



UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities



UNITED NATIONS
THE MALDIVES

SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES IN THE **MALDIVES**



DECEMBER 2024



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FINAL REPORT

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About UNPRPD:

The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) is a unique partnership that brings together UN entities, governments, organizations of persons with disabilities (OPDs) and broader civil society to advance the rights of persons with disabilities around the world.

The Partnership was created to foster collaboration between its members and complement their work around disability inclusion through UN Joint programming. The Partnership operates through a Multi-Partner Trust Fund (MPTF) established to channel resources for participating UN organizations (PUNOs).

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women, UNV, WFP and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC).

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Disclaimer:

The data and analyses presented in the report are based on the situational analysis conducted at the country level and were drafted by participating UN agencies, with the support of international and national consultants. The UNPRPD has not edited the report or verified the findings for accuracy. This report does not necessarily reflect the position of the UNPRPD.

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List of Acronyms

BVISM Blind and Visually Impaired Society of Maldives

CEDAW Women	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	United Nations Convention on the Rights of the Child
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisations
DRR	Disaster Risk Reduction
FCSC	Family and Children's Service Centres
FGD	Focus Group Discussions
HRCM	Human Rights Commission of the Maldives
IGMH	Indira Gandhi Memorial Hospital
MAPD	Maldives Association of Persons with Disabilities
MBS	Maldives Bureau of Statistics
MDA	Maldives Deaf Association
MHSG	Mental Health Support Group
MSFD	Ministry of Social and Family Development
NGO	Non-Governmental Organisations
NDR	National Disability Registry
NSPA	National Social Protection Agency
OPD	Organisations for Persons with Disabilities
RTL	Raajje Transport Link
SAP	National Strategic Action Plan of the Government
SDG	Sustainable Development Goals
SEN	'Special Education Needs' units
SOE	State-Owned Enterprises
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UNRCO	United Nations Resident Coordinator's Office

UNSDCF United Nations Sustainable Development Cooperation Framework
WG Washington Group
WG-SS Washington Group Short Set on Functioning

Chapter 1: Background

Purpose of the Situation Analysis

The Maldives ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2010 and has since established progressive legislation to ensure the protection of the rights of persons with disabilities. Nonetheless, translating international commitments and normative frameworks into practice at a national level has proved to be a significant challenge. The situation analysis is thus undertaken to gain a better understanding of the critical barriers that limit the implementation of CRPD in the Maldives in terms of the existing policies, systems, structures and practices, to identify the level of functioning and capacities of key state institutions and stakeholders, and to determine the most significant reform measures and interventions that need to be implemented.

To this end, the situation analysis adopts the analytical framework developed by the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD).

“(The analytical framework) is built on a human rights-based understanding of change processes, where empowerment and collective action of rights holders (persons with disabilities and their families) are key pre-conditions along with sufficient capacity and authority (human, systemic and financial) of duty bearers to fulfil their obligations as outlined in national legislation and international conventions”.¹

In accordance with UNPRPD Guidelines, the situation analysis intends to:

- ❖ Analyse the country’s context in terms of disability inclusion using UNPRPD’s theory of change.
- ❖ Identify the critical barriers to implementing CRPD, the inclusive processes set forth by the Sustainable Development Goals (SDGs), and any existing opportunities to further advance disability inclusion.
- ❖ Formulate adequate and feasible recommendations for the UNCT and other development partners to create a transformative and sustainable impact on the quality of lives of persons with disabilities.
- ❖ Establish a partnership framework to build collaboration with Organisations for Persons with Disabilities (OPDs) and other civil society organisations (CSOs) to undertake the UNPRPD programme.

¹ UNPRPD. (2023). *UNPRPD Guidance for Conducting a Situational Country Analysis of the Rights of Persons with Disabilities*.

- ❖ Amplify the findings of the situation analysis as both an advocacy tool that can be utilised by other local and international stakeholders and as baseline data for policy planning and implementation.

In general, this report adheres to the UNPRPD’s guidelines on disability-related definitions and terminologies. However, in some cases, contextualized terminologies based on the use and request of the Maldivian disability community have been used.

Introduction to the Disability Context in Maldives

The definition of disability at the policy level has for the most part been aligned with CRPD and other international frameworks. The Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act (also known as the Disability Act) was enacted in 2010 following the ratification of the CRPD and defines disability as “persons 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.”² This framing has been essential in articulating the rights of persons with disabilities in formulating policies and providing the necessary support services by state institutions.

More recently, during the implementation of the Census 2022, the state adopted the definition and methodology by the Washington Group (WG) Short Set on Functioning (WG-SS) to determine estimates of the prevalence of disability in the country. The Census revealed that a total of 24,401 persons with disabilities resided in Maldives, which is approximately 7% of the population. Further disaggregation of this data is provided in the table below.

Total number of persons with disabilities	24,401	
Number of women	13,456	55%

² Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act 2010

Number of men	10,945	45%
Number of children (5-17 years)	3,401	14%
Number of youth (15-24 years)	1,695	7%
Number of persons with disabilities residing in Male'	8,453	35%
Number of persons with disabilities residing in other atolls	15,948	65%

Table 1: Disaggregated data of persons with disabilities in Maldives³

The Census was limited in its ability to capture persons with intellectual and psychosocial disabilities due to the usage of the six questions of the WG-SS instead of the enhanced version. However, a nationwide survey conducted by the Ministry of Health in 2003 revealed that 29.1% of respondents reported living with a mental health condition (including conditions of both neurological and psychosocial basis). The survey also highlighted the increasing number of suicides⁴, particularly among young people, but no formal data is available. The National Drug Use Survey 2011/2012 also found that people living with drug addiction were more vulnerable to mental health issues with one-third of the group reporting living with a mental health condition.

Despite the numbers reflected in the Census, only 13,656 persons with disabilities are currently registered in the National Disability Registry (NDR) to receive disability support services.⁵ Disaggregated data on the persons registered are included in the table below. Further discussion on this data discrepancy is highlighted in Section 5: Accountability and Governance.

Disability Type (categories used by the National Social Protection Agency).	Women	Men	Total
Autism	122	462	584

³ Maldives Bureau of Statistics. (2023). *Census 2022 Infographic*.

⁴ As cited in *National Mental Health Policy (2021-2025)*.

⁵ Information provided by the Ministry of Social and Family Development (December 2024).

Hearing and speech disability	907	813	1,720
Intellectual disability	852	1,102	1,954
Learning disability	18	34	52
Multiple disabilities	1,045	1,916	2,961
Physical disability	1,723	2,189	3,912
Psychological disability	603	896	1,499
Visual disability	460	514	974
Grand Total	5,730	7,926	13,656

Table 2: Disaggregated data of persons with disabilities registered in the NDR⁶

Data from the Census demonstrated that persons with disabilities in general, faced barriers in accessing education and participating in economic activities, and lived in overcrowded housing conditions. However, these barriers were experienced differently based on other intersecting identities such as gender. For instance, a greater number of women were found to be living with a disability, yet they were more likely to have a ‘mild’ or ‘moderate’ disability whereas men were more likely to have multiple disabilities. Despite that, fewer women with disabilities participated in economic activities; the labour force participation rate stands at 41% for men with disabilities and 28% for women with disabilities.⁷

Economic opportunities allocated for persons with disabilities also largely benefited men in the absence of quotas for women. Women with disabilities were not encouraged to live independently citing safety concerns and typically relied on their families. The lack of financial independence has left women with disabilities more vulnerable to violence (including sexual violence) and exploitation. Additionally, the prevalence of sexual violence against children with disabilities was significantly high at 60% with a large majority of survivors comprising of girls with disabilities.⁸ This illustrates the great need to adopt an intersectionality lens in undertaking the situation analysis.

International Commitments

Since 2010, the Maldives have been party to the CRPD, which affirms the commitment of states to “ensure the full realisation of all human rights and fundamental freedoms for all persons with disabilities”.⁹ Maldives also adopted the 2030 Agenda for Sustainable Development and formulated a roadmap in 2022 that provides a framework for the achievement of the Sustainable Development Goals (SDG). While the SDGs consist of only seven targets and 11 indicators that specifically mention persons with

⁶ Information provided by the Ministry of Social and Family Development (December 2024).

⁷ Maldives Bureau of Statistics. (2023). *Disability in the Maldives: An Analysis from Census 2022*.

⁸ Human Rights Commission of the Maldives. (2023). *CRPD Shadow Report*.

⁹ UN. (2007). *Convention on the Rights of Persons with Disabilities*.

disabilities, the majority of the goals can only be fully realised by ensuring the rights of persons with disabilities.¹⁰ The relevant goals and targets are included in the Annexe.

Maldives also recently endorsed the Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities (2023-2030) which reaffirmed the collective commitment by states in the region to accelerate progress towards achieving the full realisation of rights for persons with disabilities through the implementation of the SDGs, CRPD and the Incheon Strategy (a strategy that builds on CRPD to “make the right real” for persons with disabilities in Asia and the Pacific).¹¹

Maldives is also party to other international conventions and frameworks that explicitly include the rights of persons with disabilities in other focus areas, such as the UN Convention on the Rights of the Child (CRC) which promotes the rights of children with disabilities to fully participate in the community and receive equal opportunities.¹² Additionally, Maldives endorsed the Universal Declaration of Balanced and Inclusive Education to advance SDG 4 on providing quality education including strengthening education for children with different learning needs.¹³ Maldives also adopted the Sendai Framework for Disaster Risk Reduction which highlighted the importance of empowering persons with disabilities as agents of change and ensuring their full participation in disaster risk reduction.¹⁴ Although the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) which Maldives is party to, does not specifically mention women with disabilities, the general recommendations adopted by the Committee underscore the increased vulnerability of women with disabilities. The recommendations urge state parties to submit information on women with disabilities and to undertake measures to ensure that women with disabilities have equal access to opportunities in all facets of life.¹⁶

¹⁰ UN. (2018). *Disability and Development Report*.

¹¹ UNESCAP. (2022). *Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023–2032*.

¹² UN. (2018). *Disability and Development Report*.

¹³ Mohamed, S. (2020, January 29). Maldives has taken huge steps towards inclusive education: Education Minister. *The Edition*. https://edition.mv/dr_aishath_ali_minister_of_education/14700

¹⁴ UN. (2018). *Disability and Development Report*.

¹⁵ UNESCAP. (2022). *Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023–2032*.

¹⁶ General Recommendations Adopted by the Committee on the Elimination of Discrimination Against Women, 1991, https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CEDAW/GEC/4729&Lang=en

Chapter 2: Approach

Scope and Limitations

The situation analysis aimed to determine the extent to which the country has fulfilled the preconditions to disability inclusion, such as ensuring equality and non-discrimination, accessibility, inclusive services, disability-inclusive budgeting and governance and accountability. This included identifying the gaps in systems, structures, policies and capacities that limit the implementation of CRPD, as well as identifying the opportunities and avenues available to strengthen them. In addition, the situation analysis also assessed the level of meaningful participation of OPDs in decision-making, the extent to which gender equality is promoted in the disability inclusion space and the inclusion of marginalised groups within the disability community.

The methodology was designed according to the UNPRPD guidelines and aimed to conduct Focus Group Discussions (FGD) with persons with disabilities from diverse backgrounds such as persons living with diverse disabilities, belonging to different genders, geographic locations, etc. However, during implementation, the situation analysis was constrained by the limited number of persons with psychosocial disabilities and deaf persons who were able to contribute to the discussions. Presently, there are low levels of registration of persons with psychosocial disabilities in national and local-level databases. This is due to limitations in the existing criteria to assess the full range and spectrum of psychosocial disabilities, lack of awareness among the disability community regarding the registration process and eligibility, and prevailing stigma and lack of acceptance of persons with psychosocial disabilities. Hence, the identification of persons with psychosocial disabilities and ensuring their adequate participation proved to be a significant challenge. With regard to engaging deaf persons, discussions were constrained by barriers in communicating as most used informal home signs given the lack of formal and standardised Maldivian sign language usage within schools and families. Both these limitations highlight the increased vulnerability of people living with these types of disabilities and the importance of addressing the abovementioned issues to improve their quality of life.

Additionally, during the data collection for this assessment, challenges were faced due to the Census data becoming outdated for certain geographic locations. When compared to updated registries at local councils and the National Social Protection Agency (NSPA) there was a significant decrease in the number of persons with disabilities residing in certain atolls and islands. This could be due to the high level of internal migration for better services and opportunities but could also result from differences in the definition and criteria used to determine disability by the different state institutions. As a result, one of the data collection locations had to be removed due to insufficient numbers

of persons with disabilities residing on the islands to maintain the confidentiality of participants.

Constraints due to limitations in the information collected by state institutions also hindered a comprehensive presentation of disability-related data in the situation analysis. For instance, existing data on the number of people registered in the NDR do not disaggregate the type of disability the person is living with beyond the preset broad categories. Hence, information such as the range of intellectual disabilities represented in the Maldivian disability community is absent. Furthermore, data such as the number of disability identification cards disbursed to persons with disabilities is also not readily available.

Methodology

Given the availability of a comprehensive set of quantitative data from the recent Census conducted in 2022, the methodology largely focused on supplementing this data with qualitative findings to address the key questions of the situation analysis. In this regard, key informant interviews and FGDs were used to collect in-depth information on the existing gaps and opportunities for disability inclusion in policy, planning, systems, and practice. Key informant interviews were held with stakeholders consisting of OPDs, state agencies, CSOs, service providers, and UN agencies. The questions for the interviews and a detailed list of stakeholders interviewed are included in the Annexe section.

FGDs were also held with persons with disabilities and, parents or support persons of persons with disabilities residing in three atolls: Haa Dhaalu (Hdh), Dhaalu (Dh), Gaafu Alifu (Ga), and Male' City. The atolls, Hdh. and Ga., were selected based on the high prevalence rate of disability as identified in the Census 2022 when compared to the other atolls in their respective regions (north and south respectively). In addition, Male' City was also selected as 34.6% of the country's persons with disabilities resided in the capital. FGDs in Dh. atoll were conducted to offer a comparative analysis given that the atoll has the lowest prevalence rate in the country. Specific islands from each atoll were then selected based on the size of the population of persons with disabilities. Three islands from each atoll were selected: one island with the highest number of persons with disabilities in the atoll and two islands with a population between 20 and 50 persons with disabilities. Islands with fewer than 20 persons with disabilities were not included to ensure the confidentiality of the participants. In addition, no more than 10 participants were included for each FGD to ensure a conducive environment for participants to share their experiences.

The table below provides an overview of the FGD participants. Additional data such as the number of participants disaggregated by gender and type of disability, the islands selected, and the questions for the FGDs are included in the Annex section.

	HDh	Dh	Ga	Male'	Total
Number of FGDs	9	11	13	7	40
Number of persons with disabilities	42	27	40	25	134
Number of parents or support persons	36	37	29	9	111
Total number of participants					245

Table 2: Participants of FGDs

Given the importance of amplifying the voices of persons with disabilities within this process, the following steps were undertaken to ensure the inclusion of OPDs at every stage of the situation analysis.

- The inception report and methodology of the situation analysis were developed and finalised based on the inputs from OPDs.
- The data collection was carried out in collaboration with the OPDs, i.e. they were engaged in co-coordinating the FGDs and travelled to the atolls as part of the data collection team.
- Meetings were held with OPDs to gather inputs on the first draft of the final analysis report.
- OPDs were part of the validation meeting to provide further feedback on the final draft of the report and engaged in the prioritisation exercise to identify the most pressing recommendations to be included in future programming.
- Future dissemination of the situation analysis report to relevant stakeholders particularly to the disability community, will be conducted in collaboration with the OPDs.

Chapter 3: Stakeholder and Coordination Analysis

The following section outlines the roles and functions undertaken by key state agencies, OPDs, CSOs and UN agencies in ensuring the rights of persons with disabilities. The information included was informed by the stakeholder consultations and represents the stakeholders' perceptions and understanding of their own roles and

responsibilities. However, where relevant (and indicated) formal mandates of key state actors have been included. The full list of stakeholders is included in the Annexe.

State Actors

<p>Ministry of Social and Family Development</p>	<p>As per the mandate, the Ministry is the main state institution responsible for ensuring the rights of persons with disabilities. This includes:</p> <ul style="list-style-type: none"> • “Planning, monitoring and acquiring resources for the implementation of policies relevant to the protection of persons with disabilities; • Increasing the participation of persons with disabilities in the political, economic and social development of the Maldives, and strengthening the role of civil society organizations working for the rights of persons with disabilities; • Ensure social protection for persons with disabilities; • Coordinating with relevant state institutions and conducting social protection programmes in partnership with the State and civil society organizations at the atoll and island level, with a view to protecting and promoting the rights of persons with disabilities; • Coordinating with relevant authorities to protect persons with disabilities, identifying emerging issues and working towards solutions to address such issues; • Creating public awareness on safeguarding the rights of persons with disabilities; • Establishing procedural guidelines and coordinating with relevant stakeholders to provide social protection to persons with disabilities suffering from various forms of abuse; and • Establishing State care institutions to provide protection and services for vulnerable persons with disabilities or facilitate and monitor the provision of services through private organizations.”¹⁷
<p>Family and Children’s Service Centres</p>	<p>Operating under the Ministry of Social and Family Development, the Centres were formed to decentralise the services provided by the Ministry across the 19 atolls. The main focus of the Centres is to provide assistance and protection to</p>

¹⁷ CRPD. (2018). *Initial report submitted by Maldives under article 35 of the Convention, due in 2012.*

	marginalised groups such as women, children, persons with disabilities and older persons. ¹⁸
National Social Protection Agency	The Agency undertakes the responsibility of providing the Disability Allowance as per the Act and subsequent regulations, providing financial assistance to obtain assistive devices, therapeutic services and medication and establishing and maintaining the registry of persons with disabilities.
Disability Council	The Disability Council is the main monitoring body, as stipulated in the Disability Act, to monitor state institutions and propose recommendations to ensure the services provided by the state are inclusive and accessible and address other issues related to persons with disabilities. ¹⁹ The current composition of the Disability Council includes only one member with a disability. The role of the Council is discussed in greater detail in Sections 1, Equality and Non-Discrimination and 5, Accountability and Governance.
People's Majlis of Maldives (Parliament)	<p>The Majlis is currently working to strengthen the participation of persons with disabilities within parliamentary processes and undertakes the oversight and accountability functions of state agencies.</p> <p>Furthermore, in accordance with the legislative authority granted to the Majlis by the Constitution of the Maldives, the Majlis also has a significant role in the promotion and protection of the rights of persons with disabilities through the enactment of relevant legislation and approval of the national budget for state agencies.²⁰</p>
Human Rights Commission of the Maldives	The Commission serves as an independent body with a mandate to promote the rights of persons with disabilities and monitor the implementation of CRPD and national legislation and policies to ensure that the rights and freedoms of persons with disabilities are safeguarded by state institutions. This includes undertaking reporting for conventions, research on accessibility and inclusivity of various services, investigating cases submitted to the Commission related to persons with disabilities and proposing recommendations to state institutions.

¹⁸ Ministry of Social and Family Development. (2023). *Family and Children's Service Centres*. <https://gender.gov.mv/>

¹⁹ *Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act 2010*

²⁰ *Constitution of the Republic of Maldives 2008*

Maldives Bureau of Statistics	Strengthening nationwide data related to disability through the inclusion of disability-related questions in nationwide surveys and censuses and by strengthening the production of disability-related statistics from administrative records.
Local Councils	The Decentralisation Act (7/2010) specifically mandates local councils to compile a registry of persons with disabilities in their islands and conduct quarterly visits to monitor their status and assess needs and concerns.

Organisations of Persons with Disabilities (OPDs)²¹

Blind and Visually Impaired Society of Maldives (BVISM)	<p>NGO working towards the empowerment of blind and visually impaired persons to participate equally in society. This includes promoting awareness of the rights of persons with disabilities and demonstrating that blind and visually impaired persons can also become active members of the community. The NGO’s membership consists of two categories; persons with disabilities (largely represented by blind and visually impaired persons) and a pool of volunteers without disabilities. The Executive Committee consists of 11 members (two women and nine men) and the senior positions can only be filled by persons with disabilities to ensure their participation in the decision-making levels of the NGO. The NGO membership also includes one deaf person and a few persons with physical and psychosocial disabilities.</p> <p>The NGO’s work primarily includes:</p> <ul style="list-style-type: none"> • Undertaking advocacy, which includes promoting awareness of the rights of persons with disabilities, working to address challenges faced by the blind and visually impaired community and serving as a mediator to resolve these issues. • Assisting in obtaining employment opportunities • Conducting education programmes to build capacity of persons with disabilities • Using role models and champions to inspire the blind and visually impaired community to be active in their communities
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²¹ The data related to OPD’s membership varies as the information is not collected in the same way or available in all OPDs.

<p>Maldives Association of Persons with Disabilities (MAPD)</p>	<p>An NGO working towards creating a more inclusive society where everyone can participate fully and equally. Its membership comprises of persons with disabilities, their parents and people without disabilities. The organisation includes a diverse representation of persons with disabilities, encompassing those with physical disabilities (cerebral palsy), sensory disabilities (including visual and hearing impairments), intellectual disabilities, persons with autism and attention deficit hyperactivity disorder (ADHD), learning disabilities, short stature, and psychosocial disabilities. Currently, a total of 92 members are registered in the NGO which includes 64 men, 28 women, 18 youth, 20 children and 9 elderly. Members of the Executive Committee largely include persons with disabilities and consist of five men and four women.</p> <p>As part of its mandate, MAPD undertakes the following programmes:</p> <ul style="list-style-type: none"> • Conducts awareness campaigns across various platforms including media engagements to increase public understanding and support for persons with disabilities • Educates persons with disabilities on their rights and available disability support services • Organises medical camps in the atolls to provide direct support and health services • Promote inclusive sports to help integrate persons with disabilities into mainstream sporting activities • Conducts advocacy at the policy level and builds linkages with state institutions • Provides transport services using MAPD’s accessible vehicles • Aims to serve as a platform for OPDs to network and collaborate on advocacy.
<p>Maldives Deaf Association (MDA)</p>	<p>An NGO consisting exclusively of deaf persons, their primary goal is to eliminate the communication barriers faced by deaf persons. A total of 98 members are registered in the NGO. The eight-member Executive Committee fully consists of persons with disabilities and includes an equal representation of women and men.</p> <p>Key priority areas of the NGO include:</p> <ul style="list-style-type: none"> • Developing interpreters • Conducting sign language classes for the deaf and hearing community

	<ul style="list-style-type: none"> • Conducting awareness sessions to educate the deaf community on their rights and prevent abuse and exploitation • Conducting vocational trainings • Advocating on behalf of deaf persons regarding their concerns or cases of rights violations • Providing interpreter services to support deaf persons in obtaining a driving license
Mental Health Support Group (MHSG)	<p>The NGO was founded and managed by persons with psychosocial disabilities. Their member base includes persons with psychosocial disabilities, persons living with chronic health conditions and physical disabilities, parents with psychosocial disabilities, parents of children with psychosocial disabilities, survivors of sexual violence, persons recovering from substance use, migrants and other marginalised and minority groups in the Maldives. Given the stigma associated with psychosocial disabilities, the membership is kept anonymous to protect the members' privacy. The current Executive Committee includes two women and two men.</p> <p>The NGO primarily focuses on:</p> <ul style="list-style-type: none"> • Conducting peer support programmes • Implementing sessions on integrated arts for mental well-being based on the methodology developed by other OPDs in the region. These sessions were also conducted for women in the halfway house of the National Drug Agency. • Undertaking advocacy at the policy level • Providing assistance to members such as making appointments, filling forms for state institutions, etc.

Civil Society Organisations (CSOs)

Advocating the Rights of Children (ARC)	<p>An NGO working towards the promotion of the rights of children.</p> <p>The NGO consists of 3,000 registered members with the majority being women and young people. ARC has an overwhelming representation of women in its Executive Committee with 6 women and only one man.</p> <p>ARC's primary focus is on ensuring the rights of children from vulnerable groups such as children with disabilities, children living in shelters, survivors of child abuse, etc. Their work</p>
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	<p>pertaining to children with disabilities includes collaborating with OPDs to undertake programmes such as:</p> <ul style="list-style-type: none"> • Advocating at the policy level for the rights of persons with disabilities • Implementing speech and hearing camps • Reviewing legislation (such as the Child Rights Act) from a disability perspective • Promoting awareness of the rights of persons with disabilities • Reporting for international conventions from the perspective of the rights of persons with disabilities
<p>Care Society</p>	<p>The main focus of the NGO is to provide early intervention services, conduct readiness for employment programmes and provide additional support to meet the education needs of persons with disabilities.</p> <p>The NGO has a total of 136 members which consists of persons with disabilities who seek services from the NGO as students and their parents. The student membership consists of 22 female and 46 male members. The students largely consist of children (42 members) and adults (26 members) with intellectual disabilities. This includes persons living with autism, attention deficit hyperactivity disorder (ADHD), down syndrome, global development delays and cerebral palsy.</p>
<p>Maldives Autism Association</p>	<p>An NGO providing therapeutic and psychosocial services to persons with autism. Some of their main services include:</p> <ul style="list-style-type: none"> • Consultation to undertake assessment • Hearing and vision assessment • Occupational therapy • Behavioural therapy • Cognitive behavioural therapy • Anxiety therapy • Early intervention • Special education • Physical education • Parent education • Parent mediating therapy • Life skills (based on assessment) • Self-help skills • Augmented communication • Parent support programmes such as mental-wellbeing programmes

	<p>They also conduct training for mainstream schoolteachers and implement camps in the atolls to provide screening services and training for parents and teachers.</p> <p>Their membership includes both the children with disabilities and their parents. They currently provide services to 163 children. Their Executive Committee consists of 11 members (four males and seven females) and includes the representation of two parents.</p>
Wellness Association of Maldives	<p>An NGO working for the rights of persons with disabilities, women, youth, older persons and migrants.</p> <p>Among the 25 registered members, the NGO consists of only one member with a disability. However, they have been active in the disability sector undertaking advocacy at a policy level, promoting awareness of the rights of persons with disabilities and legislative provisions, and empowering persons with disabilities and their parents to be active in society.</p>

UN Agencies

UNDP	<p>Positioned as the convenor and integrator of SDGs, UNDP emphasises the significant role they play in promoting inclusivity, particularly the inclusion of persons with disabilities in development and policymaking. Their main focus is on creating an enabling environment to ensure the continuous engagement of persons with disabilities across all the pillars of the UNDP’s country portfolio. Some of the key initiatives conducted in partnership with OPDs include:</p> <ul style="list-style-type: none"> • Smart City project, which aimed to transform Hulhumale’ into an inclusive and accessible city for all through the use of innovative technologies and advocacy to promote awareness among the public. • Disability sensitisation programmes on promoting inclusion and accessibility, targeting both policymakers and staff at the Parliament and Judiciary. • Development of a national action plan on disability inclusion (currently in progress). • <i>Miyaheli</i> – an innovation grant for persons with disabilities to explore and experiment with local solutions to their challenges. <i>Miyaheli</i> provided a unique platform for young persons with disabilities and youth to work on creating solutions to achieve an inclusive and accessible environment for all while gaining
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	<p>entrepreneurial skills and mentorship to implement and sustain their ideas and future livelihoods.</p> <ul style="list-style-type: none"> • UNDP in the recent years have set a quota for youth capacity building initiatives and actively seeks out young people with disability to encourage them to participate in the trainings. • Voter education with a special focus on disability inclusion. • Procurement of stencils to facilitate independent voting for blind and visually impaired persons. • Establishing quotas for marginalised groups including persons with disabilities in the allocation of land to farmers through the SEEDS project.
UNICEF	<p>UNICEF adopts a comprehensive approach to ensuring that all children in the Maldives, regardless of their abilities, can reach their full potential through quality education. Their main focus areas include:</p> <ul style="list-style-type: none"> • Initiatives to strengthen child protection services such as <i>Ibama</i> and <i>Rakkaatheri</i>. • Improving disability data and evidence • Strengthening early detection of disabilities • Transforming education to make it more inclusive
UNRCO	<p>The role of the RCO in terms of disability rights is to implement dialogues with civil society including OPDs and to conduct awareness and capacity building to ensure civil society reporting during review processes for international conventions.</p>

Capacity Gaps

Across an overwhelming majority of state institutions, the most significant gap in capacity is the lack of training opportunities for staff at all levels, including senior management and policymakers. Staff in these institutions have limited sensitisation on the needs of persons with disabilities and lack the knowledge to undertake their functions in an inclusive and accessible manner. Staff required to work closely with persons with disabilities have also not undergone relevant training and are ill-equipped to undertake such work. For instance, in some public sector companies, people have been given the responsibility of being the ‘Disability Advocate’ for the company, to better accommodate the needs of employees or customers with disabilities. Although the Disability Advocates

do lobby for change at the senior management level and have made improvements within the organisations to some extent, they are not provided with adequate training to undertake this role. Staff also lack knowledge of the appropriate methodology of disability measurement to collect data on persons with disabilities thus impacting evidence-driven intervention design and implementation. In addition, stakeholders also highlighted requiring specialised training such as sign language training for their staff to facilitate better service provision, produce accessible communication and awareness materials in sign language and create an inclusive work environment. Local councils specifically highlighted the need for additional training on improving communication and interactions with persons with disabilities and learning to co-design development plans and programmes with persons with disabilities and OPDs.

The lack of human resources, particularly Maldivian professionals with specialised skill sets is also a substantial gap that limits stakeholders' ability to achieve disability inclusion. Some of these skilled professionals identified include special educators, sign language interpreters, case workers (particularly for Family and Children's Service Centres [FCSC] operating at the atoll level), mental health professionals such as psychologists, occupational therapists, etc. In terms of therapy service providers (e.g. speech therapists, occupational therapists, psychotherapists, etc.) there is currently an overrepresentation in the private sector due to the lack of recognition of the occupations and reduced monetary benefits in the public sector. The lack of therapy service providers despite the great demand from the community, means that therapists are usually overburdened with cases and are constantly at risk of experiencing burnout. This, along with limited opportunities provided by the private institutions, then prevents them from participating in trainings and conferences to build their skills and be informed of new developments in the field. To meet the demand, unqualified individuals lacking the necessary formal education and experience are then employed as therapists in both private and public settings. This has led to cases of unethical practices and deteriorating perception of these professions in the community. Lack of awareness and interest among the public to pursue careers in the abovementioned specialised fields is also a significant barrier exacerbating this gap in human resources. Interventions to increase the number of professionals need to integrate methods to encourage young people to pursue formal education and employment in these areas and establish incentives to retain their services.

Private therapy service providers also experienced challenges in establishing adequate clinical facilities that meet the needs of the diverse disability community. Many clinics and centres do not fit the universal design and lack the adequate space, equipment and materials to provide high-quality therapy services due to limitations in financial resources. There is also a limitation in the materials available in the local language to use during therapy, such as online applications in Dhivehi to aid speech therapy. The

absence of sign language interpretation in all clinics/centres serves as a barrier for the deaf community to seek therapy services.

Stakeholders also faced varying capacity challenges in fulfilling the mandates of their organisations. OPDs and CSOs highlighted limitations in the technical capacity to implement their work. This included a lack of opportunities to build relevant knowledge and skills of their members, obtaining specific professional services (e.g. therapists, coaches for sports programmes, etc.) and recruiting and retaining volunteers to undertake their programmes. The public sector companies as the major employers providing employment opportunities for persons with disabilities particularly emphasised the challenges faced in providing reasonable accommodations due to limitations in the surrounding built environment and services. For instance, lack of accessible public transport to travel to the workplace.

The lack of sensitisation programmes and training opportunities for staff is also a challenge shared by UN agencies. While some efforts have been undertaken to implement similar programmes among UN staff, only UNDP has a mandatory course on disability inclusion for their staff. Furthermore, refresher training courses are not conducted regularly, and these programmes are not mainstreamed across all UN country teams in the Maldives. One stakeholder highlighted the practice of disability inclusion becoming a corporate exercise among some UN agencies, as opposed to contributing to an increased understanding of barriers and implementing measures to address them. Simultaneously, staff turnover rates in UN agencies have resulted in poor sustainability of interventions. These challenges could be attributed to the lack of targets or indicators specific to disability inclusion in broader-level planning documents in the UN such as the United Nations Sustainable Development Cooperation Framework (UNSDCF). As a consequence, work towards achieving disability inclusion is not adequately institutionalised across all UN agencies and portfolios, and is instead, the result of specific individuals championing this cause within their respective agencies.

Across state and non-state agencies operating at national, atoll and island levels, space and equipment were identified as a common barrier. OPDs, CSOs and local councils among many others, are limited in their ability to provide services and implement certain programmes due to a lack of financial resources to rent spaces and purchase equipment (e.g. sports or therapy equipment and materials).

Coordination Mechanisms Between Stakeholders

The findings of the stakeholder consultations revealed several critical gaps in terms of coordination between state institutions. At a national level, the lack of an

overarching plan for disability inclusion that highlights the roles of each institution, the strategies to be undertaken and the resources allocated for each, has led to work and resource duplication. The limited awareness of each other's functions and overlap between the responsibilities of some state institutions has also led to a severe lack of multi-sectoral collaboration that exacerbates gaps in the system. For instance, early intervention programmes are limited in effectiveness due to the absence of a multi-sectoral early identification system and adequate referral pathways between the health and education sectors. Similarly, the health and education sectors also stand to benefit from the technical expertise of MSFD to design holistic and inclusive interventions. This gap has also resulted in a departure from a mainstreaming approach, instead deferring all matters related to persons with disabilities to MSFD as the legally mandated body for fulfilling disability rights. As such, other state institutions do not perceive it to be their responsibility to ensure the promotion and protection of the rights of persons with disabilities within their respective mandates or sectors.

At the atoll level, a lack of understanding of the functions of local councils and FCSCs has created tensions between the two institutions. There is also a significant lack of coordination between central government actors and atoll/island-level institutions. Local councils and FCSCs are unaware of policy and procedure amendments made by the central government which limits their ability to provide accurate information and assistance to persons with disabilities.

In terms of providing effective therapy services, a multi-disciplinary team of therapists along with the engagement of schoolteachers is required. However, in reality, there is a substantial disconnect between therapy service providers, teachers and even medical health professionals. Teachers and medical health professionals are unaware of the roles and functions of therapists (particularly occupational and speech therapists) impacting adequate referral to therapy services. Misconception of the role of special educators also limits their ability to contribute as they are perceived to play a role akin to 'babysitters' and do not receive respect from mainstream teachers or parents.

The lack of data harmonization is another key concern that was identified. Many state organisations collect data relevant to persons with disabilities but there is limited sharing of data between the institutions. Furthermore, the absence of an adequate data management system and limited access to data has overburdened data collection points such as local councils which need to input similar data into various portals of different state institutions.

Despite OPDs having collaborated with one another on multiple initiatives in the past, coordination between OPDs also includes several shortcomings. First and foremost, the differing needs of the diverse disability community have led to challenges in reaching an agreement on priorities for policy-level advocacy. There is also limited collaboration

between OPDs in formulating reports for international conventions. OPDs have experienced tensions due to perceived overstepping of each other's mandates and parameters of work. There is also a clear disconnect between the needs of the persons with disabilities in the atolls and Male'. With limited to no OPDs operating at the island or atoll level aside from Male', the needs and concerns of persons with disabilities residing in other atolls have not been amplified to the same extent as those in Male'.

Chapter 4: Fulfilment of Preconditions

The UNPRPD's situation analysis framework identifies five cross-sectoral preconditions and three cross-cutting issues to fulfilling the rights of persons with disabilities and achieving disability inclusion. The following sections highlight the key findings from the stakeholder consultations in terms of the preconditions and cross-cutting issues included below.

The five preconditions:

1. Equality and non-discrimination
2. Accessibility
3. Inclusive service delivery
4. CRPD-compliant budgeting and financial management
5. Accountability and governance

These preconditions are further analysed in terms of the three cross-cutting issues:

1. **Participation:** Enabling full and effective participation of persons with disabilities
2. **Inequalities:** Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities
3. **Gender:** Addressing gender inequality and advancing the rights of women and girls with disabilities.

Section 1: Equality and Non-Discrimination

Legislative and Policy Framework

The Constitution of the Maldives enshrines the principle of non-discrimination and promotes equality for all. Article 17(a) affirms the rights and freedoms accorded in the Constitution to all persons without any discrimination, including those living with diverse disabilities. Article 17(b) further asserts that "special assistance or protection to disadvantaged individuals or groups, or to groups requiring special social assistance, as

provided in law shall not be deemed to be discrimination, as provided for in article (a).” Article 35 (a) and (b) also maintain that the State, community and family must provide protection and assistance to older persons, children and others belonging to marginalised groups.²²

Under this principles framework and with the ratification of the CRPD, Maldives introduced both disability-focused and mainstreamed legislation and policies. The overarching legislation pertaining to the protection of the rights of persons with disabilities remains the “Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act” (08/2010) also known as the Disability Act, enacted in 2010. The Act aimed to enable and protect the rights and freedoms of persons with disabilities through the formulation of state policies, guidelines and procedures to provide equal access to opportunities and financial assistance as prescribed in the abovementioned articles of the Constitution. It includes an extensive set of provisions relating to areas such as assistance to ensure legal rights, access to public infrastructure, health services and transportation, equal opportunities to participate in employment and education, protection from violence and exploitation, participation in social and cultural activities, protection during disasters and emergencies, representation on media, specific articles related to women and children with disabilities and provision of allowance and equipment to persons with disabilities. The Act further mandates the establishment of a registry of persons with disabilities to facilitate services and special assistance.²³

The formation of a Disability Council is also stipulated in the Act with a mandate to monitor the implementation of state policies and resolve other issues related to persons with disabilities. The Council is situated under the government ministry that is responsible for ensuring the rights of persons with disabilities (currently the Ministry of Social and Family Development [MSFD]) and the Ministry is then accountable to the Parliament. The composition of the council includes representatives appointed from the government, health sector, civil society and guardians of persons with disabilities. However, only one member is explicitly mandated to be a person with a disability and is elected by the disability community to represent all diverse groups of individuals with disabilities.²⁴ A revision of the composition of the council is needed to ensure the representation of a diverse group of persons with disabilities to provide a more comprehensive understanding of the challenges faced by persons with disabilities.

Several key regulations and policies have been formulated to implement the provisions prescribed in the Disability Act. This includes regulations pertaining to the protection of the rights of persons with disabilities and providing financial assistance (2011/R-3), determination and registry of persons with disabilities (2021/R-54), minimum

²² *Constitution of the Republic of Maldives 2008*

²³ *Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act 2010*

²⁴ *Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act 2010*

standards for accessibility (2013/R-557) and providing employment opportunities to persons with disabilities (2024/R-9). The first two regulations mentioned above define the parameters of individuals that can be registered as persons with disabilities which includes a list of specific categories of disabilities such as:

- persons who are blind or visually impaired
- deaf persons or persons with speech impairment
- persons with physical disabilities
- persons with intellectual disabilities or persons with a brain injury
- persons living with psychosocial disabilities
- persons with autism
- persons with learning disabilities
- and persons living with multiple disabilities²⁵

The regulation on providing financial assistance and a subsequent policy on allowance provision detail the assistance provided by the state depending on the extent of the disability. The allowances included in the policy are listed in the table below.

Allowance	Amount (per month)
Basic allowance	MVR 2,000
General additional allowance	MVR 1,000
Carer allowance	MVR 2,000
Self-care allowance	MVR 1,000
Allowance for households with 3 or more persons with disabilities (per person with a disability)	MVR 1,000

Table 3: Allowances for persons with disabilities²⁶

All persons with disabilities included in the NDR receive the basic and general additional allowance which amounts to a total of MVR 3,000 (USD 194.55) per month. The additional allowances are then provided based on the person's ability to perform tasks independently, their daily needs and living situation. Hence, many persons with disabilities do not receive the maximum monthly allowance of MVR 7,000 (USD 453.96) which is equivalent to the minimum wage established for public sector employees.²⁷ The regulation on providing employment also includes the establishment

²⁵ *Regulation on Protection of the Rights of Persons with Disabilities and Providing Financial Assistance 2011 & Regulation on Determination and Registry of Persons with Disabilities 2021*

²⁶ *Policy for Allowance for Persons with Disabilities 2023*

²⁷ Ministry of Economic Development. (2021). *Minimum Wage Order*.

of a separate registry of persons with disabilities seeking job opportunities and the development of their competency profiles. It further necessitates employers to assess the needs of persons with disabilities and undertake relevant changes to the work environment to ensure reasonable accommodations have been made. A separate technical committee is also to be formulated under MSFD to monitor the implementation of the regulation; however, the regulation does not mandate the inclusion of persons with disabilities as a member of the technical committee.²⁸ While the Disability Act encompasses a wider range of accessibility needs, the regulation for Minimum Standards of Accessibility only covers accessibility to infrastructures of education institutions, health facilities, therapy centres and government buildings housing people under state care.²⁹

A five-year National Mental Health Policy (2021-2025) was also formulated encompassing eight key areas identified by stakeholders as the most urgent issues that need to be addressed to ensure mental wellbeing in the community.

- “Leadership and coordination
- Financing mental health
- Mental health promotion and prevention of mental disorders
- Developing comprehensive mental health services
- Addressing drug addiction
- Advocacy and Legislation
- Human resource and training
- Quality improvement and monitoring”.³⁰

Among other critical matters, the policy highlighted the importance of providing financial assistance to persons with psychosocial disabilities as well as ensuring access to adequate treatment and therapeutic services through comprehensive coverage. The policy further asserted that persons with psychosocial disabilities and those with substance use issues should be specifically targeted during service provision given the interlinkages between mental ill-health and substance use.³¹ However, mental health professionals highlight the great need for the enactment of a Mental Health Act to provide the necessary structure and framework to ensure quality service delivery.

The protection of rights for persons with disabilities has also been mainstreamed in the broader legislative and policy framework. Details of legislation and policies with specific provisions related to persons with disabilities are listed in the Annexe.

²⁸ *Regulation on Providing Employment Opportunities for Persons with Disabilities 2024*

²⁹ Human Rights Commission of the Maldives. (2023). *CRPD Shadow Report*.

³⁰ *National Mental Health Policy (2021-2025)*

³¹ *National Mental Health Policy (2021-2025)*

Nonetheless, there are significant issues in ensuring proper enforcement of the provisions articulated in the legislation. Incongruence between key legislations, and the regulations, policies or guidelines formulated to aid implementation is a critical barrier predominant in many areas. For instance, despite being accorded equal marriage rights, there are no regulations or policies to ensure accessibility of the process to persons with disabilities.³² Additional barriers specific to the different sectors are discussed in the upcoming sections. The extensive legislative and policy framework required to fulfil the rights and freedoms of persons with disabilities as agreed within international commitments, is indicative of the level of involvement needed by both state and non-state actors.

Barriers to Equity

Findings of the FGDs demonstrate that discrimination towards persons with disabilities stems from negative stereotypes and perceptions prevalent in the community such as the belief that persons with disabilities are incompetent, troublesome, and inferior compared to those without disabilities. This has led to increased stigma, verbal, emotional, and physical harassment and abuse, and cyberbullying towards persons with disabilities. Some families continue to confine persons with disabilities to their homes as a safety precaution. People with invisible disabilities such as psychosocial disabilities or some forms of intellectual disabilities, face additional stigma as they are believed to be feigning their disability for benefits. There is limited understanding of the nature and symptoms of mental health conditions and psychosocial disabilities, and persons with psychosocial disabilities are perceived to be people with character flaws. Simultaneously, they are also considered to be incapable of undertaking responsibilities and are actively discriminated against during formal processes such as determining child custody. The belief that persons with disabilities are incompetent also leads to them not being consulted when making important decisions, such as about their healthcare. For instance, parents commonly decide on behalf of their deaf children to undergo cochlear implantation, although the deaf person may not be ready or wish to do so. Families also tend to make healthcare decisions for the children of deaf persons without the involvement of the deaf parents. Regardless of whether the person with a disability is a child or an adult, they face restrictions in independence and agency and are not empowered to lead independent lives.

Given the limited understanding and awareness of the social and human rights-based model, reasonable accommodations are also seen from a narrow lens, implemented at a bare minimum level and considered a burden. Moreover, there is a reliance on the medical and charity model to guide basic interactions with persons with disabilities or even broader level policy and programme formulation. Any interventions

³² Human Rights Commission of the Maldives. (2023). *CRPD Shadow Report*.

targeted towards persons with disabilities are done out of the benevolence of the provider and decisions are undertaken on behalf of the persons with disabilities without their involvement. Universal design to ensure accessibility or inclusive service delivery is then perceived as an additional or optional consideration rather than a mandatory requirement. Many digital tools available to assist persons with disabilities are blocked by the Bank of Maldives as the risk for potential fraud and scams by the general public is perceived to be greater than the benefits that persons with disabilities may gain from them.

There is also a lack of awareness of the terminology used to refer to persons with disabilities and these terminologies are also used in derogatory ways. Existing terminology also perpetuates the belief that persons with disabilities do not have any agency and need to be taken care of. For instance, some state institutions still use the term, 'special needs', such as the 'Special Education Needs' unit in schools or the 'Home for People with Special Needs' operated under the Ministry of Health. Internalised ableism and hierarchies exist even within the disability community across the diverse backgrounds of persons with disabilities. These predominant mindsets thus create even further barriers that affect the quality of life for persons with disabilities.

Section 2: Accessibility

Challenges to ensuring accessibility arise from a combination of limited enforcement of legislation and the lack of awareness among the public. The key issues regarding the implementation of universal design and accessibility highlighted during the interviews and FGDs are included below.

Education

The Inclusive Education Policy was first formulated in 2013 and was subsequently updated in 2021 to ensure greater alignment with CRPD. This revision marks a repositioning of the policy from special needs to inclusive education and a move away from the medical model.³³ Despite this shift in policy, findings from this assessment indicate that its implementation remains inadequate four years after the revision.

The physical infrastructure of the majority of the schools and other educational institutions, especially in the atolls, are still inaccessible. The school buildings lack ramps, lifts to access classrooms, accessible toilets, prayer rooms and other amenities. Students with disabilities are unable to join extracurricular activities due to inaccessible playgrounds. Furthermore, resources that enable access to learning in classrooms are unavailable or limited, such as assistive technology, sign language interpreters,

³³ UNICEF. (2021). *Disability-Inclusive Education Practices in Maldives*.

audiobooks, etc. This has resulted in persons with disabilities not being able to complete primary/secondary level education.

Some higher education institutions arrange reasonable accommodations for persons with disabilities, e.g. during examinations. However, there is limited written guidance on the provision of reasonable accommodations based on the needs of different types of disabilities and this provision also varies among institutions. The burden of ensuring that the support is provided also rests on the student with the disability. Furthermore, most of the physical facilities are inaccessible. Despite having internal policies on inclusive education in these institutions, accessibility is not considered a priority and is only offered as a temporary solution when the situation arises.

Health

Despite progressive legislation on accessible infrastructure, not all hospitals, clinics and island-level health facilities are accessible. Poor adoption of universal design has resulted in inaccessible facilities such as the use of staircases instead of lifts, or a lack of audio cues in lifts, high reception counters, walkways inaccessible for blind and visually impaired people and inaccessible token systems. Additionally, there are inconsistencies in the availability of translators to consult foreign doctors. Digital inaccessibility also prevents persons with disabilities from booking appointments and accessing information online. Information about doctors and the services available are also inaccessible due to the absence of dual languages and sign language interpretation on social and mass media communications.

The lack of sign language interpreters makes healthcare settings particularly inaccessible for the deaf community. They are unable to communicate directly with the doctor, and treatments are provided based on assumptions by the doctor as there is limited understanding of the issue that the deaf person is going through. The deaf community also cannot access information on the services provided by health facilities including the costs for different services. They also lack access to crucial health and medical information such as family planning, pregnancy and childbirth, etc. As such, deaf persons are unable to understand the seriousness of the medical conditions they are experiencing or information on the treatment and medications resulting in avoidable complications.

Additionally, participants of the FGDs highlighted the lack of access to critical healthcare services for persons with disabilities living in the atolls, as only limited services are available. For instance, hearing screening tests are available in regional hospitals but other psychological assessments and therapeutic services such as physiotherapy, speech therapy, cognitive therapies, etc., are mostly available in Male'. These therapies are not all available or easy to access at public health facilities due to long waitlists and

people typically have to rely on private clinics which are more expensive and unaffordable. Telehealth services were introduced during COVID-19 and offered greater access to doctor consultations and some forms of therapies. However, these service platforms were not accessible to all persons with disabilities (particularly the deaf community) and have since been discontinued after lockdown measures were eased. For online services that are still available, people continue to face challenges in accessing them due to financial barriers. Thus, monetisation of mental health services such as psychological assessments and therapies, has also further limited access to persons with disabilities from differing socioeconomic backgrounds.

Citizen Services

Application processes for both the National Identity Card and Passport are inaccessible to persons with disabilities. Both application processes now have to be undertaken online and do not have multiple-language options or accessibility features. As such, they are forced to rely on family members, other support persons or photo studios that provide the service, to complete the process. This means that they also have to disclose their account login details creating further vulnerabilities and possibilities of exploitation. There are also stringent rules that actively discriminate or pose additional barriers for persons with disabilities to seek such services. For instance, rules for taking photos do not cater for children with disabilities who are unable to pose accordingly or for people with mobility restrictions who cannot access photo studio premises. Furthermore, persons with disabilities have been refused digital passports for not being able to fulfil inflexible criteria such as not being able to provide fingerprints on both hands due to their disability. However, it is important to note that such criteria have been waived using political connections. Often, special processes created for persons with disabilities are more arduous and less accommodating than the standard process for the general public.

For persons with disabilities living on islands, they face the added burden of travelling to other islands to complete the application process. Most need to travel to larger islands to access photo studios spending additional money on travel expenses. Furthermore, during situations where the photos were not accepted, persons with disabilities have had to repeatedly travel back and forth from the photo studio. For many persons with disabilities living on the islands, it was more convenient when the island or atoll council was undertaking the application process, as the councils provided assistance in filling out the application forms and taking photos. However, since the introduction of the online application process, this service has not been consistently provided by island or atoll councils.

Obtaining a driver's license is particularly difficult as there are no reasonable accommodations for persons with disabilities. The current policies and mindset of the implementing agency do not allow additional assistance to help learn or lack special

procedures to cater to the needs of persons with disabilities. They follow rigid practices that have been designed for persons without disabilities.

With the introduction of platforms such as *eFaas* (the national digital identity portal), there are existing avenues to ease the application processes for many of these citizen services. The *eFaas* platform which already includes digital identification documents, can be potentially used to update information on the national ID card and passport with fewer steps and on a single platform. This platform could also introduce and integrate other identification documents such as medical passports that consist of information related to the person's medical history, emergency contact information, etc., and that could be accessed in other countries or during emergencies or evacuations. However, the platform is currently inaccessible to persons with disabilities and needs to be updated to meet accessibility standards.

Other Public Services

Obtaining banking services is a considerable challenge highlighted by many persons with disabilities and support persons. The stringent rules in place prevent persons with disabilities from independently applying for and using banking services. For instance, persons with disabilities who are unable to physically go to bank premises (particularly those who live in remote islands where the bank branch is located on another island) or independently sign bank documents, are excluded from receiving bank cards. Furthermore, information regarding banking services such as loan schemes and bank agreements are inaccessible and persons with disabilities do not have a clear understanding of the services they are availing until they face negative consequences. Online banking applications are also inaccessible limiting their ability to use banking services independently. Across all sectors, the lack of sign language interpreters is a substantial barrier for deaf persons to access services. The use of limited modes of communication (such as text messages or emails with single language options) to interact with customers limits the accessibility of services to persons with varying types of disabilities.

Public Infrastructure and Spaces

Despite progressive provisions to enable and protect the rights of persons with disabilities, several gaps in the enforcement of the legislative framework continue to inhibit adequate implementation. The framework for creating accessible infrastructure currently lacks compliance documents, which in conjunction with insufficient inspections have led to poor implementation.³⁴ Lack of awareness among state institutions on policy

³⁴ Human Rights Commission of the Maldives. (2023). *CRPD Shadow Report*.

changes also contributes to this issue. At the atoll level, in particular, the responsibility to ensure adherence to the Construction Act (4/2017) and regulation falls to the local councils. However, when central state institutions do not comply, the local councils do not have the authority to halt construction.³⁵

Some state institutions have initiated work to improve physical accessibility to and within their office buildings. However, this is not practised across all state institutions, even though the policy framework exists to necessitate this change. For instance, participants highlighted that key service providers such as the local councils themselves, and the police buildings are inaccessible due to limited space within the premises and are missing ramps or large doorways to accommodate wheelchairs. When ramps are present, they are usually at the back of the building instead of at the entrance.

Other public buildings such as restaurants, shops, and mosques have limited accessibility to persons with disabilities. Most buildings do not have lifts, or if present, lack audio cues in lifts and accessible toilets. Communication materials such as menus in restaurants including digital menus, are also inaccessible to persons with disabilities as they lack multiple options for conveying the information. Specifically for mosques, the structures are usually not wheelchair accessible and are missing tactile features that guide blind and visually impaired persons in the direction of the *Qibla* and worshippers' rows. Parents with disabilities are also unable to attend their children's school functions or events due to inaccessible event spaces.

Public spaces such as parks, beaches and stadiums are also physically inaccessible which has prevented children with disabilities from attending school activities. Parks are also usually very congested and overwhelming for persons with certain types of disabilities. They also lack accessible public toilets, walkways and sufficient seating for persons with disabilities.

The road infrastructure is particularly challenging as barriers to accessibility arise from both the built environment and the lack of awareness among the public. For instance, limited wheelchair accessibility on streets and lack of streetlights for people with night blindness are barriers for persons with disabilities to move about independently. However, where some streets have wheelchair access points, people continue to park their vehicles in front of ramps or on accessible points on the pavement. Pellets and *joalifathi* (woven chairs) placed on the road, and trees planted in the middle of pavements are common obstructions to persons with disabilities. People driving on the roads are also not mindful of persons with disabilities and do not give way which has resulted in injuries and fatal traffic incidents. Additionally, there is no adequate policy on designated parking spaces

³⁵ Stakeholder consultations

for persons with disabilities. Hence, even if the person has a disability unless they use a three-wheel or electric vehicle they are unable to use the parking space and are fined.

Housing

Participants highlighted the accessibility challenges that exist in available housing options, particularly in Male', such as the newly constructed social housing and other rental units. The buildings lack accessible toilets, have thresholds in the hallways, ramps are absent or if included, are not wide enough or are located at the back of the building, lack audio cues in lifts and tactile identification of building floors. The bell systems installed in units are inaccessible to deaf persons and dim or flickering lights in and around the building are a barrier for persons with night blindness to move independently. Given that most people do not own homes and live as tenants in such units, they are unable to renovate the spaces to improve accessibility or need to pay extra for accessibility features (e.g. increase in rental prices following lift installation).

Additionally, the deaf community faces considerable challenges in the rental process. Platforms that post information about vacant housing units are not accessible and they face considerable difficulty in communicating with the owner. They are also unaware of the contents of the rental agreement due to the use of inaccessible language options but are forced to sign to rent the unit.

Information and Communication

While some state institutions have developed accessible communication materials (such as the inclusion of audio clips, English captioning, sign language interpretation and alternative text for images on social media posts) to promote awareness content, most state institutions still lack the understanding, resources or commitment to develop accessible materials. Furthermore, there is more emphasis on increasing accessibility using the abovementioned features, but no efforts are being made to create simplified and condensed formats of information and documents to cater to a diverse community of persons with disabilities. This also stems from a lack of awareness or willingness to learn about the different measures that can be undertaken to ensure information is accessible. There are also limited to no special measures to improve accessibility to communications of job opportunities available in state institutions (e.g. the Government's Gazette). However, some institutions make reasonable accommodations to a limited extent during the hiring process.

Most websites and online applications of state institutions do not include accessibility features which limits access to updated communications and forms. For instance, public utility companies have become more inaccessible since the transition to

online means of communicating bills and notices as not all persons with disabilities can access online documents. Persons with disabilities are also unable to access laws and regulations as they do not exist in multiple languages and easy-to-read formats. Local developers are unaware of accessibility features as they are not included as an integral part of their education curriculum by higher education institutions. Increased efforts are needed to upgrade or develop websites and applications that meet the standards of web content accessibility. One such benchmark is the Web Content Accessibility Guidelines developed by the UN. There are also websites and software that help evaluate and identify accessibility issues of platforms.

Persons with disabilities face barriers to consuming mass media. Given the limited education received by persons with disabilities, all persons with disabilities are not equally fluent in Dhivehi and English or either language limiting their ability to access information on mass media, including information provided by state institutions to media outlets. Particularly, for the deaf community, all the media channels and most of the communication materials by the state institutions are inaccessible due to the absence of sign language interpretation. There have been instances where deaf persons have unintentionally violated rules due to the lack of accessibility in communication. For blind and visually impaired persons, the consumption of online media, especially those in *Thaana* script is challenging and can only be accessed through special software. However, not all are aware of or can access this software. Additionally, there is limited availability of open-source codes for such accessibility software further restricting opportunities to develop and expand the software.

Transportation

Overall, participants highlighted facing challenges in accessing all forms of transportation as they do not adequately cater to persons with diverse disabilities. This is further compounded by the lack of awareness of staff on public transportation. In terms of land transport, buses were commonly used by participants residing in Male' and Hulhumale' and are available free of charge for persons with disabilities upon presenting the disability identification card. While some buses are accessible, especially among the minibus fleet, there are long waiting times for the accessible bus, or the ramps are damaged hindering access. Buses also lack key features such as accessible display and communication of bus routes and stops. The majority of the time, bus stops are communicated through verbal means only but this is also not consistently done. Persons with disabilities travelling on buses also face unpleasant behaviour from the staff and other people on the bus. People without disabilities commonly use the priority seating which is then unavailable to persons with disabilities. This is especially challenging for persons with invisible disabilities. There is also a lack of awareness among staff on interacting with persons with disabilities, especially those with intellectual disabilities.

Aside from buses, persons with disabilities have limited alternatives for land transport. Presently, there are no accessible taxis, particularly for persons using wheelchairs, aside from the vehicles used by MAPD. Policy-level changes are needed to mandate taxi centres to have at least one accessible vehicle in operation. Online applications to book taxis also lack many accessibility features. Deaf persons face difficulties in using taxis as most drivers prefer to communicate through phone calls even if an online application was used to book the taxi. With regards to owning private vehicles, there is a significant lack of services to modify vehicles to cater to the needs of persons with disabilities.

The introduction of the Raajje Transport Link (RTL) speedboat ferry system has made it more convenient for persons with disabilities to travel as it provides a cheaper alternative to travel between islands. However, RTL is not entirely accessible to all persons with disabilities. Firstly, neither the harbours and jetties nor speedboats in general are accessible to persons with disabilities. Although the RTL speedboats are comparatively easier to enter and exit than the smaller speedboats given their larger size, persons with disabilities, particularly persons using wheelchairs cannot independently move about, hence the speedboats are not fully accessible. The online ticketing application used by RTL is also not accessible to all persons with disabilities and they usually rely on their family members to purchase tickets. Furthermore, persons with disabilities are supposed to be able to travel for free on RTL upon presenting the disability identification card. However, prebooking the seating for persons with disabilities is unavailable on the application, hence there is no guarantee that the seat will be available when the speedboat arrives unless the person purchases a ticket. People without disabilities also use the priority seating and the RTL staff are not adequately trained on implementing the policy for priority seating posing barriers, especially for persons with invisible disabilities, and further contributing to this issue. RTL ferry also does not use audio-visual cues to communicate the route and destination onboard. Depending on the ferry staff, they may verbally announce the destination, but this is not consistent and not accessible to all persons with disabilities.

Air transport was perceived to be the most accessible mode of transportation by participants of FGDs. However, this was not equally experienced by all groups of the disability community. For instance, the deaf community face the most challenges in accessing air transportation. Without sign language interpretation, deaf persons are unable to access information on flight schedules and changes, ticketing information, prohibited items, safety instructions, emergency evacuations, etc. Airport announcements are also only made over speakers. This has resulted in considerable issues as domestic flight scheduling may change multiple times within a short period. Furthermore, the online ticketing application is not accessible to persons with other types of disabilities as well. Such issues can be rectified by providing a dedicated service to

assist persons with disabilities during their journey as practised in other countries. However, aside from airlines providing wheelchair assistance, people cannot request any other type of special assistance during ticket booking. Even for wheelchair assistance, persons with disabilities do not get the option of choosing a helper with the gender they are comfortable with.

Additionally, persons with disabilities also face challenges as the current airport terminals (both international and domestic) are not accessible. There are no accessible toilets available or private rooms to use in situations where a support person needs to change the diapers of adults with disabilities. Lift service for persons with disabilities to exit the aeroplane is only available in Male'. When available, it is inconsistently provided and not properly coordinated even if the service was requested during ticket booking. The City Check-in option for domestic flights in Male' is not made available to persons with disabilities. Furthermore, people using automatic wheelchairs cannot travel with their wheelchairs as the lithium battery is not allowed onboard. However, this practice is not applied uniformly, and the person is not informed in advance if they cannot travel with their automatic wheelchair. As such, the person is required to find an alternative wheelchair arrangement on short notice.

Section 3: Inclusive Service Delivery

Disability Referral & Assessment Systems

Two regulations formulated under the Disability Act; the protection of the rights of persons with disabilities and providing financial assistance (2011/R-3) and the determination and registry of persons with disabilities (2021/R-54) outline the criteria for individuals that can be registered as persons with disabilities. Upon approval of the registration forms, persons with disabilities are automatically entitled to receive a monthly allowance and additional financial assistance from the government as needed. Although a policy document was also formulated to further guide the implementation of the registration process and financial assistance system, inconsistencies in its application have led to mistrust and a lack of confidence in the system.

Firstly, the registration process itself is arduous and inaccessible to persons with disabilities. The application form which needs to be completed and submitted online via the NDR Portal is not in an accessible format to persons with disabilities. Persons with disabilities then typically rely on their families to navigate and fill out the form. In some islands, councils have provided assistance in submitting the application, but this assistance is not provided uniformly across all islands. Some councils do not provide this service stating that the current practice requires the application form to be completed by the person with the disability or their family.

In addition to the application form, persons with disabilities also need to submit medical documentation as evidence of their disability. The approval of medical documentation is also inconsistent. For some, a doctor's certificate from a general practitioner was accepted, whereas for others they were required to submit documentation from a specialist. This further impedes their ability to complete the application as specialist doctors are scarce in the atolls and out-of-pocket expenses to travel to regional hospitals or Male' and consult specialists can be high and unaffordable for many. For persons with mobility restrictions, having to travel to acquire these documents is a significant barrier. Consulting mental health professionals to conduct psychological assessments is also particularly challenging as they are mostly based in Male' with long waiting lists to secure appointments.

Once the application form was submitted, many faced great delays, up to 12 months, without receiving approval for their registration and the subsequent monthly allowance. Persons with disabilities and their families or support persons have had to constantly follow up requesting updates on the application status. The lack of representation of the disability community in the committee that evaluates the applications also contributes to these challenges. For some, the process was then facilitated through political connections. Furthermore, updates regarding the status of the application are communicated via text messages and are not accessible to persons with different types of disabilities given the lack of multiple language options (including sign language) and different modes of communication.

Generally, people were not informed regarding the registration process (including the committee evaluation stage) and perceived the process to be ambiguous and biased. Some persons with disabilities were also not initially aware of their eligibility to register. Furthermore, limitations in the assessment criteria which do not adequately cover the full spectrum of persons with disabilities (particularly those with psychosocial disabilities) create barriers for persons with disabilities to register and access the available disability support services. Participants also claimed that there was discrimination in registration, the disbursement of allowance and coverage for assistive devices based on the family or island they belonged to (e.g. persons with disabilities from Male' receiving preferential treatment) and whether the case had received attention on social media. Others also argued that the persons with disabilities who were in dire need of the additional allowances were not approved to receive them, whereas persons with disabilities in better living conditions, did.

There was also a difference of opinion within the FGD participants with some arguing that persons with disabilities who are employed should not get the same basic allowance as persons with disabilities who are unable to work. However, others posit that persons with disabilities usually get a menial salary from their jobs which does not align with the high cost of living. In general, participants agreed that the allowance was not

sufficient to cover daily and medical expenses and that the person's living and medical conditions need to be factored in, to determine the monetary value of the allowance. They believe that the process may have become stricter now due to some individuals taking advantage of the system when the registration initially began. However, this has now resulted in the process becoming an additional burden and barrier to the persons with disabilities who need the allowance.

For some persons with disabilities, the disability registration system continues to be a hassle even after their application is approved. For persons living with certain types of disabilities, such as psychosocial disabilities, the registration is on a temporary basis and needs to be renewed. This means they have to undertake the registration process and submit updated medical records every two years to continue receiving the benefits. Some others highlighted that being registered as a person with a disability and becoming a recipient of the disability allowance programme has excluded them from other social protection programmes such as receiving *Zakat*³⁶ even though their families live in poverty due to challenges in acquiring additional income. Thus, the current disability assessment system needs to be reformed to reflect a more standardised and transparent system that caters to the diverse needs of the disability community from different socioeconomic backgrounds and geographic locations.

Disability Support Services (Targeted Efforts)

The state, through NSPA, offers minimal support services for persons with disabilities which primarily include the disability allowance programme, financial assistance to acquire assistive devices and therapy, and the implementation of a disability identification card.

Nonetheless, there are still substantial limitations in the implementation of these existing support services. The disability allowance programme is limited in its ability to accommodate the needs of different persons with disabilities and is insufficient to meet their essential expenses. Furthermore, inadequate monitoring of the allowance disbursement and usage has led to the exploitation of persons with disabilities by their families and other members of the public for monetary benefits. Persons with disabilities also face challenges in receiving assistive devices as in some circumstances, NSPA only provides a percentage of the total payment for the device. The remaining costs need to be covered by the person with the disability which may not be an affordable solution for

³⁶ *Zakat* is an obligatory donation made by Muslims. The donation is collected by the Ministry of Islamic Affairs and disbursed to the beneficiaries. The main beneficiaries of *Zakat* include persons living in poverty and the Ministry maintains a registry of these individuals with assistance from the island councils.

all. There is also a lack of services to maintain and repair devices such as wheelchairs and accessible vehicles.

Therapeutic services covered by NSPA include speech therapy, behavioural therapy, occupational therapy, psychotherapy, physiotherapy, early intervention and other services as needed.³⁷ However, persons with disabilities continue to experience considerable difficulties in accessing therapy services. Foremost, applying for therapy coverage is a significant barrier due to the lack of available information on undertaking the process and the process itself being generally complicated and challenging. People are unaware that therapy coverage can also be accessed through the government health insurance scheme (*Vira*) even if they are not registered in the NDR. Furthermore, NSPA only provides a percentage of the costs associated with therapy. The affordability of services, in combination with delays in receiving financial aid, has resulted in disruptions in continuing therapy. The lack of therapy service providers in other atolls outside Male' also limits their access to treatment, despite the financial coverage. Furthermore, the few service providers available charge high fees for their services imposing an additional, long-term burden on state resources. Presently, there are no support services that allow persons with disabilities to connect with volunteers or hire social workers to assist in their daily lives.

The disability identification card was introduced with the aim of easing access to public services such as receiving priority healthcare and free public transportation services for persons with disabilities. The disability card, however, does not provide consistent and adequate benefits to persons with disabilities. For instance, some hospitals prioritise persons with disabilities for doctor consultations and treatments upon presenting the cards, whereas other hospitals and healthcare facilities only exempt them from queuing to obtain the memo for the appointment or provide no priority benefits for persons with disabilities. In particular, persons with invisible disabilities are usually not given any priority in receiving healthcare services.

Benefits of the disability card on public transport such as buses and RTL are more consistently applied and persons with disabilities usually receive free transportation upon presenting the card. However, other barriers such as being unable to prebook priority seats using the application, persons without disabilities using the priority seating and the attitude of some transport staff have hindered efforts to ease transport services. Generally, state institutions have limited awareness of the card further reducing its usage. Hence, there is a great need to strengthen the card with the addition of key features and improve acceptance of the disability card among more state institutions.

More significantly, the majority of the participants of the FGDs were unaware of the existence of the card, the application process and the benefits associated with it. Hence,

³⁷ National Social Protection Agency. (2024). <https://www.nspa.gov.mv/dh/therapeutic-faruvaa/>

a large number of the participants did not have the disability identification card. Those who did obtain the card described difficulties in receiving the card as it can only be collected from Male'. They were unaware or did not have access to the *eFaas* (national digital identity portal) which also displays the card on their phone application, although some have experienced technical issues in adding the disability card to the application. The information on the card is also not properly visible and lacks essential information and features that are included in similar cards from other countries.

There also exists a great need for respite and support services for parents, support givers or people working directly with persons with disabilities. Psychosocial support to ensure their mental well-being was one critical service that was identified. Some informal support groups exist on social media but there are no formal avenues for support. Support persons, in particular, also require flexible policies in their workplaces to enable them to undertake both caretaker and workplace responsibilities adequately. This is especially necessary for support persons living with minimal or no support from their families. Additional policies such as concessions on public transportation, priority in hospitals or voting queues for support persons are also needed for those who have to leave persons with disabilities unattended while they seek other services. It was also observed that primary support persons were mostly women highlighting the great need for interventions that reduce the burden already placed on women (such as undertaking both household and income-generating activities) due to social and gender norms.

Mainstream Services (Inclusive Efforts)

Findings of the interviews and FGDs highlight the importance of ensuring that services for persons with disabilities are also available at mainstream institutions as segregated facilities for persons with disabilities have led to limited resource allocations and neglect in the past. The below sections are based on the experiences of participants of the interviews and FGDs regarding mainstreaming efforts across major sectors.

Education

Despite the formulation of the Inclusive Education Policy to ensure the right to education for children with disabilities, it is not properly implemented in schools. Participants of FGDs reveal that schools either do not have the adequate understanding or capacity to implement the policy, or its implementation is not considered a priority for the school management and teachers. 'Special Education Needs' (SEN) units comprising a SEN teacher and classroom space to accommodate children with disabilities have been established in government schools. As of 2017, 87% of government schools across the

country have SEN units.³⁸ However, their functioning has been limited due to a lack of funding and qualified teachers. More recently, SEN units have been removed in some schools in an effort to practice inclusion and children with disabilities are now placed in mainstream classes. However, they are not provided with any reasonable accommodations to fulfil their learning needs. For instance, deaf students in mainstream classrooms do not have access to sign language interpreters, students with intellectual disabilities are allocated to higher grades based on their age instead of their learning needs, and students with visual impairments do not receive educational materials, textbooks or school notes in accessible formats, thus ultimately hindering their ability to learn. The removal of SEN units is not necessarily advised by the government policy, but varying interpretations and implementation of the policy have resulted in unequal opportunities to access education across the country.

Improper implementation of the policy has also resulted in additional barriers to accessing education. A recent switch from teaching Dhivehi to American sign language in Male' schools introduced by the government, has led to further disruptions within the deaf community as the majority of deaf persons who understand sign language and the existing interpreters, converse in Dhivehi sign language. A standardised, formal sign language needs to be taught consistently across the country to overcome the communication barrier faced by the deaf community. Moreover, the Individualised Education Plan which is mandated to be done for students with complex learning profiles are not adequately implemented and there is a lack of harmonisation between students' therapy and the school curriculum. As a result, children with disabilities do not receive individualised learning opportunities that meet their support needs. Students with disabilities also have limited to no access to psychosocial or other support services to cater to their needs. In schools where counsellors have been employed, they are overburdened with responsibilities.

In general, there is a lack of acceptance or special consideration for persons with disabilities from the school management and teachers. Teachers do not undertake lessons in an accessible manner, do not provide additional assistance such as sharing school notes and worksheets to parents of children with disabilities upon request, or in some situations, even accept that the child has a disability, which is particularly notable for children with psychosocial disabilities. This may arise from the overburdening of schoolteachers due to the lack of human resources and may also reflect on the teachers' lack of capacity to work with students with disabilities indicating the need to invest in recruiting and retaining qualified teachers and integrating a greater focus on disability inclusion in the degree courses for teachers. Children with disabilities are also excluded from extracurricular school activities such as Quran competitions and sports tournaments. Parents have had to contest with the Ministry of Education to ensure their children receive

³⁸ UNICEF. (2021). *Disability-Inclusive Education Practices in Maldives*.

the opportunity to sit for the O'Level examinations. Students with disabilities have also faced bullying and harassment from other students and teachers. In some situations, no action was taken by the teachers or management when the incident was reported.

For older persons with disabilities, some did not receive the opportunity to continue schooling beyond a certain grade as they did not meet the pass requirement, or higher grades were not available in their islands. For some participants, schools refused to enrol them because of their disability. These participants did not receive any further opportunities to continue their education which restricted their ability to enrol in higher education courses or access employment opportunities. There is also a lack of essential life skills programmes or vocational centres for persons with disabilities. As such, therapy service providers also face challenges in supporting persons with disabilities to transition to activities and settings that would encourage and enable them to lead independent lives.

Higher education institutions also remain inaccessible to persons with disabilities due to exclusionary practices. Special considerations for persons with disabilities are not provided during enrolment, especially in light of the limited access to primary, secondary and higher secondary education for persons with disabilities. While some institutions have formulated internal policies to promote inclusion, they are not effectively implemented and there are no accountability measures or grievance mechanisms in place to monitor its implementation.

Courses are typically designed for persons without disabilities and lecturers do not make adequate accommodations for persons with disabilities in classrooms to facilitate learning. For instance, students have been requested to find helpers to assist during examinations on their own. Presently, only a few courses are accessible for persons with disabilities, e.g. *Imam* courses³⁹ for blind and visually impaired persons. However, this is not the result of a systemic approach to creating accessible courses. Rather, it is to cater to a demand when a large number of students with disabilities enrol in a course and when creating accessible course content or implementing accessibility measures is comparatively easier for that course. It is worth mentioning that women with disabilities do not necessarily benefit from the increased accessibility of some of these popular courses, such as the *Imam* course, as women are not allowed to become *Imams* due to cultural and gender norms. Hence, persons with disabilities do not receive opportunities to participate in a variety of courses which is then dependent on both the accessibility of the courses and prevailing norms in the society. Opportunities for persons with disabilities to enrol in higher education are especially limited in the atolls.

Nonetheless, student loan schemes with reserved slots for persons with disabilities have been introduced to facilitate greater access to higher education. The loan scheme

³⁹ Specialised educational courses conducted by universities and colleges to provide the knowledge and skills for people to become religious leaders and undertake the role of an *Imam* (prayer leader).

now includes an assessment to identify the needs of persons with disabilities and provide additional financial assistance to fulfil learning requirements, such as the need for assistive devices. However, additional interventions are needed to complement the loan scheme and address the significant barriers highlighted above.

Employment and Livelihood

Over the past few years, the state has rolled out several interventions to increase employment opportunities for persons with disabilities. Some of these include designating positions for persons with disabilities in State-Owned Enterprises (SOE), enrolling persons with disabilities in a National Apprenticeship programme, establishing a separate registry of persons with disabilities seeking job opportunities and developing their competency profiles. Despite these efforts, there remain significant barriers for persons with disabilities to equally participate in the labour force.

First and foremost, access to job opportunities is greatly limited due to the reduced access to education that enables persons with disabilities to meet the requirements of the position. Persons with disabilities are then at a significant disadvantage as they need to undergo a competitive recruitment process alongside people without disabilities who have received more opportunities to further their education and skills. This has also resulted in persons with disabilities hesitating to apply to job vacancies as they are not confident in their skills and abilities to undertake the work. This is then further exacerbated by a general lack of employment opportunities available, especially in the atolls. Persons with disabilities who migrate for better opportunities, typically do so with their families and experience hardships in managing their income against the expenses of living in the capital. Corruption and unethical hiring practices are still commonplace and people with either political or family connections usually become hired for jobs.

Work environments also continue to be inaccessible to persons with disabilities, with employers failing to make reasonable accommodations to cater to the needs of their employees with disabilities. This includes not having flexibilities in Human Resource policies to accommodate persons with disabilities, such as accessible forms of punch-in and out systems, providing sick leaves for mental health conditions, etc. Furthermore, persons with disabilities are usually hired for stereotypical positions (such as support staff) with limited pathways for career progression and salary increments as they are largely tied to education qualifications. This allows for the exploitation of persons with disabilities as they are often obligated to undertake technical roles without job recognition. Job opportunities created for persons with disabilities also tend to be tokenistic and lack concrete job descriptions of suitable work that can be undertaken by persons with disabilities. Persons with disabilities undertaking work in specialised professions such as

teaching, have also faced discrimination. Teachers with disabilities or those who developed disabilities have been discouraged or forced to resign by refusing to make accommodations to cater to their needs, for instance, moving their classrooms to the ground floor to accommodate their mobility restrictions.

Perception towards the capabilities of persons with disabilities also serves as a barrier to accessing employment and livelihood opportunities. Prevailing stereotypes limit persons with disabilities to certain occupations such as being an *Imam* for blind or visually impaired persons. Persons with disabilities face challenges in combating these stereotypes to pursue and perform other jobs. In particular, persons with intellectual disabilities are perceived as having no capacity to undertake any form of work and employers overtly discriminate against them during recruitment processes. Family members can also obstruct persons with disabilities from becoming employed as they are fearful for the safety of the person, especially if the job opportunity is located outside of the island. This is not without reason as even members of the public have exploited persons with disabilities for labour without proper remuneration. Issues of acceptance of persons with disabilities by other staff have also resulted in cases of harassment, violence and abuse at workplaces.

Despite numerous barriers, persons with disabilities have undertaken positions in the public sector and created their own businesses in areas such as baking, tailoring clothes, rope weaving, etc. However, there is a need for interventions that empower and motivate persons with disabilities to do so, given the daunting nature of the barriers they face in participating in the labour force.

Healthcare

Despite many persons with disabilities having to undergo regular health checkups and treatment for various medical conditions, the health sector poses numerous challenges and is one of the sectors requiring significant reforms. At the early stages, there is a lack of proper assessment and early identification interventions targeting persons with disabilities. In general, the healthcare sector does not prioritise persons with disabilities, and they experience difficulties in making appointments due to long waitlists and securing their medication on time, especially controlled drugs which they cannot procure by themselves. Despite presenting the disability identification card, many still have to wait in long queues which is especially challenging for children with intellectual disabilities, developmental disabilities (e.g. autism) or psychosocial disabilities as they are unable to tolerate such environments for extended periods. Treatment for persons with disabilities is also not prioritised and there are no regular testing and health checkup packages geared towards persons with disabilities. In situations where the person has to travel abroad for further tests and treatment, they struggle to access the government

health insurance scheme, and many forgo treatment as they cannot afford to cover travel and medical expenses abroad. Even during emergencies, delays due to rigid procedures in disbursing insurance and welfare services are routinely experienced by persons with disabilities. Home visit services by medical professionals are also not consistently practised in all islands to cater to persons with disabilities with mobility restrictions. There are also no adequate mechanisms to give treatments to persons with disabilities in detention centres.

Appropriate treatments are also limited due to the lack of mental health professionals and services available which is mostly concentrated in Male'. Wait times for counselling and psychotherapy appointments are considerably long at public and private facilities, hence persons with disabilities are usually provided only medication with no adequate follow-ups for therapy. There is also limited coverage for mental health care services by the government health insurance scheme or other insurance companies. Presently, emergency mental health care is limited to the services provided by the Indira Gandhi Memorial Hospital (IGMH)⁴⁰ and more recently, at the Hulhumale' Hospital. A helpline targeting school students was also established by the Ministry of Education in 2023.⁴¹ However, the emergency room services at IGMH (the central government hospital), including both the space and staff are ill-equipped to provide emergency mental health care and have resulted in traumatic experiences for people. This has led to an overall hesitancy among persons with psychosocial disabilities in seeking help during emergencies. Although the perception towards seeking mental health care has been improving, the stigma attached to mental health issues also prevents people from receiving the care needed. Lack of services at the community level to build vocational and educational skills that engage persons with intellectual or psychosocial disabilities further burdens the tertiary mental health care facilities. Presently, occupational therapy is implemented at a limited scope with a greater focus on paediatric interventions. Hence, there is a gap in occupational therapy provision for older persons with disabilities. Most significantly, there are limitations in exercising accountability with no adequate monitoring undertaken by regulatory bodies to ensure quality therapy services are being provided to vulnerable groups.

The situation is particularly acute for persons with disabilities residing in the atolls outside of Male'. Aside from the abovementioned issues, there is a significant lack of specialist doctors and laboratory and investigation services in the atoll and regional hospitals which forces many persons with disabilities to frequently travel to Male' or abroad to access treatment. Availability of therapeutic services such as psychotherapy, speech therapy, physiotherapy, etc., are extremely limited in the atolls and even the

⁴⁰ Central government hospital where the Centre of Mental Health is located.

⁴¹ Bushry, A. (2023, June 17). Hotline set up to provide psychological support to students. *The Edition*. <https://edition.mv/news/28161>

regional hospitals lack the human resources and infrastructure to provide these services. Given the nature of the service, most therapies cannot be conducted online. Severe mental health-related cases such as those involving suicidal attempts do not receive the critical attention needed given the lack of mental health professionals in the atolls. Many families then make the difficult decision to migrate to Male' for better healthcare services. However, not all persons with disabilities and their families have the financial capability to frequently travel or permanently move to Male' which results in persons with disabilities not receiving the much-needed healthcare. Furthermore, persons with disabilities living in more isolated islands receive poor emergency healthcare services as the sea ambulance needs to travel between a much farther island where the atoll or regional hospital is located increasing the time taken to receive the emergency service.

The preconceived notions and attitudes of healthcare providers are also an added barrier for persons with disabilities to access healthcare. Healthcare providers are not sufficiently trained to take care of persons with disabilities. Furthermore, there is a commonly held belief among healthcare professionals that medical conditions experienced by persons with disabilities are a direct result of their disability which affects the undertaking of proper investigations and accurate diagnoses. In particular, persons with invisible disabilities and neurodiverse people (especially women) face challenges in convincing healthcare professionals of their medical issues and tend to get misdiagnosed. Healthcare staff also infantilises adults with disabilities which limits their ability to make independent decisions. Healthcare facilities typically attempt to involve parents or family members of persons with disabilities, although the person may be in an abusive situation within their family. Some healthcare staff also perceive persons with disabilities to be inferior and there have been instances where they have prevented persons with disabilities from receiving adequate treatment and medication due to prejudice or negligence leading to deterioration in their medical conditions.

Housing

Social housing or other government housing schemes such as the distribution of land or row houses, do not generally include considerations for persons with disabilities. Firstly, the application process is inaccessible to persons with disabilities as the application form is not in an accessible format. Furthermore, most schemes do not prioritise housing or provide additional points for persons with disabilities. This is especially challenging for persons with disabilities and parents/support persons who need to live separately from the extended family due to behavioural issues and other difficulties that arise from living together. In some islands, persons with disabilities live in congested conditions with their family members as there are no opportunities to acquire land or housing.

In some housing schemes where considerations for persons with disabilities exist, points are typically allocated to the parent or the guardian instead of the person with the disability. There are also no supported living housing options for persons with disabilities to promote independent living. This stems from the expectation that all persons with disabilities will always live with their parents or family members. There are also low accountability measures in the implementation of housing schemes and people with political connections are more likely to receive housing despite the point allocation criteria. This has also resulted in the removal of housing ownership during government transitions and persons with disabilities tend to be disproportionately affected during such processes. Persons with disabilities who need to rent apartments to live independently are actively discriminated against by landowners due to the belief that persons with disabilities will not be able to provide rent money. The need for positive discrimination to ensure accessible housing for persons with disabilities was emphasised during the FGDs.

Access to Justice

Given the prevailing negative perceptions towards persons with disabilities in the community, persons with disabilities are increasingly vulnerable to all forms of domestic violence, physical abuse, threats and harassment perpetrated by family members, in workplaces and by other members of the public. Furthermore, with the inaccessibility of legislation for persons with disabilities, there is a general lack of awareness of their rights and on protecting themselves from exploitation. Thus, many persons with disabilities are unaware of when rights violations occur and if the case can be reported. Despite their vulnerability, the justice system does not give priority to persons with disabilities or adequately accommodate their needs.

Participants of the FGDs have had mixed experiences in dealing with local authorities such as the police and the FCSCs. While some received considerable support from local authorities, others highlighted significant challenges. Most significantly, inaccessible reporting mechanisms that cater to a diverse range of disabilities, impede their ability to seek help. The lack of specific guidelines for the reporting of cases concerning persons with disabilities further exacerbates this issue. For instance, voice calls are inaccessible to the deaf community. Upon complaining about the issue, they were directed to multiple mobile numbers where the person had to share the same information several times. In some situations, persons with disabilities had to report the case with the help of family members even when the perpetrator is a family member. In such cases, there is no guarantee that the case will be communicated well or even taken forward as such incidents are usually hidden within families without any further action. This is especially challenging for deaf persons due to the lack of sign language

interpreters or limitations in their familiarity with the Dhivehi sign language. Once reported, there are also significant delays in investigating cases and sometimes the case is not investigated at all. There is a tendency for both local authorities and family members to dismiss claims made by persons with disabilities. Persons with disabilities are also not protected from retaliation by the perpetrator once the case has been reported and often face external pressures from perpetrators or authorities to withdraw the case. It is crucial for the main reporting mechanisms to be strengthened in terms of accessibility to protect the person and ensure confidentiality.

Staff working in local authorities are also not adequately sensitised and trained to deal with situations involving persons with disabilities. For instance, when communicating with persons with psychosocial or intellectual disabilities, police officers have conducted themselves in insensitive ways that have worsened the situation. Although special considerations for perpetrators with disabilities are also ensured by legislation, this is poorly implemented. Despite family members reporting such violations, proper resolutions have not been reached.

Persons with disabilities also face difficulties in court proceedings as they cannot adequately represent themselves. This is further exacerbated by the lack of awareness among judges and legal professionals on working with persons with disabilities and a lack of information provided to persons with disabilities on court procedures and the options available to them. Generally, courts do not proactively make reasonable accommodations for persons with disabilities. The responsibility for ensuring such arrangements typically falls on the person with the disability, e.g. deaf persons have to arrange for a sign language interpreter to be present for court proceedings or to complete the marriage course held by the Family Court. This has resulted in critical cases such as domestic violence cases, being delayed for long periods due to the unavailability of a sign language interpreter for the court allocated times and a lack of willingness by the court to make adjustments. In cases where persons with disabilities are perpetrators and need to undertake court-mandated sessions, such as drug rehabilitation programmes, they are unable to adequately fulfil the requirements or sentencing due to the inaccessibility of the programmes and lack of reasonable accommodations.

Civic Participation

The electoral process has taken significant strides in improving accessibility to persons with disabilities. During the first democratic elections held in 2008, polling officials lacked awareness of disability inclusion and persons with disabilities faced discrimination and disrespect during voting. However, in the more recent elections, reasonable accommodations were made to allow persons with disabilities to vote with ease. Persons with disabilities can now vote independently or opt for assisted voting. The majority of the

persons with disabilities were given priority and did not have to wait in queues. Although some persons with disabilities, particularly those with invisible disabilities still had to wait in line. In addition, following strong advocacy efforts by BVISM, an amendment was brought to the Elections (General) Act (11/2008) to allow blind and visually impaired persons to cast their ballots independently through the use of specially designed tactile ballot stencils. Training was provided beforehand to registered blind and visually impaired persons on using the stencil. However, the training was provided in a few atolls so not all blind and visually impaired persons were comfortable with voting independently for fear of casting an invalid vote. The ballot paper was also revised to include photos of candidates along with colours and logos associated with the political parties for greater accessibility. Persons with disabilities were provided the opportunity to participate as officials in some polling stations.

Despite this considerable progress, the electoral process is not entirely inclusive and accessible. Persons with disabilities were provided the general training for polling officials instead of customised training to suit their needs. As a result, many persons with disabilities could only work in one position as the training materials and information on undertaking the remaining positions were not accessible. Furthermore, there was a lack of guidelines and a general understanding of making reasonable accommodations to involve persons with different disabilities. Hence, people with certain types of disabilities were included as polling officials (such as persons with physical disabilities), while others such as blind or visually impaired persons were not provided the opportunity.

Information and communication related to the electoral process also remain inaccessible to a large majority of persons with disabilities due to the absence of sign language interpretation or simplified versions of texts. Any regulation or policy updates on voting that were made within a short period prior to the election were not communicated to persons with disabilities in an accessible manner. Information about candidates and their pledges is also inaccessible. Persons with disabilities usually decide on candidates based on information received by family members or are pressured by their families to vote for a certain candidate. Persons with disabilities have also received threats from their workplace to vote for a specific candidate. There is also no guarantee that the person assisting is voting for the candidate that the person with the disability prefers. In addition, the design of the voting booth limits the confidentiality of persons using wheelchairs as the booth is not properly covered. However, this was improved in some voting booths during subsequent elections. The option to vote via mail-in ballots is also not available limiting persons who are unable to physically attend voting premises.

Engaging persons with disabilities is also used as a strategy by some candidates to appear humble and appeal to the community. They work closely with persons with disabilities during the campaign period to gain the favour of the disability community but shift their priorities away from disability inclusion once elected to office. Vote buying is

also rampant among candidates, with the promise of providing financial aid to persons with disabilities to procure assistive devices or obtain medical treatment. Additionally, prevailing notions of persons with disabilities as inapt for elected positions exclude them from the political arena. Representation of persons with disabilities in all elected positions is negligible and there are currently no existing mechanisms or policies to ensure their meaningful participation in positions at the decision-making level.

Persons with disabilities face considerable challenges to partaking in the Disability Council Elections. Thus far, only a small percentage of persons with disabilities have voted in these elections due to a lack of awareness of the roles and responsibilities of the Disability Council. The electoral process (which is not undertaken by the Elections Commission unlike other national-level elections) is considered to be ambiguous. There is also limited campaigning done by candidates contesting for the Disability Council contributing to this reduced awareness.

Section 4: CRPD-Compliant Budgeting and Financial Management

Financial Planning and Monitoring

State institutions that are explicitly responsible for the protection of the rights of persons with disabilities within their mandates such as MSFD, have specific budget allocations for disability inclusion. However, due to reductions in budget ceiling amounts, the allocations received are insufficient to undertake the necessary programmes. State institutions that employ persons with disabilities or undertake activities for the disability community as part of their Corporate Social Responsibility, such as SOEs, also have specific budget allocations for these activities. For some other organisations, such as the Human Rights Commission of the Maldives (HRCM) and the Maldives Police Service, budget allocation for disability inclusion is mainstreamed into their general activities and programmes. Among local councils, some have specific budget allocations to conduct programmes for persons with disabilities and improve accessibility of council premises, while others opted to mainstream disability-related activities and budget into their general programming. However, the majority of the state institutions do not have budget allocations for disability inclusion. This has resulted in limited funding to undertake inclusivity and accessibility measures such as renovating infrastructure, introducing accessibility features to the website, creating accessible communication materials, etc.

Overall, the majority of the state institutions, including local councils, are experiencing budgetary constraints. As such, state institutions experiencing reductions in budget allocations are forced to prioritise financing basic functions within their mandate and disregard inclusivity and accessibility measures. Some organisations such as the Centre for Mental Health and MBS have managed to supplement government finances

with donor funding to work towards disability inclusion. However, this is not possible for all state agencies, particularly due to the decrease in donor funding in this sector and for governance-related programming, in general. Nonetheless, it is worth noting that the Parliament has a significant role in approving the state budget and ensuring the allocation of sufficient resources for disability inclusion across all sectors. In cases of budget reductions, state institutions in the social sector commonly experience the greatest impact. However, interventions requiring minimum financial resources have also not been undertaken indicating an issue in the overall prioritisation of interventions for disability inclusion.

The majority of OPDs and CSOs are also experiencing financial challenges and have limited avenues to access funding. Most relied on donations from SOEs or the private sector to finance their initiatives although tapping into such funding is also a challenge due to differing priorities. Only two CSOs have access to funding from international platforms and bilateral donors. One OPD had experienced exploitation by persons without disabilities due to their limited capacity to manage finances. This has affected the reputation of their organisation and limited their access to donors and funding opportunities.

Disability inclusion is also not a key priority area in the international development space. This has resulted in scarce funding opportunities from donors to specifically work towards ensuring the rights of persons with disabilities. Furthermore, it is also not considered a priority programme area at the regional or headquarters level of UN agencies.

Section 5: Accountability and Governance

National Accountability Mechanisms

The majority of the state institutions, persons with disabilities and parents/support persons interviewed were unaware of the mandate of the Disability Council in monitoring state policies and interventions related to fulfilling the rights of persons with disabilities. However, all of the stakeholder organisations unanimously agreed that the current accountability mechanism was not adequate or effective. State institutions require more guidance on making their policies and services more inclusive and accessible. The stakeholders aware of the role of the Disability Council (some state institutions and the majority of the OPDs and CSOs), cited concerns regarding the level of independence and power the Council possesses to undertake their monitoring function and enforce the recommendations. It was agreed that the Council needed to be an independent monitoring body outside the Ministry with an adequate budget to undertake its mandate.

There are also no adequate accountability mechanisms to monitor the quality of services provided by mental health professionals and other therapy service providers and address grievances. The Maldives Allied Health Council is mandated to undertake this responsibility, however, there is weak implementation of the regulation to ensure that the therapist is qualified and is up to date on registration and licensing. There are also no mechanisms to monitor and improve the standards of therapy and to ensure accessibility of services, such as conducting audits of case notes and premises. Furthermore, claims of rights violations (such as misdiagnosis resulting in improper medication, breach of confidentiality, etc.) have not been investigated properly in the past, despite the Council possessing legislative power to proactively investigate cases of malpractice even without an official complaint. Political patronage and corruption have contributed to the lack of accountability of mental health professionals facing allegations. Persons who submitted cases against mental health professionals have faced retaliation and were forced to drop their cases. This has led to hesitancy in people seeking services for mental health-related issues. There is a great need to strengthen the Maldives Allied Health Council as a regulatory body to undertake these functions and increase the quality of mental healthcare service provision.

The oversight function of the Parliament in holding government agencies accountable was also highlighted, and it was recommended that the Members of Parliament be sensitised to properly undertake this function. In addition, HRCM also has a role in monitoring the implementation of CRPD by state institutions. However, recommendations made by HRCM are not always implemented and there are no adequate mechanisms to ensure their enforcement. There were also concerns about significant delays in addressing grievances, highlighting the need for clearer and more consistent communication between the entities responsible for undertaking monitoring for accountability and the persons with disabilities.

Inclusive Evidence and Data Gathering Systems

Two key legislations specifically obligate the collection of data related to persons with disabilities. The Disability Act (08/2010) mandates the establishment of a registry (NDR) of persons with disabilities to facilitate services and special assistance which is undertaken by NSPA and overseen by the MSFD. The Decentralization Act of Maldives (07/2010) also mandates local councils to address the needs and concerns of persons with disabilities. This includes regular data collection related to persons with disabilities on the island. In addition to these, the Maldives Bureau of Statistics (MBS) is responsible for strengthening nationwide data related to disability through the inclusion of disability-

related questions in nationwide surveys and censuses and by strengthening the production of disability-related statistics from administrative records.

Nonetheless, significant gaps exist in terms of the collection and maintenance of data related to persons with disabilities. There is a lack of a standard measure of disability to collect data on persons with disabilities across different sectors. The three main data collection agencies; NSPA, MBS and the local councils, follow their own criteria for determining disability. NSPA is guided by the regulations (2011/R-3 and 2021/R-54) and focuses considerably on the person's level of functioning as the registry is tied to the disbursement of financial assistance and support services. As such, persons who are determined as 'high functioning' and are perceived as not requiring support services are excluded from the registry (this is particularly prominent among persons with psychosocial disabilities). Furthermore, NSPA relies on the person with the disability to proactively apply for registration. This is inhibited by a lack of awareness among the disability community and their support persons on the registry and available benefits, their eligibility to apply, and the accessibility barriers associated with the application process.⁴² For these reasons, the NDR does not reflect the true number of persons with disabilities in the country. In contrast, MBS followed WG-SS to identify the prevalence of disability and the data on persons with disabilities was collected as part of the Census. Thus, the Census data includes greater coverage of persons with disabilities residing in the country. However, the use of the WG-SS prevented the Census from capturing data related to persons with psychosocial and/or intellectual disabilities. The maintenance of a local registry of persons with disabilities is not uniformly done across all local councils. Councils that conduct regular data collection typically follow the criteria used by NSPA or rely on their own standard of measurement and categories.

Aside from the abovementioned institutions, there is limited data collection on persons with disabilities across other sectors. For instance, there is a lack of information on students with disabilities in the education sector, which could facilitate the implementation of more targeted interventions and a greater allocation of resources towards strengthening education for persons with disabilities. The absence of a data-sharing mechanism or a central database that can be accessed by different government agencies further exacerbates this issue as it has resulted in an overburdening of grassroots data collection points such as local councils which need to input similar data into various portals of different state institutions. Thus, reducing the efficiency of data collection and the ability to incorporate the most updated information.

However, the National Strategy for the Development of Statistics 2021-2030 has since been formulated and efforts are now underway to identify limitations sector-wise,

⁴² Hameed, S., Banks, L. M., Usman, S. K., & Kuper, H. (2023). Access to the Disability Allowance in the Maldives: National coverage and factors affecting uptake. *Global Social Policy*, 23(1), 127-147. <https://doi.org/10.1177/14680181221084854>

within the government and strengthen overall data management. MBS is currently working in collaboration with various state institutions on developing sector action plans to prioritise key activities for the upcoming three years. Potential opportunities to refine data collection include expanding existing mechanisms such as the *Ibama* initiative that comprises an island-level committee representing key institutions on the island such as council, health facility, police, school, magistrate court, etc. This committee is already responsible for collecting community-level data and diversifying avenues for obtaining data on persons with disabilities. However, the *Ibama* committees are not active and functioning in all islands and atolls and there still exists a need to ensure data harmonization.

Chapter 5: Cross-Cutting Issues

Section 1: Participation

Among all the state institutions consulted for this situation analysis, only about a quarter engaged OPDs to gain their perspective on policy reforms or new programmes. Firstly, there is no delineation between OPDs and other CSOs in the registration of associations by the government and during formal government engagements with civil society. Moreover, most of these engagements were limited to participation in consultation and validation meetings and providing inputs to documents. The majority of the state institutions have not yet adopted the view of engaging OPDs in planning interventions, deciding resource allocations, or during implementation and monitoring phases. Opportunities that do exist are centralised to Male', limiting the ability of persons with disabilities and civil society based in the other atolls to become involved in national-level interventions. On the other hand, OPDs primarily operate from Male', and there are no atoll or island-level OPDs resulting in limited to no engagement with the local councils in island development planning or conducting joint programmes.

This reality is echoed in the experiences of the OPDs. Most of the OPDs have received opportunities to participate in consultation and validation meetings but their involvement was only included at later stages where their meaningful participation was limited and more tokenistic. Furthermore, opportunities to review documents were provided to OPDs at short notice without sufficient time to provide inputs and in inaccessible formats. Conducting meetings to review documents was thus more effective as it offered greater accessibility to the information. OPDs have also experienced instances where their inputs were not integrated following consultations. Co-designing and implementation of interventions with OPDs is yet a foreign concept for nearly all state institutions. OPDs were also more likely to be invited to provide inputs to programme and policy reforms that explicitly involve disability-specific interventions. However, they were

not involved in other interventions that still impact the lives of persons with disabilities. OPDs stated that many of the issues faced by persons with disabilities arise from the lack of engagement of OPDs or the disability community at the early stages of planning interventions as most state institutions continue to practice a top-down approach to designing policies and interventions. This is evident in the struggles of persons with disabilities across many sectors such as in accessing primary, secondary and higher education opportunities. This is also especially critical for persons with psychosocial disabilities as the Mental Health Support Group is not recognised as an OPD and does not receive opportunities to contribute to government interventions that other OPDs do. The lack of understanding of the need to adopt a disability inclusion lens to address all issues, including those that do not only concern persons with disabilities, has contributed to the further marginalisation of persons with disabilities and hindered the mainstreaming of disability inclusion across all sectors.

Many of the barriers to ensuring inclusivity and accessibility for persons with disabilities lie in the lack of commitment towards achieving disability inclusion at all levels of society; including government, community, CSOs and the international development space. There is also a limited understanding of the need for interventions to promote and protect the rights of persons with disabilities or the framing of such interventions, in some cases leading to programmes that further infantilise and romanticise persons with disabilities. This has resulted in the rise of other substantive challenges that limit persons with disabilities' full and meaningful participation in society.

Section 2: Inclusion of Marginalised Groups

Within the disability community, persons with psychosocial and intellectual disabilities were found to be the most marginalised by society and have limited representation even within the disability movement and CSOs. Societal stigma has prevented persons with psychosocial disability from voicing their experiences and concerns on public platforms. Persons with intellectual disabilities are perceived to be incompetent and infantilised and there is presently no OPD that represents this group of people. The only OPD representative of persons with intellectual disabilities, specifically persons living with Down Syndrome, was dissolved recently. Existing OPDs highlight challenges in engaging persons with intellectual disabilities within their organisations.

In addition to facing marginalisation due to the type of disability, some persons with disabilities are marginalised based on the geographic location they reside in. Deaf persons residing in Male' and northern atolls of the country such as HDh. and Sh., belong to strong and thriving deaf communities and are exposed to sign language and the deaf culture. They have also had relatively more opportunities to participate and share their experiences and concerns. In contrast, deaf persons residing in southern atolls lead

isolated lives with no exposure to sign language and possess limited modes of communication. Their representation is significantly limited in the disability movement.

Section 3: Gender Equality

For nearly half of the OPDs consulted the female members already registered in the organisation stated that they received equal opportunities to participate in the NGO's governance and policy-level discussions. However, for women with disabilities particularly, becoming active in public life is a challenge. Families are hesitant to let women with disabilities join CSOs citing safety concerns. In general, women are expected to be silent and submissive. This is further exacerbated for women with disabilities. Women, themselves, experience issues with confidence to participate and contribute to CSO discussions and meetings.

In addition, they face pressure from families and society to submit to patriarchal social norms. Some of the participants of the FGDs revealed they had resigned from their jobs as their husbands were unhappy with the idea of them working following pregnancy. Women with disabilities are then mostly engaged in undertaking household and care responsibilities at home (depending on their disability) and do not have the opportunity to participate in higher education, employment or community-level activities. This has also resulted in women and girls with disabilities facing a greater likelihood of experiencing domestic violence and other types of abuse and exploitation. Women, particularly those living with disabilities, also face barriers to owning properties and assets and are more vulnerable to losing ownership, especially in cases of divorce.

Conversely, depending on the type of disability, women are allowed to be more open about their disability and be active in advocacy spaces. For instance, although persons with psychosocial disabilities generally face stigma from society, women with psychosocial disabilities face more acceptance from their families than men with psychosocial disabilities.

Nonetheless, the reality is that even during the implementation of targeted interventions for disability inclusion, there is rarely a focus on promoting the rights of or improving the participation of women with disabilities. Feminist and women's rights discourses in Maldives do not adopt an intersectional lens and thus exclude women with disabilities in their advocacy. Even among many state institutions, the disability community is perceived to be homogenous in terms of gender. This has then resulted in weak data collection on the gendered implications of disability and a lack of evidence-driven, targeted interventions to achieve gender equality among persons with disabilities.

Chapter 6: Disability Inclusion in Broader Development, Humanitarian & Emergency Contexts

Section 1: National Development Plans

The National Strategic Action Plan of the government (SAP) that is currently being formulated for the next five years, includes disability inclusion as a key focus area. FGDs were conducted with OPDs and persons with disabilities to ensure that their concerns were integrated into the plan, although there was a lack of representation of persons with psychosocial disabilities. Government agencies highlighted that the SAP will be used as a guiding document to formulate ministry or agency-specific action plans across all sectors.

Presently, only a few stakeholders involve persons with disabilities in their planning processes or adopt a disability inclusion lens during planning. This is implemented to varying degrees across institutions of different sectors. For instance, given that mental health is a key focus area for the health sector, disability inclusion is integrated as a core principle. The Health Master Plan 2016-2025 also focuses on early intervention but does not include any strategies for increasing accessibility and inclusivity of healthcare services in general. The current framing of disability in the health sector predominantly adopts the medical model which focuses on eliminating and treating the disability instead of regarding it as a diverse human experience that adds value to the society. As a result, policy interventions focus on integration as opposed to inclusion. HRCM and the Elections Commission of the Maldives have both included disability inclusion in their strategic plans and target persons with disabilities in their programming. The upcoming strategic plan of the National Disaster Management Authority also has a greater focus on creating inclusive early warning systems and ensuring that their programming becomes more inclusive and accessible to persons with disabilities. In accordance with their mandate, the Family Protection Authority also specifically targets persons with disabilities within their programming. However, for the majority of the sectors, disability inclusion is not an explicit focus area and there is limited engagement with OPDs and persons with disabilities during their planning processes.

Despite local councils being made responsible for the welfare of persons with disabilities within their island communities, only a limited number of councils engaged support givers of persons with disabilities or SEN teachers in designing the five-year local development plans. Some councils used the information gathered from visits to persons with disabilities to inform their annual work plans, but for a large majority of the councils, persons with disabilities or their support persons were not engaged in the development planning process and their plans lacked a disability inclusion angle.

For the UN agencies in Maldives, consultations were widely held with OPDs and persons with disabilities during the UNSDCF formulation process. However, the resulting framework lacked specific targets and indicators that addressed disability inclusion and as a consequence work towards disability inclusion is not institutionalised across all UN agencies.

Section 2: Disaster Risk Reduction and Humanitarian Action

Although the Disability Act consists of special provisions to ensure that persons with disabilities are prioritised during disasters and humanitarian crises, the Disaster Management Act (28/2015) which was formulated after the Disability Act was enacted, does not contain any specific provisions for persons with disabilities. However, the National Framework for Managing Internally Displaced Persons in the Maldives does include measures to provide access to shelters, essential services and alternative housing options for persons with disabilities following disasters and crises.⁴³

Despite the lack of legal provisions for persons with disabilities, NDMA has been working with the local councils to streamline disaster risk reduction (DRR) into planning through community-based DRR management. This includes conducting a vulnerability assessment for each island community and addressing the needs of the different marginalised groups. The vulnerability assessment conducted in partnership with the Maldives Red Crescent and other local institutions has captured the vulnerabilities of persons with disabilities during disasters to a large extent.

However, proper implementation of these plans is hindered due to the lack of resources and limitations in the built environment. For instance, there is a lack of specialised equipment to evacuate persons with disabilities during emergencies. Furthermore, newly constructed buildings such as social housing are not designed to evacuate persons with disabilities which is also a direct result of poor emergency planning for social housing. The established evacuation zones are also not accessible to persons in wheelchairs due to steps or thresholds. Most buildings do not have accessible safety measures such as alarms that include both audio and visual features to cater to a diverse range of disabilities. While the technology to improve accessibility to alarm systems exists, it has not been adequately funded and implemented in the country. This likely stems from the limited involvement of persons with disabilities in designing and implementing community-based DRR plans as highlighted by participants of the FGDs.

⁴³ Human Rights Commission of the Maldives. (2023). *CRPD Shadow Report*.

Section 3: Climate Change

The Maldives Climate Change Policy Framework (2015-2025) identifies climate change as a development issue that intersects with multiple facets of Maldivian living and one that amplifies existing socioeconomic vulnerabilities. As such, the policy adopts a mainstreamed and coordinated response to climate change that involves all the national stakeholders (including CSOs) and international development agencies and funding partners. The policy highlights five policy goals and corresponding strategies which include building the resilience of island communities by mapping existing vulnerabilities and formulating plans to address them. The policy also aims “to promote a harmonized, cohesive, caring and just society which respects human rights and diversity that creates equal opportunities and combats discrimination in all forms”.⁴⁴

However, there is a clear lack of integration of disability inclusion in the policy. The vulnerabilities mentioned only focus on human health, food and water security, livelihood, infrastructure and coastal management without any explicit mention of persons with disabilities. The need to respect human rights and gender equality is highlighted in general terms and lacks specific strategies or considerations for marginalised groups such as persons with disabilities. Discussions held with OPDs and persons with disabilities highlighted their limited to no involvement in formulating and implementing climate-related policies and interventions highlighting their exclusion within climate resilience and adaptation processes.

Section 4: COVID-19

Following the confirmation of COVID-19 cases in Maldives, a Public Health Emergency was declared in March 2020, and subsequent lockdown measures were implemented which included the closure of schools and non-essential businesses and workplaces, and movement and travel restrictions.⁴⁵ During this period, there was insufficient planning to assist persons with disabilities. OPDs or persons with disabilities were not represented in the national task force limiting their ability to advocate the needs and concerns of persons with disabilities.

Limited priority was given to persons with disabilities as articulated in the Disability Act, and there were no adequate mechanisms to facilitate access to essential services. Persons with disabilities who tested positive for COVID-19 were taken to isolation facilities but faced significant challenges due to the lack of accessible information about the facilities and their procedures. Cases of negligence were reported as persons with disabilities had limited access to support persons during isolation. Special

⁴⁴ *Maldives Climate Change Policy Framework (2015-2025)*.

⁴⁵ Ministry of Health & Health Protection Agency. (2023). *Maldives Covid-19 Response: A Summary*.

accommodations were also not made to ensure persons with disabilities received priority healthcare services (e.g. pregnant women with disabilities). Furthermore, lockdown measures resulted in helpers being disallowed from assisting persons with disabilities to minimise contact. For instance, helpers could not enter hospitals to provide sign language interpretation or assist in seeking other services, such as banking. While some public places such as gyms, were eventually allowed to open, there were no opportunities or arrangements made for persons with disabilities who struggle in confinement, to leave their homes. Despite the deterioration of their mental well-being, persons with psychosocial disabilities, especially those residing outside of Male', had limited access to mental health professionals and could not receive timely and appropriate treatment. Additionally, the vehicle ban forced all vehicles to be parked and given the lack of parking space, many vehicles were also parked on ramps and near pavement access points making the roads further inaccessible to persons with disabilities.

In general, accessibility to news updates regarding COVID-19 increased during this period. However, information and guidelines related to COVID-19 were still presented in inaccessible formats and there was limited awareness among state institutions on making communications accessible to persons with disabilities. This resulted in a lack of understanding of the significance and urgency of the condition among persons with disabilities and a lack of awareness of the rules enforced during the emergency period. Persons with disabilities, thus faced instances where they were fined for unknowingly violating the rules. Children with disabilities, in particular, found it challenging to understand the COVID-19 situation and there were limited resources available locally to help them navigate the difficulties associated with it. The enforcement of wearing face masks also posed additional communication barriers for deaf persons who relied on lip reading.

Attempts were made to ease access to necessities such as groceries and medication for the public through the implementation of home delivery services. However, there were no special considerations for persons with disabilities in providing these services. Furthermore, many businesses used websites and online applications to deliver these services which were not accessible to persons with disabilities.

Chapter 7: Overall Analysis of Key Gaps and Opportunities

Since the ratification of CRPD in 2010, Maldives has made significant progress in reforming the legislative framework to ensure the promotion and protection of the rights of persons with disabilities. Increasing commitment by the state has also led to relatively greater integration of disability inclusion in national planning, establishment of targeted

programming and improvements to resource allocation. Nonetheless, a decade since the enactment of the Disability Act has revealed systemic and attitudinal barriers that impede the effective implementation of the legislation to improve accessibility and inclusion for persons with disabilities. Disability inclusion has not been adequately mainstreamed as a priority area for both the state and international development partners across all sectors. This has resulted in insufficient planning, reduced allocation of resources, inadequate data management mechanisms, and poor enforcement of the legislative framework to effectively protect the rights of persons with disabilities. Furthermore, policy interventions promoting disability inclusion are negatively impacted during government transitions contributing to sustainability issues. The prevalence of the medical or charity model that typically frames interventions lacks a person-centred approach. This is further exacerbated by limited awareness of the importance of working towards disability inclusion among policymakers and a lack of capacity to formulate policies and programmes that adequately address existing barriers. Significant gaps in the functioning of accountability mechanisms encumber efforts to strengthen interventions targeting persons with disabilities. There is a great need to implement a whole-of-society approach that relies on the commitment and collaboration of public, private and civil society actors to ensure the participation of persons with disabilities in all aspects of society.

The disability movement is constrained in its ability to effectively advocate for persons with disabilities. Limited collaboration among the OPDs is a critical factor contributing to this issue. The movement also lacks representation of persons with psychosocial and intellectual disabilities and does not adequately capture the concerns of women with disabilities. The voices of persons with disabilities residing in atolls outside of Male' are also largely excluded from policymaking processes. This is in part due to the limited agency of persons with disabilities to make their own decisions. Families typically do not empower persons with disabilities to be autonomous, instead choosing to hide the person citing safety concerns and dictating their life choices for them. As a result, persons with disabilities may feel ashamed of their disability status and lack the confidence to stand up for their rights or publicly share their experiences. There is also a lack of awareness of disability rights among persons with disabilities and their families restricting their ability to effectively advocate for their struggles and against rights violations.

Despite collecting data from both high and low-disability prevalence islands and atolls, it was observed that the critical challenges remained the same in both. Differences were mostly observed between the struggles of persons with disabilities residing in Male' in comparison to those residing in other atolls, although the FGDs from all the islands and atolls consistently highlighted pressing concerns related to health, education, employment, disability assessment and support services, violence against persons with disabilities and access to justice and accountability mechanisms. This reveals reduced access to essential services and a lack of protection of fundamental rights for persons

with disabilities, which is particularly exacerbated in the atolls and lower-income households. A general lack of awareness of disability inclusion in society further acts as a barrier to fulfilling these rights.

Nonetheless, opportunities exist in the form of increased political willingness with the integration of strategies to work towards disability inclusion in the National Strategic Action Plan. The implementation of the UNPRPD programme also marks a renewed commitment from all sectors to strengthen inclusivity and accessibility. UN agencies in partnership with OPDs have also initiated greater efforts to address challenges faced by persons with disabilities paving the way for improved collaboration and a robust alliance among key stakeholders.

Chapter 8: Key Recommendations for UNCT Action

The barriers faced by persons with disabilities to access equal and equitable rights and opportunities and fully participate in society are multifaceted and span across a range of focus areas. Discussions held with persons with disabilities, parents/support persons, and stakeholders for this assessment identified issues concerning health, education, employment, disability assessment and support services, violence against persons with disabilities and access to justice, and accountability mechanisms as the most significant issues that need to be prioritised for urgent action. The initial set of recommendations to the UNCT and development partners to address the abovementioned issues were further prioritised during a half-day workshop held with stakeholders consisting of OPDs, CSOs and state institutions representing various sectors. The following recommendations then reflect the key recommendations and areas of support to the Government of Maldives that are critical to promoting and protecting the rights of persons with disabilities in Maldives. Although OPDs are not explicitly included as stakeholders for each recommendation, the importance of engaging and co-designing all recommended interventions with the OPDs is reiterated.

Recommended Actions		Key Stakeholders
1. Accessible and Inclusive Healthcare Services		
1.1	Provide support to the Ministry of Health to improve accessibility for persons with disabilities in health facilities: <ul style="list-style-type: none"> Ensure compliance with the minimum design standards prescribed for health facilities in the Disability Act (8/2010) by supporting the Ministry of Health to develop an implementation plan and budget to cover adaptations of government and private facilities. 	Ministry of Health, government hospitals (including atoll and regional hospitals), health centres,

	<ul style="list-style-type: none"> • Develop training modules and undertake training programmes in all government hospitals and health facilities on diversity and inclusion and other specialised areas such as sign language interpretation. • Develop and implement a policy to provide incentives for staff who complete specialised training such as career progression opportunities or salary increments to recognise their efforts. 	Civil Service Commission
1.2	<p>Provide support to the Ministry of Health and public and private health facilities to strengthen access to healthcare services:</p> <ul style="list-style-type: none"> • Create an easier and more accessible mechanism to book appointments for consultations and therapy that caters to the accessibility needs of persons with diverse disabilities. • Develop implementation plans to provide consultation, assessment and therapy services by specialist doctors and healthcare teams in atoll/regional hospitals and provide consistent home visit services across all the atolls. This includes a mechanism to conduct monitoring and evaluation to gauge the level of implementation and effectiveness of the intervention. 	Ministry of Health, government hospitals (including atoll and regional hospitals), health centres, therapy service providers, Disability Council
2. Strengthened Disability Assessment and Support Services		
2.1	Formulate guidelines to improve coordination and communication between central government authorities and local councils to facilitate better service provision to persons with disabilities. This includes providing local councils information on updates to policy and procedures and the status of cases/applications lodged to the central government authorities for follow-up action.	Ministry of Social and Family Development, National Social Protection Agency, Family and Children’s Service Centres, Atoll councils, City councils, island councils, Local Government Authority
2.2	Establish measures for data harmonisation and sharing among state institutions:	Maldives Bureau of Statistics,

	<ul style="list-style-type: none"> • Setup a central data management system for disability data collection • Implement capacity-building initiatives for staff to strengthen the analysis of disability statistics • Implement a stand-alone national disability survey to facilitate evidence-driven policy interventions and enable monitoring of their effectiveness. 	National Centre for Information Technology, Trade Net Maldives Corporation Limited, all line ministries, all island councils, Local Government Authority
3. Quality and Inclusive Education		
3.1	Assist in the development of a multi-sectoral coordination system for early identification and intervention: <ul style="list-style-type: none"> • Develop a national Inclusion Support Programme (ISP) to provide targeted assistance and support for children with disabilities and their families and build the capacity of early childhood education providers to facilitate its provision. • Formulate guidelines to establish adequate screening and intervention mechanisms to identify students with learning disabilities. • Create guidelines to ensure a multi-tier system and holistic data management 	Ministry of Education, Department of Inclusive Education, Ministry of Social and Family Development, Ministry of Health
3.2	Support the Department of Inclusive Education and Ministry of Higher Education to improve accessibility in schools and higher education institutions: <ul style="list-style-type: none"> • Conduct audits to assess the accessibility of current educational facilities and adopt a universal design to ensure educational environments are physically accessible for persons with disabilities. • Revise and adapt the current curriculum in schools to ensure that learning is specifically tailored to meet the needs of children with disabilities (visual disabilities, hearing disabilities and learning disabilities) and identify alternative modes of delivery to cater to different disabilities such as introducing diverse accessible learning materials (e.g. audio books, sign language interpretation, etc.). 	Ministry of Education, Ministry of Higher Education, Department of Inclusive Education, Maldives Qualifications Authority, Ministry of Construction and Infrastructure, government schools

4. Employment and Livelihood Opportunities		
4.1	Develop and implement vocational training/life skill programs for skill development that are tailored to the specific needs of persons with disabilities, are accessible to women with disabilities and other marginalised groups in the disability community and align with the industry needs to bridge the gap between education and employment.	Ministry of Higher Education, Maldives National Skills Development Authority, Ministry of Social and Family Development, Maldives Qualifications Authority, higher education institutions
4.2	Develop and implement an entrepreneurship training program specifically designed to the needs of persons with disabilities that also includes access to finance, business incubators and accelerators.	Ministry of Social and Family Development, Business Center Corporation, Ministry of Economic Development and Trade
5. Strengthened Access to Justice and Governance		
5.1	Review the mandate and composition of the Disability Council. and assess the effectiveness of compliance with the mandate to identify areas of improvement and amendment, such as the ability to act independently, adequate representation of persons with disabilities in the council, enforcement of recommendations, etc.	Ministry of Social and Family Development, Attorney General's Office
5.2	Increase accountability of therapy service providers: <ul style="list-style-type: none"> Review the mandate of the Maldives Allied Health Council 	Maldives Allied Health Council, Ministry of Health

	<ul style="list-style-type: none"> • Formulate guidelines to maintain the confidentiality of persons lodging complaints and protect them from retaliation • Build capacity of the Council and ensure the allocation of adequate resources to undertake regulatory and monitoring functions 	
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Annexes

Full List of Recommendations

Recommended Actions		Key Stakeholders
1. Accessible and Inclusive Healthcare Services		
1.1	<p>Provide support to the Ministry of Health to improve accessibility for persons with disabilities in health facilities:</p> <ul style="list-style-type: none"> • Ensure compliance with the minimum design standards prescribed for health facilities in the Disability Act (8/2010) by supporting the Ministry of Health to develop an implementation plan and budget to cover adaptations of government and private facilities. • Develop training modules and undertake training programmes in all government hospitals and health facilities on diversity and inclusion and other specialised areas such as sign language interpretation. • Develop and implement a policy to provide incentives for staff who complete specialised training such as career progression opportunities or salary increments to recognise their efforts. 	<p>Ministry of Health, government hospitals (including atoll and regional hospitals), health centres, Civil Service Commission</p>
1.2	<p>Provide support to the Ministry of Health and public and private health facilities to strengthen access to healthcare services:</p> <ul style="list-style-type: none"> • Create an easier and more accessible mechanism to book appointments for consultations and therapy that caters to the accessibility needs of persons with diverse disabilities. 	<p>Ministry of Health, government hospitals (including atoll and regional hospitals), health centres,</p>

	<ul style="list-style-type: none"> Develop implementation plans to provide consultation, assessment and therapy services by specialist doctors and healthcare teams in atoll/regional hospitals and provide consistent home visit services across all the atolls. This includes a mechanism to conduct monitoring and evaluation to gauge the level of implementation and effectiveness of the intervention. 	therapy service providers, Disability Council
1.3	Collaborate with the Health Protection Agency to create accessible information packages on preventative care targeting persons with disabilities to be shared at healthcare facilities and via social media.	Health Protection Agency, local councils
1.4	Provide technical support to the Ministry of Health to develop and implement a policy that improves access to medication through the identification of persons with disabilities with long-term treatment medical requirements and establishing an effective mechanism to procure and deliver medication.	Ministry of Health, STO, Aasandha, National Social Protection Agency
1.5	Review and revise existing scholarship schemes to provide opportunities and incentives to increase enrolment in specialised fields such as psychologists, speech therapists, occupational therapists, etc. Schemes should also mandate graduates to work in the atolls for a certain period with adequate clinical supervision and provide incentives to retain them.	Ministry of Higher Education, Maldives National University, Maldives Allied Health Council
1.6	Develop a training package and implement training programmes for first responders to support persons with disabilities during emergencies. This training also needs to include sensitisation to reduce stigma towards persons with disabilities.	Ministry of Health, government hospitals (including atoll and regional hospitals), health centres, Civil Service Commission, Maldives Police Service, Maldives National Defence Force

1.7	Develop and implement a plan to improve accessibility to public transport services such as buses and speedboat ferries (including vehicle/vessel upgrades, revisions to online ticket booking applications, training for staff, etc.) to facilitate greater access to health services.	Maldives Transport and Contracting Company (MTCC)
1.8	Support the formulation and enactment of the Mental Health Bill to ensure protections for persons with psychosocial disabilities: <ul style="list-style-type: none"> • Ensure the exclusion of coercive provisions such as non-consensual treatment, involuntary hospitalisation, substituted decision-making, psychosurgery and other irreversible practices. • Ensure a person's 'mental capacity' is not a basis for denial of their legal capacity. • Ensure the representation and full participation of persons with lived experiences in policy responses, monitoring and accountability mechanisms. • Integrate provisions to prevent suicide and provide post-attempt care and support. 	Ministry of Health, Attorney General's Office, public and private service providers
1.9	Amend the Penal Code of Maldives to decriminalise suicide to facilitate efforts towards suicide prevention, provide adequate mental healthcare and promote help-seeking behaviour during mental health emergencies.	Attorney General's Office, Ministry of Health
1.10	Conduct an audit of the 'Home for People with Special Needs' in K. Guraidhoo and implement recommendations to improve services per the deinstitutionalisation model.	Ministry of Health
2. Strengthened Disability Assessment and Support Services		
2.1	Formulate guidelines to improve coordination and communication between central government authorities and local councils to facilitate better service provision to persons with disabilities. This includes providing local councils information on updates to policy and procedures and the status of cases/applications lodged to the central government authorities for follow-up action.	Ministry of Social and Family Development, National Social Protection Agency, Family and Children's Service Centres, Atoll councils, City councils, island

		councils, Local Government Authority
2.2	<p>Establish measures for data harmonisation and sharing among state institutions:</p> <ul style="list-style-type: none"> • Setup a central data management system for disability data collection • Implement capacity-building initiatives for staff to strengthen the analysis of disability statistics • Implement a stand-alone national disability survey to facilitate evidence-driven policy interventions and enable monitoring of their effectiveness. 	Maldives Bureau of Statistics, National Centre for Information Technology, Trade Net Maldives Corporation Limited, all line ministries, all island councils, Local Government Authority
2.3	<p>Review and revise the current disability allowance scheme to:</p> <ul style="list-style-type: none"> • Ensure income security and support services for all persons across the life cycle, based on data, and the Social Protection Online Tool (SPOT). This includes identifying persons with disabilities that are below the accepted standard of living through existing programmes such as the <i>Haalu Belun</i> programme by MSFD, providing financial assistance to access basic needs and strengthening monitoring of allowance disbursement. • Full coverage of therapy services to ensure access to affordable therapy. • Full coverage of assistive devices, including ensuring the assistive device list is updated with details of all the available devices for different disabilities and their current market prices, revising the application process to ensure accessibility and supporting persons with disabilities to obtain, retrofit, repair and maintain assistive devices. • Ensure that persons with disabilities can access other social protection benefits such as <i>Zakat</i> through the revision of existing eligibility criteria. 	National Social Protection Agency, Disability Council, Ministry of Islamic Affairs
2.4	Improve accessibility to the registration process through the modification of the National Disability Registry Portal to ensure compliance with accessible web platform guidelines. This	National Social Protection Agency, Ministry of Social

	includes the integration of accessibility features and multiple language options (English, Dhivehi, Latin, sign language).	and Family Development, local councils
2.5	<p>Strengthen the existing application process to the National Disability Registry:</p> <ul style="list-style-type: none"> • Develop a handbook detailing the process and procedures • Provide training to staff on assisting persons with disabilities with the application process • Conduct programmes to raise awareness of the application process and on using the portal, and effectively communicate updates in policies and procedures among persons with disabilities and parents/support persons 	National Social Protection Agency
2.6	Support the National Social Protection Agency to formulate a scheme to establish respite and support services for support persons of persons with disabilities, such as the provision of a psychosocial support hotline (which can be managed by including placements from final-year students in higher education institutions from relevant backgrounds).	National Social Protection Agency, Ministry of Social and Family Development, Maldives National University
2.7	Introduce initiatives to empower civil society organisations such as OPDs, to provide services to persons with disabilities, thus ensuring state institutions can undertake regulatory and monitoring functions more effectively by reducing their role as service providers.	Ministry of Social and Family Development, OPDs, Disability Council, service providers from the private sector
3. Quality and Inclusive Education		
3.1	<p>Assist in the development of a multi-sectoral coordination system for early identification and intervention:</p> <ul style="list-style-type: none"> • Develop a national Inclusion Support Programme (ISP) to provide targeted assistance and support for children with disabilities and their families and build the capacity of early childhood education providers to facilitate its provision. 	Ministry of Education, Department of Inclusive Education, Ministry of Social and Family

	<ul style="list-style-type: none"> • Formulate guidelines to establish adequate screening and intervention mechanisms to identify students with learning disabilities. • Create guidelines to ensure a multi-tier system and holistic data management 	Development, Ministry of Health
3.2	<p>Support the Department of Inclusive Education and Ministry of Higher Education to improve accessibility in schools and higher education institutions:</p> <ul style="list-style-type: none"> • Conduct audits to assess the accessibility of current educational facilities and adopt a universal design to ensure educational environments are physically accessible for persons with disabilities. • Revise and adapt the current curriculum in schools to ensure that learning is specifically tailored to meet the needs of children with disabilities (visual disabilities, hearing disabilities and learning disabilities) and identify alternative modes of delivery to cater to different disabilities such as introducing diverse accessible learning materials (e.g. audio books, sign language interpretation, etc.). 	Ministry of Education, Ministry of Higher Education, Department of Inclusive Education, Maldives Qualifications Authority, Ministry of Construction and Infrastructure, government schools
3.3	Formulate guidelines to strengthen the engagement of OPDs, persons with disabilities and their families in designing policy interventions related to education and higher education.	Department of Inclusive Education, Ministry of Higher Education
3.4	Conduct a capacity assessment of teachers and other staff working in the educational sector to identify their training needs in catering to the needs of children with disabilities (this includes proficiency in sign language).	Department of Inclusive Education, government schools
3.5	Review and adapt existing and new University programs to provide equitable opportunity and access to persons with disabilities to pursue quality technical and tertiary education, including revisions to the enrolment criteria.	Ministry of Higher Education, Maldives National University

3.6	Introduce targeted opportunities for persons with disabilities in higher education scholarship schemes, especially to access education programmes abroad.	Ministry of Higher Education
3.7	Formulate guidelines and an action plan to strengthen the regulatory and monitoring functions of the Ministry of Higher Education to ensure disability inclusion in universities and colleges and should include consultations with OPDs.	Ministry of Higher Education
3.8	Develop and deliver an accessible and decentralised literacy and numeracy training program for youth and adults with disabilities who are not in education, employment or training.	Ministry of Social and Family Development, OPDs
3.9	Conduct ongoing awareness campaigns targeting students to promote understanding and acceptance of persons with disabilities in schools and prevent bullying.	Department of Inclusive Education, all government schools, OPDs
4. Employment and Livelihood Opportunities		
4.1	Develop and implement vocational training/life skill programs for skill development that are tailored to the specific needs of persons with disabilities, are accessible to women with disabilities and other marginalised groups in the disability community and align with the industry needs to bridge the gap between education and employment.	Ministry of Higher Education, Maldives National Skills Development Authority, Ministry of Social and Family Development, Maldives Qualifications Authority, higher education institutions
4.2	Develop and implement an entrepreneurship training program specifically designed to the needs of persons with disabilities that also includes access to finance, business incubators and accelerators.	Ministry of Social and Family Development, Business Center

		Corporation, Ministry of Economic Development and Trade
4.3	Provide incentives for employers to hire persons with disabilities and recognition for employers that meet accessibility requirements and provide reasonable accommodation for persons with disabilities (e.g. tax deductions).	Ministry of Economic Development and Trade, Ministry of Social and Family Development
4.4	Establish a systematic approach for employment for persons with disabilities through the introduction of a workplace registry of vacant positions targeted for persons with disabilities which includes detailed job descriptions and opportunities for career progression. Existing platforms (e.g. Job Center) can be upgraded to meet accessibility needs and be utilised for this purpose.	Ministry of Social and Family Development, Ministry of Economic Development and Trade, Business Center Corporation, public and private sector employers
4.5	Formulate guidelines and an action plan to ensure reasonable accommodations are provided in the workplace. <ul style="list-style-type: none"> • Adjustments to recruitment practices, such as the communication of job vacancies on accessible platforms, inclusive interview processes and adopting positive discrimination towards employing persons with disabilities, even for non-targeted job opportunities. • Facilitate the participation and productivity of persons with disabilities in the workplace by ensuring adjustments to undertake assigned tasks and opportunities to participate in training and skill development programmes targeted for all staff. 	Ministry of Economic Development and Trade, Ministry of Social and Family Development, National Social Protection Agency, public and private sector employers

	<ul style="list-style-type: none"> Introduce flexibilities in human resource policies to cater to the needs of persons with disabilities (e.g. sick leave for mental health, opportunities for remote work, etc). 	
4.6	Develop a disability sensitisation training package that is mandatory and conducted regularly for all staff, including senior management, to ensure organisational readiness to employ persons with disabilities.	Ministry of Social and Family Development, Ministry of Economic Development and Trade, OPDs, public and private sector employers
4.7	<p>Develop an independent complaint reporting and resolution mechanism to protect the rights of persons with disabilities within the work environment, this includes:</p> <ul style="list-style-type: none"> Mechanisms for monitoring and reporting workplace discrimination and harassment of persons with disabilities Enforcing the penalties stipulated in the Disability Act and other relevant legislation for employers who do not comply Conducting training to sensitise and build the capacity of the Employment Tribunal to undertake this function 	Employment Tribunal, Ministry of Economic Development and Trade, Ministry of Social and Family Development, public and private sector organisations, Disability Council
4.8	Formulate a national-level guiding document to empower and provide leadership opportunities to ensure meaningful representation of persons with disabilities in decision-making levels of organisation (either as members of committees or senior management). This ensures that the opinions of persons with disabilities are included in policy decisions undertaken by the organisation.	Ministry of Economic Development and Trade, Ministry of Social and Family Development, State Owned Enterprises, all line ministries
5. Strengthened Access to Justice, Accountability and Governance		
5.1	Review the mandate and composition of the Disability Council. and assess the effectiveness of compliance with the mandate to identify areas of improvement and amendment, such as the	Ministry of Social and Family Development,

	ability to act independently, adequate representation of persons with disabilities in the council, enforcement of recommendations, etc.	Attorney General's Office
5.2	<p>Increase accountability of therapy service providers:</p> <ul style="list-style-type: none"> • Review the mandate of the Maldives Allied Health Council • Formulate guidelines to maintain the confidentiality of persons lodging complaints and protect them from retaliation • Build capacity of the Council and ensure the allocation of adequate resources to undertake regulatory and monitoring functions 	Maldives Allied Health Council, Ministry of Health
5.3	Develop policies and practical guidelines for law enforcement on standards for interacting, recording complaints, aiding persons with disabilities and improving accessibility to services.	Maldives Police Service
5.4	Formulate guidelines to engage persons with disabilities to work in local authorities, such as police and local councils, with reasonable accommodations to facilitate better connection between the authorities and the disability community and enhance access to justice.	Maldives Police Service, Local councils
5.5	Implement accessible awareness programmes for persons with disabilities to inform them of the protection offered by existing laws and the Constitution.	Ministry of Social and Family Development, Attorney General's Office, OPDs
5.6	Formulate guidelines to provide accessible and safe reporting mechanisms for victims of violence and abuse and facilitate the provision of support and resources to the victims of violence and abuse, including accessible medical and psychological support.	Ministry of Social and Family Development, Family Protection Authority, Maldives Police Service, Government hospitals

5.7	Develop and implement a training programme to build the capacity of the judicial sector and other relevant stakeholders on inclusive program design, communication, and information delivery.	Department of Judicial Administration, Ministry of Social and Family Development
5.8	Devise and implement a concept to provide accessible and pro bono legal aid services for persons with disabilities.	Attorney General's Office, private law firms, higher education institutions
5.9	Develop and implement mandatory training for government officials and decision-makers on disability rights and inclusion through the Civil Service Training Institute.	Civil Service Training Institute, Ministry of Social and Family Development
5.10	Collaborate with OPDs to formulate and implement a joint advocacy plan which includes the identification of priority areas of advocacy and mechanisms to ensure the inclusion of women with disabilities and other marginalised groups within the disability community, in decision-making processes.	OPDs

Methodology

Census Data on the Selected Islands and Atolls

Region	Atoll	Prevalence Rate	Island	Number of persons with disabilities
North	Hdh	8.4%	Kulhudhuffushi City	757
			HDh. Hirimaradhoo	28
			HDh. Nolvivaranfaru	51
Central	Dh	5.3%	Dh. Kudahuvadho	116
			Dh. Badidho	23
			Dh. Meedho	47
	Male'	5.7%	Male'	8,453
South	Ga	9.6%	Ga. Viligili	243
			Ga. Gemanfushi	46
			Ga. Kolamaafushi	102

Table: Census Data on the Selected Atolls and Islands⁴⁶

Participants of FGDs

	HDh	Dh	Ga	Male'	Total
Number of persons with disabilities	42	27	40	25	134
▪ Number of women with disabilities	20	8	25	13	66
▪ Number of men with disabilities	22	19	15	12	68
▪ Number of deaf persons	8	3	8	6	25
▪ Number of persons with physical disabilities	8	4	9	7	28
▪ Number of blind and visually impaired persons	8	6	4	5	23

⁴⁶ Data from Census 2022, provided by the Maldives Bureau of Statistics

▪ Number of persons with intellectual disabilities	6	6	8	6	26
▪ Number of persons with psychosocial disabilities	0	1	4	1	6
▪ Number of persons with learning disabilities	0	0	1	0	1
▪ Number of persons with multiple disabilities	3	3	6	0	12
▪ Disability type unknown	9	4	0	0	13
Number of parents/support persons	36	37	29	9	111
▪ Number of female parents/support persons	25	19	20	6	70
▪ Number of male parents/support persons	11	18	9	3	41
Total number of participants					245

Table: Participants of FGDs

Stakeholder Interviews

The following stakeholders were consulted for this situation analysis.

State Actors:

1. Ministry of Social and Family Development
2. Disability Council
3. People's Majlis of Maldives (Parliament)

4. President's Office
5. Ministry of Higher Education & National Skill Development Authority
6. Department of Inclusive Education
7. Maldives Bureau of Statistics
8. Ministry of Youth, Empowerment, Information and Arts
9. Ministry of Health
10. Health Protection Agency
11. Ministry of Housing, Land and Urban Development
12. Ministry of Construction and Infrastructure
13. Ministry of Fisheries and Ocean Resources
14. Centre for Mental Health, Indira Gandhi Memorial Hospital (IGMH)
15. Disability Management and Rehabilitation Centre, Hulhumale' Hospital
16. Human Rights Commission of the Maldives
17. Elections Commission of Maldives
18. National Social Protection Agency
19. Children's Ombudsperson's Office
20. Local Government Authority
21. Family Protection Authority
22. National Disaster Management Authority
23. Aasandha
24. Attorney General's Office
25. Prosecutor General's Office
26. Department of Judicial Administration
27. Maldives Police Service
28. Road Development Corporation
29. Housing Development Corporation
30. Maldives Airports Company Limited
31. Maldives Transport and Contracting Company
32. Maldives National University
33. Local Councils (of the selected islands)

34. Family and Children's Service Centres (Kulhudhuffushi City, Dh. Kuda Huvadhoo and Ga. Vilingili)

35. Ibama committee (Kulhudhuffushi City and Ga. Kolamaafushi)

Organisations of Persons with Disabilities:

1. Blind and Visually Impaired Society of Maldives (BVISM)
2. Maldives Association of Persons with Disabilities (MAPD)
3. Maldives Deaf Association (MDA)
4. Mental Health Support Group

Civil Society Organisations:

1. Advocating the Rights of Children (ARC)
2. Care Society
3. Maldives Autism Association
4. Maldives Red Crescent (MRC)
5. Vilijoali
6. Special Olympics Maldives
7. Wellness Association

UN Agencies:

1. Food and Agriculture Organization (FAO)
2. United Nations Development Programme (UNDP)
3. UN Resident Coordinator's Office (RCO)

Invitations were extended to the following stakeholders but were unavailable to meet during the consultation period.

State Actors:

1. Ministry of Transport and Civil Aviation
2. Ministry of Sports, Fitness and Recreation
3. Ministry of Economic Development and Trade
4. Business Center Corporation
5. Civil Service Commission

UN Agencies:

1. IFAD
2. ILO
3. IOM
4. UNFPA
5. UNHCR
6. UNICEF (provided written inputs on work undertaken)
7. UNODC
8. UNOPS
9. WHO

Stakeholder Analysis (Full List)**State Actors**

Ministry of Social and Family Development	<p>As per the mandate, the Ministry is the main state institution responsible for ensuring the rights of persons with disabilities. This includes:</p> <ul style="list-style-type: none"> • “Planning, monitoring and acquiring resources for the implementation of policies relevant to the protection of persons with disabilities; • Increasing the participation of persons with disabilities in the political, economic and social development of the Maldives, and strengthening the role of civil society organizations working for the rights of persons with disabilities;
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	<ul style="list-style-type: none"> • Ensure social protection for persons with disabilities; • Coordinating with relevant state institutions and conducting social protection programmes in partnership with the State and civil society organizations at the atoll and island level, with a view to protecting and promoting the rights of persons with disabilities; • Coordinating with relevant authorities to protect persons with disabilities, identifying emerging issues and working towards solutions to address such issues; • Creating public awareness on safeguarding the rights of persons with disabilities; • Establishing procedural guidelines and coordinating with relevant stakeholders to provide social protection to persons with disabilities suffering from various forms of abuse; and • Establishing State care institutions to provide protection and services for vulnerable persons with disabilities or facilitate and monitor the provision of services through private organizations.”⁴⁷
Family and Children’s Service Centres	Operating under the Ministry of Social and Family Development, the Centres were formed to decentralise the services provided by the Ministry across the 19 atolls. The main focus of the Centres is to provide assistance and protection to marginalised groups such as women, children, persons with disabilities and older persons. ⁴⁸
National Social Protection Agency	The Agency undertakes the responsibility of providing the Disability Allowance as per the Act and subsequent regulations, providing financial assistance to obtain assistive devices, therapeutic services and medication and establishing and maintaining the registry of persons with disabilities.
Disability Council	The Disability Council is the main monitoring body, as stipulated in the Disability Act, to monitor state institutions and propose recommendations to ensure the services provided by the state are inclusive and accessible and address other issues related to persons with disabilities. ⁴⁹
People’s Majlis of Maldives (Parliament)	The Majlis is currently working to strengthen the participation of persons with disabilities within parliamentary processes and

⁴⁷ CRPD. (2018). *Initial report submitted by Maldives under article 35 of the Convention, due in 2012.*

⁴⁸ Ministry of Social and Family Development. (2023). *Family and Children’s Service Centres.*
<https://gender.gov.mv/>

⁴⁹ *Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act 2010*

	<p>undertakes the oversight and accountability functions of state agencies.</p> <p>Furthermore, in accordance with the legislative authority granted to the Majlis by the Constitution of the Maldives, the Majlis also has a significant role in the promotion and protection of the rights of persons with disabilities through the enactment of relevant legislation and approval of the national budget for state agencies.⁵⁰</p>
President's Office	Their current focus is to promote disability inclusion in national-level planning.
Ministry of Higher Education, Labour and Skills Development and National Skill Development Authority	Aims to promote inclusivity in higher education through the implementation of inclusive loan schemes and ensuring higher education institutions are accessible to persons with disabilities.
Department of Inclusive Education	Operates under the Ministry of Education to promote inclusive education and focuses primarily on children with disabilities. Their current priority is to implement early identification systems in schools.
Maldives Bureau of Statistics	Strengthening nationwide data related to disability through the inclusion of disability-related questions in nationwide surveys and censuses and by strengthening the production of disability-related statistics from administrative records.
Ministry of Youth, Empowerment, Information and Arts	While their mandate does not specifically focus on persons with disabilities, the Ministry seeks to implement inclusive programmes for youth including young people with disabilities. The Ministry's functions also include the empowerment of non-governmental organisations (NGOs) to address social issues, including strengthening and providing assistance to OPDs, and ensuring library resources are inclusive and accessible to persons with disabilities.
Ministry of Health	<p>Functions of the Ministry related to ensuring the rights of persons with disabilities include:</p> <ul style="list-style-type: none"> • Implementing the national mental health programme

⁵⁰ Constitution of the Republic of Maldives 2008

	<ul style="list-style-type: none"> • Strengthening data on psychosocial disabilities through the implementation of Demographic and Health Survey (DHS) • Conducting early identification and intervention programmes • Ensuring the provision of inclusive and accessible health services
Health Protection Agency	The agency's main focus is to promote good health and well-being for all. While they do not undertake programmes specifically for persons with disabilities, they aim to ensure that the programmes targeted towards the general public are inclusive and accessible.
Ministry of Housing, Land and Urban Development	The mandate of the Ministry necessitates collaboration between the Ministry and CSOs in development planning, which includes the involvement of OPDs.
Ministry of Construction and Infrastructure	Presently, the main focus of the Ministry related to disability inclusion is to ensure the accessibility of government infrastructure. To this end, the Ministry has formulated guidelines and is working on developing compliance documents. The Ministry is also working on developing the necessary regulations and guidelines to ensure the accessibility of other public buildings and identifying solutions to improve accessibility in existing buildings.
Ministry of Fisheries and Ocean Resources	The Ministry does not directly engage with persons with disabilities. However, a considerable number of persons with disabilities work in factories or catch fish and the Ministry holds regular meetings to engage in dialogue with people working in the industry to resolve issues. The meetings are an existing, untapped opportunity to discuss the implementation of disability inclusion in the sector.
Centre for Mental Health, Indira Gandhi Memorial Hospital (IGMH)	Provides inpatient and outpatient services to persons living with psychosocial, intellectual and learning disabilities. Also, provides services to survivors of domestic violence, child abuse and those undergoing substance abuse issues.
Disability Management and Rehabilitation Centre, Hulhumale' Hospital	The mandate of the centre primarily involves the provision of therapeutic services such as physiotherapy, speech therapy, occupational therapy and psychosocial support services.

Human Rights Commission of the Maldives	The Commission’s mandate involves promoting the rights of persons with disabilities and monitoring the implementation of CRPD and national legislation and policies to ensure that the rights and freedoms of persons with disabilities are safeguarded by state institutions. This includes undertaking reporting for conventions, research on accessibility and inclusivity of various services, investigating cases submitted to the Commission related to persons with disabilities and proposing recommendations to state institutions.
Elections Commission of Maldives	As per their mandate, the Commission works to ensure voting rights for persons with disabilities aged 18 and above and implement inclusive and accessible voter and civic education programmes.
Children’s Ombudsperson’s Office	The monitoring body established under the Child Rights Act to ensure the implementation of the provisions in the Act and relevant international conventions such as the CRC. They are also responsible for promoting the rights of children, including children with disabilities and conducting child rights audits and other necessary investigations related to children.
Local Government Authority	<p>The Authority’s mandate largely involves strengthening the capacity and promoting awareness among local councils, state institutions and the public on local governance. While direct engagement with persons with disabilities is limited to awareness programmes targeting the public, they support local councils to undertake functions related to persons with disabilities such as:</p> <ul style="list-style-type: none"> • Building the capacity of local councils to undertake planning functions in consultation with different groups in the community including persons with disabilities • Establishing a portal for councils to record information regarding visits to persons with disabilities in island communities and flag urgent needs and concerns • Ensuring accessibility features are included in their digital platforms
Family Protection Authority	Within a substantial mandate of undertaking domestic violence (DV) prevention, the Authority’s current main focus is to establish accessible reporting mechanisms and disseminate accessible advocacy and communication materials regarding DV prevention.
National Disaster Management Authority	The Authority is responsible for streamlining disaster risk reduction (DRR) into planning and undertaking community-based DRR management. Inclusivity is a key principle that the

	Authority follows, and its current focus is to ensure the protection of persons with disabilities in DRR.
Aasandha	Mainly focused on providing employment opportunities to persons with disabilities within their organisation and coordinating with NSPA on related matters.
Attorney General's Office	AGO's engagement pertaining to disability inclusion mainly involves legislative affairs such as the scheduled amendment of the Disability Act within the next five years and undertaking reporting for international conventions such as CRPD. AGO is also working on increasing accessibility to Maldivian laws through the implementation of the MV law website which includes accessibility features and disseminating accessible advocacy campaigns to the public.
Prosecutor General's Office	Given that their mandate largely involves prosecution work, PGO's engagement with persons with disabilities is currently limited to either victims or witnesses with disabilities.
Department of Judicial Administration	The current focus of DJA in terms of disability inclusion is to conduct sensitisation programmes for court staff and judges and ensure court facilities and other relevant premises are accessible to persons with disabilities.
Maldives Police Service	A large component of their strategic plan involves community engagement and crime prevention, and although not explicitly stated, these efforts involve engaging with persons with disabilities and identifying their concerns from this perspective. They have also provided employment opportunities to persons with disabilities.
Road Development Corporation	RDC works as an implementing institution undertaking road construction projects in accordance with the plans developed by the Ministry of Construction and Infrastructure. They emphasize the importance of involving persons with disabilities in planning, particularly during the designing and approval of road construction plans. Their main focus at present is to provide employment opportunities and create an enabling working environment for persons with disabilities.
Housing Development Corporation	Part of HDC's mandate is to formulate inclusive urban development frameworks that utilise a disability lens for development.

Maldives Airports Company Limited	Current priorities include improving accessibility in the newly developed terminals, providing employment opportunities for persons with disabilities and undertaking Corporate Social Responsibility initiatives targeting the disability community.
Maldives Transport and Contracting Company	The company is working to provide accessible sea and land transportation and employment opportunities for persons with disabilities.
Maldives National University	Creating an inclusive and accessible learning environment for persons with disabilities which includes the implementation of reasonable accommodations to facilitate admission, learning in classrooms, access to facilities, etc.
Local Councils	The Decentralisation Act (7/2010) specifically mandates local councils to compile a registry of persons with disabilities in their islands and conduct quarterly visits to monitor their status and assess needs and concerns.

Organisations of Persons with Disabilities (OPDs)⁵¹

Blind and Visually Impaired Society of Maldives (BVISM)	<p>NGO working towards the empowerment of blind and visually impaired persons to participate equally in society. This includes promoting awareness of the rights of persons with disabilities and demonstrating that blind and visually impaired persons can also become active members of the community. The NGO’s membership consists of two categories; persons with disabilities (largely represented by blind and visually impaired persons) and a pool of volunteers without disabilities. The Executive Committee consists of 11 members (two women and nine men) and the senior positions can only be filled by persons with disabilities to ensure their participation in the decision-making levels of the NGO. The NGO membership also includes one deaf person and a few persons with physical and psychosocial disabilities.</p> <p>The NGO’s work primarily includes:</p> <ul style="list-style-type: none"> • Undertaking advocacy, which includes promoting awareness of the rights of persons with disabilities, working to address challenges faced by the blind and
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⁵¹ The data related to OPD’s membership varies as the information is not collected in the same way or available in all OPDs.

	<p>visually impaired community and serving as a mediator to resolve these issues.</p> <ul style="list-style-type: none"> • Assisting in obtaining employment opportunities • Conducting education programmes to build capacity of persons with disabilities • Using role models and champions to inspire the blind and visually impaired community to be active in their communities
<p>Maldives Association of Persons with Disabilities (MAPD)</p>	<p>An NGO working towards creating a more inclusive society where everyone can participate fully and equally. Its membership comprises of persons with disabilities, their parents and people without disabilities. The organisation includes a diverse representation of persons with disabilities, encompassing those with physical disabilities (cerebral palsy), sensory disabilities (including visual and hearing impairments), intellectual disabilities, persons with autism and attention deficit hyperactivity disorder (ADHD), learning disabilities, short stature, and psychosocial disabilities. Currently, a total of 92 members are registered in the NGO which includes 64 men, 28 women, 18 youth, 20 children and 9 elderly. Members of the Executive Committee largely include persons with disabilities and consist of five men and four women.</p> <p>As part of its mandate, MAPD undertakes the following programmes:</p> <ul style="list-style-type: none"> • Conducts awareness campaigns across various platforms including media engagements to increase public understanding and support for persons with disabilities • Educates persons with disabilities on their rights and available disability support services • Organises medical camps in the atolls to provide direct support and health services • Promote inclusive sports to help integrate persons with disabilities into mainstream sporting activities • Conducts advocacy at the policy level and builds linkages with state institutions • Provides transport services using MAPD's accessible vehicles • Aims to serve as a platform for OPDs to network and collaborate on advocacy.
<p>Maldives Deaf Association (MDA)</p>	<p>An NGO consisting exclusively of deaf persons, their primary goal is to eliminate the communication barriers faced by deaf persons. A total of 98 members are registered in the NGO. The</p>

	<p>eight-member Executive Committee fully consists of persons with disabilities and includes an equal representation of women and men.</p> <p>Key priority areas of the NGO include:</p> <ul style="list-style-type: none"> • Developing interpreters • Conducting sign language classes for the deaf and hearing community • Conducting awareness sessions to educate the deaf community on their rights and prevent abuse and exploitation • Conducting vocational trainings • Advocating on behalf of deaf persons regarding their concerns or cases of rights violations • Providing interpreter services to support deaf persons in obtaining a driving license
<p>Mental Health Support Group (MHSG)</p>	<p>The NGO was founded and managed by persons with psychosocial disabilities. Their member base includes persons with psychosocial disabilities, persons living with chronic health conditions and physical disabilities, parents with psychosocial disabilities, parents of children with psychosocial disabilities, survivors of sexual violence, persons recovering from substance use, migrants and other marginalised and minority groups in the Maldives. Given the stigma associated with psychosocial disabilities, the membership is kept anonymous to protect the members' privacy. The current Executive Committee includes two women and two men.</p> <p>The NGO primarily focuses on:</p> <ul style="list-style-type: none"> • Conducting peer support programmes • Implementing sessions on integrated arts for mental well-being based on the methodology developed by other OPDs in the region. These sessions were also conducted for women in the halfway house of the National Drug Agency. • Undertaking advocacy at the policy level • Providing assistance to members such as making appointments, filling forms for state institutions, etc.

Civil Society Organisations (CSOs)

<p>Advocating the Rights of Children (ARC)</p>	<p>An NGO working towards the promotion of the rights of children.</p> <p>The NGO consists of 3,000 registered members with the majority being women and young people. ARC has an overwhelming representation of women in its Executive Committee with 6 women and only one man.</p> <p>ARC's primary focus is on ensuring the rights of children from vulnerable groups such as children with disabilities, children living in shelters, survivors of child abuse, etc. Their work pertaining to children with disabilities includes collaborating with OPDs to undertake programmes such as:</p> <ul style="list-style-type: none"> • Advocating at the policy level for the rights of persons with disabilities • Implementing speech and hearing camps • Reviewing legislation (such as the Child Rights Act) from a disability perspective • Promoting awareness of the rights of persons with disabilities • Reporting for international conventions from the perspective of rights of persons with disabilities
<p>Care Society</p>	<p>The main focus of the NGO is to provide early intervention services, conduct readiness for employment programmes and provide additional support to meet the education needs of persons with disabilities.</p> <p>The NGO has a total of 136 members which consists of persons with disabilities who seek services from the NGO as students and their parents. The student membership consists of 22 female and 46 male members. The students largely consist of children (42 members) and adults (26 members) with intellectual disabilities. This includes persons living with autism, attention deficit hyperactivity disorder (ADHD), down syndrome, global development delays and cerebral palsy.</p>
<p>Maldives Autism Association</p>	<p>An NGO providing therapeutic and psychosocial services to persons with autism. Some of their main services include:</p> <ul style="list-style-type: none"> • Consultation to undertake assessment • Hearing and vision assessment

	<ul style="list-style-type: none"> • Occupational therapy • Behavioural therapy • Cognitive behavioural therapy • Anxiety therapy • Early intervention • Special education • Physical education • Parent education • Parent mediating therapy • Life skills (based on assessment) • Self-help skills • Augmented communication • Parent support programmes such as mental-wellbeing programmes <p>They also conduct training for mainstream schoolteachers and implement camps in the atolls to provide screening services and training for parents and teachers.</p> <p>Their membership includes both the children with disabilities and their parents. They currently provide services to 163 children. Their Executive Committee consists of 11 members (four males and seven females) and includes the representation of two parents.</p>
<p>Maldivian Red Crescent (MRC)</p>	<p>An international NGO undertaking work related to the following focus areas:</p> <ul style="list-style-type: none"> • Emergency response • First aid service • Planning for resilience - vulnerability, climate change • Health & wellbeing • Promoting volunteerism <p>Although they do not undertake targeted programmes for persons with disabilities, inclusivity is considered a cross-cutting area across all programmes and activities. As such, their work includes engaging persons with disabilities in disaster risk reduction, advocating for the vulnerabilities faced by persons with disabilities during emergencies and providing patient transport services.</p>
<p>Special Olympics</p>	<p>An internationally affiliated sports association with the mandate of creating a healthy environment and providing opportunities for persons with intellectual disabilities and their families to participate in sports. Their membership base of 834</p>

	<p>members consists of persons with intellectual disabilities, persons without disabilities and parents. Coaches are also included as special educators or partners. Most of the activities are targeted at persons above two years and involve persons from a wide range of intellectual disabilities such as persons living with autism, attention deficit hyperactivity disorder (ADHD), down syndrome, cerebral palsy and learning disabilities. Aside from sports activities, they also conduct screening programmes for athletes and forums to promote awareness of leading a healthy lifestyle.</p>
Vilijoali	<p>The NGO's main objective is to build a sense of community and promote the principles of caring, inclusivity and resilience. While they do not specifically focus on the rights of persons with disabilities, they have undertaken several relevant initiatives, which include:</p> <ul style="list-style-type: none"> • Promoting public awareness of persons with disabilities • Connecting persons with disabilities to the relevant state institutions to obtain disability support services or employment opportunities • Advocating at a policy level, in collaboration with other organisations, to ensure inclusivity and accessibility for persons with disabilities in their community • Involving persons with disabilities in their community engagement work (e.g. beach clean-ups). <p>The NGO operates with approximately 200 volunteers and the current Executive Committee consists of two persons with disabilities and two parents of persons with disabilities.</p>
Wellness Association of Maldives	<p>An NGO working for the rights of persons with disabilities, women, youth, older persons and migrants. Among the 25 registered members, the NGO consists of only one member with a disability. However, they have been active in the disability sector undertaking advocacy at a policy level, promoting awareness of the rights of persons with disabilities and legislative provisions, and empowering persons with disabilities and their parents to be active in society.</p>

UN Agencies

UNDP	Positioned as the convenor and integrator of SDGs, UNDP emphasises the significant role they play in promoting
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	<p>inclusivity, particularly the inclusion of persons with disabilities in development and policymaking. Their main focus is on creating an enabling environment to ensure the continuous engagement of persons with disabilities across all the pillars of the UNDP’s country portfolio. Some of the key initiatives conducted in partnership with OPDs include:</p> <ul style="list-style-type: none"> • Smart City project, which aimed to transform Hulhumale’ into an inclusive and accessible city for all through the use of innovative technologies and advocacy to promote awareness among the public. • Disability sensitisation programmes on promoting inclusion and accessibility, targeting both policymakers and staff at the Parliament and Judiciary. • Development of a national action plan on disability inclusion (currently in progress). • <i>Miyaheli</i> – an innovation grant for persons with disabilities to explore and experiment with local solutions to their challenges. <i>Miyaheli</i> provided a unique platform for young persons with disabilities and youth to work on creating solutions to achieve an inclusive and accessible environment for all while gaining entrepreneurial skills and mentorship to implement and sustain their ideas and future livelihoods. • Voter education with a special focus on disability inclusion. • Procurement of stencils to facilitate independent voting for blind and visually impaired persons. • Establishing quotas for marginalised groups including persons with disabilities in the allocation of land to farmers through the SEEDS project.
UNICEF	<p>UNICEF adopts a comprehensive approach to ensuring that all children in the Maldives, regardless of their abilities, can reach their full potential through quality education. Their main focus areas include:</p> <ul style="list-style-type: none"> • Initiatives to strengthen child protection services such as <i>Ibama</i> and <i>Rakkaatheri</i>. • Improving disability data and evidence • Strengthening early detection of disabilities • Transforming education to make it more inclusive
UNRCO	<p>The role of the RCO in terms of disability rights is to implement dialogues with civil society including OPDs and to conduct awareness and capacity building to ensure civil society</p>

	reporting during review processes for international conventions.
Food and Agriculture Organization (FAO)	Depending on the nature of the project inclusivity is considered a priority in their programme, but the organisation typically does not have any direct engagement with persons with disabilities. Instead, they work with the government to implement programmes.

Participants of the Validation and Prioritisation Workshop

Organisation	Day 1 (Validation Workshop)	Day 2 (Prioritisation Exercise)
Ministry of Social and Family Development	✓	✓
Maldives Police Service	✓	✓

Ministry of Sports, Fitness and Recreation	✓	✓
Human Rights Commission of Maldives	✓	✓
Ministry of Health	✓	✓
Center for Mental Health / IGMH	✓	✓
People's Majlis Secretariat	✓	✓
Maldives Transport and Contracting Company	✓	✓
Health Protection Agency	✓	-
Maldives National University	✓	✓
Ministry of Higher Education, Labour and Skills Development	✓	✓
Ministry of Construction and Infrastructure	✓	✓
Maldives Airports Company Limited	✓	✓
Local Government Authority	✓	✓
Children's Ombudsperson's Office	✓	✓
Road Development Corporation	✓	✓
National Social Protection Agency	✓	✓
Maldives Bureau of Statistics	-	✓
Kulhudhuffushi City Council	-	✓
Prosecutor General's Office	✓	✓
Attorney General's Office	✓	✓
Ministry of Housing, Land and Urban Development	-	✓
Ministry of Youth, Empowerment, Information and Arts	-	✓
Department of Judicial Administration	✓	✓
Blind and Visually Impaired Society of Maldives	✓	✓
Maldives Association of Persons with Disabilities	✓	✓
Maldives Deaf Association	✓	✓
Mental Health Support Group	✓	-
Wellness Association of Maldives	✓	✓
Maldives Paralympic Committee	✓	-
Care Society	✓	✓
Maldives Autism Association	✓	-
Maldives Red Crescent	✓	-
UNRCO	✓	✓
Food and Agriculture Organization	✓	✓
UNICEF	✓	-

UNPRPD Terminologies

- ❖ Deaf persons/persons who are deaf/hard of hearing/deafblind persons (locally preferred term: deaf persons or persons who are deaf)
- ❖ Persons living with mental ill-health/persons with psychosocial disabilities/users and survivors of psychiatry
- ❖ Persons with physical disabilities
- ❖ Persons who are blind or partially sighted/visually impaired persons

- ❖ Persons in or who use a wheelchair/wheelchair users
- ❖ Persons living with a specific condition
- ❖ Person with a brain injury
- ❖ Persons with a mobility impairment/persons who use crutches/a cane/a mobility scooter/a walking frame, etc.
- ❖ Persons with a speech impairment
- ❖ Persons with achondroplasia
- ❖ Persons with autism/autistic people
- ❖ Persons with diabetes
- ❖ Persons with disabilities from birth
- ❖ Persons with disabilities/disabled persons
- ❖ Persons with intellectual disabilities/persons with learning disabilities
- ❖ Persons without disabilities

Sustainable Development Goals and Targets Relevant to Disability Inclusion

Sustainable Development Goal/Target	Details
SDG 1 & 2	Ending poverty and hunger for all persons with disabilities
SDG 3	Ensuring healthy lives and promoting well-being.
SDG 4	Ensuring inclusive and equitable quality education
SDG 5	Achieving gender equality and empowering all women and girls with disabilities
SDG 6	Ensuring the availability of water and sanitation
SDG 7	Ensuring access to energy
SDG 8	Promoting full and productive employment and decent work for persons with disabilities

SDG 10	Reducing inequality
SDG 11	Making cities and communities inclusive and sustainable for persons with disabilities
Targets 1.5, 11.5 & SDG 13	Building the resilience of persons with disabilities and reducing their exposure to and impact from climate-related hazards and other shocks and disasters
SDG 16	Promoting peaceful and inclusive societies for sustainable development, providing access to justice for all and building effective, accountable and inclusive institutions at all levels
Targets 3.7 & 5.6	Accessing sexual and reproductive health-care services and reproductive rights for persons with disabilities
Target 9.c	Increasing access to information and communications technology
Target 17.18	Increasing the availability of disaggregated data by disability

Table: Sustainable Development Goals and Targets on Disability⁵²

Provisions Related to Persons with Disabilities in Legislation and Policies

Document	Key Provisions
Social Protection Act (2/2014) and Social Protection Regulation (2016/R-22)	<ul style="list-style-type: none"> • Includes a social protection scheme for persons with psychosocial disabilities (among other groups such as those in poverty, single parents, etc.) • The scheme provides a maximum of MVR 10,000 monthly as financial assistance (annually MVR 120,000).
Child Rights Protection Act (19/2019), [CRPA]	<ul style="list-style-type: none"> • Article 18(a) affirms that “every Child with a disability has the right to lead a full-dignified life with equal opportunity to participate in the community and to make decisions for themselves to the best of their capabilities and in

⁵² UN. (2018). *Disability and Development Report*.

	<p>a manner, which would not prejudice their dignity.”⁵³</p> <ul style="list-style-type: none"> • The Act also states that all children should be protected from harm and accords special protection to children with disabilities. • Established the Children’s Ombudsperson’s Office to hold state institutions accountable for fulfilling the rights and obligations mandated to them by the Act and the Convention on the Rights of the Child (CRC). • Child and Family Protection Services were formed to protect and promote the rights of children including children with disabilities.
Employment Act (2/2008)	<ul style="list-style-type: none"> • Prohibits any form of discrimination in employment. • However, the Act allows the establishment of any policies and/or programmes that facilitate employment for marginalised groups (including persons with disabilities) and asserts that such measures would not be considered as discriminatory.
Elections (General) Act (11/2008)	<ul style="list-style-type: none"> • Recent revision ensures blind and visually impaired persons can cast their ballots independently through the use of specially designed tactile ballot stencils.
Domestic Violence Prevention Act (3/2012)	<ul style="list-style-type: none"> • Describes specific processes for persons with disabilities to request protection orders either independently or with assistance.
Anti-Torture Act (13/2013)	<ul style="list-style-type: none"> • Prohibits any form of discrimination against persons with disabilities. • Persons with disabilities are also accorded protection from torture or cruel, inhuman and degrading treatment.
Penal Code	<ul style="list-style-type: none"> • The Penal Code sets a higher baseline sentence for the crime of torturing a person with an intellectual or physical disability or living with an illness.

⁵³ Human Rights Commission of the Maldives. (2023). *CRPD Shadow Report*.

	<ul style="list-style-type: none"> • Also includes specific provisions to protect the rights of persons with disabilities either as victims or perpetrators.
Sexual Offences Act (17/2014)	<ul style="list-style-type: none"> • The act of committing a sexual offence against a person with a disability is considered a separate offence carrying a sentence of 15-20 years' imprisonment. • Section 28 (a) states that "it is a criminal offence to have or attempts to have sexual intercourse with a person, knowing that he/she is suffering from an intellectual impairment or a physical disability and who does not or is incapable of consenting to the act of intercourse".⁵⁴
Decentralisation Act (7/2010)	<ul style="list-style-type: none"> • Mandates local councils to compile a registry of persons with disabilities in their islands and conduct quarterly visits to monitor their status and assess the needs and concerns of persons with disabilities.
Construction Act (4/2017) and Administrative Regulation under Construction Act (2019/R-1004)	<ul style="list-style-type: none"> • Mandates all newly constructed buildings to be accessible to persons with disabilities.
Prevention of Human Trafficking Act (12/2013)	<ul style="list-style-type: none"> • Includes a provision to increase the penalty if an offence was committed against a person with a disability.
Freedom of Peaceful Assembly Act (1/2013)	<ul style="list-style-type: none"> • Prohibits any form of discrimination against persons with disabilities.
Health Service Provision Act (29/2015)	<ul style="list-style-type: none"> • Prohibits any form of discrimination against persons with disabilities.
Maldives Sports Act (30/2015)	<ul style="list-style-type: none"> • Prohibits any form of discrimination against persons with disabilities.
Criminal Procedure Act (12/2016)	<ul style="list-style-type: none"> • Includes sections that specifically frame the rights and rules on the treatment of persons with disabilities. • Prohibits any form of discrimination against persons with disabilities.

⁵⁴ CRPD. (2018). *Initial report submitted by Maldives under article 35 of the Convention, due in 2012.*

Juvenile Justice Act (18/2019)	<ul style="list-style-type: none"> • Prohibits any form of discrimination against persons with disabilities. • Includes special provisions to protect the rights of perpetrators with disabilities.
Water and Sewerage Act (8/2020)	<ul style="list-style-type: none"> • Prohibits any form of discrimination against persons with disabilities.
Civil Procedure Act (32/2021)	<ul style="list-style-type: none"> • Prohibits any form of discrimination against persons with disabilities.
Education Act (24/2020)	<ul style="list-style-type: none"> • Prohibits any form of discrimination against persons with disabilities.
Tenancy Act (21/2021)	<ul style="list-style-type: none"> • Bans any clauses in tenancy agreements that allude to the prohibition of persons with disabilities in the rental/lease property.
Civil Service Regulation (2014/R-311)	<ul style="list-style-type: none"> • Prohibits any form of discrimination during recruitment, training or provision of benefits. • Stipulates the inclusion of opportunities for persons with disabilities within civil service.
Inclusive Education (IE) Policy - 2013	<ul style="list-style-type: none"> • Policy was updated in 2021 and comprises nine principles to drive the implementation of inclusive practices in education.
The Gender Equality Action Plan 2022 – 2026 (GEAP)	<ul style="list-style-type: none"> • Includes strategies for economic empowerment of women with disabilities through entrepreneurship opportunities and developing career pathways.
3 rd National Domestic Violence Prevention Strategy (2023-2027)	<ul style="list-style-type: none"> • Identifies persons with disabilities as a key target group. • Includes specific strategies related to persons with disabilities, such as promoting awareness of the rights of persons with disabilities, providing a state legal aid mechanism, establishing accessible emergency care services, establishing accessibility services in relevant institutions and strengthening reporting procedures by increasing accessibility.
Joint Action Plan to Implement the 3 rd National Domestic	<ul style="list-style-type: none"> • Includes activities focused on promoting the rights of persons with disabilities such as

<p>members belonging to marginalised groups?</p>	<p> قۇمۇرلار، قۇمۇرلار ئەلۋەتتىكى سۆزلىشىدىغانلىرىمۇ ئىكەنلىكىنى، ئۇلارنىڭ ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش (ئىسپات قىلىش) ئىكەنلىكىنى ئىسپات قىلىش: ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش </p>
<p>4. What is the role and mandate of your organisation in working towards disability inclusion?</p>	<p> 4. قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش </p>
<p>5. How familiar are you with the rights accorded to persons with disabilities in the legislation?</p>	<p> 5. قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش </p>
<p>6. What work do you undertake on disability inclusion?</p> <ul style="list-style-type: none"> a. How do you operate in policy spaces? b. How much does your work focus on SDGs? How familiar are you with the SDG targets for achieving disability inclusion? c. To what extent has CRPD influenced your work? 	<p> 6. قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش قۇمۇرلار، ئەلۋەتتىكى ئىكەنلىكىنى ئىسپات قىلىش </p>

	<p>سر سیداعترقیہ از سہ سہ لائی سہ سہ جہاں لائی سہ لائی لائی لائی لائی لائی جہاں لائی؟</p>
<p>7. How do you mobilise funding for your work?</p>	<p>7. جہاں لائی سہ لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی؟</p>
<p>8. What challenges does the organisation face in working towards disability inclusion?</p>	<p>8. سہ لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی؟</p>
<p>9. Who are the key stakeholders that need to be engaged for disability inclusion?</p>	<p>9. لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی؟</p>
<p>10. In the past, how have you engaged in partnerships/alliances with other OPDs, CSOs, government agencies, UN agencies, etc.?</p>	<p>10. لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی؟</p>
<p>11. Which agencies would you approach or have approached in the past during situations when your rights have been violated?</p>	<p>11. سہ لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی؟</p>
<p>12. What are the existing gaps in the role and functioning of these stakeholders?</p>	<p>12. لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی لائی؟</p>

<p>13. Do you believe there are adequate national accountability mechanisms?</p>	<p>13. ገለጻልሁል፣ ግዴታዎችን ለማሟላት ጥሩ የሆኑ ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል?</p>
<p>14. What are the existing gaps in the role and functioning of these mechanisms?</p>	<p>14. ግዴታዎችን ለማሟላት ጥሩ የሆኑ ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል?</p>
<p>15. What is the level of participation of OPDs in these mechanisms and legal and policy reforms?</p>	<p>15. በስርዓቶች ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል?</p>
<p>16. How much can women with disabilities in your organisation participate and influence policy and planning?</p>	<p>16. በስርዓቶች ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል?</p>
<p>17. What do you think would be the most catalytic barriers to address in the near future and what opportunities could be used to leverage interventions?</p>	<p>17. በስርዓቶች ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል፤ ለሌሎች ስርዓቶች ስላሉዎትዎታል?</p>

Questions for Civil Society Organisations (CSOs)

<p>1. Who is part of your membership? How many persons with disabilities, women, men, young people, children and elderly are represented?</p>	<p>1. څو څوکونه ډېر شتون لري؟ څو څوکونه ډېر شتون لري؟ څو څوکونه ډېر شتون لري، څو څوکونه ډېر شتون لري، څو څوکونه ډېر شتون لري، څو څوکونه ډېر شتون لري، څو څوکونه ډېر شتون لري؟</p>
<p>2. Please describe your organisation's governance structure (composition of executive committee/ board). How many women and men are represented?</p>	<p>2. څو څوکونه ډېر شتون لري؟ څو څوکونه ډېر شتون لري؟ څو څوکونه ډېر شتون لري؟ څو څوکونه ډېر شتون لري؟ څو څوکونه ډېر شتون لري؟</p>

<p>3. What is the role and mandate of your organisation in working towards disability inclusion?</p>	<p>4. دځې لاندې سازمانونه څه کوي چې د نوښت په برخه کې د شاملو کسانو د لاس پورې کولو ته د ساتنې لامل شي؟</p>
<p>4. How familiar are you with the rights accorded to persons with disabilities in the legislation?</p>	<p>5. سازمانونه څو ښه پېژني چې د لاندې لاس په لاس کسانو د حقونو په اړه شته دي؟</p>
<p>5. What work do you undertake on disability inclusion?</p> <p>a. How do you operate in policy spaces?</p> <p>b. How much does your work focus on SDGs? How familiar are you with the SDG targets for achieving disability inclusion?</p> <p>c. To what extent has CRPD influenced your work?</p>	<p>6. دځې لاندې سازمانونه څه کوي چې د نوښت په برخه کې د شاملو کسانو د لاس پورې کولو ته د ساتنې لامل شي؟</p> <p>ر. بڼه په څه توګه په پالیسي فضا کې کار کوي؟</p> <p>س. څو ښه پېژني چې د لاندې لاس په لاس کسانو د لاس پورې کولو ته د ساتنې لامل شي؟</p> <p>ن. څو ښه پېژني چې د لاندې لاس په لاس کسانو د لاس پورې کولو ته د ساتنې لامل شي؟</p>
<p>6. How do you mobilise funding for your work?</p>	<p>7. دځې لاندې سازمانونه څه کوي چې د نوښت په برخه کې د ساتنې لامل شي؟</p>
<p>7. What challenges does the organisation face in working towards disability inclusion?</p>	<p>8. سازمانونه څه کوي چې د نوښت په برخه کې د شاملو کسانو د لاس پورې کولو ته د ساتنې لامل شي؟</p>
<p>8. Who are the key stakeholders that need to be engaged for disability inclusion?</p>	<p>9. دځې لاندې سازمانونه څه کوي چې د نوښت په برخه کې د شاملو کسانو د لاس پورې کولو ته د ساتنې لامل شي؟</p>

<p>9. In the past, how have you engaged in partnerships/alliances with other OPDs, CSOs, government agencies, UN agencies, etc.?</p>	<p>10. ڇوڪر تڙ اڻ ڪم ٿيڻ ۽ ٻين سان گڏجي ڪم ڪرڻ جو تجربو ڪيو آهي؟ ڇا تڙ ٻين سان گڏجي ڪم ڪرڻ جو تجربو ڪيو آهي؟ ڇا تڙ ٻين سان گڏجي ڪم ڪرڻ جو تجربو ڪيو آهي؟ ڇا تڙ ٻين سان گڏجي ڪم ڪرڻ جو تجربو ڪيو آهي؟</p>
<p>10. What are the existing gaps in the role and functioning of these stakeholders?</p>	<p>12. ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟</p>
<p>11. Do you believe there are adequate national accountability mechanisms?</p>	<p>13. ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟</p>
<p>12. What are the existing gaps in the role and functioning of these mechanisms?</p>	<p>14. ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟</p>
<p>13. What is the level of participation of CSOs/service providers in these mechanisms and legal and policy reforms?</p>	<p>15. ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟</p>
<p>14. What do you think would be the most catalytic barriers to address in the near future and what opportunities could be used to leverage interventions?</p>	<p>17. ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟</p>

Questions for UN Agencies

<p>1. Does your organisation engage with persons with disabilities?</p>	<p>1. ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟</p>
<p>2. What is the role and mandate of your organisation in working towards disability inclusion? What work do you undertake in this regard?</p>	<p>2. ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟ ڇا تڙ ڪنهن به ڌيان ڏيڻ جي گهريلو آهي؟</p>

	<p>دَسْمَانَقِي اِي عَمَلَكِي كَرَامَتِي كَرَامَتِي سَرَوِي زَسْرَعِي لَوِي؟</p>
<p>3. What work do you undertake on disability inclusion? a. How do you operate in policy spaces? b. How much does your work focus on SDG targets for achieving disability inclusion? c. To what extent has CRPD influenced your work?</p>	<p>3. دَعَمَكِي اِي سَرَوِي كَرَامَتِي سَرَوِي كَرَامَتِي سَرَوِي كَرَامَتِي لَوِي اِي عَمَلَكِي كَرَامَتِي سَرَوِي عَمَلَكِي كَرَامَتِي كَرَامَتِي لَوِي لَوِي دَسْمَانَقِي؟</p> <p>ر. بَدَلَكِي لَوِي اِي عَمَلَكِي كَرَامَتِي سَرَوِي كَرَامَتِي لَوِي لَوِي كَرَامَتِي لَوِي؟</p> <p>س. عَمَلَكِي كَرَامَتِي دَسْمَانَقِي اِي عَمَلَكِي كَرَامَتِي لَوِي لَوِي كَرَامَتِي لَوِي لَوِي لَوِي دَسْمَانَقِي كَرَامَتِي سَرَوِي كَرَامَتِي سَرَوِي كَرَامَتِي كَرَامَتِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي اِي عَمَلَكِي سَرَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي</p> <p>س. بَدَلَكِي لَوِي اِي عَمَلَكِي كَرَامَتِي سَرَوِي عَمَلَكِي كَرَامَتِي دَسْمَانَقِي اِي عَمَلَكِي كَرَامَتِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي</p>
<p>4. Are your staff sensitised and trained to engage with persons with disabilities?</p>	<p>4. سَرَوِي كَرَامَتِي سَرَوِي كَرَامَتِي سَرَوِي دَسْمَانَقِي لَوِي كَرَامَتِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي</p>
<p>5. How do you engage OPDs in planning, implementation, and monitoring?</p>	<p>5. كَرَامَتِي لَوِي دَسْمَانَقِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي سَرَوِي كَرَامَتِي سَرَوِي كَرَامَتِي سَرَوِي عَمَلَكِي كَرَامَتِي لَوِي لَوِي لَوِي لَوِي لَوِي دَسْمَانَقِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي دَسْمَانَقِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي</p>
<p>6. How much funding is allocated in the organisation's budget for disability inclusion-related programmes and reforms?</p>	<p>6. كَرَامَتِي لَوِي دَسْمَانَقِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي</p>
<p>7. What challenges does the organisation face in working towards disability inclusion?</p>	<p>7. سَرَوِي كَرَامَتِي سَرَوِي كَرَامَتِي سَرَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي لَوِي</p>

Questions for Service Providers

<p>1. How does your organisation engage with persons with disabilities?</p>	<p>1. ڇا ڏانهن اسان ڏانهن سندن ڏانهن سڀني ڏانهن سندن ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن؟</p>
<p>2. What is the role and mandate of your organisation in working towards disability inclusion? What work do you undertake in this regard?</p>	<p>2. ڏانهن سندن ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن؟</p>
<p>3. Are your staff sensitised and trained to engage with persons with disabilities?</p>	<p>3. سڀني ڏانهن سندن ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن؟</p>
<p>4. What challenges does the organisation face in working towards disability inclusion?</p>	<p>4. سڀني ڏانهن سندن ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن؟</p>
<p>5. How do you engage OPDs in planning, implementation, and monitoring?</p>	<p>5. ڇا ڏانهن اسان ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن؟</p>
<p>6. How much funding is allocated in the organisation's budget for disability inclusion-related programmes and reforms?</p>	<p>6. ڇا ڏانهن اسان ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن؟</p>
<p>7. In the past, how have you engaged in partnerships/alliances with OPDs or other agencies to work towards disability inclusion?</p>	<p>7. ڏانهن سندن ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن؟</p>
<p>8. Do you believe there are adequate national accountability mechanisms?</p>	<p>8. ڏانهن اسان ڏانهن سندن ڏانهن ڏانهن سندن ڏانهن سندن ڏانهن؟</p>

<p>9. What are the existing gaps in the role and functioning of these mechanisms?</p>	<p>9. كجڙو سڀ کان وڌيڪ ڳالهائڻ ۽ ڳالهائڻ وٺڻ ان جي ڳالهائڻ ۽ ڳالهائڻ وٺڻ ۽ ڳالهائڻ وٺڻ ڳالهائڻ ۽ ڳالهائڻ وٺڻ؟</p>
<p>10. What do you think would be the most catalytic barriers to address in the near future and what opportunities could be used to leverage interventions?</p>	<p>10. ڇا توهان سمجهو ٿا ته سڀ کان وڌيڪ ڳالهائڻ ڳالهائڻ ۽ ڳالهائڻ وٺڻ ۽ ڳالهائڻ وٺڻ ڳالهائڻ ۽ ڳالهائڻ وٺڻ ۽ ڳالهائڻ وٺڻ ڳالهائڻ ۽ ڳالهائڻ وٺڻ ۽ ڳالهائڻ وٺڻ؟ ڳالهائڻ ۽ ڳالهائڻ وٺڻ ۽ ڳالهائڻ وٺڻ ڳالهائڻ ۽ ڳالهائڻ وٺڻ؟</p>

Questions for FGDs

<p>1. What are some of the most significant ways in which women/men with diverse disabilities are discriminated against that affect their quality of life?</p> <p>a. Any disability groups that suffer more than others?</p>	<p>1. قوڤو ەنە سەرئۆسەرەن سەرئۆسەر زۆر سە قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر (سەرئۆسەر/سەرئۆسەر/قوڤو ەنە سەرئۆسەر...) قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر؟</p>
<p>2. What are the key barriers in terms of universal design and accessibility to:</p> <p>a. Information and communication b. Transport c. Public spaces d. Housing</p>	<p>2. ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر</p>
<p>3. What are the challenges in the inclusion and accessibility of key public services:</p> <p>a. Education b. Health c. Social services (including specific support services for persons with disabilities) i. Probing question: What social schemes for persons with disabilities and vulnerable populations are you aware of? d. Livelihood and Employment e. Access to justice</p>	<p>3. زۆر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر قوڤو ەنە سەرئۆسەر ەنە سەرئۆسەر ەنە سەرئۆسەر</p>

<p>i. Probing question: How inclusive and accessible are the reporting mechanisms for domestic violence, workplace harassment, abuse, etc?</p> <p>f. Citizen services (such as passport, national ID, driver's license-related services)</p> <p>g. Civic participation (such as voting)</p>	<p>ሁ ስራዎችን ለማግኘት ለማድረግ ምን ዓይነት ጉዳዮችን ማግኘት ይቻላል?</p> <p>ባለሙያዎች እና አገልግሎቶች ለሌሎች ማስገኘት ይቻላል?</p> <p>ሂ ለሌሎች ማስገኘት ይቻላል?</p> <p>ሃ ለሌሎች ማስገኘት ይቻላል?</p> <p>ደ ለሌሎች ማስገኘት ይቻላል?</p> <p>ሆ ለሌሎች ማስገኘት ይቻላል?</p> <p>ዘ ለሌሎች ማስገኘት ይቻላል?</p>
<p>4. What do you think are the underlying reasons for this discrimination to persist?</p>	<p>4. ለምንደረግ ይቻላል?</p> <p>ሌሎች ማስገኘት ይቻላል?</p>
<p>5. Which agencies can you approach if your rights have been violated?</p>	<p>5. ለምንደረግ ይቻላል?</p> <p>ሌሎች ማስገኘት ይቻላል?</p>
<p>6. How can we strengthen the disability assessment and determination system?</p>	<p>6. ለምንደረግ ይቻላል?</p> <p>ሌሎች ማስገኘት ይቻላል?</p>
<p>7. How does the country fare in terms of mainstreaming disability in national development plans and frameworks, humanitarian plans, and climate change plans?</p>	<p>7. ለምንደረግ ይቻላል?</p> <p>ሌሎች ማስገኘት ይቻላል?</p>

	<p>«سزى لىز و سىز، ان سزىز د قزى لىز رىزىز بار سزى لىز؟»</p>
<p>8. What do you think would be the most catalytic barriers to address in the near future and what opportunities could be used to leverage interventions?</p>	<p>8. «سزى لىز سزى لىز د سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز سزى لىز»</p>



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