The Pacific Children with disabilities report was prepared for UNICEF Pacific by

Helen Tavola & Nainasa Whippy, July

Cover photo: All children can learn: children of the Kiribati School for the Disabled performing a traditional dance
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## Abbreviations and Acronyms Used in This Report

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<td>AHRH</td>
<td>Australian Human Rights Commission</td>
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<td>APDS</td>
<td>Australia Pacific Disability Support</td>
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<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<tr>
<td>BMF</td>
<td>Biwako Millennium Framework</td>
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<tr>
<td>CBM</td>
<td>Christian Blind Mission or Christoffel Blindenmission</td>
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<tr>
<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<td>CWD</td>
<td>Children with disabilities</td>
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<tr>
<td>DPA</td>
<td>Vanuatu Disability Promotion and Advocacy</td>
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<td>DPO</td>
<td>Disabled Peoples Organisation</td>
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<td>DRF</td>
<td>Disability Rights Fund</td>
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<td>EFA</td>
<td>Education For All</td>
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<td>EIC</td>
<td>Early Intervention Centre</td>
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<td>EU</td>
<td>European Union</td>
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<td>FDPA</td>
<td>Fiji Disabled Peoples Association</td>
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<td>FNCDP</td>
<td>Fiji National Council for Disabled Persons</td>
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<tr>
<td>FSM</td>
<td>Federated States of Micronesia</td>
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<td>FSPi</td>
<td>Foundation of the South Pacific International</td>
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<tr>
<td>FVTc</td>
<td>Fiji Vocational Training Centre</td>
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<tr>
<td>HIES</td>
<td>Household Income and Expenditure Surveys</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>ICEPVI</td>
<td>International Council for Education for People with Visual Impairment</td>
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<td>IE</td>
<td>Inclusive Education</td>
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<td>IMCI</td>
<td>Integrated Management of Childhood Illness</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>MDG</td>
<td>Millenium Development Goals</td>
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<tr>
<td>MERHD</td>
<td>Ministry of Education and Human Resources Development (Solomon Islands)</td>
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<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MISA</td>
<td>Ministry of Internal and Social Affairs (Kiribati)</td>
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<td>MJSW</td>
<td>Ministry of Justice and Social Welfare (Vanuatu)</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MoW</td>
<td>Ministry of Women</td>
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<td>MoWsh</td>
<td>Ministry of Women Social Welfare and Housing (Fiji)</td>
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<td>MTR</td>
<td>Mid Term Review</td>
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<td>NGO</td>
<td>Non Government Organisations</td>
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<td>NZAID</td>
<td>New Zealand International Aid and Development Agency</td>
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<td>PAPE</td>
<td>Policy Advocacy Planning and Evaluation</td>
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<td>PDF</td>
<td>Pacific Disability Forum</td>
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<td>PIcs</td>
<td>Pacific Island Countries</td>
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<td>PIFS</td>
<td>Pacific Islands Forum Secretariat</td>
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<td>PLF</td>
<td>Pacific Leprosy Foundation</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>PNG</td>
<td>Papua New Guinea</td>
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<tr>
<td>PRSD</td>
<td>Pacific Regional Strategy on Disability</td>
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<td>PWD</td>
<td>People with Disabilities</td>
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<tr>
<td>PWDSI</td>
<td>People with Disabilities Solomon Islands</td>
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<tr>
<td>RCSDC</td>
<td>Red Cross Special Development Centre</td>
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<td>RMI</td>
<td>Republic of the Marshall Islands</td>
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<tr>
<td>SICHE</td>
<td>Solomon Islands College of Higher Education</td>
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<tr>
<td>SPC</td>
<td>Secretariat of the Pacific Community</td>
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<td>SWAp</td>
<td>Sector Wide Approaches</td>
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<tr>
<td>UNESCAP</td>
<td>United Nations Economic Social Commission for Asia and the Pacific</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific Cultural Organisation</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>VITE</td>
<td>Vanuatu Institute of Teacher Education</td>
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<tr>
<td>VSDP</td>
<td>Vanuatu Society for Disabled People</td>
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ACKNOWLEDGEMENTS

The consultants wish to gratefully acknowledge the contributions of all those who were consulted for this piece of research, in Fiji, Kiribati, Solomon Islands and Vanuatu. We are deeply appreciative of the spirit of generosity with which you shared your stories and your views.

We would also like to thank UNICEF staff who assisted with the facilitation of our work, in particular Johanna Eriksson-Takyo and Filomena Ratumaibuca in Suva; Joao Mendez in Kiribati and Brenda Nabirye in Vanuatu.

DISCLAIMER

Unless otherwise acknowledged, the views in this report are those of the consultants.
EXECUTIVE SUMMARY

The purpose of the consultation on which this Report is based was to: ‘Consult with a variety of regional stakeholders and those in Kiribati, Solomon Islands and Vanuatu to find out in what way UNICEF Pacific should engage in the future in the area of “children and disability” given that other organizations and governments are already tackling issues of disability in the region’. This was part of UNICEF Pacific’s 2010 Mid-term Review process.

The guiding frameworks of this Report include the Convention on the Rights of the Child; the Convention on the Rights of Persons with Disabilities; Education For All; the Millenium Development Goals; the Biwako Millenium Framework and Biwako +5; and the Pacific Regional Strategy on Disability.

The key findings of the situational analysis of children with disabilities (CWD) in Pacific Island Countries (PICs) were that while family members with disabilities are cared for by families and communities, they still suffer significant stigma and discrimination. Access to services is poor; especially education where CWD are usually either not sent to school by over-protective parents or not allowed entry by school management. Some PICs have segregated special education or care centres while others have little specific provision. Some countries have made progress with implementing Inclusive Education policies, while others intend to develop such policies.

Early detection, identification and rehabilitation is weak in the region. Assistance in this area would have a strong impact as it could significantly improve the lives of children with disabilities; support families; and prevent the development of secondary disabilities.

Access to health care for CWD is generally poor and uncoordinated. Referral systems between different parts of health systems tend to be weak. It is estimated that up to two-thirds of childhood disabilities are preventable, thus there is a lot of scope for improvements in prevention of disability, particularly in safe motherhood and deliveries, nutrition, water and sanitation.

There are very few education or training opportunities available for older children with disabilities, which means that they are unlikely to be able to live independent lives or earn sustainable livelihoods. There are also very few services available to provide consistent support to families with CWD, although the community based rehabilitation services in some PICs are doing a reasonable job within human resource and financial constraints.

Disability, like any social factor, does not exist in a vacuum. It is influenced by the cultural, economic and political context and environment. In most cases, where there is a negative factor or vulnerability, it is exacerbated for PWD and CWD, for example:

- Where there is gender discrimination, women and girls with disabilities have a double burden of discrimination.
• Where there are few employment and training opportunities, it is more difficult for PWD.
• Where the physical environment is harsh, such as in atoll countries, life is even more difficult for PWD.
• When there are disasters such as tsunami, floods or cyclones, PWD may suffer unduly.
• Where there is widespread poverty, such as in less developed countries, the poverty is worse for families with PWD and CWD.
• Where children are neglected and abused, CWD are likely to suffer disproportionately.
• Where access to health and education services is poor, it is an even greater challenge for PWD and CWD, especially on outer islands and remote areas.
• When government faces an economic crisis, disability services are often the first to be cut.

Despite the disparities and disadvantages that CWD face in the Pacific, it is widely acknowledged that there is more awareness of disability issues generally and more appreciation that PWD have a right to be part of their communities compared to a decade ago. There are also some cases of good practice in various PICs that may be able to be replicated elsewhere. Credit is given to self-help organizations of persons with disabilities for their advocacy on the rights of people including children with disabilities. The role of these organizations is critical in policy development and they should work in close collaboration with service providers and governments to improve the lives of PWD.

Although many organizations are engaged with disability, very few have children as their major concern or focus. There are only a few donors active in the Pacific region, mainly Australia, Japan and New Zealand. Development assistance has come from other sources such as international NGOs and small contributors. Until recently, assistance has tended to be somewhat piecemeal and lacking coordination or sustainability. Australia’s recently adopted strategy on disability inclusive development marks a move towards a more systematic approach.

There is considerable scope for UNICEF Pacific to become re-engaged with the issue of CWD as this Review found that it had previously been in the 1990s. The goals should be to improve the lives of CWD and to augment prevention efforts in a more explicit manner. If this issue continues to be neglected, neither the Millenium Development Goals nor Education For All will be achieved. There are natural synergies with UNICEF’s entire programme and UNICEF is ideally placed to leverage government commitment, in particular for advancing Inclusive Education and prevention of childhood disabilities. UNICEF can build on systems that exist and strengthen them. UNICEF should also integrate disability into all programmes in an explicit and proactive manner and develop indicators in its monitoring and evaluation procedures.
CHAPTER ONE: INTRODUCTION AND METHODOLOGY

The UNICEF mandate is ‘to focus our interventions on the most marginalized and poorest children and families, as well as to help countries to fulfil their human rights obligations.’ Clearly the issue of children with disabilities fits within this mandate. UNICEF has directed country offices to consider integrating this issue into its programming at the time of Mid-term Reviews.

The purpose of the consultation on which this Report is based was to: ‘Consult with a variety of regional stakeholders and those in Kiribati, Solomon Islands and Vanuatu to find out in what way UNICEF Pacific should engage in the future in the area of “children and disability” given that other organizations and governments are already tackling issues of disability in the region’. The Terms of Reference are set out in Annex 1.

This Review was undertaken by Dr Helen Tavola as Team Leader, a social development consultant based in Fiji and Ms Nainasa Whippy as Research Assistant, hereafter referred to as the Review team.

Chapter Two of the Review contains a detailed situational analysis of the issue of children with disabilities in the Pacific region, which includes looking at their access to services and the impacts of childhood disability on families. Chapter Three contains the result of a mapping exercise that highlights the area that different development partners are covering in the area of disability, especially children with disabilities. Chapter Four looks at how UNICEF could engage with this issue of children with disabilities and makes recommendations in this regard.

1.1 CONCEPTUALIZING AND DEFINING DISABILITY

This Report uses an approach to and definition of disability set out in the Convention on the Rights of Persons with Disabilities (CRPD) and accepted in UNICEF documents:

UNICEF uses the term “disability” in line with the definition provided in the UN Convention on the Rights of Persons with Disabilities: “Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” (Article 1) Our approach to disability is based on the social model of disability which is implicit in the Convention’s definition. It focuses on barriers posed to persons with impairments by their environment (rather than their bodily impairment), including the attitudes and prejudices of society, policies and practices of governments, and the structures of the health, welfare and education systems. Based on this understanding, inclusion is not about inserting persons with disabilities into existing structures; it is about transforming systems to be inclusive of everyone. Inclusive communities put into place measures to support all children at home, at school and in their communities. Where barriers exist, inclusive communities transform the way they are organized to meet the needs of all children.

Prior to the social or rights-based approach, a medical model of disability was widespread where disabilities were seen as abnormalities that needed curing or alleviating. Another approach is the charity or welfare model that sees persons with disabilities as objects of pity deserving charity, given by able-bodied persons. Many initiatives in special schooling in the
Pacific are based on the charity model which is still pervasive. Both of these models put the person with disabilities in the role of passive victim.

1.2 GUIDING FRAMEWORKS

This Report works within the frameworks and mandates set out in several key documents.

The **UN Convention on the Rights of the Child (CRC)**: Article 23 clearly articulates that disabled children (sic) should have equal rights. All Pacific Island Countries (PIC) have ratified the CRC.

The **UN Convention on the Rights of Persons with Disabilities (CRPD)**: Articles 7, 18, 23, 24, 25, 30 refer to the rights of children with disabilities.

Two PICs have ratified the CRPD (Cook Islands and Vanuatu) and a further three have signed (Solomon Islands, Tonga and Fiji).

The **Millenium Development Goals (MDG)**: while the MDGs do not specifically refer to disability, Goals 1-6 will not be met if the needs of persons with disabilities are not addressed. All PICs are party to the Millenium Declaration.

**Education for All (EFA)**: this global initiative, to which all PICs are party, aims to bring access to education for all children by the year 2015. UNESCO and UNICEF are the driving forces behind EFA. There are six explicit goals to meet the EFA objective and while there is no explicit reference to children with disabilities, the goal of achieving Education for All children cannot be met unless this oversight is addressed.

The **Biwako Millennium Framework (BMF) for Action: Towards an Inclusive Barrier-free and Rights-based society for Persons with Disabilities in Asia and the Pacific (2003–2012)** and the **Biwako plus Five** are rights-based approaches that have been adopted by Pacific Island Countries and provide guidance for the action needed to create an inclusive society for people with disability in the Asia and Pacific region. The BMF has been very influential in the Pacific and has provided practical guidance for countries in formulating policies. In 2003, the Leaders of the Pacific Islands Forum endorsed the BMF at their annual Forum.

**Salamanca Statement and the Framework for Action on Special Needs Education** was the outcome of a UNESCO conference held in Spain in 1994. It is regarded as a seminal work on Inclusive Education, calling for a policy shift from segregation and integration to inclusion.

The **Pacific Regional Strategy on Disability (PRSD)**: this was endorsed at the first Pacific ministerial meeting on disability organized by the Pacific Islands Forum Secretariat in October 2009. The PRSD is a broad rights-based strategy that includes the special needs of children.

1.3 LANGUAGE

As the discourse on disability has changed in the past decade, so has the language. Words such as handicapped, crippled, imbecile, idiot, retard, are no longer acceptable. The term ‘disabled’ is no longer favoured although is still used in key documents such as the CRC. It is also used to
describe self-help organizations of persons with disabilities or Disabled Persons’ Organizations. It is sparingly used in this Report as an adjective. Persons or children with disabilities (CWD) are preferred as these terms focus on the persons or children first and the disabilities second. It is becoming more acceptable to refer to impairments rather than disabilities.

1.4 METHODOLOGY

The Review team consulted widely in Fiji, Kiribati, Solomon Islands and Vanuatu between 26 April and 30 June 2010. In total 85 persons were consulted: 23 from government, 38 from non-governmental organizations (NGO), 21 UNICEF staff and 3 from inter-governmental organizations. The Review team visited 10 centres and schools for persons with disabilities in the various countries. A full list of those consulted and places visited is at Annex 2.

The methodology comprised key informant interviews, direct observation and focus group discussions. Comprehensive documentary research provided important background as well as sources of triangulation.

As with any research, the team encountered challenges and constraints. The team was not able to conduct many interviews with children with disabilities. This was due to the short time in each country and the lack of time to build up rapport and confidence of the children, their teachers, parents and care-givers. In addition, there were communication difficulties due to various disabilities as well as language. The Team found that it was not possible to talk meaningfully with the children we met and pursuing this would have appeared tokenistic. We did however talk to some parents of CWD in different countries and discussed the option of talking to their children, which they did not encourage under the circumstances.

The Review team encountered a certain degree of ‘consultant fatigue’, especially since many teams of consultants had been visiting the three UNICEF focus countries on different missions. This was particularly evident with partner governments and UNICEF staff.

The key findings of this Review as well as the recommendations for UNICEF action were presented at the UNICEF Mid-term Review meeting in Suva, Fiji, on 21 June 2010. A draft of this Report was widely distributed to UNICEF staff and comments have been incorporated.
CHAPTER TWO: PACIFIC CHILDREN WITH DISABILITIES: A SITUATIONAL ANALYSIS

This chapter provides an overview of the situation of children with disabilities in Pacific Island Countries (PICs). It firstly looks at the cultural context, then at data. There is an overview of service provision such as education and health as well as interfacing issues such as gender and geographic factors. The role of Disabled People’s Organizations is touched on. This chapter ends with country ‘snapshots’ of Kiribati, Solomon Islands, Vanuatu and Fiji. Annex 3 provides an overview of the status of PICs in regard to disability policy and legislation.

2.1 THE CULTURAL CONTEXT

Although there is a great diversity of cultures within the Pacific Islands, there are commonalities in regard to cultural attitudes towards children with disabilities and towards families that have a child with a disability. There are also contradictions within cultural attitudes as well as changing attitudes in a constantly changing world.

Pacific cultures are traditionally communal and inclusive and children are loved, valued and cherished. Children are nurtured not only by their parents and immediate family but by their extended families and community. Children with disabilities (CWD) are no exception. CWD tend to be over-protected and cared for to the extent that they are not encouraged to attend school or learn skills that would lead them to an independent life. This high level of dependence means their potential is not realized. The concept of CWD having rights per se, is not typically enshrined in Pacific cultures.

Some families are embarrassed about their CWD and hiding such children is common. This is linked to the perception that CWD are a curse, linked to sorcery, or a punishment for wrong-doing. Many reports refer to CWD as an ‘invisible’ population as they are unseen and their needs go unheeded. Parents report that there is stigma, prejudice and discrimination attached to having a child with a disability, as their children are often teased and called unpleasant names. This is especially the case for children with mental or intellectual disabilities and epilepsy.

Some CWD are seen as a burden and, in the words of an adult who has been disabled from birth, are seen as ‘less of a person.’ There are also cases of neglect, rejection and abuse of CWD. Neglect is sometimes caused by ignorance as many parents do not know how to care for their CWD and there is little support for them. Parents have difficulty feeding and caring for children with disabilities such as cleft palate and cerebral palsy and they cannot communicate easily with deaf children. Neglect is reportedly increasing in urban areas and with formal sector employment as families are becoming more nuclear and there is a weakening of strong community support. Girls with disabilities are particularly vulnerable to sexual abuse.

This Review heard from schools for children with special needs that many CWD come to school with behavioral and communication problems as they are largely ignored by their parents. Many children enter school not toilet trained as no effort has gone into teaching them basic hygiene or self-care. This neglect is a form of abuse as children are not even taught basic socialization skills that allow them to fit into society.
2.2 DATA ON CHILDREN WITH DISABILITIES IN THE PACIFIC

Surveys have been undertaken in several PICs to determine the number of persons with disabilities. Many of these have been conducted with assistance from Inclusion International with funding from NZAID, in partnership with disabled persons’ organizations (DPO) and/or governments and development partners. While the data collected in these surveys is not perfect, a great deal of information is gained on the situation and needs of PWD in each country. Some surveys have only covered an island or province such as the 2005 survey on the island of Eu’a in Tonga. Various arms of the Government of Fiji in partnership with JICA conducted a survey in the province of Macuata in Fiji in 2006. In 2009 the Vanuatu Society for Disabled People conducted a survey in Torba but the results were not available for this report. Table 2.1 shows examples of surveys.

Table 2.1: Disability Surveys in Pacific Island Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Survey conducted by</th>
<th>Year</th>
<th>Number of PWD</th>
<th>Number of CWD</th>
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<tr>
<td>Kiribati</td>
<td>Kiribati National Disability Survey Advisory Committee; Inclusion International; NZAID</td>
<td>2004-5</td>
<td>3,840</td>
<td>1,026 under 20</td>
</tr>
<tr>
<td>Samoa</td>
<td>Inclusion International</td>
<td>2005</td>
<td>2,874</td>
<td>396 under 20</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Solomon Islands Disability Survey Project Advisory Committee; European Union (funding)</td>
<td>2004-5</td>
<td>14,403</td>
<td>1,796 under 20</td>
</tr>
<tr>
<td>Tonga</td>
<td>National census</td>
<td>2006</td>
<td>5,397</td>
<td>529 under 19</td>
</tr>
<tr>
<td>Eu’a (Tonga)</td>
<td>Inclusion International, NZAID, JICA, Bureau of Statistics</td>
<td>2005</td>
<td>650</td>
<td>NA</td>
</tr>
<tr>
<td>Macuata (Fiji)</td>
<td>Ministry of Women, Social Welfare and Housing; Fiji National Council for Disabled Persons; JICA, Bureau of Statistics</td>
<td>2006</td>
<td>154</td>
<td>41 24 or under</td>
</tr>
</tbody>
</table>

The Vanuatu Ministry of Education has collected data on CWD who attend school. While a worthy start, the figures are recognized to be suspect as over half of the number is unspecified ‘learning difficulties’ that have not been actually diagnosed.

The surveys and census results provide a definite indication that people with disabilities exist in every community in the Pacific. The data also provides a basis for policy makers that the need exists for services specifically focused on PWD. The survey process can also serve as a form of advocacy and puts disability on the agenda.

Some PICs have questions in the national census on disability. There is some doubt about data revealed from census questions as disability is not always clearly defined and relies on self-definition or proxies such as the inability to work. There is, however, scope to improve on this as it is a cost-effective way of gathering data and there is information on international best practice in this from the Washington Group on Disability Statistics, a part of UN Statistics\(^1\).

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\(^1\) Work on how to include disability in national censuses is progressing and a summary is at Annex 4. Further information can be found at: [http://unstats.un.org/unsd/methods/citygroup/washington.htm](http://unstats.un.org/unsd/methods/citygroup/washington.htm)
Working with National Statistics Offices on data is a useful and cost-effective practice to be recommended. Questions on disability could be included in mainstream data collection and national surveys such as Household Income and Expenditure Surveys and labour surveys.

While data is undoubtedly important, there is possibly rather an obsession with surveys. The internationally agreed incidence data on disability is 10% in any population with one third of them children\(^2\) and this estimate in combination with national data, should provide a basis for service provision. The very high costs of surveys could be diverted into service provision in major gap areas such as early detection, identification and intervention.

Disability is a normal phenomenon in the sense that it exists in all societies, affecting predictable and identifiable proportions of each population. Therefore, it should be possible to estimate the sizes of the various disability populations, determine their needs and develop appropriate and cost-effective strategies to meet those needs\(^3\).

A report by NZAID noted that:

> Even when significant numbers of people with disabilities are known, disability remains a relatively low priority to many government agencies and donors. As a result, follow-up service provision does not always occur. Thus the person with the disability can be left identified, but no better off\(^4\).

This clearly implies that activities such as data collection and mass screening need to be done with a purpose and linked with service provision.

### 2.3 Early Detection, Identification and Intervention

There is evidence that early detection and identification of childhood disabilities along with early intervention not only offers significant opportunities to children with disabilities but is also more successful than remedial attempts in later years. Such programmes can minimize the disabling effect of some conditions from affecting a child’s life, thus is preventive in nature.

Early identification and assessment, combined with appropriate interventions, mean that potential difficulties can be identified in time to limit the consequences of an impairment on a child’s life and development and to maximize participation in all the activities usual for the child’s age group\(^5\).

Early intervention programmes work with very young children and also train parents to assist their children. Without adequate services CWD often have a poor quality of life or may rely on others for basic daily tasks such as feeding, personal hygiene and mobility. For example, a child who is born with cerebral palsy who receives early intervention services and carer education

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\(^2\) This figure is used by the World Health Organization and the World Bank  
\(^3\) Metts, Robert, Disability and Development, Background paper prepared for the World Bank Disability and Development Research Agenda Meeting, 2004, p2  
\(^4\) NZAID, Free and Equal, A Review of NZAID Pacific Regional Disability Programme for New Zealand Agency for International Development, 2005, p38  
\(^5\) UNICEF, innocent Digest No 13, Promoting the Rights of Children with Disabilities, p22
may be able to walk independently using adapted equipment and may be able to complete daily activities independently such as washing, dressing, feeding and attending school. However the same child if not treated may spend his or her life simply lying on the floor of their parents’ house as they have never developed basic skills or had access to adequate services or resources. If a child does not receive ongoing therapy, education and support their disability may in-fact become worse. For example a child with spasticity may develop contractures if he or she does not receive adequate treatment.

In many cases, if children receive intervention in early life, or as soon as the disability presents, they will have much better functional outcomes in the long run. Also by educating parents early in the child’s life, parents will become more aware of how they can support their child to learn and to develop as normally as possible.

The situation of infants and children born with disabilities in PICs is one of desperation for them and their families. Parents are given no information or guidance when they are sent home from hospital. Health workers, particularly on outer islands, do not have the training to provide guidance to the family but more importantly many of them hold the attitude that “the disabled” are not their concern and nothing can be done for them. Young disabled children may lie on a mat on the floor, receiving no stimulation, frequently malnourished because the transition to solid foods is not made if the child does not progress through the normal milestones of development. Without stimulation and simple exercises contractures and secondary disabling characteristics become irreversible6.

Some PICs have community based rehabilitation (CBR) services that provide home-based care for CWD. The CBR services in Solomon Islands and Fiji are well established under their respective Ministries of Health and do well within constant financial and staffing constraints. In Vanuatu, CBR services are provided by the Vanuatu Society for Disabled People (VSDP), a Port Vila based NGO. VSDP has even greater financial constraints than government funded CBR and is currently suffering from severe cutbacks in funding due to the global economic crisis, a factor that is reducing its services. Interestingly, UNICEF used to fund the CBR programmes in both Solomon Islands and Vanuatu in the late 1990s.

There is an apparent lack of coordination between Ministries of Health and Education in most PICs regarding referrals. This is a matter of concern as the Ministry of Health workers, either doctors or nurses or CBR workers, are usually the first point of contact for families. It is acknowledged that nurses need more training on disabilities and the implications of developmental delays.

Early intervention is cost-effective as it can reduce the long-term effects of some disabilities. A proposal put to this Review team showed that for around USD40,000 an early intervention centre could be established in Port Vila, Vanuatu, and run for a year.

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6 Pacific Islands Forum Secretariat, Regional Review of Policy and Legislation on Disability, 2005, p
**PROJECT HEAVEN**

A form of detection, although not necessarily early in a child’s life, is mass screening. An example of this is Project Heaven in Fiji. Started in 1998-99, it has now covered all primary school children in Fiji two times and secondary school children once. The Project used to find that 10% of children had a hearing or sight impairment but this has reduced to 6-7%. This reduction is presumed to be due to improved health care. The Project used to provide spectacles and hearing aids but now wants parents to take responsibility for these assistive devices. It helps with the cost of spectacle frames and optometrist fees and provides hearing aids at subsidized prices. Project Heaven used to receive support from the Government of Fiji, but that has been cut. It has received good support from the local private sector, international donors such as the Christian Blind Foundation, European Union and AusAID.

### 2.4 EDUCATION

Despite the fact that all Pacific Island Countries (PIC) have ratified the Convention on the Rights of the Child (CRC) and are party to the global Education For All initiative (EFA), throughout the Pacific, very few CWD attend school. The reasons are various: parents do not send their children as they want to protect them and do not want to expose them to possible bullying and teasing. Some parents also believe that their children cannot learn and there is no value in sending them to school.

Mainstream schools also are known to reject children who are perceived to have special needs as teachers do not have the confidence to cope with them. Many people assume that children with physical disabilities also have learning difficulties. Anecdotal evidence suggests that even children with minor disabilities such as cleft palate or a limp are turned away from schools although there is absolutely nothing to impair their learning ability. There is little support to schools or teachers in the way of assistive devices or help.

CWD who attend mainstream schools often only attend for a few years and only a small minority progress to secondary school. Without necessary support, school poses challenges. Those who attend segregated ‘special’ schools have some advantages although many such schools are more in the nature of care centres and do not provide an education of the same quality as other schools. In Kiribati and Solomon Islands for example, the only special school in each country has cross-disability classes of mixed age-groups. In Kiribati none of the teachers are trained at all and in Solomon Islands the teachers are trained teachers but have no training in teaching children with special needs. While both schools attempt to follow the national curriculum, it is an uphill task.

Special schools in PICs only provide primary school. In Kiribati, the age of attendance is determined by the weight and mobility of the child: when he or she is too heavy to be lifted into the school bus, they can no longer attend as the bus does not have special access for

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7 The exception is the three ‘Compact’ countries of the northern Pacific: Federated States of Micronesia, Palau and Republic of Marshall Islands. Funding from the US Department of Education provides for ‘special education’ up to the age of 21 for students with disabilities.
wheelchairs. In Fiji, special schools are under the primary division of the Ministry of Education and are regarded as primary schools. Previously very few children from Fiji’s special schools were able to attend secondary schools. Now 22 secondary schools in Fiji have students with various impairments attending, all from special primary schools who have passed the necessary entrance examination on academic merit.

The lack of educational opportunities is critical for CWD. Without education they are unable or unlikely to be able to earn a sustainable livelihood for themselves as adults and are destined to live lives of poverty and exclusion.

Noella is a 12 year old ni-Vanuatu girl who speaks five languages. She has low vision. She attended school for four years until a new teacher excluded her due to her disability. She loved school and loved playing with her friends. Now she stays at home.

2.5 INCLUSIVE EDUCATION\(^8\): MAKING EDUCATION FOR ALL A REALITY

‘In the Pacific, IE is not only a sensible approach due to its value-based philosophy, but also it suits the economic and geographic challenges that are a reality for many countries.’\(^9\)

The discourse and practice on children with disabilities has moved away from segregated special schools to an inclusive approach to education for CWD. Inclusive education (IE) offers the best opportunity for accessible education within the regular local neighbourhood or community. According to UNICEF and UNESCO definitions, IE goes beyond children with disabilities.

At the core of inclusive education is the human right to education, pronounced in the Universal Declaration of Human Rights in 1949. Equally important is the right of children not to be discriminated against, stated in Article 2 of the Convention on the Right of the Child (UN, 1989). A logical consequence of this right is that all children have the right to receive the kind of education that does not discriminate on grounds of disability, ethnicity, religion, language, gender, capabilities, and so on.\(^10\)

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\(^8\) The ‘World Conference on Special Needs Education: Access and Quality’ held in 1994 in Salamanca, Spain provided decisive support for inclusive approaches to education. It unanimously adopted the Statement and a Framework for Action on Special Needs Education providing guidelines for action at the national level as well as regional and international cooperation in the promotion of inclusive education.


\(^10\) UNESCO, Overcoming Exclusion through Inclusive Approaches to Education, , 2003,p1
IE is also in keeping with the global initiative Education for All, to which all Pacific Island Countries are committed. For the purposes of this Report, however, references to inclusive education will focus on children with disabilities.

There are multiple barriers that prevent CWD in the Pacific from attending school. Transport, access and safety are issues. A lack of appropriate resources and learning materials as well as a lack of qualified teachers is universal throughout the region. The main challenge though is discriminatory attitudes. Negative attitudes towards differences and the resulting discrimination and prejudice in society serve as serious barriers to school attendance.

An inclusive approach requires a substantial mindset change. It is not merely the addition of allowing CWD to attend mainstream school, but a process that includes training teachers to feel comfortable with a diverse group of children with different needs; and a transformation of the school process to include all children. ‘Education is not about dumping children in an unchanged mainstream system, but rather, mainstream schools will need to change in terms of curriculum, leadership, environment, resources, teacher education, teachers, teaching pedagogy, classroom layout, personnel, definition of schooling, planning, operational budgets and procedures’11.

In the Pacific context, many parents are often over-protective of their CWD and do not bring them up to realize their potential or to teach them the skills to be self-reliant or economically independent. This caring and protective approach is the opposite of a rights-based approach, thus requiring quite a change in outlook from parents and communities alike.

IE is based on the following key principles:

1. A belief that all children can learn.
2. At the core of inclusive education is the right to education.
3. Regular school systems should be able to educate all learners with appropriate support mechanisms.
4. As improvements are realized, all benefit from a better quality education.
5. The process is on-going and involves children, their families, teachers, school communities and the local community12

Some PICs have IE policies and others have plans to develop them. Implementation of such policies is the key. Among PICs, two countries stand out as having made significant progress with IE. The Cook Islands adopted an inclusive approach to its education in the early 2000s. It started to include CWD into mainstream schools in 2002 and closed its only special school in 2006. The Cook Islands Ministry of Education employs an Inclusive Education Adviser who works full-time on this issue. Teacher aides are employed to give one-to-one assistance to CWD. Its IE policy is currently undergoing review and in the course of the review process, a

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11 Cook Islands Ministry of Education, Towards an Inclusive Society: the Cook Islands Inclusive Education Policy, 2009 (Draft)
12 UNESCO, Towards Inclusive Education: Initiatives from the Pacific Region, p6
good deal of advocacy has been undertaken throughout the country. Advocacy is deemed necessary to ensure that members of the community, including school communities, fully understand the concept of IE.

Despite significant success, the process in the Cook Islands has had challenges. According to its IE Adviser, challenges include; confusion between special needs education and IE; changing the existing school culture and environment including teacher attitudes; and teachers feeling that doing individual educational plans and the index of inclusion adds to an already full workload\textsuperscript{13}.

Samoa has been practicing IE in a small way for some years and is now proactively pursuing it with a multi-pronged approach supported by AusAID funding. This was after ‘special units’ for CWD within mainstream schools proved unsuccessful. Samoa’s IE pilot includes centre-based early intervention; classes for deaf children; support for IE in 14 rural and urban government and private schools. Part of the IE implementation was the translation of the UNESCO toolkit on IE into Samoan to help teachers in regular schools to include children with disabilities. The National University of Samoa now includes IE in all pre-service training ‘although recruiting enough trained lecturers with theoretical and practical experience remains an issue.’\textsuperscript{14} CWD in secondary schools are supported and progressing well. Teacher aides are undergoing training and other staff are doing post-graduate courses in IE. There has also been a media campaign to promote IE, which resulted in more CWD coming forward. Hearing screening is conducted in schools and in the community. Inclusive sports are also promoted\textsuperscript{15}.

An impact of IE in Samoa is that ‘schools have broadened their values and are valuing difference. There is a change in teaching styles with the focus shifting to the visual, and this is not just for deaf children. Another advantage is that children with disabilities can be educated in their own village, in their own community.’\textsuperscript{16} This conclusion that IE benefits all children is universal: teachers improve their teaching and schools create kinder and more caring environments for all children.

Papua New Guinea has been working on IE since 1991 when a pilot project was initiated by Callan Services for Disabled People. Teacher training has been an important aspect of IE. IE is seen as appropriate for a large country with a mainly rural-based population, as most people are in reach of a village school but few can access urban services. Lessons have been learned about IE and a report on the subject noted:

Investing in a pilot project and making it a success story provides a helpful model to refer to in further activities. Training teachers in the project and including disability in the regular training project builds up capacity and motivates teachers to support inclusion in education in the long run\textsuperscript{17}.

\textsuperscript{13} Personal communication with Cook Islands IE Adviser, Laisiasa Merumeru
\textsuperscript{14} Lene, Donna ‘Inclusive Education: a Samoan Case Study, in Puaamau and Pene (Eds) 2009, p143
\textsuperscript{15} Senese School Report to AusAID, December 2009
\textsuperscript{16} Puaamau and Pene (Eds), Inclusive Education in the Pacific, 2009, p19
\textsuperscript{17} http://www.make-development-inclusive.org/toolsen/Inclusivepapua.pdf
Tonga has also developed an IE policy and has piloted IE in one school as a start. Vanuatu has a draft IE policy and strategic plan and plans to implement it incrementally starting with teacher training. Kiribati and Solomon Islands have stated the intention to develop IE policies in their current education strategic plans.

Many Pacific education systems are far from robust and factors such as poor quality of teaching, weak school management and curriculum irrelevance create a situation where additional challenges for teachers may be too much to consider. While these factors pose real constraints, they should not be used as excuses to do nothing. IE can be started in a small way with one or two pilot schools then gradually expanding.

In countries that have established a parallel system of ‘special schools’, it is more difficult to change attitudes towards IE. In the Pacific, Fiji falls into that category. Samoa, Cook Islands and Tonga report on the difficulty of changing mindsets from segregated special schools to an inclusive approach. Progress needs to be made cautiously with pilot schools that have support from the Ministry of Education, teacher training institutions, parents and community groups, relevant NGOs and development partners.

Teacher attitudes are frequently a barrier to IE. There is almost a fear of CWD, that they might have accidents and they are seen as a liability creating extra work. Teachers are aware of their own lack of training and preparedness for coping with different children. A Fijian academic wrote her Masters thesis on teachers’ attitudes towards IE in Fiji and she found that:

Data collected showed that teachers support inclusive education, however, they had reservations on the inclusion of students with severe disabilities. Several factors were identified to influence teachers’ attitudes towards inclusion. The most common factors were severity of
disability that the students had, inadequate training of teachers on teaching students with disabilities, inadequate government funding, lack of specialised resource personnel and lack of appropriate equipment and resources to support students and teachers in the teaching learning process. Limited commitment from the Ministry of Education and limited participation and consultation of teachers on policy and curriculum design were also identified as contributing factors for non inclusion of students with disabilities in regular schools\textsuperscript{18}.

There is a continuing debate over whether some special schools should remain open when an inclusive approach becomes the norm. It is possible that for children with severe disabilities, special centres may be appropriate. Existing special schools could be transformed into resource centres to provide assistive materials such as Braille materials, or training centres for teacher aides and teachers. In Fiji, there is a strongly held view that while as many children as possible should attend mainstream schools, there will always be a place for special schools so that the most needy children can get individualized attention in small classes.

IE is not new. There is an extensive literature with many proven practical and inexpensive suggestions for teachers and educational administrators. International research concludes overwhelmingly that inclusive education produces better educational outcomes for CWD than segregated schools\textsuperscript{19}.

Article 24 of the CRPD has very clear directives on education with an IE focus. (The full text of Article 24 is at Annex 4.)

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning directed to:
   (a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
   (b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
   (c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:
   (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
   (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
   (c) Reasonable accommodation of the individual's requirements is provided;
   (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;

\textsuperscript{19} From presentation at 13\textsuperscript{th} World Congress of Inclusion International, 2002
(e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

IE is complex. Although IE is cost-effective it is about more than resources. Existing school systems in terms of physical factors, curriculum aspects, teaching expectations and styles, leadership roles, have to change. Overall, IE is about the rights of children with disabilities to be able to participate fully and equally in education. IE is also about working towards inclusive societies: children who learn together, learn to live together.

2.6 CHILDREN WITH LEARNING DIFFICULTIES

Not all children learn the same way. Many children – possibly up to 5% of all children in school – have unspecified learning disorders because they learn differently from others. There is a range of learning difficulties or disorders and no agreed definition. In general, learning disorders are found in children of normal intelligence who have difficulty learning specific skills. These learning difficulties are hidden disabilities and the needs of these children are generally overlooked by Pacific education systems. In PICs where segregated special schools exist, children with learning difficulties are often sent there, although they do not have impairments as such. However when in they attend mainstream schools, they are labelled as failures or slow learners. The 2000 Fiji Education Commission Report quoted a special education teacher who said ‘School is hell to these children – they are victims of the system.’

Behaviour problems, low self-esteem and low achievement characterize children with learning difficulties. Teachers lack the strategies, skills and confidence to identify or assist such children and in the absence of remedial assistance or support, the likely scenario is that affected children leave the school system early.

At the other end of the spectrum are children who are exceptionally intelligent. This may be around 2% of the population. This does not always equate with high achievement as some highly intelligent children become bored and frustrated with the school system, possibly developing behaviour problems and leaving the school system. In Pacific education systems that are struggling with competing priorities and a lack of resources, the needs of gifted children are not a priority.

While it is beyond the scope of this Review to explore this issue in depth, this short section signals that many Pacific children may be alienated from the school system and under-achieving in it due to learning disorders that may be wrongly seen as disabilities.

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20 Government of Fiji, Learning Together: Directions for Education in the Fiji Islands, 2000, p242
2.7 SERVICES FOR TEENAGERS WITH DISABILITIES

Provision of services for teenagers with disabilities is a major gap area. As indicated earlier, if CWD receive any education at all, it usually ends at primary level. A submission by the Fiji Disabled People’s Association to the 2000 Fiji Education Commission stated:

People with disabilities also aspire for academic excellence and do have career goals. In our experience, the current education system as practiced in special education schools has been a barrier to the realization of our goals.  

There are only a few documented initiatives in the region, often run by NGOs or churches, which cater for a small number of young people. The Fiji Vocational Training Centre provides training and employment for some 70 people, from the ages of 16-40. The areas of training include book-binding, car-washing and carpentry. People with intellectual disabilities stick labels onto ice-cream containers. The original intention of the centre was to train people for mainstream employment, but the centre has now become an employer and some people stay there for years.

The three-year old San Isidro Care Centre in Solomon Islands caters for deaf teenagers from the age of 14 years old. Many of the students were previously students of the Red Cross Special Development Centre in Honiara. The Centre provides training in agriculture, carpentry, cooking, sewing and life-skills, with an emphasis on income-generating activities. It is the only such centre in Solomon Islands and currently has 37 students.

There are few documented cases of young people with disabilities accessing technical institutes or other forms of tertiary training, although some students with disabilities have attended and graduated from the University of the South Pacific. This Review heard unsubstantiated reports that some Rural Training Centres in Solomon Islands are now accepting youths with disabilities.

In Kiribati, only a few teenagers with disabilities have any opportunities for education, training or employment. A small number attends the special school and anecdotal evidence suggests that none attend mainstream schools or technical institutes. (The Ministry of Education does not collect this data). A small number of deaf teenagers have progressed from the special school to work for a tailoring business but on the whole there are very few employment opportunities for young PWD in Kiribati. The DPO, Te Toa Matoa, caters for PWD from 14 years of age but in reality has very few young members. Te Toa Matoa has started a small-scale initiative of sending four of its members to the Kiribati Institute of Technology to learn English. The purpose is to improve capability for attending regional and international events, as currently there are very few English speakers in the DPO able to fulfil this role. Negotiating with the Kiribati Institute of Technology to accept students with disabilities was reportedly quite a task, but the results have been rewarding so far.

21 Government of Fiji, Learning Together: Directions for Education in the Fiji Islands, 2000, p238
Training for youth is essential if they are to earn independent sustainable livelihoods as adults. The alternative may be a life of poverty, which is the prevalent status of many PWD in the region.

There are very few opportunities for youth with disabilities to access sports, cultural and other leisure opportunities. In Fiji and other PICs there is some provision for sports. The Vanuatu Services for Disabled Persons is working in this area and making some progress towards sports provision for youth in Port Vila.

The regional NGO, Foundation for the Peoples of the South Pacific (FSPI) has conducted research on mental health in several PICs in recent years. Although each country differs, the studies found significant and increasing mental health issues among young people. Depression among youth appears to be a growing problem, sometimes resulting in suicide or attempted suicide, resulting in very high youth suicide rates in some PICs. Changing lifestyles; rapid urbanization; unemployment; alcohol, drug and kava abuse; and violence; are all contributing factors to youth depression, which can become a disabling condition, preventing sufferers from living a normal life. Services for young people with mental health issues are minimal.

2.8 ACCESS TO HEALTH

Access to adequate health care is difficult for many people in PICs and the difficulty is exacerbated for CWD. Accessibility can be an issue in reaching health facilities and distances to health centres are often long and transport is costly. Medications are costly as well. The Ministry of Health in Solomon Islands provides free drugs to PWD, although this is reportedly only for generic drugs and not for specialized medicines that some PWD need.

A lack of knowledge and awareness can contribute to poor health outcomes. For example, many children with cerebral palsy are left lying down and can easily develop bed-sores which can be fatal. Health workers report that parents find it difficult to feed children with conditions such as cerebral palsy and cleft palate, resulting in poor health and malnutrition.

Cerebral malaria is common in Solomon Islands and Vanuatu and can result in disability. Meningitis, commonly associated with poverty and overcrowding, is common in all three UNICEF focus PICs and can result in cerebral palsy and lifelong disability.

Access to clean water and adequate sanitation are major issues in Kiribati for all its citizens and the difficulties are magnified for PWD. The UNICEF Water and Sanitation Officer there told this Review that there are high levels of coliforms and nitrates in the water in certain areas, which could lead to illnesses including brain problems in infants.

Poverty contributes to poor health, especially in countries that are not resource rich. Malnutrition and micronutrient deficiencies, preventable diseases, lack of sanitation and clean water, can all contribute to developmental delays and possible childhood disability. The 2005 Solomon Islands disability survey identified the major problem for persons with disabilities were water and sanitation: accessing toilets and showers.
Health care for PWD is often expensive. Basic assistive devices such as wheelchairs that are suitable for different conditions are costly. Although some are sent through NGOs such as Motivation Australia and Wheelchair International, they are generic and not suitable for children with conditions such as cerebral palsy. The use of catheters and disposable urine bags is costly. Other assistive devices and adaptive equipment are also costly and difficult to obtain and maintain. Hearing aids, magnifiers and spectacles that could transform lives are often unobtainable especially in rural and remote areas.

Access to health care is worse in remote and rural areas throughout the region. In Kiribati for example, statistics in a Government report responding to its CRC report showed that there were much higher risks of infant and child mortality as well as malnutrition in rural areas compared to urban areas.

Reproductive health for young people with disabilities is a taboo subject. Many people, including parents and health-workers, are in denial that teenagers are sexually active or have sexual thoughts and interests and do not ensure that they are protected from unwanted pregnancies or sexually transmitted diseases including HIV.

There are numerous linkages between the prevention of disability and the areas of health that UNICEF covers, including ensuring safe pregnancies and deliveries; immunization; water and sanitation and nutrition. UN figures indicate that globally 51.2% of disability is caused by diseases and 20% by malnutrition. Other estimates are that two-thirds of childhood disabilities are preventable. Improved knowledge of caring for sick and disabled children could lead to better health outcomes. Making explicit linkages may also help Pacific people understand, for example, that if pregnant mothers take folic acid they may avoid having a child with spina bifida. Similarly making a clear connection between rubella vaccinations and deafness would be a simple but effective intervention.

2.9 THE IMPACT ON FAMILIES

Whole families are affected by having a child with a disability. In cases where there is stigma, families face discrimination and isolation especially in cases of severe or intellectual disability. Families need encouragement and support as well as knowledge of their children’s rights.

While many CWD are found in poor communities of the region, disability knows no boundaries and more affluent families also have disabled children. A Fijian mother of a CWD from a prominent family, now an adult, told how it took her a long time to accept her child’s intellectual and physical disabilities and how she has had to build her life and her family’s life around their disabled family member. Despite the hardships, her daughter has been a valued family member who has taught many lessons to her immediate and extended family.

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22 Government of Kiribati, Responses to the list of issues to be taken up in connection with the consideration of the initial report of KIRIBATI (CRC/C/KIR/1), 2006, p13
23 UN figures in ‘Overcoming obstacles to the integration of disabled people’, UNESCO DAA, 1995
24 AusAID, Development for All. Towards a disability-inclusive Australian aid program 2009-2012, p9
There is little support to families of CWD in terms of financial or in-kind support, or assistance in coping with the needs of their disabled children. The countries that have Community Based Rehabilitation provide home-based support, but they are not able to visit families on a regular basis.

The Review heard that in some cases, parents give more attention to their needier children, while in other cases disabled children are neglected in favour of their more able-bodied siblings. The Review heard anecdotes of fathers deserting families when a child is born with a disability. In Vanuatu there have been cases of mothers who were unable to cope with having a CWD and killed their children.

Parent groups can be powerful advocates for the rights of their children. Parents of the special school in Kiribati are recognized as fulfilling this role. In Fiji, however, special schools report that parents have a generally passive attitude towards their children’s education and the majority tends not to be involved with their children’s schools.

This Review found a commonality in adults who had had life-long disabilities and who had achieved well in education and their careers: they always had very supportive families who encouraged them to achieve in school and in the wider world. The role of parents is thus crucial and they should be given support.

Another issue that came to the attention of this Review is that of the children of disabled parents. While beyond the Terms of Reference of this Review, there is a constituency of children who have become care-givers for their parents, and in some cases are unable to enjoy their childhood. When disabled parents live in poverty, this has an unavoidable impact on their children. In some PICs, including Kiribati and Solomon Islands, children of disabled parents have their school fees paid.

In most parts of the Pacific region, parents need to be empowered to seek the rights of their children who have disabilities. A lack of awareness of their rights is common throughout the region.

2.10 THE CRITICAL ROLE OFD DPOs: NOTHING ABOUT US WITHOUT US

The role of self-help disabled persons’ organizations (DPO) has been crucial in advocacy in the Pacific region. DPOs have embraced the change from a charity or medical approach to disability to a human rights based approach. Persons living with disabilities benefit from the peer support provided by DPOs.

Changing attitudes and awareness to disability in the Pacific has been largely credited to the advocacy of DPOs in each country. Organizations representing persons with disabilities have had a significant influence on national disability policy development. Despite the excellent advocacy of DPOs, this Review found that their advocacy tends to be generic and none deal specifically with children or have initiatives that directly affect CWD.

DPOs need to be particularly responsive to the needs of children with disabilities, to welcome and strengthen parents and family organizations as partners, and to fight together for the rights
and services that will ensure that the next generation of children with disabilities will grow up healthy and well-educated, integrated into their communities and contributing to them.\textsuperscript{25}

It is unfortunate that in many PICs, DPOs are not working collaboratively with service providers including schools, or governments. DPOs need to work in partnership with governments in order for both to fulfil their goals and to collectively improve the lives of all people with disabilities. Service provision has often been developed with a charity focus, as noted in a review of policy and legislation in the region:

In the Pacific context services have been provided in a piecemeal manner, by organizations focused on service delivery and managed by non-disabled people, who adopted the view that persons with disabilities must be cared for, protected and segregated. Persons with disabilities were regarded as passive recipients of goodwill – unable to make their own choices or manage their own affairs, dependent on small NGO or international NGO service providers and, in some cases, the willingness of government to become involved, to pay teacher salaries in separate schools for disabled children, for example, or to maintain CBR programmes in the community as has occurred in Fiji and the Solomon Islands.\textsuperscript{26}

There are capacity and capability issues with many Pacific DPOs, especially in countries where there are few adults who have been disabled since childhood who have received an education and are able to take on leadership roles. However, Pacific DPOs are increasing in strength and numbers and the leadership provided by the umbrella body, the Pacific Disability Forum is positive.

\textbf{2.11 FACTORS THAT INTERFACE WITH DISABILITY}

Disability, like any social factor, does not exist in a vacuum. It is influenced by the cultural, economic and political context and environment. In most cases, where there is a negative factor or vulnerability, it is exacerbated for PWD and CWD, for example:

- Where there is gender discrimination, women and girls with disabilities have a double burden of discrimination.
- Where there are few employment and training opportunities, it is more difficult for PWD.
- Where the physical environment is harsh, such as in atoll countries, life is even more difficult for PWD.
- When there are disasters such as tsunami, floods or cyclones, PWD may suffer unduly.
- Where there is widespread poverty, such as in less developed countries, the poverty is worse for families with PWD and CWD.
- Where children are neglected and abused, CWD are likely to suffer disproportionally.
- Where access to health and education services is poor, it is an even greater challenge for PWD and CWD, especially on outer islands and remote areas.
- When government faces an economic crisis, disability services are often the first to be cut.

\textsuperscript{25} Pacific Islands Forum Secretariat, Regional Review of Policy and Legislation on Disability, 2005, p35
\textsuperscript{26} Pacific Islands Forum Secretariat, Regional Review of Policy and Legislation on Disability, 2005, p.31
A UNICEF report on violence against disabled children showed that they are at significantly increased risk of violence and abuse. This report recommends that disabled children must be included in all programmes that target violence against children and that there should be disability specific programmes.

A child born with a disability or a child who becomes disabled may be directly subject to physical violence, or sexual, emotional or verbal abuse in the home, the community, institutional settings or in the workplace. A disabled child is more likely to face violence and abuse at birth and this increased risk for violence reappears throughout the life span.\textsuperscript{27}

A review and analysis of UNICEF’s situation analyses of children in PICs found that although little attention has been paid to CWD, there are mentions of abuse and neglect. Neglect can take the form of failing to feed CWD properly and failure to keep CWD in hygienic and safe conditions.\textsuperscript{28} Neglect can also be subtle: community based rehabilitation workers reported to this Review that many children are ‘just left lying down’ and given no visual, auditory or emotional stimulation. Abuse in the form of bullying or teasing is common in the Pacific. The ultimate neglect is total rejection of disabled children, which was reported to this Review as occurring in PICs.

The 2009 UNDP report ‘Pacific Sisters with Disabilities: at the Intersection of Discrimination’ provides evidence that women and girls with disabilities in the Pacific face a double burden of disadvantage due to their disabilities as well as gender-based discrimination. This report noted that ‘compared to non-disabled women and girls, women and girls with disabilities are at greater risk of all forms of violence: at home, in their community and in institutions. In particular, women with intellectual disabilities and women with mental illness are particularly vulnerable to sexual violence. They are also less likely to access support, refuge or legal redress.’\textsuperscript{29} Mothers of older girls with intellectual disabilities reported their constant fear that their daughters would be abused. One said, ‘She has the body of a woman but the mind of a child and could not report any abuse as she has very little speech.’

There is evidence that girls with disabilities are particularly vulnerable to sexual violence. The regional report on Commercial Sexual Exploitation of Children noted that:

Both the PNG and Fiji studies suggested that disability may increase a child’s vulnerability to sexual abuse and commercial sexual exploitation. The PNG study commented that girls with disabilities are “particularly vulnerable” but little supporting evidence emerged from the fieldwork. The Fiji study cited anecdotal evidence that children with disabilities are vulnerable to prostitution because their families often find it costly to support them: “it is an opportunity for work, and a source of ‘pride’ that they are able to provide for themselves”. The Fiji study also provided two case studies in which girls with disabilities were sexually abused, one resulting in pregnancy and commercial sexual exploitation. Although the evidence emerging from the country studies was perhaps equivocal on this risk factor; it is not disputed that children with

\textsuperscript{27} UNICEF, Violence Against Disabled Children Report, 2005 p5
\textsuperscript{28} UNICEF, Situation of Children in Vanuatu, 2005, p37
\textsuperscript{29} UNDP Pacific Centre, Pacific Sisters with Disabilities: at the Intersection of Discrimination, 2009, p17
disabilities experience discrimination and disadvantage and that this is especially so in the case of girls. It is possible that such discrimination and disadvantage may increase the risk of sexual abuse and commercial sexual exploitation for children with disabilities, but further research is needed to properly understand this issue in the Pacific context\textsuperscript{30}.

Homes of Hope, a refuge for single mothers in Suva, Fiji, reported that in 2009, 10\% of its clients had a physical or psychological impairment. This is a higher proportion than the incidence of disability in the population of this age-group and demonstrates the vulnerability of disabled women and girls.

A regional review on disability for NZAID noted:

\begin{quote}
Probably the most poignant examples of the low regard with which people with disabilities are held were the reports of physical and sexual abuse of women and girls with disabilities, which this Review heard. Women and girls with disabilities report that they feel they are seen as easier targets\textsuperscript{31}.
\end{quote}

A universal conclusion of all the disability surveys conducted in PICs is that almost all PWD live in poverty. Few PWD are employed. The implication of this for disabled children is that they have a grim future ahead unless they are able to access education or training and unless attitudes towards the rights of people with impairments changes. Poverty is seen globally as both a cause and consequence of disability.

\begin{quote}
Families living in poverty are much more vulnerable to sickness and infection, especially in infancy and early childhood. They are also less likely to receive adequate health care or to be able to pay for basic medicines or school fees. The costs of caring for a child with a disability create further hardship for a family, particularly for mothers who are often prevented from working and contributing to family income\textsuperscript{32}.
\end{quote}

Geographic isolation from main centres means that CWD have very limited access to basic services including education or health care. Disability surveys also show that in geographically isolated areas, very few deaf people know sign language and almost no blind people know Braille.

Financial assistance to a number of disability services were cut due to the Global Economic Crisis of 2008-2010. This Review heard of the following cases:

\begin{itemize}
\item Project Heaven, Fiji: Government contribution cut 2008.
\item Fiji Community Based Rehabilitation Programme: operating budget from Ministry of Health cut from FJD105,000 in 2009 to FJD90,000 in 2010.
\item Kiribati: Ministry of Education had budget cut from AUD22million to 16 million in 2010 – implementation of policies a constant challenge.
\end{itemize}

\textsuperscript{30} UNICEF, Commercial Sexual Exploitation of Children and Child Sexual Abuse in the Pacific, 2008, p29
\textsuperscript{31} NZAID, Free and Equal, 2005, p49
\textsuperscript{32} UNICEF Innocenti Digest, No 13, Promoting the Rights of Children with Disabilities, piv
Vanuatu Society for Disabled People: budget cut from Christian Blind Mission this year, presumably due to Global Economic Crisis.


2.12 HUMAN RESOURCES FOR CHILDREN WITH DISABILITIES

All PICs lack sufficient trained and experienced people to provide quality services to CWD, whether in education, health or general welfare.

Although the research in the health area was not comprehensive, it is apparent that there is very little training for nurses in early detection and identification of disability. In the countries that have CBR or village health workers, training is minimal.

If IE is to be actively pursued, all teachers need training at pre-service level as well as in-service professional development. It is apparent that there is little in existing pre-service teacher training at present. Even in countries where IE is included in teacher training, such as Samoa, it is an ongoing challenge finding suitable staff to teach the courses.

There is a severe lack of physiotherapists, occupational therapists and speech therapists. In Fiji, for example, the main impairment at the Early Intervention Centre is speech impairment yet there are no speech therapists in the country. Teachers do their best but are aware that they lack the necessary expertise. There is also a lack of people trained and skilled in assessment of disabilities.

Most PICs have benefitted from volunteers under different schemes, particularly from Australia, Japan and New Zealand and their contribution is fully acknowledged by recipient countries. While volunteers have played a great role, obviously this input is not sustainable.

Providing development assistance in the form of technical assistance is a role that partners such as UNICEF could usefully consider.

2.13 COUNTRY PROFILES

The Review team visited the three PICs that UNICEF focuses on. A snapshot of each follows as well as one for Fiji.

2.13.1 KIRIBATI

The situation of CWD in Kiribati is one of extreme disadvantage and vulnerability. Poverty combines with disability in a harsh physical environment to magnify the hardship faced by families with disabled children. In i-Kiribati culture, there is reportedly no major negativity towards families with children with disabilities although some families with CWD reported that there is a stigma attached. There is a high stake placed on loving and protecting all children and families see it as their duty to care for family members with disabilities. Some informants noted though that with changes towards an increasingly monetized economy, there is a less caring
environment than previously. There is, however, substantial neglect reported on CWD due to various factors such as poverty: families can barely feed themselves and less active family members get overlooked. There is an apparent lack of knowledge on feeding young children with disabilities, especially those that are difficult to feed such as those with cleft palate or cerebral palsy.

A survey was undertaken in 2003-2005 by a coalition of disability concerned groups in Kiribati with support from Inclusion International and NZAID. The Kiribati National Disability Survey identified 3,840 people with 4,358 disabilities (some people identified as having more than one disability). 2,122 were males and 1,718 females. Some 23% of those were under 20 years of age.

Service provision for CWD is poor. Disability falls under the responsibility of the Ministry of Internal and Social Affairs (MISA) although there is neither a dedicated budget nor a dedicated position for it. Neither the Ministries of Education or Health have dedicated positions that focus on disability support. MISA’s main focus in recent years has been to develop a national policy on disability that should be passed by Cabinet in 2010. The policy has been widely consulted upon and will provide an entry point for interventions by development partners, including UNICEF.

The Kiribati Ministry of Education (MOE) takes no responsibility for the education of CWD and has nothing to do with the one school for CWD. It claims that the school falls under MISA and is run by a NGO so is not the responsibility of the government. The MOE has discussed the concept of Inclusive Education with development partners, in particular UNICEF, but shows little if any commitment or readiness to developing an appropriate policy. It is evident that the vast majority of CWD, especially those in remote and outer islands, do not have access to any form of education.

The Kiribati Ministry of Health (MOH) does provide some services for CWD although these are not coordinated or under a disability umbrella. For example, the Tungaru Rehabilitation Services houses a prosthetic centre as well as providing physiotherapy. It treats a small number of children with disabilities such as talipes and cerebral palsy that have been referred by medical staff. MOH staff acknowledge that although early identification and detection of disabilities has improved, it is lacking on the outer islands. Even when children are referred to the rehabilitation centre, some parents do not follow up on continuous treatment, especially when it is seen to be painful or uncomfortable for the child concerned. Some fail to continue treatment due to the cost and difficulty of travelling to the hospital.

A school for CWD was started by the Red Cross in 1997. After financial mismanagement issues in 2000, a group of parents took the school over and is now run it with funding support from AusAID and other smaller contributors. The school has around 80 children on the roll aged from 3 to 30, with a wide range of physical and intellectual disabilities. Apart from the principal who is a retired teacher, none of the teachers are trained. The school attempts to follow the Kiribati education curriculum but progress is clearly constrained by the mixed age range of students in
each class – divided loosely by disability – and the lack of resources and space as well as the lack of staff training.

There is no provision for teenagers with disabilities in terms of education or training or employment opportunities. Around eight deaf children from Kiribati have been sent to Fiji for education, supported by their families.

There is confusion about which government ministry has responsibility for the special school. MISA has the oversight of the school by default, but it is ill-equipped to monitor a school. The MOE shuns contact with it as it claims that it is run by an NGO, has untrained teachers and is under MISA. An education official did cede informally though that the MOE should take on the responsibility of the school.

People with disabilities in Kiribati formed a self-help organization in 1999 called Te Toa Matoa and it currently has about 60 active members. Although it does not directly address CWD, it takes members from 14 years of age and it advocates for disability issues in general, especially the rights of persons with disabilities. It works closely with the special school and also with MISA especially on issues that affect them all, such as the development of the national disability policy.

Despite the apparently grim situation in Kiribati, stakeholders were generally positive about progress that has occurred in the last ten years and improvements in the lives of people with disabilities, including children. It is generally agreed that the advocacy of Te Toa Matoa has given people with disabilities increased prominence, although not everyone agrees with the existence of its residential community. The school for CWD is widely known and appears to be seen as part of the community. The prosthetics unit at the hospital rehabilitation centre offers mobility training especially to amputees and the physiotherapy service at the same centre offers hope of a better life to infants who seek treatment.

The passing of the national disability policy, anticipated to take place in 2010, after three years of consultations, will mark a significant acceptance by the Government of Kiribati that special attention needs to be given to a vulnerable section of its population. Although disability is seen as a new issue to the Government and it is constrained by a lack of both resources and capacity, commitment to a national policy will enable development assistance to increase.

Overall, positives aspects in Kiribati are the active role of parents of CWD in the special school; as well as the strong role of Te Toa Matoa, the disabled persons organisation, in advocating for the rights of PWD to take their place in the community. The development of the national disability policy is also positive. Kiribati culture appears to be one of inclusion, thus it can be built upon to include PWD, especially CWD. The downside is the lack of engagement of the Government of Kiribati, especially the Ministry of Education in the welfare and education of CWD. The fact that the vast majority of CWD in Kiribati do not have the opportunity to attend school is a denial of their rights.
2.13.2 SOLOMON ISLANDS

Solomon Islands has had a national disability policy since 2005 that is due to be reviewed in 2010. It has not however, according to various sources, been widely implemented. Draft legislation on disability is awaiting finalization with the Attorney General’s office and should be presented to the new Government. Solomon Islands has signed the CPRD.

A 2004/2005 national disability survey in Solomon Islands found that out of a total of 11,107 persons with disabilities, 1,796 or 25.6% were under the age of 2033. The main disabilities in this age group were deafness and hearing impairments; physical disabilities including cerebral palsy; blindness and visual impairments; and general intellectual disabilities. Cerebral malaria and meningitis are common illnesses that can result in cerebral palsy with life-long disability. It is thought that nutritional deficiencies and sexually transmitted diseases may also be contributing to increasing numbers of CWD.

The same survey observed that:

People with Disabilities are a very marginalised group in the country. Their human rights are constantly being abused by discrimination in all forms including not being respected, often being denied a decent home, denied their right to food, clean water and clothing, their rights to education, employment, health and life as well as their right to take part in community activities. This often results in economic poverty and poverty of opportunity for PWDs34.

The cultural attitude to children with disabilities in Solomon Islands depends on various factors such as the part of the country, the type of disability and the levels of awareness of disability issues. While some parents actively seek help for their CWD, others hide them as there is still a feeling of shame and embarrassment. The perception that having a CWD is a punishment or curse is still strong. There is some fear of PWD, especially those with epilepsy. Many believe that CWD are incapable and do not encourage them to seek education or to learn to live an independent life. Parents with CWD are often very protective and do not want their children to attend school for fear of ridicule or teasing.

Despite many challenges, all stakeholders consulted believe that the overall landscape for people with disabilities has improved. It is generally acknowledged that there is now greater awareness and acceptance of disability and more opportunities for PWD, due largely to the advocacy of the NGO People with Disabilities Solomon Islands (PWDSI) as well as the Red Cross Centre for Children with Disabilities and some individual champions and advocates. Although acknowledging that services do not reach all PWD, the Solomon Islands Government has worked with its Environmental Health section to improve water and sanitation; housing; education assistive devices such as large print books; and drugs are provided free. Children of PWD get school fees paid.

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33 Solomon Islands Nationwide Disability Survey 2005, p7
34 Solomon Islands Nationwide Disability Survey 2005, p5
Solomon Islands has a well established system of Community Based Rehabilitation (CBR) under the Rehabilitation Section of the Ministry of Health that started in 1984. There are CBR workers in seven of the nine provinces of Solomon Islands providing continuity of home-based therapy and raising awareness on disability issues. Prior to the ethnic tensions that lasted from the late 1990s to 2003, there were 32 CBR workers but there are now 18. The CBR Coordinator noted that although there are fewer CBR workers now, their skills have improved. CBR has had budget cuts for the past two years due to the global economic crisis and there has been a recruitment freeze since 2008. These factors have resulted in a reduction of activities. Despite challenges, the CBR model is appropriate for the country and is an example of good practice for the region.

Currently CBR workers have fairly basic training and lack a broad range of skills and knowledge on disability. However a two-year diploma course in CBR has been developed to be implemented by the Solomon Islands College of Higher Education (SICHE) from either mid 2010 or 2011. This course that has already been piloted will provide a more comprehensive training and will include training on disability rights as well as medical training.

The CBR section of the Ministry of Health and Social Welfare acts as the national focal point for disability. This is not ideal as it imposes an extra burden on the CBR Coordinator and is beyond the scope of her work to coordinate the work of other government ministries. It also lends a very health based focus to disability work in Solomon Islands. Disability could be more effectively addressed if there was a higher level of coordination within Government, in partnership with relevant NGOs.

Education for CWD in Solomon Islands is very limited. According to official education statistics, only a very small proportion of children with disabilities are attending school. Official statistics record that 2% of CWD attend primary school; 1% junior secondary school and less than 1% at senior secondary school. Those CWD who do attend school tend only to stay for a few years. It is apparent that most CWD in rural areas— the major part of the country – do not attend school. This is often due to the distances that children have to walk to school and also due to attitudes of teachers who lack the confidence to teach children perceived to have different abilities. In Honiara, the Red Cross Centre for Children with Disabilities provides basic care, education and training to some 155 CWD between the ages of six months and 20 years. The Centre has children with all disabilities and includes an early intervention unit as well as physiotherapy. The Centre tries to integrate some children back into the mainstream school system where possible and has had some successes in this area. Some deaf children progress to the San Isidro Care Centre, a rural training centre for deaf youth, where they learn agriculture, home economics and life-skills.

The Ministry of Education and Human Resource Development (MEHRD) has the development of an Inclusive Education policy in its current strategic plan (NEAP II 2010-2012). This proposed activity had been in the previous strategic plan but was not achieved. Although in the current plan, other areas of policy development have taken priority and the IE policy will be developed at a later stage. There is however some acknowledgement of disability issues in that new schools are required to be accessible, although this is reportedly a challenge, especially in remote areas.
It is apparent that parents of CWD are not aware of their rights. CWD in rural areas do not enjoy health services that are available in the capital, Honiara, such as physiotherapy to treat talipes. There is nothing in the work plan of the Social Welfare department on disability. While there is no welfare assistance from Government for PWD, some assistance is provided with clothing and food on an ad hoc basis. Some church groups also provide similar assistance, again on an ad hoc basis.

2.13.3 VANUATU

Vanuatu’s key strength in regard to disability is the high level political commitment that has resulted in a coherent national policy; signing and ratification of the Convention on the Rights of Persons with Disability (CRPD) and the development of a draft Inclusive Education policy. Vanuatu is proud that it first raised the issue of disability at the Pacific Islands Forum in 2002, thus paving the way for significant regional interventions in this area. There is a multi-stakeholder National Disability Committee convened under the auspices of the Prime Minister’s Office although it has not met for some time. The most populous Shefa province has recently adopted the CRPD as a platform for action and has just launched its own disability strategy. Strong advocacy has contributed to many of these developments, lead by the Vanuatu Disability Promotion and Advocacy Association (DPA).

Disability falls under the Ministry of Justice and Social Welfare (MJSW). This Ministry is in the process of recruiting a desk officer for disability, which is commendable. It is, however, having difficulty finding a suitable person. Eventually it aims to have a disability section within the Ministry. Disability has been integrated into a number of Government departmental policies in areas as diverse as the Meteorological Office and the Ports Authority. The national census has a question on disability.

Yet at the implementation level, service delivery to children with disabilities in key sectors such as education and health remain poor. Early identification and detection and early intervention services are minimal. The Ministry of Health offers little to CWD, claiming that the Vanuatu Society for Disabled People (VSDP) is doing the job.

Indeed much faith is vested in the VSDP, a NGO that was established in 1986 and has its headquarters in an old building in Port Vila that was donated by the Government. VSDP’s main focus is conducting community rehabilitation for all age groups in homes. It currently has four untrained fieldworkers and 1,109 persons on its books with some 41% under the age of 20, although by its own admission, these statistics are not accurate. It is fully aware that there are many more persons with disabilities in the community that they are unable to reach. VSDP staff reported that there are many CWD, in particular many cases of cerebral palsy whose parents do not know how to care for them well and who have no support other than from VSDP. VSDP does not get referrals from the Ministry of Health. Most of its work is in Port Vila but it occasionally visits rural areas where many needy people approach them for services. VSDP also has a small but growing programme on sports for people with disabilities that aims to include more youth with disabilities.
Apart from the lack of trained staff, VSDP’s main constraint is funding. Although nominally under the MJSW, it does not receive any funds from the Government. In 2009, however, the MJSW provided funds for a survey of the Torba province and it will fund surveys in three further provinces this year. Since its inception, the VSDP has relied on donor funding. Its core funding from the Christian Blind Mission was cut this year by 23% due to the global economic crisis.

Interestingly, UNICEF Pacific provided funding for VSDP in the 1990s. In 1999, UNICEF commissioned a report on VSDP as part of its preparation for its Mid-term Review. The findings of that report are similar to the situation in 2010, including: lack of cooperation from the health care system and lack of a referral system; lack of funds to visit provinces; lack of Government commitment; fieldworkers not trained; not enough time in the community, especially the provinces, to effectively train parents; and overall, financial and human resource constraints. The 1999 Report concluded that VSDP was in ‘a very precarious position’[^35]. This situation continues some 11 years later.

There are no ‘special’ or segregated schools for CWD in Vanuatu apart from a very small private school in Santo. The Ministry of Education (MOE) has developed a draft Inclusive Education policy, which is impressive in its intent and scope. There has been an Education Officer for Special Education since 2002 and data is collected on CWD who are currently in the school system. According to official education statistics, 4,608 students with impairments or social or emotional problems were enrolled in Vanuatu schools. This data is however acknowledged to be suspect as it is compiled by teachers who have no training in identifying different disabilities and it also includes 57% of children with supposed learning difficulties, which may not be caused by disabilities. Some CWD attend early childhood education centres, and are accepted but not sought out to attend.

The MOE plans to send three students to Papua New Guinea and Canada from 2011 so that they can return and train teachers in inclusive education. This teacher training could start earlier if there was technical assistance to help the Vanuatu Institute of Teacher Education (VITE) that already has this component in its recently restructured course programme for primary and secondary teachers, due to commence in 2011.

The Inclusive Education policy is currently under consultation throughout the country and apparently has received strong, but not unanimous, support. Some parents are cautious and some teachers have raised issues around their lack of preparedness for new demands on them. The MOE plans to have pilot schools for IE and will build up slowly, acknowledging that it needs to address issues of training, community awareness, access and infrastructure. It estimates that it could take up to 30 years to fully implement.

It is, however, widely agreed that most CWD in Vanuatu do not attend school at all. Currently most parents of CWD are reluctant to send them to school due to being over-protective as well as being unfamiliar with the rights of their children to education. Parents have concerns about travel to school and their children’s safety while at school. It is also apparent that those CWD

who do attend school may not be receiving a good education as teachers are hesitant in their approach and tend to let CWD play or ignore them.

Traditionally, Vanuatu is inclusive and families and communities love, care and protect for their family members with disabilities. This protective approach does not prepare them for an independent life as they are seen as having limited potential. With increasing urbanization, families are not so able to care for their more vulnerable members, especially when living in poverty, and there is some reported neglect. In recent years, three cases of single mothers killing their disabled children have received wide publicity, which is a reflection of the lack of support for parents in such a situation. There is still a belief that having a child with a disability is a punishment for wrong-doing or a curse and that parent should be blamed for their child’s impairments. Seen thus as a source of embarrassment, many such children are hidden as their families try to avoid stigma and shame. There are also instances of exploitation of CWD, especially sexual exploitation of disabled girls.

Attitudes are reportedly changing slowly, due largely to the advocacy of DPA. People are using more acceptable language, no longer referring to ‘handicapped’ or ‘retarded’ but to people with disabilities or impairments.

In sum, Vanuatu has performed well at the policy level, but has severe constraints in term of capacity, capability and financial resources at the service delivery level.

2.13.4 FIJI

Fiji is in some respects ahead of other PICs in regard to disability issues. It is the only PIC that has disability specific legislation, the 1994 Fiji National Council for Disabled Persons (FNCDP) Act. The primary functions of the FNCDP are to serve as a coordinating mechanism on disability matters, formulate national disability policies and plans, mainstream disability into government functions and promote disability prevention measures. Currently there are 33 bodies affiliated with the FNCDP. The 1997 Constitution also includes sections on non-discrimination on the grounds of disability (among other grounds) and provides for affirmative action for disadvantaged groups. Fiji has a national disability policy and signed the CRPD in June 2010.

In 2004, the then Government of Fiji built a complex of buildings that accommodate the FNCDP as well as several affiliated DPOs. The Vocational Training Centre is in the same complex and the Early Intervention Centre is next door. This gesture of support to DPOs by a government is an example of good practice as it allows the government disability focal point, the FNCDP, and DPOs to work alongside each other. One of the main difficulties that NGOs face is accommodation, thus to have it provided is a significant bonus.

There are numerous disability specific DPOs in Fiji but none cater specifically for the needs of children. Special schools were established by charitable associations that continue to own and operate them.

Fiji has had segregated special schools since the late 1960s and now has 17 throughout the country. In the capital Suva, the special schools are disability specific but in smaller towns and
centres schools are cross-disability. As indicated earlier, students with disabilities attend 22 secondary schools in Fiji. This is a relatively recent development that has expanded since the late 1990s.

The Ministry of Education has mixed views on IE. While it does not envisage the special schools closing, it maintains that the goal of the special schools is inclusion into the mainstream school system. Although statistics are not available, this Review was told that many students move between special schools and mainstream schools. Some children with learning difficulties attend special schools and return to mainstream schools once they have improved. All of the CWD attending secondary schools attended special school at primary level.

The MOE has a Special Education Action Plan. It also has a draft IE policy that has undergone consultations and is awaiting approval. The MOE supports all the special schools by paying teacher salaries and providing grants. The schools are actually owned by NGOs, as with almost all schools in Fiji. The MOE also pays for teacher aides and sign language interpreters in secondary schools.

Fiji has an Early Intervention Centre that caters for 60 children of all disabilities from 18 months to 8 years of age. The aim is to prepare children for mainstream schools and it is successful in this mission for many children. Those who do not progress to mainstream schools go to special schools. There are many children whose families would like them to benefit from the services of the Early Intervention Centre but space is very limited and it cannot meet the demand.

The Fiji Ministry of Health (MOH) has had a well established system of Community Based Rehabilitation Assistants (CRA) since the mid 1980s. CRAs are stationed in most parts of Fiji and their work focuses on early identification and detection of disabilities, health promotion, management of disabilities, and rehabilitation of PWD. In 2010, the CRA programme had 1,997 cases of disability in its register. (No age break-down was available).

Although the CRA system is functioning reasonably well, it has constraints in terms of the uncertainty of its funding which curtails its activities and low pay for its staff. Although well regarded within the MOH, it is still regarded as a project within the MOH rather than as an integral part of the health system. Training for CRAs is basic and needs to be upgraded with in-service courses but there are no funds available for this purpose.

Although the CRA refers children to the Early Intervention Centre, it is apparent that links between the education and health sectors could be improved.

This Review was told that there are now fewer CWD in Fiji than previously. This is due to the effectiveness of immunization programmes, especially rubella, tetanus and poliomyelitis, as well as better awareness of health issues. Project Heaven, the national school screening programme for hearing and sight impairments, used to find that 10% of school children had impairments but the national average is now 6%.
2.14 CONCLUSIONS

This regional overview shows that the situation of CWD in the Pacific region is still one of grave disadvantage. There are significant disparities between the situation of children with disabilities and their able-bodied peers in terms of services available to them and their prospects for life. Services for CWD are fragmented and frequently not high quality. There is a lack of coordination between the services that do exist, especially health and education. The majority of CWD do not have access to education, thus depriving them of the opportunity to earn a sustainable livelihood as adults.

Despite this negative picture, there are examples of good practice in the region that could be built on and possibly replicated. The overall situation of people with disabilities has improved in the past decade with increasing awareness and slowly changing attitudes. This is largely due to the continued advocacy of disabled persons’ organizations who advocate for the rights of people with disabilities.

There is an awakening to the need for CWD to have access to education and initiatives in this direction are promising. Implementation of IE policies will be long and slow, but achievements in PICs such as Samoa, the Cook Islands and Papua New Guinea show what can be done in this area.

The challenges and constraints are many including limited financial resources; a lack of trained human resources; a lack of political commitment and entrenched attitudes. There are many gaps and consequently many opportunities for a coordinated approach by UNICEF to fit disability in with its work programmes, to enable CWD to enjoy their rights as children of the Pacific.
CHAPTER THREE: STAKEHOLDER ANALYSIS

A range of partners assist PICs in disability issues: national governments, local and international NGOs and faith-based organizations; various foundations; the private sector as well as development partners. There is also a host of minor contributors such as Rotary clubs, both in and out of the region, as well as church groups.

There are two striking features about stakeholder involvement with disability in the Pacific: first, that assistance until very recently has tended to be ad hoc and sporadic with little concern for long-term sustainability. Secondly, there is almost no stakeholder involvement specifically on children with disabilities.

3.1 DONOR ENGAGEMENT

Until recently, there has been relatively little consistent engagement by development partners with the issue of disability. Ad hoc funding has been given to support various initiatives in the region, largely based on a project approach.

The Government of Japan has been a long-time supporter of disability in the Pacific. Its assistance has been in the form of vehicles that are used as school buses; training on disability for Pacific Islanders in Japan; and the placement of JICA volunteers in disability schools and centres.

New Zealand, through its development agency NZAID, has been a supporter of Pacific disability in the past decade. It funded Inclusion International from 2002-2005 to undertake surveys on disability in several PICs. It now provides core funding to the regional umbrella NGO, the Pacific Disability Forum (PDF).

The European Union has not been a major actor in disability issues but it did fund the construction of classrooms at the San Isidro Care Centre in Solomon Islands.

As donors have started to work more strategically and programmatically, there is a tendency to move away from the ad hoc funding approach of the past. The launching of Australia’s disability strategy in 2009, ‘Development for All: Towards a disability-inclusive Australian aid program 2009-2011’ marked a significant turning point as Australia works towards a coordinated approach to disability. AusAID has allocated substantial funding to implementing the strategy and has entered into an agreement with UNICEF on this issue.

3.2 REGIONAL LEVEL ASSISTANCE

Apart from PDF, mentioned above, two other key sources of regional technical assistance have the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the Pacific Islands Forum Secretariat (PIFS). Officials from these two organizations have coordinated well with PDF, especially in the area of national policy development. This can be a long and arduous process. For example, PIFS, ESCAP and PDF started working with Kiribati on their
national policy in 2007 and it has not yet been officially endorsed although it should happen soon.

At the regional level, it is significant that disability has been on the agenda of the Pacific Islands Forum annual Leaders meeting in both 2003 and 2009 and strong statements in support of disability have been in the respective Communiqués. The mandate from the 2003 Communiqué triggered considerable engagement at both regional and national levels on disability. The Pacific Plan, adopted by Leaders in 2005, includes disability where it notes that the Biwako Millenium Framework is an important milestone. The convening of the first Forum Disability Ministers Meeting and its adoption of the Pacific Regional Strategy on Disability marked further progress at the regional policy level.

Apart from PIFS, no other regional body has explicit work on disability although the Pacific Regional Rights Resource Team (RRRT) that is now part of the Secretariat of the Pacific Community (SPC) has done some work on disability rights.

The UNESCO Pacific office has been involved with two regional workshops on Inclusive Education (IE) although disability is only one aspect of the UNESCO definition of IE. The International Labour Organization (ILO) has disability on its agenda for its nine PICs members in regard to training and employment. ILO Convention 159 on Vocational Rehabilitation and Employment provides a window of opportunity for technical assistance for the PICs that have ratified it. ILO’s work is focused mainly on adults.

3.3 AT THE NATIONAL LEVEL

Chapter Two provides an overview of actors at the national level, especially in the three UNICEF focus countries. Most PIC governments do not have a dedicated disability position. Those that do have a disability focal point have that responsibility in addition to their other work.

Disability is an area where NGO involvement is often stronger than government engagement, both in service provision and advocacy. A paper on the role of NGOs in disability development in the Pacific noted:

The primary catalysts for developing responses to disability issues in Pacific Island countries in the last four decades have been local, national and international non-governmental organisations such as the Red Cross, IHC New Zealand, CBM of Germany and Sight Savers of the United Kingdom. Governments such as Australia, Canada, Japan, New Zealand and the United Kingdom have provided much-needed financial assistance to support the efforts of these non-governmental organisations which mainly target the education and rehabilitation needs of children and adults with disabilities in the Pacific. Examples include the Red Cross Centres in Cook Islands, Solomon Islands, Tuvalu and Tonga; the Able Disable Centre in Nauru; the parents’ support group in Kiribati; Vanuatu Society for Disabled People; Prevention, Rehabilitation and Education of Blind Persons and Loto Taumafai of Samoa, and the various disability service providers in Fiji and Papua New Guinea.36

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Many of those referred to above are service delivery organizations that were managed by able-bodied people who were basically operating within a charity paradigm, that persons with disabilities needed their help and that the able-bodied service providers knew what was best for the disabled.

In the 1990s, DPOs in the Pacific joined the international disability rights movement and there was a move towards promoting and advocating for equality, empowerment, recognition and participation of PWD. In 2002, the Pacific Disability Forum (PDF) was established as the umbrella body for Pacific DPOs. PDF now has a secretariat in Suva, Fiji, and has 32 affiliated members around the region. It has been successful in attracting funding for its work in advocacy and awareness; capacity development and training; and women with disabilities. PDF is well recognized throughout the region for its technical assistance to PICs, especially with policy development and DPO development. PDF does little explicitly on the issue of children with disabilities although it supports moves towards inclusive education and early detection, identification and intervention as it recognizes the gaps in these areas.

Assistance is received at the national level by groups such as Rotary Clubs, both in PICs and in Australia and New Zealand. This type of assistance tends to be ‘one-off’ and often involves a building or facility.

Some assistance is gained from the private sector in the three focus PICs but in an ad hoc and piecemeal manner. Some supermarkets provide food for special events. In Solomon Islands, the Solomon Islands Provident Fund provided funds for a dormitory at the San Isidro Care Centre for deaf youths. Several classrooms and buildings at the Fiji School for the Blind have been sponsored by local businesses.
The private sector is a virtually untapped area of support and could be tapped into more proactively.

INTERNATIONAL NGOs and MEDICAL ASSISTANCE

Some International NGOs fund activities in PICs. The Christian Blind Mission of Germany has been important in funding CBR work in Vanuatu as well as other activities. Inclusion International, Wheelchair International are among such NGOs.

Some Pacific CWD have benefitted by being sent to the Shriners Hospital in Hawaii for medical treatment for physical disabilities. Visiting eye and ear specialists have also offered assistance to CWD in many PICs.

Table 3.1 below provides a summary of stakeholder involvement on disability, specifically CWD. It is not exhaustive and focuses particularly on the three UNICEF focus countries.

Table 4.1 Stakeholders dealing with disability issues in the Pacific, specifically children with disabilities (CWD)

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>KEY MANDATE</th>
<th>ACTIVITY - Ongoing, Sporadic/ One-off, Just started*</th>
<th>BUDGET</th>
<th>WORK ON CWD</th>
</tr>
</thead>
</table>
| 1 UNESCAP                            | Remove barriers and improve participation of PWD in all relevant decision making processes. | ONGOING  
• Policy development, data and information, promote multi-stakeholder networking. | NA     | Nil         |
| 2 UNDP Pacific Centre                | Democratic Governance; MDG Achievement and Poverty Reduction; and Crisis Prevention and Recovery | ONE -OFF  
• Desk review of available research and data relating to women and girls in the Pacific. 2009. | NA     | Girls       |
| 3 Pacific Islands Forum Secretariat  | Enhance capacity of governments and NGOs in Forum Island Countries (FICs) to integrate disability into development programs. | ONGOING  
• Policy options, data and information, promote multi-stakeholder networking.  
- Ensuring that disability issues are integrated into the work of all of the Secretariat's operations  
- Supplementing in-country capacities through monitoring and reporting on extra-regional and intra-regional developments concerning disability through the provision of associated research. | NA     | Nil         |
| 4 AusAID                             | Improved quality of life for people with disability and strengthened capacity and leadership | ONGOING  
• AusAID concerted regional involvement in disability started with the launch of its Disability Strategy in 2009. The Australian | Nil    |             |
government has dedicated a substantial sum of $30 million towards disability issues globally.

- Working with partner countries (governments, Disabled Peoples’ Organisations, civil society) to ensure national development efforts include and benefit people with disability, initially in Cambodia, East Timor, PNG and Samoa.
- Improving provision of disability services and facilities, including rehabilitation, assistive devices, technologies and equipment, to enable social and economic participation.
- Improving understanding of the links between poverty, disability and development to better address barriers to social and economic participation, and create a robust evidence base to inform policy and programming.
- Developing technical resources and expertise to build the capacity of AusAID and regional partners and integrate disability in all aspects of Australia’s international development assistance program.
- Building effective leadership on disability to ensure that it is recognised internationally as a development priority and resourced appropriately.

**KIRIBATI**

- Under the bilateral program supports 3 years core funding of School for the Disabled with Special Needs.

**SOLOMON ISLANDS**

- Under the bilateral program funded the model house that the Pacific Leprosy Foundation used as template for its housing assistance for lepers.

**SAMOA**

- Providing substantial funding to implement Inclusive Education policy.

<table>
<thead>
<tr>
<th>5</th>
<th>NZAID</th>
<th>ONGOING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Up until 2009, NZAID was the only donor specifically funding disability related work at the regional level, supplemented by national activities in Fiji, Tonga, Samoa, Kiribati, Cook islands. Sums allocated for activities rangeD from NZD300 to NZD40,000 and are on an ad hoc basis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Substantial one off funding by way of technical assistance was given to Cook</td>
</tr>
<tr>
<td>Islands to support the implementation of its disability policy</td>
<td>Ongoing consistent NGO support is at the regional level towards PDF’s operational cost.</td>
<td>Funded Inclusion International (2002-5) to:</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>• Establish a disability information network</td>
<td>• Review of all disability related legislation to meet key targets UN Agenda for Action for the APDDP</td>
<td>• Needs analysis and support mechanisms for PWD</td>
</tr>
<tr>
<td>• Coordinate a pacific Disability Study meeting</td>
<td></td>
<td>• Establish a disability information network</td>
</tr>
</tbody>
</table>

### JICA

Throughout the region, Japan has provided vehicles for school buses to special schools; JICA volunteers; training on disability for Pacific Islanders in Japan.

**SOLOMON ISLANDS**

- Consistently provided volunteers in Solomon Islands Red Cross Society Special Development Centre since 1990, withdrew their volunteers during the tension and resumed in 2005.
- Volunteers also working with the CBR Unit
- Paid for external consultation on Inclusive Education Policy in 4 provinces

**KIRIBATI**

- Provide computers for the School for the Disabled with Special Needs

### 6 Australian Human Rights Commission

Takes the lead in the implementation of the [Disability Discrimination Act 1992](#). Uses its technical expertise to implement regional programs to progress the UNCRPD

- Currently delivering a 3-day training program in 9 countries in the Pacific (Cook Islands, Fiji, Kiribati, PNG, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu) to 12 people with disability and 3 government representatives in each country.
- Objective to improve the quality of life of people with disability living in the Pacific by:
  - promoting the rights of people with disability and
  - building the capacity of DPO’s and governments to respond to the numerous barriers preventing people with disability from enjoying all their human rights, including freedom from violence and abuse and full and effective participation in society on an equal basis with others.

Funded by AusAID

### 7 Inclusion International

Advocate for the human rights of people with

- Funded by NZAID in 2002-2005 to:
  - Establish a disability information network
<table>
<thead>
<tr>
<th></th>
<th><strong>Australia Pacific Disability Support (APIDS)</strong></th>
<th></th>
</tr>
</thead>
</table>
| 8 | Broker between organisations and individuals in Australia who wish to support people with disabilities and disabled peoples’ organisations in the Pacific | Facilitate voluntary work by Australian professionals to assist with the expertise required by relevant organisations in the Pacific Islands.  
Raise funds from Australian and international public, private and government sources.  
Advocate to the Australian government to raise the priority of funding for disability organizations in the Pacific Islands.  
Respond where possible to other opportunities to support people with disabilities and disabled peoples’ organisations in the Pacific. | Nil |
| 9 | Promotes and facilitates Pacific regional cooperation on disability-related concerns for the benefit of people with disabilities. | Advocacy and awareness –regional voice on disability, increase dialogue between DPOs and improve communication in the region.  
Capacity Building and training –will assist in the establishment and capacity building of the national disabled peoples organizations.  
Promote equal participation of women with disabilities at all levels. | Nil |
| 10 | The Disability Rights Fund (DRF) is a collaboration between donors and the disability community to advance the CRPD. | Has provided assistance to Federated States of Micronesia, Fiji, Papua New Guinea and Solomon Islands. | Has 5 donors – including AusAID. |
| 11 | Improving the quality of life of persons with disabilities in the poorest countries of the world. | Policy, advocacy and service delivery. Supports Vanuatu Society for Disabled Persons (VSDP) core budget and other Pacific projects. Used to fund Project Heaven in Fiji. | Yes |
| 12 | Disability and development NGO that works in partnership with local organisations to enhance the quality of life of people with mobility disabilities in | Provided some wheelchairs for Tetoa Matoa.  
Working with CBR to provide wheelchair service to 5 provinces | KIRIBATI  
SOLOMON ISLANDS |

Intellectual disabilities. Global federation of family based organisations.
<table>
<thead>
<tr>
<th>No.</th>
<th>Organization</th>
<th>Description</th>
<th>Country Count Distribution</th>
<th>Relevant Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Wheelchair International</td>
<td>Appropriate wheelchair provision to every child, teen and adult who needs one and cannot afford it.</td>
<td>Working with Community Based Rehabilitation (CBR) Unit in Honiara.</td>
<td>Yes – but most wheelchairs inappropriate for island conditions and nature of disability.</td>
</tr>
<tr>
<td>14</td>
<td>International Council for Education for People with Visual Impairment.</td>
<td>Promotes equal access to appropriate education for all children and youth with visual impairment so that they may achieve their full potential.</td>
<td>Work in Australia, Cook Islands, Fiji, FSM, Kiribati, Marshall, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga &amp; Tuvalu. Details not given – but have a global campaign on education for all children with visual impairment.</td>
<td></td>
</tr>
</tbody>
</table>

**SERVICE PROVIDERS OR DONORS IN THE 3 UNICEF FOCUS COUNTRIES (See Chapter two for further details)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>Description</th>
<th>Relevant Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIRIBATI</td>
<td>Tungaru Rehabilitation Services</td>
<td>• A MoH department which houses a prosthetic centre and provides physiotherapy for the general public including children. Also liaises with visiting surgeons and families of children with disabilities needing surgery. School for the Disabled with Special Needs.</td>
<td>Some Roll of 82 children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• AusAID provided core funding over last 2 years.</td>
<td>Nil</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Over the last 5 years, ad hoc support from various overseas groups such as: Interact Australia, Canada Fund, Everts Lee School for girls, Netherlands Friendship Society, Church groups, US Navy, Australia Navy. No support from local business.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receive wheelchairs – but not suitable to island conditions or the disability needs of individual child. Too difficult to modify. Te Toa Matoa</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Disabled Peoples Organisation</td>
<td></td>
</tr>
<tr>
<td>VANUATU</td>
<td>Ministry of Education</td>
<td>• Inclusive education: working on policy.</td>
<td>With NZAID support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vanuatu Education Management Information Systems (VEMIS): captures data on children with disabilities attending school. Has provided data since it started 3 years ago.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
although classifications of disability suspect(2007)

Vanuatu Society for Disabled People (VSDP)
- Provide services to PWD to enable clients to live as full a life as possible in their communities.
- Limited funding restricts activities – core funding from Christian Blind Mission but no funds for programs

Disability Promotion and Advocacy Association (DPA)
- Self help national umbrella organization of and for people with disabilities. Plays a policy advocacy role.
- Key role in development of draft IE Policy

## SOLOMON ISLANDS

Community Based Rehabilitation Unit
- One unit of the Rehabilitation Division of the MoH. Besides CBR the other units are Adaptive Equipment; Speech; Occupational Therapy; Workshop, all contributing towards improving the lives of people with disabilities including children.
- CBR has community aides who work at community level. Any children with disabilities identified are referred to the appropriate unit or if requiring schooling to the Red Cross Special Development Centre.

Solomon Islands Red Cross Society Special Development Centre
- Provides a centre where children with disabilities can be assisted to lead normal lives, through education, physiotherapy and socializing.
- Graduates from school are integrated in mainstream schools where possible, some going on to University, while some are taken in by San Isidro Vocational Training Centre.

European Union
- Provided funding support for classrooms to the San Isidro Vocational Training Centre for the disabled

San Isidro
- Rural Training Centre for the Disabled based in Aruligo
- Current roll of 37 students (10 girls and 27 boys).
- Age range from 13 years and up
- Caters for children with disabilities dropping out of primary school education
- Received ANZ funding of around SBD9,000 in 2008

AusAID

<table>
<thead>
<tr>
<th>Some</th>
<th>Averag annual school roll of 150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 2000 students have gone through the school since it started in 1977</td>
<td></td>
</tr>
</tbody>
</table>
**3.5 CONCLUSION**

The imperative of the Paris Declaration and other related agreements is changing the way that official development assistance is given. Countries must now prioritize issues before donors will engage. The implementation of Sector Wide Approaches (SWAs) in PICs is an example of this practice. This puts the onus on PICs to prioritize disability issues in order to garner donor support.

There is clearly a need at both national and regional levels for increased coordination on disability. Nationally, this should be undertaken by the disability focal point in government. Regionally, this is a task that should fall within the mandate of the Pacific Islands Forum Secretariat.
CHAPTER FOUR: OPPORTUNITIES FOR UNICEF INTERVENTIONS

States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.\(^{37}\)

In countries the world over children with disabilities and their families continue to face discrimination and are not yet fully able to enjoy their basic human rights. The inclusion of children with disabilities is a matter of social justice and an essential investment in the future of society. It is not based on charity or goodwill but is an integral element of the expression and realization of universal human rights.\(^{38}\)

UNICEF’s human rights-based approach guides us to focus our interventions on the most marginalized and poorest children and families, as well as to help countries to fulfil their human rights obligations. Children with disabilities clearly fall into this category; and both the CRC as well as newer HR instruments specifically address their concerns.\(^{39}\)

There are clearly numerous powerful mandates for UNICEF to become involved with the issue of children with disabilities. Neither the Millenium Development Goals nor Education for All will be achieved if this substantial minority of children are overlooked, let alone meeting the requirements of the CRC or CRPD.

4.1 HOW HAS UNICEF PREVIOUSLY ADDRESSED DISABILITY?

Apart from indirectly working on prevention of disability through health programmes, UNICEF globally has not addressed children with disability sufficiently, as a recent programming note stated:

Programming to protect and promote the rights of children who are already disabled, however, has received insufficient attention in UNICEF – despite our mandate and emphasis on the most vulnerable children.\(^{40}\)

UNICEF Pacific has clearly neglected the issue of children with disabilities (CWD) in recent years. It is now timely to redress this oversight. There are clear mandates in UNICEF documentation as well as in CRC and CRPD. The overwhelming conclusion of the Review is that UNICEF Pacific should make the issue of children with disabilities a priority issue in all of its programmes. It should not rely on a general call for ‘mainstreaming’ but should take a proactive and explicit approach to highlight the issue of CWD in all its programming.

UNICEF globally had a number of interesting initiatives in disability in the 1990s but these appear to have been diminished. At this time, UNICEF Pacific had some direct engagement with CWD, for example, it supported the Community Based Rehabilitation work of the Vanuatu Society for Disabled Persons.

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37 Convention on the Rights of the Child, Article 23
38 UNICEF Innocenti Digest, Promoting the Rights of Children with Disabilities, 2007, pv
39 UNICEF, Cross-sectoral Programme Guidance Disability, 2007, p2
40 UNICEF, Cross-sectoral Programme Guidance Disability, 2007, p2
But in the last decade the issue of CWD has become invisible in the work of UNICEF Pacific. There have been lost opportunities to include the issue of CWD and to collect valuable information. The Multiple Indicator Cluster Survey (MICS) conducted in Vanuatu in 2007 is silent on disability. The Child Protection Baseline Study conducted in four PICs in 2009 was an opportunity to gather data and insight into the issue, but again it was overlooked. Some situation analyses of children reports in Pacific Island Countries in the past decade mention disability briefly, while others do not. Although the few mentions of CWD in PIC situation analyses reflect the disadvantaged situation of CWD, the issue has not been reflected in UNICEF programming in the last decade. Disability appears to be dealt with on an ad hoc basis and not as part of the Terms of Reference for these studies.

As indicated in Chapter Two of this Report, Pacific Children with Disabilities (CWD) are a particularly vulnerable group. Few CWD attend school and most face an inevitable future of a life of poverty and dependence. There are glaring gaps in services for CWD in most PICs, particularly in UNICEF’s three focus countries. The major gaps all have clear links with UNICEF’s work and provide ideal opportunities for interventions. While UNICEF has been addressing prevention of disability through its health programme, this aspect has been implicit rather than explicit. The recommendations for this Review are made on the basis that it is time for UNICEF Pacific to take an explicit and proactive approach and not to rely only on the prevention angle.

The Terms of Reference for this Review required the consultants to develop recommendations at the end of the report explaining what specific activities UNICEF Pacific should be carrying out in regard to children with disability. To answer this question the Review took the following into account:

- The information derived from the country consultations with key stakeholders and UNICEF staff.
- The question of programming the issues of children with disabilities, i.e. the merits of addressing it as an add on to existing initiatives as expected in this mid-term review exercise versus that of looking at designing new initiatives focused on children with disabilities.
- The risks associated with relying on recommending ‘mainstreaming’ where issues can easily be lost.
- The fact that few development partners or other stakeholders in disability address programmes specifically towards children with disabilities.
- The fact that UNICEF has a natural constituency to address this issue.
- The fact that PIC governments tend to lack commitment to the issue of CWD, thus UNICEF can potentially leverage commitment.
- The modus operandi of UNICEF that, in accord with the Paris Principles of Aid Effectiveness, its interventions must be government priorities and stated in their strategic plans.

The guiding frameworks for the recommendations made in this chapter are:
- The Convention on the Rights of the Child
• The Convention on the Rights of Persons with Disabilities
• World Fit for Children
• The Biwako Millenium Framework + 5
• The Pacific Regional Strategy on Disability

4.2 RECOMMENDATIONS

This Review recommends that UNICEF Pacific takes a systematic approach to the issue of children with disabilities. Based on the findings of this Review that services to CWD are inadequate in the region; that an estimated two-thirds of childhood disabilities are preventable; and that many of UNICEF Pacific’s staff have limited understanding of disability as a key development issue, there should be three clear objectives to UNICEF’s approach:
• Improving the lives of children with disabilities.
• Augmenting the prevention of childhood disabilities.
• Strengthening the capacity and capability of UNICEF Pacific to address the issue of children with disabilities.

The following interventions are applicable to all three focus countries unless otherwise stated:

4.2.1 At the macro or regional level, UNICEF should consider:

1. Appointing a Disability Specialist located in the Suva office. The key roles of this officer would be to:
   • coordinate all disability activities in the region;
   • provide technical assistance and expertise to staff in country, both UNICEF staff, government and other partners; and to
   • provide oversight to ensure that disability is effectively integrated into all UNICEF work programmes.

2. Developing an integrated communications strategy on CWD taking into account prevention, access to health services, child protection, education, rights of CWD and the linkages between them.

3. Working closely with other partners to coordinate work at the national and regional levels. Effective coordination can help leverage support for work on CWD.

4. Ensuring that disability is mainstreamed into all areas including emergency response so that UNICEF adopts a disability inclusive approach to programming.

4.2.2 Health

• Early detection, identification and intervention is a huge gap area. This is an area of intervention that UNICEF should seriously consider as such services can greatly improve children’s lives and prevent secondary disabilities. There is a huge need for upgrading the
training of nurses, community/village health workers and Community Based Rehabilitation workers to include modules in this area. There are guidelines established by WHO that can be used. There are obvious entry points with Community IMCI, health and nutrition.

- **In Vanuatu**, UNICEF could consider direct funding for the establishment of an Early Intervention Centre under the umbrella of the Vanuatu Society for Disabled People (VSDP). This would function as a training facility as well for health workers and trainee teachers. While this would be a departure from usual practice, in the late 1990s, UNICEF funded the Community Based Rehabilitation work of VSDP.

- **Better systems of referral and articulation** from one level of the health programme to another.

- **Prevention of childhood disabilities** has been integral to UNICEF programmes for a long time and a major aim and key outcome of its interventions in health, nutrition and water and sanitation. Prevention needs to be more explicitly and proactively linked to disability rather than an implicit outcome.

- **Prevention in regard to care of sick children**: high fevers caused by cerebral malaria, meningitis, dengue fever and viruses can cause cerebral palsy. These are common causes of childhood disability and developmental delay in the Pacific.

- **HIV**: need to include CWD as a vulnerable group that needs to have access to reproductive services as appropriate.

- The linkages between the different aspects of health and their links to disability need to be made explicit through a communication strategy that is culturally appropriate.

### 4.2.3 Education

It is recognized that the three UNICEF focus PICs have Sector Wide Approaches (SWAp) in education and that UNICEF is part of pooled partner funding. UNICEF’s main role is as an advocate and lobbyist for areas of work that are contained in national strategic plans. It is recommended therefore that UNICEF continue to lobby for action in these areas:

- **Inclusive education**: policy development and implementation.

- **As Vanuatu** already has a draft IE policy, focus should be on implementation, specifically including teacher training. VITE has a revised teacher training program with IE modules to take effect from 2011 but desperately needs technical assistance to implement it. Could use Child Friendly Schools as pilots / entry points depending on the future of CFS.

- **Kiribati**: the proposed in-service teacher competency course could include a module on IE, with technical assistance from UNICEF.

- **Kiribati and Solomon Islands**: assistance with consultations and awareness raising as part of development of IE policy.

- **The rights of CWD to education**: UNICEF should continue to proactively lobby for the rights of CWD to attend school.
4.2.4 Child Protection

- Ensure that the rights of CWD are included in policy and legislation in line with CRC and CRPD: that disability is included in legislation on children and that children are included in disability legislation.
- Ensure that social welfare systems address CWD.
- Ensure that future work on violence, abuse and exploitation include CWD.
- Ensure that future studies such as sentinel site surveillance include CWD.
- Develop materials to support parents of CWD providing information on care, rights etc.
- Proactively advocating for the rights of CWD (behaviour change)

4.2.5 PAPE

- Ensure that CWD are included in all UNICEF programming.
- Ensure that all data collected include CWD.
- Work with National Statistics Offices to ensure that questions on disability, especially CWD, are included in regular statistics gathering including Household Income and Expenditure Surveys and National Censuses.
- Ensure that any future Multiple Indicator Cluster Surveys (MIC) in the Pacific includes data collection on disability. (A module of 10 questions on disability is available).
- Ensure that situational analyses on children and youth include CWD.
- Organize staff training to raise the awareness of UNICEF staff of the importance of including CWD in their work.
- Developing a communications strategy that highlights the rights of CWD, especially to education and health services and of social protection, as part of communication for development and social change.

In addition, CWD should be included in all emergency preparedness and response programmes, plans and activities.

4.3 CHALLENGES

It is recognized that there will be challenges in adopting a disability inclusive approach to programming. Staff may be resistant due to lack of understanding, lack of confidence or skills in knowing how to address the issues and / or pressure of existing workloads. There may also be some prejudice towards the issue of disability. This could be overcome by identifying champions and sentinels of disability-inclusive development as well as instigating initiatives that increase awareness and understanding of policy and issues. Implementation processes and strategies need to be practical and easy to understand.

The approach to programming children with disabilities for the purpose of the mid-term review is basically an “add-on” approach. This means that the issue of children with disabilities and recommended interventions are essentially added on to existing interventions designed for other programs. It does not allow for completely new programming specifically for children with disability lenses and while some initiatives have a perfect fit, some have difficulty and
some do not fit at all. Those that do not fit run the risk of being discarded. With the lack of resources and capacity and competing priorities this may occur.

Based on the current work programmes, a summary of the recommendations derived from consultations with key stakeholders and UNICEF staff in the three focus countries and Suva office is at Table 4.1.

Table 4.1 Summary of recommendations and suggestions on how to add these to existing interventions in the current MTSP.

<table>
<thead>
<tr>
<th>RECOMMENDATIONS DERIVED FROM CONSULTATIONS</th>
<th>SUGGESTIONS ON HOW TO ADD THESE TO EXISTING INTERVENTIONS IN THE CURRENT MTSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiribati</td>
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<tr>
<td>1  UNICEF continue its work with MoE on its IE policy. This could entail quite a lot of consultation, awareness raising etc.</td>
<td>EDUCATION – Output 1.1</td>
</tr>
<tr>
<td>2  Include IE teacher training in Kiribati Teachers College (A separate initiative on its own. However ensure it is part of the strategies in the IE policy.)</td>
<td>EDUCATION – Output 2.2</td>
</tr>
<tr>
<td>3  Assist/strengthen MISA’s capacity to have a disability desk officer who could coordinate all related activities in the country.</td>
<td>PAPE-Outputs 1.1 and 1.3</td>
</tr>
<tr>
<td>4  Assist with disability component of nursing training (early detection and intervention)</td>
<td>HEALTH AND SANITATION-Output 2a.1</td>
</tr>
<tr>
<td>5  Work with National Statistics Office to have questions on disability included in national census</td>
<td>PAPE</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td></td>
</tr>
<tr>
<td>5  Assist Community Based Rehabilitation training on rights already piloted with the Solomon Islands College of Higher Education. (lack staff)</td>
<td>This recommendation does not fit in with existing initiatives.</td>
</tr>
<tr>
<td>6  Provide direct assistance to MEHRD to develop its IE policy. This could entail quite a lot of consultation, awareness raising etc.</td>
<td>EDUCATION – Output 1.1</td>
</tr>
<tr>
<td>7  Awareness/advocacy of rights of CWD.</td>
<td>CHILD PROTECTION- Outputs 1.1</td>
</tr>
<tr>
<td></td>
<td>Note: Activities 7 &amp; 8 require awareness and advocacy of rights, while existing outputs indicate that people already know and are aware of the information and are expected to be discussing it, applying it this developing plans based on it.</td>
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<tr>
<td></td>
<td>The only possibility of training relates to Output 2.1 but</td>
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<tr>
<td>8</td>
<td>Information for parents of CWD on how to look after and assist their children. Information to be culturally friendly with lots of drawings etc.</td>
<td>CHILD PROTECTION- Outputs 2.1</td>
</tr>
<tr>
<td>9</td>
<td>Child Protection Officer ensures that the new disability bill takes into account the needs of children with disabilities and is aligned with the CRPD. That it has children clearly in it.</td>
<td>CHILD PROTECTION- Outputs 1.1</td>
</tr>
<tr>
<td>10</td>
<td>Child Protection Officer ensures that the new child protection bill takes into account the needs of children with disabilities and is aligned with the CRPD and it has disability clearly in it.</td>
<td>CHILD PROTECTION- Outputs 1.1</td>
</tr>
<tr>
<td>11</td>
<td>Work with National Statistics Office to have questions on disability included in national census</td>
<td>PAPE</td>
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### Vanuatu

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<tr>
<td>11</td>
<td>Include a component on early identification and detection of disabilities into Village Health Worker training currently provided by Save the Children in partnership with the Ministry of Health. This would be a strategically placed intervention in a critical area.</td>
<td>HEALTH Output 1.1, 1.2, 2a.1, 2a.2, 2a.3, 2a.4, 2a.5, 2a.6, 2b.1</td>
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<tr>
<td>12</td>
<td>Include a component on early identification and detection of disabilities in nursing training.</td>
<td>HEALTH Output 1.2</td>
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<tr>
<td>13</td>
<td>Funding an Early Intervention Centre for two years, as a training centre and service provider</td>
<td>HEALTH output 1.2</td>
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<tr>
<td>14</td>
<td>Provide support for inclusive education component of teacher training (both primary and secondary) at Vanuatu Institute of Teacher Education. This is identified in the work plan of VITE but currently there is no trained person in place.</td>
<td>EDUCATION-Outputs 1.1, 1.2, 2.1, 2.2, 2.3</td>
</tr>
<tr>
<td>14</td>
<td>Child Protection: The issue of children with disabilities could be brought in at all levels of the proposed child services / child protection framework.</td>
<td>CPP –Output 1.1, 2.1, 3.1</td>
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<tr>
<td>15</td>
<td>Cross-cutting: disability needs to be factored into all programmes as it is an area of great vulnerability.</td>
<td>PAPE – Output 1.1, HIV – Output 1.1, 1.2, 1.3, 1.4, 2.1</td>
</tr>
<tr>
<td>16</td>
<td>Work with National Statistics Office to further develop questions on disability included in national census</td>
<td>PAPE</td>
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4.4 CONCLUSIONS

UNICEF interventions on disability basically have two over-arching objectives: improving the lives of children with disabilities; and prevention of disability. UNICEF Pacific is well positioned to incorporate the interventions outlined in this report. Very few other organizations at national or regional level have a clear mandate to work with and for CWD, thus UNICEF has a natural advantage.

UNICEF can build on systems that exist and strengthen them. For example, the community based rehabilitation model that is practiced in Vanuatu and Solomon Islands: both countries need assistance to augment and strengthen the training of their workers in this area. UNICEF can advocate and assist countries develop inclusive education systems that suit their needs.

If UNICEF interventions on disability are to make an impact, they should not be piecemeal but should have over-arching coordination. Disability inclusive programming should also be build into monitoring and evaluation for each programme with relevant indicators developed.

In conclusion, this chapter borrows the ending of the UNICEF programming note on disability:

> The inclusion of children with disabilities is not a charitable act, but a matter of rights to which UNICEF is bound by both the CRC and our mandate\(^\text{41}\).
ANNEX 1

TERMS OF REFERENCE

UNICEF PACIFIC
Child protection and other Programmes

TERMS OF REFERENCE FOR LEAD RESEARCHER

Requesting Section: Child Protection and other Programmes of UNICEF Pacific
Date: April 2010

Programme Area / Project Involved: Disability and children in the Pacific: Identifying how to support and complement existing work on children with disability (current focus in Kiribati, Solomon Islands, and Vanuatu).

1. Purpose of Assignment:

Consult with a variety of regional stakeholders and those in Kiribati, Solomon Islands and Vanuatu to find out in what way UNICEF Pacific should engage in the future in the area of “children and disability” given that other organizations and governments are already tackling issues of disability in the region.

2. Background/Rationale

According to United Nations estimates, persons with disability represent an estimated 10 percent of any population. This represents approximately 800,000 Pacific Island people. Recent census results and national surveys do not provide a clear and accurate picture of the situation of persons with disabilities as there is not a clear and generally accepted definition of disability, surveys have often been based on small population samples, questions asked are often unclear and enumerators are often poorly trained on disability issues. However, what is certain is that persons with disabilities and their families face prejudice, discrimination and rejection. Children with disabilities are consistently excluded from attending school (less than 10% have access to any form of education and many do not attend school at any time in their life), health and welfare service provision is poor and largely inaccessible to persons with disabilities and there are few employment opportunities.

Persons with disabilities in Pacific island countries are likely to be amongst the poorest and most vulnerable members of their community. The link between disability and poverty and social exclusion has been proven. What is not yet know, however, is the scale of the impact of the current Global Economic Crisis on persons with disability. Nonetheless, it is likely that people with disability are amongst those hardest hit and with less resources and alternative opportunities to cope with the economic setbacks.

42 Pacific Regional Strategy on disability 2010-2015, Pacific Island Forum Secretariat, PIFS (09) FDMM.07
43 Pacific Islands Forum Secretariat, Issues in Basic Education for Children and Youth with Disabilities, paper for 2002 Forum Education Ministers Meeting
In the population of people with disability, it is also commonly known that women and children often face multiple and compounding forms of discrimination.

Legislative frameworks and social protection systems in the Pacific, mostly inherited from pre-independence days, do not cater for the rights or guarantee services for people with disability in the Pacific. In more recent times, attitudes towards persons with a disability have taken a ‘paradigm shift’ from a charity-based perception to a human right based model. Internationally this has been recognized, with the United Nations developing the new Convention to Protect and Promote the Rights and Dignity of persons with Disabilities. The Convention was adopted by the UNGA in 2006 and came into force in May 2008. The Convention promotes a shift in understanding that recognizes the limitations created by disability not as a problem of a person but as a problem of barriers created by society. In the Pacific, Vanuatu has ratified the Convention (October 2008) along with Cook Islands (May 2009).

UNICEF’s human rights-based approach to programming guides the organization to focus interventions on the most marginalized and poorest children and families. Children with disability clearly fall into this category. The UNICEF Programme Guidance note of April 2007 – “Children with Disabilities – ending discrimination and promoting participation, development and inclusion” provides concrete recommendations on how to mainstream disability concerns within all MTSP Focus areas; young child survival and development; basic education and gender equality; HIV/AIDS and children; child protection from violence, exploitation and abuse; and policy advocacy and partnership for children’s rights.

The Programming Guidance note further stipulates that attention to children with disability must be paid at each stage of the country programming process of UNICEF. Specifically, in the case of “countries undergoing mid-term reviews, attention to disability should be improved through the more intensive situation analysis and scrutiny of our and our partner’s past programming results which takes place at this time”44.

In response to the described situation in the Pacific and UNICEF’s programmatic recommendations, it is being proposed that a cross-programmatic analysis of children with disability in the Pacific be undertaken in preparing for the up-coming mid-term review (planned for June/July 2010). The UNICEF Pacific office will therefore seek one consultant and one research assistant to undertake a children-focused study on disability, focusing on Kiribati, Solomon Islands and Vanuatu. The study will review existing information and studies on children with disabilities and their families, identify stakeholder that are already working in the context of disability and explore potential partnership with them; and investigate through consultation with partners and children themselves what role UNICEF Pacific should play in the future in relation to children with disability.

44 UNICEF Programme Guidance, Children with Disability ending Discrimination and Promoting Participation, Development and Inclusion, April 2007, p 5
3. **Scope of Work/ Work Assignments**

The study must provide definitive answers to the following three questions through the steps outlined below and provide a comprehensive final report:

1. What is currently known about children with disability and their families in the Pacific (e.g., social impacts such as child poverty, abuse, exploitation and violence, those at most risk and especially vulnerable to HIV/AIDS, as well as access to basic social services such as health, education, water and sanitation, child protection, welfare services) and how is the Global Economic Crisis affecting them?

2. Which stakeholders are already actively dealing with disability issues across the Pacific region, and/or with a particular focus on the mentioned focus countries and what specific initiatives are underway in support of children with disability and their families?

   - Desk study to map which stakeholders are already dealing with disability issues in the region and in particular the relevant countries, determine which ones are specifically tackling the issue of children with disability in the Pacific (for example governments/ministries, UN organizations, NGOs, civil society organizations, donors);
   - Undertake consultations with relevant stakeholders;
   - Review current initiatives, regional commitments and existing studies and their recommendations to map specific recommendations for national and regional actions addressing children with disability.

3. In what way should UNICEF Pacific engage in this field?

   - Consult with relevant regional stakeholders and those involved in disability issues in focus countries and get their views and opinions on how UNICEF Pacific should engage in the field in the Pacific.
   - Conduct field research in focus countries with children and parents (for example interviews and focus groups) to collect their ideas, find out about their needs and concerns on disability issues and their recommendations on how UNICEF could engage in this area and which issues they deem most important. In conducting field research, ethical guidelines for interviewing and consulting children must be followed. As far as possible, a mix of urban/rural based consultations should be undertaken.
   - Take note of the Global UNICEF Programming Guidance Note and experience from other similar countries in relation to UNICEF programme support for children with disabilities.
   - Consult with all UNICEF Programme sections to solicit ideas and share up-dates on analysis and tentative recommendations.
   - In assessing UNICEFs possible engagement, be mindful of existing programme strategies and interventions in which issues around disability could be easily integrated, i.e Child Protection Community Welfare Volunteer initiatives in the Solomons; Child-friendly school initiatives in Vanuatu and Solomons; baby-friendly hospital initiatives etc.

- Write a report (25,000 words) providing comprehensive responses to the three questions above; ensure that the responses to question three are clearly grouped into responses from adults and children;
- Based on the results, develop recommendations at the end of the report explaining what specific activities UNICEF Pacific’s should be carrying out in regards to children with disability.

For the literature review and the development of the methodology the consultant and research assistant should refer to at least the following documents and resources:

- some of UNICEF’s own resources (on intranet)
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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Dr Isiye Ndombi</td>
<td>Representative, Pacific Island Countries</td>
<td>UNICEF</td>
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<tr>
<td>Alastair J Wilkinson</td>
<td>Regional Advisor, Social Development and Planning</td>
<td>UNESCAP</td>
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<tr>
<td>Setareki Macanawai</td>
<td>Chief Executive Officer</td>
<td>Pacific Disability Forum</td>
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<tr>
<td>Merelesita Qeleni</td>
<td>Head Teacher</td>
<td>Hilton Special School</td>
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<tr>
<td>Frederick Miller</td>
<td>Disability Coordination Officer</td>
<td>Pacific Islands Forum Secretariat</td>
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<tr>
<td>Nikhat Shameen</td>
<td>Education Specialist</td>
<td>UNICEF</td>
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<tr>
<td>Vani Volatabu</td>
<td>Coordinator</td>
<td>Project Heaven</td>
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<tr>
<td>Maraia Matakibau</td>
<td>Community Based Rehabilitation</td>
<td>Ministry of Health</td>
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<tr>
<td>Dr Sitiveni Yanuyanutawa</td>
<td>Executive Director</td>
<td>Fiji National Council of Disabled Persons</td>
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<tr>
<td>Simon Molendijk</td>
<td>Child Friendly School Specialist</td>
<td>UNICEF</td>
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<tr>
<td>Johanna Eriksson Tokyo</td>
<td>Chief of Child Protection Programme</td>
<td>UNICEF</td>
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<tr>
<td>Dr Eliab Seroney Some</td>
<td>Chief of Health and Sanitation</td>
<td>UNICEF</td>
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<tr>
<td>Maresilina Tabalailai</td>
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<td>Emannuelle Abrioux</td>
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<tr>
<td>Mereoni Daveta</td>
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<td>The Early Intervention Centre</td>
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<tr>
<td>Vereyamu Ramaqa</td>
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<td>Sovaia Sisi Coalala</td>
<td>Integration Teacher</td>
<td>Fiji School for the Blind</td>
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<tr>
<td>Adi Davila Toganivalu</td>
<td>Mother of a child with a disability</td>
<td>Fiji Cancer Society</td>
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<tr>
<td>Mr Yun Jong Kang</td>
<td>Chief of UNICEF Field Office and Joint Presence</td>
<td>UNICEF</td>
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<tr>
<td>Mr Uriam Robati</td>
<td>Senior NGO Officer,</td>
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<tr>
<td>Tab’aa Enoka</td>
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<td>School for Disabled Children</td>
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<td>Bwenaata Arakua</td>
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<td>Parents of a 6 yr old disabled child (Emaima Brown) with Downs Syndrome</td>
<td>School for the Disabled with Special Needs</td>
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<td>Banga Mikaere</td>
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<td>School for Disabled Children</td>
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<tr>
<td>Teewata Rokete</td>
<td>Vice Secretary, (USP Centre Kiribati, Librarian)</td>
<td>Te Toa Matoa (Disabled Peoples Organization)</td>
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<td>Ariane Kienene</td>
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<td>Kiribati Red Cross Society</td>
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<td>Dy Bailey</td>
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<td>Kerrie Godbold</td>
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<td>Linda Uan</td>
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<tr>
<td>Tekoaua Tamaroa</td>
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<td>Luisa Kabong</td>
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<td>Teurakai Ukenio</td>
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<td>Joao Mendez</td>
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<td>May S Pascual</td>
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<td>Patrick Shing</td>
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<tr>
<td>Andy Lynch</td>
<td>Former Chair, advocate</td>
<td>Disability Promotion and Advocacy</td>
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<td>Joycelyn Loughman</td>
<td>Program Officer</td>
<td>World Vision</td>
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<tr>
<td>Janet Strong</td>
<td>Operations Manager</td>
<td>World Vision</td>
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<tr>
<td>Jim Knox Allenson</td>
<td>Co-ordinator Inclusive Education</td>
<td>Ministry of Education</td>
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<tr>
<td>Dorosday Kenneth</td>
<td>Director</td>
<td>Department of Women Affairs, Ministry of Justice &amp; Social Welfare</td>
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<tr>
<td>Elison Buvu</td>
<td>Executive Director</td>
<td>Vanuatu Services for Disabled Persons (VSDP)</td>
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<tr>
<td>Tom Toswel</td>
<td>Field Worker</td>
<td>Vanuatu Paralympic Committee /VSDP</td>
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<tr>
<td>Arthur Simrai</td>
<td>Field Worker</td>
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<tr>
<td>Jessie Bynon</td>
<td>Occupational Therapist &amp; Volunteer Special Needs Educator</td>
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<tr>
<td>Andrew Bynon</td>
<td>Occupational Therapist</td>
<td></td>
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<tr>
<td></td>
<td>Management Support Officer (based at VSDP)</td>
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<tr>
<td>Selina Philip</td>
<td>Family of cwd Mother</td>
<td>Blacksands settlement</td>
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<tr>
<td>Raymond Philip</td>
<td>Child (5 year old female with downs syndrome)</td>
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<tr>
<td>Api Robert</td>
<td>Father &amp; mother of CWD</td>
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<tr>
<td>Lien Robert</td>
<td>Child (12 year old female vision impaired)</td>
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<tr>
<td>Noella Robert</td>
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<tr>
<td>Marie Woleq</td>
<td>Coordinator – Integrated Management of Childhood Illness</td>
<td>Ministry of Health</td>
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<tr>
<td>Eric Malessa</td>
<td>Lecturer Education Studies</td>
<td>Vanuatu Teacher Training College</td>
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<tr>
<td>Joemela Simeon</td>
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<td>UNICEF</td>
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<tr>
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<tr>
<td>Jennipher James</td>
<td>Early Childhood Coordinator</td>
<td>Ministry of Education</td>
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<tr>
<td>Eric van Dissel</td>
<td>UNICEF Consultant to Department of Women Affairs</td>
<td>Based at the Department of Women Affairs</td>
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<tr>
<td>John Suran</td>
<td>Honorary Chair (IT Support Officer with Customs Department – pwd)</td>
<td>Disability Promotion &amp; Advocacy</td>
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<tr>
<td>Elizabeth Emil Poli Tevivi</td>
<td>Project Manager, Child Grant- Child Protection, Acting Manager</td>
<td>Save the Children Australia</td>
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<tr>
<td></td>
<td>Acting project Manager, Village Health Worker Scheme</td>
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<td><strong>SOLOMON ISLANDS</strong></td>
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<tr>
<td>Roy Bowen</td>
<td>Chief of Field Office</td>
<td>UNICEF</td>
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<tr>
<td>Elsie Taloafiri</td>
<td>Department Head, Community Based Rehabilitation (CBR)</td>
<td>Ministry of Health</td>
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<tr>
<td>Kathy Analifa</td>
<td>Head Teacher</td>
<td>Solomon Islands Red Cross Society Special Development Centre</td>
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<tr>
<td>Grace Teka</td>
<td>Orientation and Mobility Trainer</td>
<td>CBR, Ministry of Health</td>
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<tr>
<td>Eddie Babanisi</td>
<td>Braille teacher</td>
<td>CBR, Ministry of Health</td>
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<tr>
<td>Marco Kools</td>
<td>Education Specialist</td>
<td>UNCEF</td>
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<tr>
<td>Susan Larson</td>
<td>Manager</td>
<td>Bethesda Disability Training and Support Centre</td>
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<tr>
<td>Savina Nongebatu</td>
<td>President</td>
<td>People With Disability, Solomon Islands</td>
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<tr>
<td>George Henry Tapo Joel Sasapa Viriala</td>
<td>Secretary Volunteer (Savo Island)</td>
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<td>Anika Kingmele</td>
<td>Child protection Officer</td>
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<td>Winston Pitakomoki</td>
<td>Health and Nutrition Officer</td>
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<td>Benedict Esebea</td>
<td>Director of Primary Education</td>
<td>Ministry of Education</td>
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<tr>
<td>Kimmy Oeta</td>
<td>Advocacy Officer</td>
<td>Children’s Department, Ministry of Women, Youth and Children Affairs</td>
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<tr>
<td>Loretta Ta’a ke Esther Marisi</td>
<td>Provincial Child Desk Officers (Western, Choiseul and Central &amp; Malaita, Makira, Isabel)</td>
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<tr>
<td>Aaron Olafia</td>
<td>Director of Social Welfare</td>
<td>Ministry of Health &amp; Social Welfare</td>
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<tr>
<td>Francis Leve Stella Damutalau</td>
<td>Carpentry and Joinery Teacher Teacher Aide</td>
<td>San Isidro Vocational Training Centre</td>
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<td></td>
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<td></td>
<td>G=Government, N=NGOs, U=UNICEF, I=Inter-governmental Organisations</td>
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<tr>
<td><strong>Overall total</strong></td>
<td></td>
<td></td>
<td>85</td>
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**Key**

G=Government, N=NGOs, U=UNICEF, I=Inter-governmental Organisations
DISABILITY CENTRES / SCHOOLS VISITED FOR THIS STUDY

Hilton Special School, Suva, Fiji
Vocational Training Centre, Suva, Fiji
Early Intervention Centre, Suva, Fiji
Fiji School for the Blind, Suva, Fiji
School for Disabled Children, Kiribati
Te Toa Matoa Maneaba, Kiribati
Vanuatu Society for Disabled People, Port Vila, Vanuatu
Bethesda Disability Training and Support Centre, Solomon Islands
Red Cross Special Development Centre, Honiara, Solomon Islands
San Isidro Care Centre, Aroligo, Solomon Islands
## ANNEX 3

### PACIFIC ISLAND COUNTRY STATUS ON DISABILITY

<table>
<thead>
<tr>
<th>Country</th>
<th>Policy</th>
<th>Legislation</th>
<th>CRPD status</th>
<th>Dedicated government officer</th>
<th>DPO</th>
<th>IE or SE policy or practice</th>
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<tbody>
<tr>
<td>Cook Islands</td>
<td>V</td>
<td>Signed</td>
<td>Signed Ratified</td>
<td>Yes</td>
<td>Formative IE</td>
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<tr>
<td>Fiji</td>
<td>V</td>
<td>1994</td>
<td>Signed</td>
<td>Yes</td>
<td>Several SE</td>
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<tr>
<td>FSM</td>
<td>V</td>
<td></td>
<td></td>
<td>One</td>
<td>V limited SE</td>
<td>SE (some IE)</td>
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<tr>
<td>Kiribati</td>
<td>Draft</td>
<td></td>
<td></td>
<td>One</td>
<td>V limited SE</td>
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</tr>
<tr>
<td>Nauru</td>
<td></td>
<td></td>
<td></td>
<td>One</td>
<td>V limited SE</td>
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<tr>
<td>Niue</td>
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<td>One</td>
<td>IE</td>
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<td>Several SE</td>
<td>IE</td>
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<td>None</td>
<td>SE</td>
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<td>Samoa</td>
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<td>Draft</td>
<td>Signed</td>
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<td>V limited SE</td>
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<tr>
<td>Tonga</td>
<td></td>
<td></td>
<td>Signed</td>
<td>Two</td>
<td>V limited SE</td>
<td>V limited SE &amp; IE</td>
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<tr>
<td>Tuvalu*</td>
<td></td>
<td></td>
<td></td>
<td>Newly formed 2009</td>
<td>Unknown</td>
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<tr>
<td>Vanuatu</td>
<td>V</td>
<td>Signed</td>
<td>Proposed</td>
<td>One</td>
<td>Working towards IE</td>
<td></td>
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</table>

* Tuvalu has indicated the intention to start developing a policy in 2010.

Abbreviations:

- CPRD: Convention on the Rights of Persons with Disabilities
- DPO: Disabled Person’s Organisation
- IE: Inclusive Education
- SE: Special Education

United Nations Economic and Social Council
8 December 2009
Washington Group on Disability Statistics
Report of the Washington Group on Disability Statistics (Edited)

I. Introduction
1. In June 2001, the United Nations International Seminar on the Measurement of Disability recommended that principles and standard forms for indicators of disability be developed for use in censuses. There was a broad consensus on the need for population-based measures of disability for country use and for international comparisons. This work was greatly needed because data on disability, especially in developing countries, are scarce and often of poor quality. Furthermore, international comparability is often lacking, even among developed countries. As a result, the Washington Group on Disability Statistics was formed to address the urgent need.

2. The main purpose of the Washington Group is, therefore, the promotion and coordination of international cooperation in the area of health statistics focusing on disability measures suitable for censuses and national surveys. The major objective is to provide basic necessary information on disability that is comparable throughout the world. More specifically, the Washington Group aims to guide the development of a short set of disability measures suitable for use in censuses, sample-based national surveys or other statistical formats for the primary purpose of informing policy on equalization of opportunities. A second priority is to recommend one or more extended sets of survey items to measure disability, or guidelines for their design, to be used as components of population surveys or as supplements to specialty surveys. These extended sets of survey items are intended to be related to the short set of disability measures. The World Health Organization (WHO) International Classification of Functioning, Disability, and Health has been accepted as the basic framework for the development of the sets. All disability measures recommended by the group, short or extended, will be accompanied by descriptions of their technical properties, and methodological guidance will be given on their implementation and their applicability to all population subgroups. The Washington Group disseminates its work products globally through the World Wide Web (http://www.cdc.gov/nchs/citygroup.htm) and scientific publications.

4. The Washington Group has sought to foster international collaboration, and in particular, to ensure that the efforts of the group are broad-based and inclusive of voices from developing countries from every region of the world. Thus, representatives of national statistical authorities of organizations representing persons with disabilities and of other international organizations participate in the Washington Group. Since its inception, representatives of national statistical offices in 116 countries have participated in the Washington Group. Representatives from 82 countries have attended at least one annual meeting, and 54 countries have attended more than one annual meeting. Current members of the Washington Group include 109 national statistical offices, 7 international organizations, 6 organizations that represent persons with disabilities, the United Nations Statistics Division and other United Nations affiliates (see the annex to the present report).

B. Recent activities and major achievements
8. Since 2001, the group has (a) developed a short question set intended for use on national censuses, accompanying rationale, and test implementation protocols; (b) provided training to countries in conducting the Washington Group tests and, more generally, on disability data collection methods; (c) conducted standardized Washington Group tests for the short set of questions in 15 countries; (d) analysed test results; (e) endorsed the short question set (with minor revisions); (f) begun development of extended question sets to be used as components of population surveys, as supplements to surveys, or as the core of a disability survey; (g) in collaboration with ESCAP, conducted standardized cognitive testing of the extended question sets in nine countries (Cambodia, Canada, Kazakhstan, Maldives, Mongolia, the Philippines, South Africa, Sri Lanka and the United States); (h) in collaboration with

ESCAP, conducted standardized field testing of the extended question sets in six countries (Cambodia, Kazakhstan, Maldives, Mongolia, the Philippines and Sri Lanka); and (i) begun analysis of the cognitive and field test results.

**Cognitive and field testing**

11. Short set (for use on censuses): protocols for implementing tests of the short set of questions were developed by the Washington Group and standardized testing was undertaken in 15 countries, including 13 that were funded through a grant from the World Bank. The purpose of testing was to ensure the validity of the questions and to better understand how they operate in different settings and cultures. These tests, as well as studies in other countries employing the Washington Group approach, show an improvement over traditional census questions. Developing countries that had previously reported disability rates of about 1 or 2 per cent found rates between 8 and 15 per cent when using the Washington Group questions. These rates are much more in line with data from developed countries that use more complex approaches to disability data collection.

12. Extended set: work on extended sets of disability questions intended as components of population surveys, as supplements to surveys, or as the core of a disability survey began with the development of a matrix designed to guide the development of these question sets.

**Provision of technical assistance**

14. The Washington Group has worked with the Statistics Division, WHO, ESCAP, ESCWA, ECE, the International Labour Organization, the Organization for Economic Cooperation and Development (OECD), the Inter-American Development Bank, the World Bank, Eurostat, the Budapest Initiative, the Foundation for Scientific and Industrial Research at the Norwegian Institute of Technology (SINTEF) and other entities to promote a unified approach to disability measurement. Several World Bank data instruments have been heavily influenced by the work of the Washington Group (in India and Uzbekistan), and SINTEF has been working in Africa to conduct independent tests of the Washington Group questions. In addition, ESCAP and WHO, in partnership with the Australian Bureau of Statistics, conducted pilot studies on the Washington Group short set of questions and the longer WHO set of questions. The study results were presented and discussed during the fifth and sixth Washington Group meetings. The Washington Group has also been informed that the question set has been pre-tested or added to surveys in at least 11 countries. The Washington Group has embarked upon a collaboration with ESCAP for the cognitive and field testing of the extended set of questions in six participating ESCAP countries. The Washington Group continues to dialogue with the World Bank in matters of common interest and in attempts to secure funding for further activities in the testing and development of extended sets of questions on disability in other regions.

**Endorsement of a set of census questions on disability**

15. At the sixth annual meeting of the Washington Group, held in Kampala, test results were reported and the short set of questions on disability was endorsed by the 23 countries and 5 international agencies in attendance. Some minor wording modifications were suggested based on pre-test results presented at the meeting. The set comprises questions on six core functional domains: seeing, hearing, walking, cognition, self care and communication. In countries where resources do not permit the inclusion of six questions on a census, the first four domains are recommended for inclusion (seeing, hearing, walking and cognition); the Washington Group, however, strongly endorses the use of the six questions. These questions were based on the model of disability inherent in the World Health Organization International Classification of Functioning, Disability, and Health with a particular emphasis on international comparability. On the basis of information obtained from the country reports submitted by the primary country representatives just prior to the ninth meeting of the Washington Group, 21 countries indicated that the short set of questions would be included in the upcoming census round. For countries indicating that the short set of disability questions would not be used in the upcoming census round, the reasons for not using the questions included:

(a) Washington Group questions were not finalized when census questions were decided;
(b) Requirement to use the same questions that were used in previous census rounds;
(c) It was too expensive to add additional questions to census;
(d) There are too many questions; the number of disability questions allowed on the census is restricted;
(e) Respondents had trouble understanding questions during pre-testing;
(f) Concerns regarding the Washington Group short set answer categories.

**Note: Pacific Members of the Washington Group on Disability Statistics** At present the national statistical authorities sending representatives to participate in the Washington Group include those of 116 countries and areas including:

Australia, Fiji, Micronesia (Federated States of), New Zealand, Tonga, Tuvalu.
ANNEX 5

Article 24 of the Convention of the Rights of Persons with Disabilities

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning directed to:
   (a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
   (b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
   (c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:
   (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
   (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
   (c) Reasonable accommodation of the individual’s requirements is provided;
   (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
   (e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:
   (a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
   (b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
   (c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.
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