.addmaldives.org/blog/ and the website run by a parent of a child with acquired cerebral palsy

http://www.yafaau.info/ provide online information on disability related services and issues in the Maldives.



SPECIFIC SERVICES PROVIDED

7. SPECIFIC SERVICES PROVIDED

7.1 Education

Children with disabilities did not have access to education within the education system in the Maldives until 1985. Jamaluddin School in Male' was the first school to provide education to children with disabilities and this school started enrolling hearing impaired children in 1985. Care Society, a local NGO working with children with disabilities, started providing education and rehabilitation for multi handicapped children in 2001. The Government started setting up classes for children with disabilities in 2006, with a vision to set up minimum one school in each atoll that enrols children with special needs by 2010 (MoE 2008).

One out of ten children with disabilities is enrolled in schools. Estimates are that there are about 2,250 children with disabilities in the Maldives (EDC 2009). However, only 230 children with disabilities were enrolled in schools in 2009. Of the children enrolled in schools, 127 were attending schools in Male' while 103 were enrolled in schools in Atolls.

There are altogether 11 schools across the Maldives that provide education opportunity for children with disabilities. Out of the 11 schools three are in Male' and eight are in six different atolls. The three schools that enrol children with disabilities in Male' are: Jamaluddin School with 36 students (three classrooms); Ghiyaasuddin School with 43 students and Imaduddin School with 48 students. Kulhudhuffushi (Haa Dhaal), Komandoo (Shaviyani), Mulaku (Meemu), Hithadhoo (Seenu), Fares Maathoda (Gaafu Dhaal), Thinadhoo (Gaafu Dhaal), Naifaru (Lhaviyani) and Hinaavaru (Lhaviyani) have one class in each island providing access for children with disabilities. The Care Development Center in Male' run by Care Society is also an education facility and has 48 registered children.

Screening of school age children for disabilities has been completed in 16 atolls of the Maldives (EDC 2009). In 2007, Education Development Center (EDC) undertook screening for under five children in Haa Dhaalu, Lhaviyani, Meemu, Faafu and Seenu Atoll. In 2008, screening was expanded to school age children and information was gathered for all under 18 children in Haa Alifu, Shaviyani, Raa, Baa, Gaafu Alif and Gaafu Dhaalu by EDC with assistance from UNICEF. In 2009, screening was conducted by EDC in Laamu, Thaa, Gnaviyani, Alifu Dhaal and Noonu Atoll.

7.2 Free medications

The Government provides approved essential psychotropic drugs free of charge to registered psychiatric patients. In April 2009 there were 1,150 registered psychiatric patients. Registration forms for mental illnesses are available from Indira Gandhi Memorial Hospital (IGMH), atoll hospitals, health centres, and the Ministry of Health and Family. The registration form has a section to be completed by a medical doctor and this section is to be a filled by a psychiatrist residing in Male'. When the original of the registration form, completed and signed by a psychiatrist is sent to the Ministry, then registration card is issued within three days. If the registration form is not signed by a psychiatrist then the form is sent to IGMH for endorsement by a psychiatrist. Such endorsement takes about a week. If IGMH requires the applicant to have a consultation with a psychiatrist and there is no psychiatrist resident in the atoll, the applicant will have to travel to Male' at his/her own costs.

A formal list of essential psychotropic medicines is available. These medicines include antipsychotics, anxiolytics, antidepressants, mood stabilizers and antiepileptic drugs. The

government provides free access (at least 80 percent) to essential psychotropic medicines for the total population. The cost of antipsychotic medication is Rf 3 per day and antidepressant medication is Rf 2 per day (WHO and MoH 2006).

The green prescription medicines are available from State Trading Organization PLC (STO) pharmacies for registered psychiatric patients resident in Male'. If the registered patient is residing in Male', the patient is first required to have a consultation with a psychiatrist (consultation fee to be paid on own). Following the consultation the psychiatrist issues a green prescription. When the green prescription and registration card is presented to the Medical Welfare Assistance Section of the Department of Gender and Family Protection Services of the Ministry of Health and Family Ministry, the Ministry puts an endorsement stamp.

Patients resident in an island other than Male' have to visit the health facility available in the island and make a request for medication. Registered patients have to present the registration card and an "old" prescription to request for free medication. The Health Center then notes the medicines prescribed for the patient and requests the Ministry through the atoll hospital for three months medicines. Once the Ministry receives the request, and if there are any psychotic drugs in the list then the Ministry writes to Food and Drug Authority to get permission for issuing those psychotic drugs. When Ministry receives approval from Food and Drug Authority then a requisition is sent to STO Pharmacy. Once the Ministry receives the medicines it is sent to the atoll hospital through STO supply. For non-psychotic drugs the Ministry writes directly to STO and medicine is sent as above.

7.3 Residential care

Residential care has been available at the Home for People with Special Needs since 06 June 1976. In mid 2009, the state was providing residential care for 119 psychiatric patients and 46 geriatric patients at the Home for People with Special Needs. The home is built on an area of 103,964 square feet in Guraidhoo, Kaafu Atoll. This is the only facility of its kind in the Maldives.

There are 173 residential care beds available for persons with disabilities at the Home for People with Special Needs. A total of 173 beds are available in six different wards. A seventh ward was constructed in 2009 and has 32 additional beds. This ward will become operational

when basic furniture is made available. The persons under state care are provided five meals a day. The government has allocated Rf 900 per month for food of each person in residential care. Facilities available at the residential care home include a Dhoni used for transport services between Guraidhoo and Male'.

Altogether 120 persons are employed by the Home for People with Special Needs, of whom 56 are engaged for direct care services. There is a full time doctor and two nurses to provide medical care and treatment. A senior consultant in psychiatry from Indira Gandhi Memorial Hospital (IGMH) in Male' supervises the medical care provided in the home and makes a home visit once every month.

The approved 2010 budget of the Home for People with Special Needs is Rf 15,434,613. Of the budget for 2009, about 69 percent (Rf 9,946,887) was allocated for staff salaries while only 2 percent (Rf 345,000) was allocated for staff development and training.

7.4 Financial/income assistance

A monthly financial allowance has been given to blind persons since the 1950s. This allowance was first named a "job salary" and was set at Rf22.50 per month. The allowance was increased substantially in 1979 and periodically since then. The allowance was set at Rf500 until 2008. In 2008, following a petition sent to the HRCM that the allowance of Rf500 given for the blind people was not adequate to meet their basic needs, the HRCM raised this issue with the National Social Protection Agency (NSPA). Consequently, the government increased the allowance to Rf1,500 and this allowance is given monthly since 01 January 2009.

The allowance of Rf1,500 for blind people is given upon certification by an ophthalmologist that the person is totally blind or legally blind. Upon sending an application letter to the Medical Welfare Assistance Section of the Department of Gender and Family Protection Services of the Ministry of Health and Family, with a certificate from an ophthalmologist stating that the person is totally blind or legally blind and sight cannot be restored with treatment or surgery then the person is eligible for a monthly allowance of Rf1,500. In islands where there is no resident ophthalmologist a certificate from a General Doctor or a Health Worker together with a confirmation signature from the official in charge of the Health Center is sufficient. Total blindness is the complete lack of form and visual light perception and is clinically recorded as

No Light Perception or NLP (ICO 2002). There is no clear definition of legal blindness in the Maldives. In North America and most of Europe, legal blindness is defined as visual acuity (vision) of 20/200 (6/60) or less in the better eye with best correction possible (SSA 2010).

By June 2009, there were 220 persons registered as totally blind or legally blind (verbal communication). Hence, it is estimated that the government is spending about Rf4 million a year as financial assistance for blind people in the Maldives.

The financial assistance for blind people is provided monthly by the Ministry of Finance and Treasury. For residents living in Male' the allowance is given directly by Ministry of Finance and Treasury. For residents in Atolls, the allowance is paid through the Atoll Office or Island Office. The budget for this allowance is included under the "pensions component" of the Ministry of Finance and Treasury.

7.5 Assistive devices

Wheelchairs, walkers or crutches were provided to people in need of such devices until 01 January 2010. An application form accompanied by a doctor's certificate stating that a wheelchair/walker/crutch will improve mobility and that the device is needed permanently, was required to access an assistive device. The maximum financial assistance for a wheelchair was Rf 2,500 and for a wheelchair rowing cycle was Rf 2,800. If the price of the wheelchair exceeded Rf 2,800 the balance had to be paid by the applicant. If there wass a prescribed need for crutches or walker for greater than six months, crutches or walkers were provided. The maximum financial assistance for crutches and walkers was Rf 750.

The mobility related assistive devices were provided once a year for each person. The devices were then provided by the Medical Welfare Assistance Section, of the Ministry of Health and Family after making an assessment of the economic background of the person's family. In order to make the economic assessment, the Ministry used the "Welfare Assistance Request Form". If the applicant was resident in an island, then the applicant had to send a person to the Medical Welfare Assistance Section of the Department of Gender and Family Protection Services of the Ministry of Health and Family in Male' to receive a note from the Ministry and was responsible for taking the aid from Male' to the person on the island. In 2008 a total of 20 crutches, 26 walkers and 90 wheelchairs were provided (verbal communication).

Children affected by cerebral palsy and having trouble sitting in normal chairs were given special seats until 01 January 2010. Seats of three sizes were provided and the price ranged from Rf 2,000 to Rf 4,700. For children with cerebral palsy, there was no income testing for the family. The number of children who received special seats in 2008 was three. In 2009, until December one child had received a special seat (verbal communication).

Spectacles were provided for children of school going age (less than 18 years), elderly people who were above 65 years of age, and for persons with disabilities. Application for spectacles had to be accompanied by a certificate and a prescribed number for the glasses from an ophthalmologist. The maximum financial assistance for a spectacle was Rf 600 (the allowance was reduced from Rf 800 to Rf 600 in 2009)and was given once a year. Residents from the islands had to travel to Male' for the eye examination and selection of the spectacle frame. Cost of travel to Male' and living costs in Male' had to be borne by the applicant. Spectacles were provided after family income tests and the income test threshold was a family income greater than Rf 6000. Altogether 488 persons received spectacles in 2008 while 207 persons received spectacles in 2009 by end of November (verbal communication).

Hearing aids were provided for persons with hearing impairment until 01 January 2010. When an application form for assistive devices was submitted with a medical certificate stating that a hearing aid will benefit the person then the Medical Welfare Section issued a letter addressed to the audiologist at the Male' Optical Center requesting for a prescription for the type of hearing aid. A hearing aid was provided from the Ministry which cost in the range of Rf 4,000 to Rf 10,000. The hearing aid was provided for three years and the person was eligible to renew the hearing aid after three years. Income testing was not conducted for provision of hearing aids. The number of persons who received hearing aids from the Government in 2008 was 45. In 2009 (by the end of November) 23 people had received hearing aids (verbal communication).

Assistive devices were provided by the Medical Welfare Assistance Section of the Ministry of Health and Family, until the change of policy on 01 January 2010. According to the new policy assistive devices will be provided to those who are eligible under the national health insurance scheme *Madhana.*

7.6 Sign language dictionary

The first ever Maldivian Sign Language Dictionary was released on 28 October 2009. The dictionary released at a function held at Jamaluddin School contains signs for around 650 words supported with English and Dhivehi description explaining the hand-shape and the movement to be used while signing a particular word. The Maldives Sign Language Dictionary Project was lead by Mr. Amaresh Gopalakrishnan - a Special Needs Teacher from India working for Jamaluddin School. The project was financed by Handicap International.

SUPPORT AND SERVIVES PROVIDED BY NGOs

8. SUPPORT AND SERVICES PROVIDED BY NGOs

8.1 Care Society

Care Society has been very active in supporting children with disabilities and women. Care Society has been a registered NGO in the Maldives since 1998.

Care Society provides education and rehabilitation services at the Care Development Centre (CDC). The CDC was established on 1st August 2001 to provide education and rehabilitation services for children and youth with autism, hearing impairment, speech impairment, cerebral palsy, Down syndrome, learning disability, and intellectual disability. In 2009, there were 48 students registered in 10 classes. The classes are conducted with the help of 8 teachers trained in special education, and two management staff trained in psychology, management, international child welfare and disability studies.

Vocational training classes are conducted by Care Development Centre for young adults to develop their vocational skills. This class is run at a basic level and aimed at improving job

market opportunities for persons with disabilities. There is high demand for this training from young persons with disabilities.

CDC conducts a social club to provide opportunity for children and young people with disabilities to interact with the community. The social club activities are organized on weekends with support from teachers and volunteers. Social club activities include afternoon walks, visits to the park, outdoor play activities and swimming classes.

Care Society has established facilities for community based rehabilitation (CBR) in two atolls of the Maldives. CBR is a strategy for enhancing the quality of life of persons with disabilities by improving service delivery, providing more equitable opportunities, and promoting and protecting their human rights. Heeds Learning Centre in Gaafu Dhaalu Thinadhoo and Care Community Empowerment Centre in Seenu Hithadhoo were established in 2004. In September 2005 an evaluation of CBR program was conducted with assistance of Handicap International. Based on the recommendations of the evaluation, the Hithadhoo CBR center and the Thinadhoo CBR center were officially inaugurated on 7th April 2006 and 1st May 2006 respectively. CBR Centres of Care Society are run by a network of volunteers. The tasks of CBR centres include increasing awareness and identifying the vulnerable groups including people with disabilities, sustaining the quality of services provided by CBR workers and the selected committee for people with disabilities employing such tools as constant monitoring and close observation with the support of specialized personnel in rehabilitation, and to improve independence and quality of life of people with disabilities.

8.2 Maldives Deaf Association

The Maldives Deaf Association (MDA) brings together previously isolated, deaf groups and individuals in Male' and conducts programmes to raise awareness on issues faced by deaf people. MDA has more than 58 members who are deaf. Every Friday meetings are held with the members to discuss issues facing them. MDA was established in 2008 with the help of Handicap International and Mr. Amaresh Gopalakrishnan. Maldives Deaf Association was officially launched on 27 October 2009. MDA have plans to expand their activities in the atolls through forming a travelling theatre group to visit islands across the Maldives and teach the public about deafness, and the challenges faced by deaf people, as well as to inform deaf people about the help available to them.

MDA offers sign language teaching. In Maldives there is a mixture of sign language. The signs are completely different in the islands where they have developed a language through their own signs and there is difference between the older and younger generation as well. Special education teachers also use a unique form of communication which is a blend of their own gesticulations as well as signs learnt from the children and from two dictionaries, one American and one British. MDA conducts standard sign language training for teachers from islands. MDA also provides three months long training for parents and community members. Since MDA uses the recently released Maldives Sign Language Dictionary for training it is expected that a common national sign language will be established.

MDA has begun vocational training for deaf persons. On 21 July 2009 Technical and Vocational Education and Training (TVET) programme of the Ministry of Human Resource, Youth and Sports (MHRYS) signed a contract with MDA to provide arts and crafts training in Male' for deaf people in the Maldives. The broad objective of the programme is to build the skills of deaf adults, so that they can find work and live more independently. Under this programme, the MDA has received RF 224 000 from government to roll out an arts and crafts course for deaf youth between the ages of 18 and 35 years of age. The schedule was to inaugurate the eight-month long program on 28 July 2009 at Jamaluddin School. There are also plans to commence another five courses in cooperation with the government towards vocational training in photography and videography, culinary skills and hospitality, household mechanics, automotive mechanics, and fashion design. This is a good example of partnership between government and civil society to better the lives of persons with disabilities.

MDA organises sports activities for the deaf in collaboration with Olympic Committee of the Maldives. The MDA teams competed with the national football and basketball teams to mark the World Disability Day 2008.

8.3 Association for disAbility and Development

The Association for disAbility & Development (ADD) is a support group on disability that brings parents and caretakers together. ADD *(http://www.addmaldives.org/blog/)* provides one-stop practical information, success strategies, and moral support for persons with disabilities and parents of children with disabilities. The mission of ADD is to connect persons with disabilities or their parents/caregivers to answers to the questions they have and build their

capacity to provide care for children with disabilities.ADD consist of parents, caretakers of children with disabilities, and volunteers. The NGO was formed in 2008 and the first Executive Board was elected at first general assembly held on 26 January 2009 at Imaduddin School.

8.4 Hand in Hand

Hand in Hand is an NGO that provides psycho-social support for persons with disabilities. Hand in Hand was established in the aftermath of the 2004 Tsunami.

8.5 Handicap International

Handicap International (HI) has contributed significantly to the development of disability policy and disability related services in the Maldives. HI was operational in the Maldives after the 2004 Tsunami and was engaged mainly in lobbying and advocacy. They have closed down the Maldives office in October 2009. During their presence in the Maldives, the services offered by Handicap International also included sports sessions every other Saturday for persons with Down syndrome.

HI conducted screening for functional limitations as an ongoing survey in islands where by student in schools and the community are screened for any type of disabilities. The survey showed that a large number of children from Imaadhudhin School have vision problems which if unattended to, is a disability.

HI contributed immensely to the preparation of Maldivian Sign Language Dictionary. The dictionary contains information on the types of disabilities, services needed and services available. The dictionary, funded by Handicap International, provides a resource to deaf people, parents and teachers to allow them to communicate in one standard language. Signs from both the atolls and Male' have been incorporated into the dictionary.

A key achievement of HI is the establishment of three NGOs that work in the area of disability support and services. HI provided financial and technical assistance to the formation of Maldives Deaf Association (MDA); Association for disAbility and Development (ADD) and Hand-in-Hand. HI assisted "Hand in Hand" to conduct psychological support group for parents with children with disabilities.

8.6 MVdisAbilityNet

MVdisAbilityNet provides a disability related social networking forum. Members of the forum include persons with disabilities; parents; volunteers; government officials; Non-Governmental Organisations (NGOs); Community Based Organisations (CBOs); health professionals; teachers and interested individuals. It provides a discussion forum and mailing list for disability issues in Maldives. It was established in January 2009 as a lobby group working towards getting the Government of the Maldives to ratify the Convention on the Rights of Persons with Disability. However, it is functioning as a networking tool to share news and ideas. The address of the network is: *http://groups.google.com/group/mvdisability.*

SERVICE GAPS AND CHALLENGES

9. SERVICE GAPS AND CHALLENGES

There are several good activities that are ongoing. The financial assistance for blind persons commenced in 1950s. Residential care service for psychiatric and geriatric patients has been offered since 1976. The provision of assistive devices began in early 1980s. Special education classes were initiated in 1985.

However, real gaps in activities remain and persons with disabilities still face barriers accessing their basic necessities. Parents want their children to be successful in education but there are no educational opportunities at lower secondary or higher secondary levels. Persons with disabilities have to find and retain employment to have an adequate income, so that they can support them-selves and lead an independent life, but there are major barriers to employment. Although assistive devices are available from the Government, there is limited information made available to persons with disabilities. Financial assistance is provided to blind persons, but there is no income assistance to persons with other forms of disabilities. Improving outcomes for persons with disabilities is not just about getting specialised disability supports right – it is also about effecting change at much broader levels especially in providing access

to homes, buildings, sports, communication and transport. In addition, social discrimination directed at persons with disabilities still hinders the full realisation of their human rights, and prevent full participation in society. The following sections provide details on existing service gaps and challenges.

9.1 Lack of consultation

Inadequate consultation is a major barrier confronting persons with disabilities in attempting to gain access to services provided by the Government and in participating in activities targeted for them. The surveys, consultations and employee discussions conducted for this study have found that there remains a strong feeling amongst service beneficiaries that they are insufficiently consulted. Furthermore, service providing duty bearers also said that they are insufficiently consulted by decision makers about the needs of service beneficiaries, the service delivery process and the physical environment for service delivery.

Consultation is recognised as one of the primary strategies in human rights based development, particularly in policy formulation. Persons with disabilities need to be actively involved in the policy development and review process through direct participation or consultation. Persons with disabilities must have a high degree of ownership of the Maldives National Disability Policy and legislation related to disability rights and services. They need to be given the opportunity to lobby strongly for laws and policies and need to be integrally involved in their development. Furthermore, persons with disabilities must have a leading role in the implementation and monitoring of laws and policies.

Consultation must also be a core element in service delivery for persons with disabilities. It is a serious concern that strategies and actions to ensure planning and service delivery do not take into account the needs of beneficiaries. Consultation is necessary to develop an understanding of the services needed by persons with disabilities, and to develop the capacity to provide the services needed by people in the way they want. Consultation is also necessary to establish correct procedures for assessing beneficiary satisfaction. Persons with disabilities must also be consulted in the development of purchase specifications where the purchase has a direct impact on the lives of people. There is also a need for transparent and accountable government procedures for the purchase of equipment and assistive devices for persons with disabilities.

9.2 Lack of early detection and intervention

There is no evidence of any early detection and intervention initiatives. It is estimated that there are about 2,250 children with disabilities who require specialist services (EDC 2009). Children with disabilities experience environmental and social barriers which restrict their ability to participate in normal childhood activities including self-care, play and education. A recent screening exercise in a school identified a child enrolled in a school who had not expressed a single word in the four years spent in school (verbal communication). However, the class teachers had not reported or taken any intervention initiatives. This is an example of the kind of neglect prevailing in the country.

Maximum development and full potential for children with a disability are achieved when early intervention strategies are implemented in the first three years of life (FirstSigns 2001). Early intervention can improve the quality of life and brighten the future for many children who are considered at risk of cognitive, social, or emotional developmental delays. It can lessen the impact a developmental disorder has on the family. It can lead a child to greater independence, better participation in the community, and a more productive life. It also has been found that early support and intervention are highly effective in preventing or reducing the level of more intrusive interventions at later stages (AIHW 1997). In some cases, effective intervention can ameliorate conditions once thought to be virtually untreatable such as autism(FirstSigns 2001). Focusing more on early intervention ensures that needs can be met and managed before they become acute or secondary disabilities arise.

Early intervention services includes therapy, education, health services, inclusion support in early childhood services, formal and informal family support, information and referral and the provision of information and support for transition into school systems (TheNucleusGroup 2002). An Early Intervention Initiative can be designed to: assist parents to access appropriate supports for their children; strengthen the family's capacity to support their child's growth and development; enable the participation of the family and child in their local community life; use the family and child's environments as settings to provide the best opportunity to promote early childhood learning; provide specialist knowledge and information for the family with regard to the child's disability, strategies to support their child and available service options to meet their needs; provide individualised services at a local level, in collaboration with the child's family and other significant people within the child's life, that will promote quality childhood experiences and enhance their community participation.

9.3 Limited opportunities for education

Provision of special education has begun, but access is severely limited. It is estimated that nine out of ten children with disabilities are not attending school. Special education classes are now available in Male' and in six out of the twenty atolls. According to the "Situation of People with Disabilities in Haa Alifu and Haa Dhaalu" report, 48% of school age children surveyed were not in school (Campion 2008). Furthermore, there are serious concerns on the accessibility of schools, the curricula and the levels of support and resources available to children with disabilities. Even in those schools where special education classes are conducted, physical access to library, laboratory, school office and toilets are severely limited to children with disabilities.

No standard curriculum is being followed for special education with the exception of Jamaluddin School. Most children with disabilities who are enrolled in school attend special classes and do not attend mainstream schooling. In Jamaluddin School access is provided to hearing impaired children only and follows the standard National Curriculum. In other schools, most classes have multi handicapped children with a limited number of teachers and education is based on children's individual ability. Children with disabilities benefit more from participating in mainstream educational settings and Article 24 of the Convention on the Rights of Persons with Disabilities calls on state parties to ensure an inclusive education system at all levels and lifelong learning. It must also be recognised that educational opportunities in childhood will in turn affect employment opportunities and outcomes in adulthood.

Getting teachers to respect and protect the rights of children with disabilities is a major challenge. Training of special education teachers was not given high priority by the Government. As a result, most of the teachers are not well trained to teach special needs classes. Teachers who teach special education classes in Male' schools have completed special training programmes apart from the primary education certificates. However, special education teachers in the atolls have completed only a one month special training conducted by the EDC. There are only two teachers in the country who know how to use Braille and both of them work at Ghiyaasuddin School. A more disturbing issue is the reluctance of teachers to accept children with physical or intellectual disabilities to attend their classes. At the same time, it is recognised that the behaviour of teachers is to a large extent driven by the attitudes of parents as well as the community at large.

There is virtually no access to or transition to secondary level education for children with disabilities. As a priority a class for special education at secondary level needs to be established in the Maldives. It is noted that it will be difficult to create access to secondary education in all islands as most of the islands are sparsely populated and supporting separate special education classes may not be feasible. Hence, it is important to consider initiatives such as providing support to family to move to islands where there are residential learning facilities established by the Ministry of Education

Another challenge facing young people with disabilities and their parents is the lack of planned transitions from school to work, vocational training, tertiary education or other meaningful day-time activities. Young people who attend the special education classes and their parents now face uncertainty as they move out of education where their son or daughter had a daily activity and received support into an adult world where there is no such organization and support available. With the right assistance, young persons with disabilities can make better transitions from school to adult life.

9.4 Lack of health facilities and services

Human resources and facilities required to address mental health is lacking. There is no mental health authority, mental hospital or mental health clinic in the Maldives. The only out-patient facility for mental health is at Indira Gandhi Memorial Hospital in Male'. There are only two psychiatrists working in the country and both work at the outpatient facility at IGMH. There are no psychiatrists at any of the regional hospitals or in the private sector. The two psychiatrists make monthly visits to the Home for People with Special Needs in Guraidhoo. There are trained psychologists in the Maldives but none of them work directly for mental health services. Most of them work in the area of drug rehabilitation.

9.5 Lack of access to quality residential care

There were more than 31 persons with disabilities waiting to get a place at the Home for People with Special Needs in March 2010. Paradoxically there were 31 patients at residential care in Guraidhoo who are discharged but not taken home. Out of these 31 patients, one was discharged in 2002, six were discharged in 2003, three were discharged in 2004, and four were discharged in 2005. Although there are entry and exit policies for residential care at the Home

for People with Special Needs, it has proved extremely difficult to implement these policies. Families enter into an agreement with the Government which clearly states that the families will take the patients home when discharged and they understand that legal action will be taken against them if they violate the provision. Since the rights of several persons to get adequate residential care is being violated because of the disregard of certain families, this matter needs to be brought to the attention of the Attorney General and the courts.

For the last ten years, none of the staff at the Home for People with Special Needs were given training opportunities. The staff expressed that they were not able to provide the kind of care required by the beneficiaries simply because they do not know how to provide the care. The poor attention given in the past to staff development at the Home for People with Special Needs is evident from the meagre resources allocated for training. In the 2008 budget US$ 2,543 (Rf32,680) was allocated for the staff development of an institution with 120 staff. The total budget allocated for training was less than US$ 21 per staff per year.

9.6 Lack of employment services

The most obvious gap in services provided to persons with disabilities is lack of employment services. There is no evidence of any government organised support or services to persons with disabilities in obtaining jobs. The survey of Situation of People with Disabilities conducted in Haa Alifu and Haa Dhaalu atolls showed that 71percent of working age men with disabilities and 93 percent of working-age women with disabilities were not in work (Campion 2008).

The challenges around employment include discrimination in the labour market and workplace and low expectations and assumptions about what persons with disabilities can and cannot do. For example, employers often say the workplace is not a safe environment for persons with disabilities. This means people with valuable skills and strong motivation can struggle to participate as fully as they are able to. Finding quality work that pays a decent wage is extremely difficult for persons with disabilities. When people have temporary disabilities and are unable to work full-time, finding meaningful part-time or voluntary activities is also a challenge for them. In the Maldives, there is a need to challenge assumptions about what persons with disabilities can and cannot do. Positive discrimination needs to be introduced to enable both full-time and part-time jobs for persons with disabilities. Employers should be required to provide on the job training to fill the gaps in education of workers with disabilities.

The Draft National Policy on Disability recognizes the rights of persons with disabilities to work on an equal basis with others. It proposes a system of quotas for Government Ministries and the Ministry of Health and Family is to take the lead in this. Some people need equipment and workplace modifications for them to be effective and to work to their full capacity, or to retain a job following an accident. Accessible transport to and from work and accessible workplaces are also critical factors in ensuring people can work.

9.7 Lack of access to information

Access to information about available services continues to be a very significant barrier for persons with disabilities. There is a lack of accessible information for persons with disabilities on financial allowances, assistive devices and support available to them. People have a right to information in appropriate formats about the programs and services that are designed for them. However, there used to be a deliberate unwritten policy to make access to information difficult, particularly on eligibility for assistance and the extent of assistance available. The justification given is "the more people know - the more people will seek the available services".

It is highly likely that if people knew about the extent and coverage of essential social security services provided by the government for persons with disabilities, they will utilise the support and services which will improve their quality of life. According to the Situation of People with Disabilities in Haa Alifu and Haa Dhaalu June 2008 report "72 percent of individuals with hearing difficulties did not have hearing aids that could potentially improve their quality of life. 54 percent of males and 89 percent of females who had difficulties seeing did not have spectacles. 76 percent of men and 81percent of women, who had a lot of difficulty walking or couldn't walk, did not have a wheelchair or a tricycle. 47 percent with difficulties seeing had not had their sight tested. 39 of the 61 individuals with emotional problems had not received counselling". These statistics also pose the question why there is a significant difference between men and women in accessing services. A proper assessment is needed to find out if these differences are caused by factors such as differences in accessibility and information availability.

High quality, comparable data on disability that is important for the planning, implementation, monitoring, and evaluation of policies are not available. There is overlap in the studies being undertaken on disability situation and the reports of the studies are not widely available. There is limited coordination among agencies that are sponsoring or undertaking the

disability screening or evaluation studies. There is a need for better coordination and technical rigour in the information gathering on disability. There is an urgent need to conduct a national wide disability survey. It is also necessary to include the set of questions developed by Washington Group on Disability Statistics in the next population census of the Maldives (Nihad 2008). In this context, it will be important to make the Department of National Statistics as the national focal agency for disability statistics and designate a Statistician from the Department as the focal point for disability statistics in the Maldives.

9.8 Inadequate and inequitable financial assistance

Financial assistance is provided only for the legally blind among persons with disabilities. The financial assistance given to legally blind persons was increased from Rf500 to Rf1500 as a result of discussions held by HRCM with concerned agencies of the Government regarding a petition received by HRCM. There are several persons with severe disabilities who do not receive income support. The Welfare Section of the Ministry of Health and Family provides monthly financial support to some persons with disabilities through the social safety net scheme on absolute poverty. People who receive income support on the grounds of disability and/or health conditions are likely to increase in the future and it is critically important to develop a set of standard criteria that can be used to provide adequate and equitable financial assistance for persons with disabilities.

Disability-adjusted life year (DALY) represents a model that can be used to provide more equitable financial assistance to persons with disabilities. The WHO model "DALY" was developed as an input to the World Bank's World Development Report 1993: Investing in Health (Anand and Hanson 1997). DALY is now used as a tool for policy making in several countries. DALYs combine time lived with a disability and the time lost due to premature mortality. Years lived with disability are translated into equivalent time loss by using weights which reflect reduction in functional capacity, with higher weights corresponding to a greater reduction. Disability weights are obtained by posing two different Person Trade-Off (PTO) questions to expert panels. PTO1 compares life extensions for persons with disabilities and healthy people while PTO2 compares cures for illness with extension of life. The disability weights in DALYs can be used in the Maldives as a standard measure to identify the extent of disability and financial allowances could then be given to persons with disabilities depending on the standard table which shows level of disability and the amount of allowance to be given.

There is considerable appreciation from service providers for the recent increase in finances provided to the budget on disability services. The enhanced funding is evidence of better understanding by the Government of the needs of persons with disabilities. However, it is difficult to evaluate how much real improvement has occurred in terms of access to this finance by those who need it and quality of services. The government does not publicise information on services and support available to persons with disabilities. Furthermore, there are no appropriate forums for discussion and formal avenues for seeking advice on particular needs. Making progress in improving access to disability supports will address some of the sector's concerns. There are opportunities for NSPA to improve services within current funding.

The continuation of programmes run by NGOs is at risk due to lack of funds. For example, Care Society has recently made an open nation-wide appeal for financial support to their programmes. Care Development Center (CDC) charges Rf 95 per child for education and rehabilitation services while the full operating costs of the CDC services for each child is Rf 1000. CDC is considering increasing the fee to Rf 150 and recognizes that most of the parents will not be able to afford to pay Rf 1000. Hence, it is critical that CDC has a continuous stream of funds to manage the centre. CDC has opened up sponsorship for 48 children under their care and can be supported with Rf 1000 per child, and public are encouraged to sponsor children.

9.9 Disadvantages to persons with disabilities living outside Male'

Persons with disabilities who live outside Male' face barriers in access to government services. Some of the procedures for obtaining services require people to visit Male' and the full costs of travel and accommodation has to be borne by the applicant. Some procedures also require people to obtain certification from IGMH doctors based in Male'. There are no psychiatrists and psychologists in the regional hospitals and physiotherapy services are also limited in the atolls. There is a need for immediate review of the procedures for access to government service and ensure that people resident in any atoll of the Maldives have equal and equitable access to services and support.

9.10 Limited knowledge of service delivery staff

There is limited knowledge of disability related issues among government staff. The common perception is that disability is a specialist topic requiring expert knowledge. However, making services more accessible to persons with disabilities is simple and require caring, kindness and flexible approaches by staff. Training for staff must focus on increasing confidence, while also addressing the basics of disability as a rights issue.

The social service workers and counsellors working in the Family and Children Services Centres have received only basic training on disability. These staff members are aware about issues faced by children with disabilities and have to reach out to vulnerable children while doing their case work. Most of the social workers need more training to be able to effectively tackle the issues faced.

9.11 Limited access on transport

There are many barriers that prevent persons with disabilities getting from place to place. Living an ordinary life means being able to get from place to place, whether it's from home to school or work, to friends' places, to social events. The roads, pavements, road signs and traffic lights are not designed to be friendly for persons with disabilities. The passenger dhonis and speed boats do not have any special seating or built in accessibility considerations for persons with disabilities. It is lamentable that wheelchair access is not possible even on ferry services between Male' and the airport and between Male' and Vilingilli. The benefits of improving the accessibility of public transport will not only be of benefit to persons with disabilities but also will be of immense benefit to people with temporary injuries or illness, parents with children and buggies, people carrying groceries, the elderly, and people who are getting frailer. An approach to transport design that is comprehensive and takes into account how transport and the built environment connect and work together would address some of these accessibility issues.

9.12 Limited access to premises

Limited access to premises that provide services to persons with disabilities is a major service gap. There is an urgent need to make premises such as homes, hospitals, schools, mosques,

government offices, courts and shops more accessible and user friendly. It is not only direct service and support providers who have to consider making premises accessible. Inaccessible workplaces present barriers to persons with disabilities to access employment and employers need to play a significant role in removing such barriers. Inaccessibility of the built environment is a major contributing factor that decreases the number of workplaces available to persons with disabilities. Where government organisations rent facilities to be used by their customers, they shall be required to consider access to premises under their role as purchaser, provider and regulator of public services.

It is noteworthy that there is increasing awareness among service providers of the implications of buildings and workplaces with difficult access. There is evidence of genuine attempt to address this issue in the recently constructed Family and Children Service Centres. However, there are still design shortcomings and several practical limitations in these centres.

9.13 Lack of visible leadership and commitment

There is no single, highly visible and accessible entry point to all government disability services and support. The Ministry of Health and Family has the broad mandate to provide leadership on disability issues however there is no office, department, division or unit under the Ministry that is given exclusive mandate to develop policies, coordinate activities and monitor the performance of the government's disability related programmes. From government's point of view there are gaps and areas for improving administrative efficiency. From the perspective of persons with disabilities and their families disability supports are complicated to access, inflexible and inequitable (across age groups, geographical areas, cause of impairment, and type of impairment). There are many good gains to be achieved by improving access to services, by simplifying assessment processes, and by providing flexible services determined by whatever the person wants support with.

There is a need for a well structured and streamlined Office for Disability that reports to the Minister of Health and Family. The Office would have the mandate to oversee the implementation and coordination of programs and policies that enhance the health and well being of people with disabilities; work directly with other sections of the Ministry of Health and Family to facilitate policy development and to advance disability issues across other Government Ministries and Departments. Within the mission of the office will be the identification of

opportunities to maximize and streamline processes that result in the elimination of inefficient or redundant efforts to serve persons with disabilities. The Office will provide strategic technical advice to the Minister of Health and Family on all disability related policies.

Disability issues require stronger leadership, commitment and a higher profile from and among the Ministries accountable for policy development and service delivery, and those responsible for disability supports. This leadership could be achieved through the establishment of a "Disability Forum" made up of the permanent secretaries of Ministries that make (or could make) a critical difference in the lives of persons with disabilities. These could be Ministries with responsibilities for education, health, employment services, transport, construction, housing, family, social rehabilitation, among others.

The Disability Forum could be headed by the Vice President of the Maldives and its members would be held accountable through formal arrangements for the achievement of shared outcomes for the disability sector. The establishment of such a group at the most senior executive level will lift the profile of disability issues within those Ministries, will enable higher priority to be given to actions and will improve the coordination and coherency of approaches across the government.

RECOMMENDATIONS

10. RECOMMENDATIONS

1. Speed up the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) through developing a national implementation plan.

2. Design and conduct a continuing programme to raise societal awareness necessary to enable respect for the rights and dignity of persons with disabilities and combat stereotypes and prejudices relating to persons with disabilities. The Ministry of Tourism, Arts and Culture shall be required to demonstrate leadership in this regard.

3. Develop annual work plans to implement the National Disability Policy, and the Minister for Health and Family be required to report annually to Parliament on progress in the implementation of the policy.

4. Develop a national strategy for the reduction of risk factors contributing to disabilities during pregnancy and childhood and take all necessary prevention steps including strengthening and supporting existing family counselling programmes, premarital confidential testing for diseases such as thalassaemia, along with prevention counselling for intra-family marriages.

5. Implement a well-designed early identification and intervention initiative for disability, especially during pregnancy and for children 0 to 3 years of age.

6. Commence specific early intervention services at public expense through the Family and Children Service Centres with the collaboration of hospitals and health centres in the atolls. Such services must include finding and referral of children; evaluation and assessment of children; development of an Individualized Family Service Plan for each child with a disability; and establishment of multi-disciplinary early intervention teams at each of the FCSCs.

7. Provide training to the staff at FCSCs for delivery of early intervention initiatives.

8. Develop clear guidelines and procedures on early intervention service entry and exit; assessment and prioritisation of children with a disability; privacy; complaints mechanisms, review mechanisms, and monitoring and evaluation system.

9. Develop an implementation plan for the execution of the Special Education Policy in the context of inclusive joint education of children and young persons with and without disabilities.

10. Strengthen the mental health services by establishing a national mental health team and seven teams of one doctor and one nurse at the province/regional level. These teams would be responsible for all age groups and the team would also be responsible for care of people with co-morbid mental health and substance use problems and to provide training on mental health for nurses, primary and community health workers, and counselors.

11. Conduct a training needs assessment for the Home for People with Special Needs, develop specific training programmes and provide training to the staff of the residential facility as a priority.

12. Develop and implement an employment strategy with clear focus on preparing and supporting persons with disabilities entering paid employment or leaving school.

13. Improve access to information on support services available for persons with disabilities and ensure information on assistive devices and financial allowances are available in all inhabited islands. The National Social Protection Agency shall disseminate the information to the public on a regular basis through TV, Radio and newspapers. Such information should also be made available in audio cassette, large print, and Braille. Plain or easy language must be used to assist understanding.

14. Amend the National Building Code to include provisions that enable persons with disabilities to access all public buildings and eliminate obstacles and barriers to indoor and outdoor facilities.

15. Take speedy action to make existing buildings more accessible to persons with disabilities.

16. Ensure that the new Family and Child Service Centres are built to recognized accessibility standards, use universal designs and carry proper signage.

17. Develop a "Future-proofing" strategy to inform designers, planners, architects, engineers and construction contractors on the need to modify the built environment and technologies at the initial stage to meet the needs of persons with disabilities and the elderly. With future proofing the need to do expensive 'retrofits' later to meet the needs of the population can be avoided.

18. Provide disability awareness training to all existing Family and Children Service Centre staff.

19. Provide disability awareness training to staff of Ministry of Human Resources, Youth and Sports; Ministry of Education; Ministry of Health and Family; and Maldives Police Services.

20. Provide urgently sign language training to Family and Child Services Centre staff. Sign language courses also need to be organised as evening classes and opened for interested public and parents. These courses can be provided by the new hearing-impaired trainers in Male' and can be extended to Atolls either on-line via the Teacher Resource Centres or by visiting trainers.

21. Employ urgently a sign language trained person at the Maldives Police Services and the Ministry of Health and Family.

22. Develop a 'disability charter' which states the fundamental purpose and philosophy of the various sector agencies with regard to protecting the rights of persons with disabilities.

23. Revise the present disability support programme to ensure outcomes-focused funding; simplify and better align assessment processes; and improve the way people access information and support. Focus needs to be on better outcomes

for persons with disability and enhancing choice for rights holders and improving service flexibility.

24. Establish an 'Office for Disability' under the aegis of the Ministry of Health and Family to provide a single, highly visible and accessible entry point to all government disability support information and services; and ensure longer-term planning for priority areas including disability supports, making targets and achievements more transparent, and enhancing monitoring to improve the effectiveness of future implementation activities.

25. Establish a 'Disability Forum' to providing leadership, commitment and a higher profile for disability related issues in the Maldives. It is recommended that Permanant Secretaries of concerned Ministries be members of the Forum. The Vice President of the Maldives could be invited to chair the Forum.

26. Establish a formal network of NGOs, professionals, civil society organisations and volunteers who work on disability issues for better dissemination of information and extend service delivery beyond the government sector into wider agencies and society.

27. Conduct a nationwide disability survey to establish a reliable baseline of disability in the Maldives.

28. Include the set of questions developed by Washington Group on Disability Statistics in the future population censuses of the Maldives.

29. Designate the Department of National Statistics as the national focal agency for disability statistics and identify a Statistician from the Department as the focal point for disability statistics in the Maldives.

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ANNEX I

List of persons and agencies consulted

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Ms Aminath Latheef	Jamaluddin School
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Mr Jeroen Stol	Handicap International
Ms Shina Wajeeh	Care Society
Ms Rizna Ibrahim Manik	Hand in Hand
Mr Amaresh Gopalakrishnan	Maldives Deaf Association
Ms Ameena Mohamed Didi	UNICEF
Mr Aboobakuru Abdul Kareem	Home for People with Special Needs
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