



JOINT SUBMISSION TO THE REVIEW OF THE MALDIVES BY THE HUMAN RIGHTS COUNCIL'S UNIVERSAL PERIODIC REVIEW 2015

by

CHILD ADVOCACY NETWORK OF DISABILITY ORGANIZATIONS (CAN DO)

1. EXECUTIVE SUMMARY

1. This submission covers a period of four years since the last review of the Maldives by the Human Rights Council (HRC)¹ during its first cycle in November 2010. This submission aims to comply with HRC resolutions 16/21 and 5/1, the Technical Guidelines of the OHCHR and other relevant documentation governing the participation of stakeholders in the UPR. Since CAN DO focuses solely on disability issues for children, this submission will concentrate on the rights of persons with disabilities.
2. In its methodology, CAN DO analyzed the previously agreed recommendations of the Maldives in its first cycle review, its follow-up Mid-term Implementation Assessment (MIA) and finally deliberations with national stakeholders including the Human Rights Commission of the Maldives (HRCM), civil society members, data collected through CAN DO Members' awareness campaigns, information obtained during CAN DO meetings with stakeholders and information available in the public domain. Exact sources of the information are referenced as endnotes where possible.
3. The Government of Maldives first ratified the Convention on the Persons with Disabilities (CRPD) in April 2010, and has undertaken efforts in recent years to implement the Convention. The political instability stemming from the change of government in 2012 and 2013 resulted in other priorities for the State and a general shift away from basic human rights measures. The Maldives in 2013 was re-elected as a member of the HRC for the term 2014-2016, and in its voluntary commitments and pledges reiterated its obligations to improving the situation of persons with disabilities and to enhance the domestic institutions and frameworks to respond to their specific needs.
4. For the follow-up to the second review, CAN DO believes that systematic efforts to implement the recommendations that have not been implemented from the first cycle, as well as new recommendations from the second cycle are necessary. To this end, it believes that an active task-force, consisting of State institutions and members of civil society is an integral part of this process.²

2. SCOPE OF INTERNATIONAL OBLIGATIONS

5. Despite accepting the recommendations to ratify the Optional Protocol to the CRPD, the Government is yet to approve the decision from the Cabinet and submit it for Parliament's confirmation as per Article 93 (a)³ of the Constitution of the Maldives⁴.
6. Maldives has not submitted its initial report on the implementation of the CRPD, which is overdue since April 2012⁵.

3. CONSTITUTIONAL AND LEGISLATIVE FRAMEWORK

- (a) **Protection of Rights of Persons with Disabilities and Provision of Financial Assistance Act (Disabilities Act)⁶⁷**
7. "Protection of Rights of Persons with Disabilities and Provision of Financial Assistance Act" (hereafter referred to as the "Disabilities Act") of Maldives was signed into Law in 2010, which is largely in line with the CRPD.

8. While the Disabilities Act establishes a legal framework to protect the rights of persons with disabilities, discrimination against persons with disabilities continue to occur, mostly from individual members of the public, and occasionally from State-run institutions that specialize in educational or health services, due to lack of awareness among policy-makers as well as general public and due to deep-rooted customs and practices.
9. Article 4 of the Disabilities Act also established a seven-member Council to oversee the implementation of the Act. Please refer to “Disability Council (DC)” under Institutional and Human Rights Infrastructure for more details on the Council.
10. There is no specific law on mental health, and neither does the Disabilities Act give any substantive reference to mental disabilities, as the Act was not intended to cover specificities of disabilities or to give primacy to any specific type of disability⁸.
11. Another major development in the legal framework of the country is the Decentralization Act (7/2010), which decentralized part of the mandates previously held by state institutions in the Capital. However, neither the Decentralization Act nor its amendments (21/2010) and (2/2011) provide any mandates to City, Atoll and Island Councils regarding the rights of persons with disabilities.

4. INSTITUTIONAL AND HUMAN RIGHTS INFRASTRUCTURE

(a) Disability Council (DC) (8/2010)

12. One of the key features of the Disabilities Act is the creation of a Council to oversee its implementation. The DC is directly answerable to the Minister of Law and Gender. The seven members of the DC consists of: (a) member appointed by the President, (b) member appointed by the Ministry of Law and Gender (MLG), (c) member appointed by health professionals, (d) member appointed by psychiatrists, (e) member appointed by the civil society, (f) a person with disabilities and (g) a member appointed by the parents. Members work on a part-time basis and are not entitled to a salary. The MLG provides budgetary and administrative support to the Council.
13. Article 13 of the Disabilities Act mandates the inclusion of a separate section for DC within the MLG’s annual budget, in consultation with the DC. However, there have been no such budget allocations for the DC since its inception – in the annual budgets of 2011⁹, 2012¹⁰ and 2013¹¹. Consequently, the DC depends on budget support from the MLG’s disability programme. This has undermined the DC’s efforts to implement the Act and in fulfilling its mandate.
14. While the creation of the Council goes well with the spirit of CRPD’s Article 16 (3)¹², operational procedures, budgetary dependence and reporting guidelines cast serious doubts about the implementation of the above article.
15. No amendment on the Disabilities Act, regarding DC’s mandate has ever been submitted to the Parliament. CAN DO believes that the articles on the DC need to be revised, especially those that are relevant for budget, functioning and reporting mechanisms of the DC as well as to include articles to ensure that members of the DC can function independently and without any conflict of interest, to fulfill its mandate as envisaged in the Act.
16. **Recommendation I:** *Revise the Disabilities Act, to strengthen the institutional framework and independence of the DC.*

5. EQUALITY & NON-DISCRIMINATION

(a) Women with Disabilities

17. While it is recognized that women and girls with disabilities are subject to multiple forms of discrimination, data on the impact of discrimination on women with disabilities are rare. A survey conducted in Haa Alifu and Haa Dhaal atolls in 2008 concluded that 93% of working age women with disabilities are unemployed while that of men is significantly better – at 71%.

(b) Children with Disabilities

18. Children with disabilities also face discrimination in the Maldives. Even for those who are fortunate enough to attend school, enormous challenges remain. Some of these difficulties include the inability to participate in activities outside of the classroom (such as laboratory, physical education), inaccessibility to basic services such as lavatories and the school canteen, constant bullying, intimidation and harassment by peers and discrimination by teachers.
19. Due to the lack of accessibility to public places such as parks, public transport and roads, children with disabilities tend to stay at home. Unfortunately, even for those parents who are determined to bring their children to public places, intimidation and harassment becomes overwhelming, as evidenced during the public hearing by the HRCM¹³. While a large percentage of children with disabilities could benefit from physical education and sports, such opportunities are extremely rare – organized only by civil society organizations that work on the rights of children with disabilities.

6. RIGHT TO PRIVACY, MARRIAGE AND FAMILY LIFE

(a) Respect for Home and the Family

20. Under Article 23 of CRPD, the State is mandated to take measures to prevent concealment, abandonment, neglect and segregation of children with disabilities. However, there is no systematic effort to take such measures, while all four elements, if not most, are very common in the Maldives.

(b) Prevention of Sexual Abuse

21. Various factors contribute to the widespread prevalence of sexual abuse, including underreporting due to small and localized nature of communities, financial dependency of the victim to the abuser and lack of empathy towards the victim from the community and from State institutions.
22. While the rate of sexual abuse remains high across the country, sexual abuse of persons with disabilities remains alarmingly neglected by the authorities. Few of such cases had been reported in the local media and a vast majority of such cases go unreported.
23. CAN DO notes with regret that perpetrators systematically target persons and children with disabilities as chances of reporting such abuse is significantly low. A combination of factors including those mentioned in paragraph 21 and the fact that access to justice is particularly difficult for persons with disabilities are some of the reasons why the rate of reporting remain low. This lack of reporting prove to be a vicious circle, as it prevents focused attention from authorities, media and public, as lack of reporting is perceived as inexistence of the problem.
24. Article 28 of the Sexual Offences Act (17/2014) focuses on sexual offences perpetrated against persons with mental disabilities, and the penalty for such offences is imprisonment for 15 – 20 years. However, substance of the article does not give any reference to persons with other types of disabilities.

7. FREEDOM OF ASSOCIATION AND PEACEFUL ASSEMBLY & RIGHT TO PARTICIPATE IN PUBLIC AND POLITICAL LIFE

(a) Freedom of Assembly and of Association

25. Persons with disabilities or their representative groups are generally free to assemble to draw attention to their causes. Such rallies are usually facilitated by State institutions and are attended by high-level dignitaries; and they are held with full support from the MLG and the DC.
26. Persons with disabilities are free to associate themselves without any restriction and relevant institutions such as the MLG and the DC also consult with civil society actors. Policy-makers within such institutions are also accessible and sympathetic towards the goals and objectives of civil society organizations.

27. There is no financial assistance from the State for such organizations, as neither the MLG nor the DC has adequate resources to conduct their own programmes. As a result, NGOs are extremely underfunded.
28. There is a budget allocated for the Ministry of Youth and Sports, to be dispensed to NGOs whose scope of work is relevant to the work of the Youth Ministry. Therefore, these funds are primarily reserved for NGOs that focus on sports and entertainment or for island-based NGOs, rather than NGOs that specialize in the field of development. There is a smaller fund of MVR 15,000,000 (USD 972,763) with the Ministry of Home Affairs, the parent body for the registration of NGOs, which is eligible for all NGOs, but which has not yet been dispensed. CAN DO believes that there should be equality among the types of NGOs who receive these funds, as well as pre-determined guidelines to enhance transparency in dispensing the funds.

(b) Right to Freedom of Movement

29. Article 19 of CRPD guarantees the right to choose their place of residence. Due to the geographic nature of the Maldives, CAN DO understands the unique challenges in providing services to persons with disabilities. Since the population is dispersed into approximately 200 islands, the number of persons with disabilities living in each individual island is extremely low and therefore, providing disability-related services to all islands may not be financially and technically feasible. However, even those basic services that are crucial for development are limited in the islands. Many of the specialized services are available only in the capital. Due to the permanent necessity of such services, families with children or persons with disabilities are often forced to migrate to the Capital, where living costs are extremely high.
30. Article 18 of the Disabilities Act also guarantees accessibility to public places such as roads, parks and other recreational places, shopping complexes and markets, transport vehicles and vessels, schools and other academic institutions, hospitals and other medical facilities and places of employment. The Act also guarantees access to information and various sources of communications. MLG is entrusted to formulate the necessary regulations to ensure accessibility.
31. Since the enactment of the Disabilities Act in 2010, public places, buildings, vehicles and vessels remain largely inaccessible to persons with disabilities. While relevant regulations are in place, they remain largely ineffective due to lack of enforcement and general awareness among the public on the existence of such regulations. A myriad of problems such as lack of capacity, human and financial resources, lack of clarity in the mandates of the MLG and DC, conflict of interest and ineffectiveness of the DC in monitoring the implementation of the Act and relevant regulations are among key reasons why it remains unimplemented.

(c) Right to Information

32. The Right to Information Act (1/2014) came into effect in 2014. Article 6 of the Act states that a person with a disability may request information verbally and hence is exempt from the regular procedure for a written submission for such information. However, to lodge a verbal request, the individual seeking the information will have to go in person to the particular institutions, which are not disability-accessible.
33. Information on services provided by the State such as mobility aids, devices and assistive technologies, support services, and other health services that are covered by the public health insurance scheme "*Aasandha*" are not publicly available. It is important to note, however, that the National Social Protection Agency (NSPA) provides some information through public broadcasters and through their website. As part of their larger reform programme, NSPA is revisiting its public relations policy to establish a more efficient and systematic provision of information through various sources.
34. Sign language, braille, and augmentative and alternative communication facilities are extremely limited in the Maldives. While some such services and facilities are available in the capital, the vast majority of children with sensory disabilities remain excluded from such services. Some machinery such as braille printers remains unused or underused because of lack of human resources and/or lack of children seeking access. Human resources constraints remain a particularly serious issue, for instance, there are only three sign language translators in the entire country, all of them residing in the Capital.

(d) **Statistics and Data Collection**

35. Lack of conclusive statistics and data and the absence of collection procedures are a serious issue for the Maldives. While several surveys have been conducted on the prevalence of disability prevalence, statistics and data which will be more practical for policymakers, such as data disaggregated by types of disabilities prevalent in the Maldives, degree or the seriousness of such disabilities, age and gender-based information, and island or community-based data, are not available.
36. On the other hand, national surveys on issues such as access to education, employment or poverty, rarely incorporate a disability perspective. This means that even when studies on such issues are published, the effects on persons with disabilities are rarely reported.
37. The most reliable statistics on persons with disabilities comes from NSPA's persons with disabilities registry, which at the time of writing is 5200. However, it is noteworthy to mention that the growth rate of the list is at 14% per year according to NSPA's statistics¹⁴, which could mean either a growth in the number of babies born with disabilities or a large number of persons with disabilities were not registered previously, or a combination of both.
38. **Recommendation II:** Establish a mechanism to collect data on the prevalence of disability in the Maldives, disaggregated by types of disabilities, severity, gender, age and geographic region.

(e) **Awareness-Raising**

39. A key component of both CRPD and the Disabilities Act is awareness-raising. In fact, awareness raising is included in the mandate of the DC. There are occasional awareness campaigns conducted by MLG¹⁵. The civil society also conducts such campaigns. It is also important to note that State institutions and civil society actors compliment each other on such events and that State institutions are usually very receptive to calls from civil society in this regard.
40. Stereotypes, prejudices and harmful practices such as bullying, discrimination and systematic marginalization from the society, against persons with disabilities have been present for a very long time and hence, are deeply rooted. The State and the civil society need to embark on robust, structured and consistent awareness, advocacy and outreach campaigns to combat such stereotypes and to fight discrimination against persons with disabilities.
41. Regulations with regard to the Disabilities Act, the disability registry, the provision of allowances and assistive devices, and minimum standards for accessibility to buildings in addition to a national disability policy, are all in place. However, while these regulations would provide crucial information to service providers, these documents are not available online or easily accessible for persons with disabilities or the general public.
42. While the MLG and the DC¹⁶ have participated in several media and other programmes designed to raise awareness on the rights of persons with disabilities, conducting systematic campaigns for longer periods and with a wider reach is important.

8. RIGHT TO WORK AND JUST AND FAVORABLE CONDITIONS OF WORK

43. Like most developing countries, unemployment among persons with disabilities is high. Among the several factors which contribute to this include lack of access to education for children with disabilities, societal attitudes towards persons with disabilities, lack of access to work places, lack of opportunities for self-employment and entrepreneurship, lack of proactive measures from State and private institutions to reserve a certain quota of jobs for persons with disabilities.
44. Article 19 of the Disabilities Act prohibits discrimination on the basis of disabilities, both in employment as well as in considering for career opportunities such as promotions or higher education. It also emphasizes that it is the duty of the employer to ensure accessibility to the workplace. The Act encourages the State to introduce measures to encourage employment of persons with disabilities, and that the government shall lead by example. There are no known measures that the State or the private sector has undertaken to encourage employment for persons with disabilities. However, CAN DO understands that the DC is in consultation with State institutions such as the Civil Service Commission (CSC) to introduce such measures.

45. The effects of unemployment for marginalized groups such as persons with disabilities continue to be ignored in the government-sanctioned reports into issues such as employment and poverty.
46. As per the Disabilities Act, the responsibility for ensuring that reasonable accommodation is provided to persons with disabilities in the workplace falls upon the employer, who has originally employed the person with disabilities in the absence of any affirmative action or incentive. This makes it difficult for persons with disabilities to compete for jobs, as providing accessibility would be a cost which employer will have to pay if he is to employ a person with a disability and in the absence of any incentive for employing a person with a disability.
47. There are no vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities. Opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business are limited for persons with disabilities.
48. **Recommendation III:** *Accelerate efforts to increase employment among persons with disabilities, including through temporary special measures by the civil service system, and through tax breaks and other measures for private sector and encourage entrepreneurship and self-employment of persons with disabilities through micro-financing opportunities.*

9. RIGHT TO SOCIAL SECURITY AND ADEQUATE STANDARD OF LIVING

(a) Right to Education

49. Article 20 of the Disabilities Act prohibits discrimination on access to education on the basis of disabilities. The law also stipulates that the Government shall cater to special needs of persons with disabilities, such as braille and sign language and training of teachers equipped to deal with needs of persons with disabilities. It also mandates the Government to take steps that would ensure access to education such as physical accessibility to schools and ensuring that Special Education Needs (SEN) classes are available across the country. The Act also mandates the Government to provide scholarships for persons with disabilities.
50. On achieving universal primary education (MDG Goal No. 2), the Ministry of Education¹⁷ has consistently reported 100% net enrolment in primary schools between grades 1 and 7 since 2002. However, a report conducted by the HRCM on the rights of persons with disabilities in 2010 noted that of 2250 children identified as children with disabilities, only 10% attends schools.
51. The "Public Inquiry on Access to Education for Children with Disabilities" (hereafter referred as "Public Inquiry") organized by the HRCM in the atolls and the Capital from 2012 to 2014 revealed serious problems in the Maldivian school system, which hinders access to education for children with disabilities. While some reasons directly emanate from factors such as limited resources, and the geographically dispersed nature and remoteness of the islands, which are beyond State's control, other factors include discrimination against children with disabilities, bullying, and limited physical accessibility to roads and schools, according to parents who testified in the Public Inquiry. During the hearing, the Minister of Health and Gender (then Ministry of Health and Gender) conceded that at least 50% of children with disabilities do not attend schools.
52. While inclusive education remains a primary objective, it is important to note that the focus should also be given to improve the existing SEN classes as well as to open more such classes in the islands. Inclusive education will be meaningless when children with disabilities are able to join regular classes without adequate human and other resources. Hence the process of moving into inclusive education should be implemented without limiting the capacity neither of existing SEN classes nor at the expense of its expansion.
53. While there are limited opportunities for vocational training, there is no known scholarship opportunity that is reserved for persons with disabilities. Adult education programmes for persons with disabilities is also not available in the Maldives.
54. For professionals working with persons with disabilities in the field of education, there are limited opportunities for basic and primary training in the Maldives. However, the Faculty

of Education of the Maldives National University is drafting a syllabus for a Degree Programme in Special Education, to be launched in academic year 2015.

55. **Recommendation IV:** *Improve access to education for persons with disabilities, including through focusing on inclusive education, as well as strengthening SEN classes in the interim and implement the recommendations contained in the final report of the HRCM's Public Inquiry.*

(b) Right to Adequate Housing

56. The Government has designated 15 flats for persons with disabilities through its public housing schemes. In 2014, 15 candidates were selected for 15 flats. While CAN DO welcomes this, it believes that the number of flats designated for persons with disabilities need to be increased, in addition to improving transparency in awarding the flats.
57. As one-third of the entire Maldivian population live in Male' City, it has become one of the most congested and densely populated cities in the world. The influx of the population into the 5.6 square mile island in search of better education, health services and most importantly jobs have increased the housing demand to a level that landlords can dictate extremely high rents and discriminatory terms on the tenant. In this context, CAN DO has received reports that landlords have denied the availability of houses and apartments to be leased by families with children or persons with disabilities. However, it is difficult to seek redress, as landlords will not demand such conditions on paper, but instead will disqualify such prospective tenants during the screening stages.

(c) Right to Health

58. Article 21 of the Disabilities Act stipulates access to health services as a basic right and mandates the Government to introduce early detection and intervention, including at prenatal, perinatal and early childhood stages. It also mandates the Government to train health professionals on areas relevant for persons with disabilities, as well as the provision of therapies such as physiotherapy, occupational therapy, speech therapy, behavioral therapy and early detection and intervention.
59. Regular medical needs for all Maldivians, including those with disabilities are covered by the State's insurance scheme "*Aasandha*". NSPA also provides certain assistive devices that are essential for persons with disabilities, such as hearing aids and wheelchairs. However, access to such services is sometimes difficult with excessive tests and verifications.
60. Despite the Disabilities Act's emphasis on the provision of therapies such as listed on paragraph 57, most therapies that are necessary for persons with disabilities are not available through public hospitals or are difficult to access due to a shortage of therapists in the country. For persons with disabilities, this leaves no option, but to obtain such services from private clinics that charge unreasonably higher fees. These services are also not covered by "*Aasandha*" and some of the services are only available in Male' City, which forces parents and children to travel to Male' for longer periods; and charges for transportation and accommodation are not covered by "*Aasandha*".
61. With the new National Social Protection Act (2/2014), NSPA is in a process of overhauling their services. NSPA is consulting with civil society organizations that deal with persons with disabilities, on how the social protection system could be more disability-friendly as well as to understand relevant clinical procedures that could be covered by "*Aasandha*". As part of this process, NSPA is also developing a "Guideline on the Definition of Disability," which, once enforced, would help in understanding different types of disabilities, with benchmarks to understand the severity of those disabilities. This would help NSPA to understand the necessary medical and clinical procedures for different types of disabilities and in catering to the needs of persons with disabilities. This would also systematize its services and reduce misuse and abuse of such services.
62. Opportunities for early detection and intervention in the Maldives are extremely limited.
63. Statements given by parents to the HRCM's Public Inquiry indicate that discrimination against persons with disabilities exists in the Maldives, especially in the islands where caregivers are not trained to deal with disabilities and where awareness on the rights and dignity of persons with disabilities is at a minimum.

64. **Recommendation V:** *Improve access to health services, through the provision of more disabilities-related therapies and other services, as well as making them more affordable. Overhaul the social protection system to ensure that it benefits the most marginalized groups in the society.*

(d) **Right to Development**

65. Maldives is on track to achieve the MDGs on most of the targets. However, goals that are relevant for persons with disabilities, such as on eradicating extreme poverty and hunger¹⁸, achieving universal primary education¹⁹ and reducing child mortality²⁰, need the implementation of urgent steps to address remaining gaps such as inequalities between the capital and atolls, as well as within the marginalized groups such as persons with disabilities.
66. While the CRPD emphasizes the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development, disability mainstreaming remains marginal in policy-making on development issues.
67. **Recommendation VI:** *Mainstream the disability policy into the development policy of the Maldives.*

(e) **Poverty Alleviation**

68. Disadvantaged groups such as persons with disabilities continue to bear the brunt of social issues such as poverty.
69. The DC is working towards launching a disability fund. The key objective of the fund is to empower persons with disabilities through funding projects to enhance their economic prospective, as well as to cover medical costs not included in *Aasandha*. However, there is no timeline for the launching of the fund.
70. Since the ratification of the Disabilities Act, the Government has provided a monthly allowance of MVR 2,000.00 (USD 130.00) per person, who are registered with NSPA. At the time of the adoption of the Act, elderlies (above 65 years of age) were also entitled to a monthly allowance of the same amount. However, since then, the allowance for elderlies has been increased to MVR 2,300.00 (USD 150.00) and later to MVR 5,000.00 (USD 325.00) in 2014. Hence, persons with disabilities and their parents have called for an equal raise in the disability allowance. In July 2014, an amendment to the Act raising the disability allowance to MVR 5,000.00 (USD 325.00) was submitted to Parliament. The amendment is currently at the Committee stage of the Parliament.
71. There are several types of subsidies that the Government provides to its citizens to alleviate poverty. The policy of subsidies, despite its inherent problems and burden on taxpayers, must be welcomed, as, over the years, it has kept needy families above the poverty line.
72. However, the State must undertake steps to ensure that the system of social protection actually helps the poorest people in the society and to ensure that taxpayer's money is being spent on the most effective way possible. Unscrupulous citizens are known to misuse and abuse the social protection system by taking allowances which they are not eligible for; for instance, a person who is not disabled but may have a minor deformity, may explore loopholes in the system and successfully claim the disability allowance²¹.
73. Another issue with the social security system is that, on subsidies and allowances that are not exclusive for disadvantaged groups such as persons with disabilities, such groups may not be eligible for any further concession. For instance, a student with a disability may not have an advantage over a regular student when competing for subsidies for students such as student loans that are usually extremely competitive.
74. While subsidies have the potential to lift families with children or persons with disabilities from poverty, the eventual goal should be to encourage persons with disabilities to seek employment or entrepreneurship. Additionally, while registered persons with disabilities do get an allowance in cash, much needed health and rehabilitation services are not available in the country. Even if the allowance is increased to USD 325.00, persons with disabilities will continue to lack access to essential health and rehabilitation services.

10. CAPACITY-BUILDING & TECHNICAL ASSISTANCE

(a) Capacity-Building²²

75. Due to a serious mismatch between the capacity of State and civil society actors and enormous need for services for persons with disabilities, service providers typically focus on the most serious issues, rather than focusing on the implementation of the CRPD or the Disabilities Act as a whole. For instance, to register in a development center run by civil society organizations, a child with a disability may have to be on a long waiting list before being enrolled, mainly due to limited capacity.
76. Specific areas in dire need of capacity building include (a) teachers specially trained for inclusive education and SEN classes, (b) therapists who provide treatments that are relevant for persons with disabilities and (c) early detection and intervention.

(b) International Cooperation

77. International cooperation would be of vital assistance to enhance rights of persons with disabilities. Assistance could be focused on three critical areas, which CAN DO believes are among the most serious issues in the Maldives and that have the potential for improvement in a relatively short period of time: (a) access to education, (b) access to health services and (c) mainstreaming of the disability policy.
78. International cooperation would also be effective in assisting the State institutions to conduct programs that will be longer-term and more effective. Particular areas with potential for productive collaboration includes providing training opportunities for teachers, including training SEN school teachers and training teachers for inclusive education. International cooperation on training disability related specialists engaged in therapies such as physiotherapy, occupational therapy, speech therapy and behavioral therapy is also important. One practical way for such assistance is inclusion of areas related to disabilities as priorities, when offering scholarship programmes for the Maldives under bilateral assistance.
79. International cooperation will also be helpful for NGOs and networks working on the area of disabilities, which have a proven track record of efficiency and transparency in managing internationally funded projects. Important areas of international cooperation for the civil society includes capacity-building, awareness campaigns and in reaching out to outer islands.

¹ Report of the Working Group on the Universal Periodic Review, A/HRC/16/7, UNHRC, January 2011.

² (Recommendation 125 of Maldives UPR in 2010) Continue consultations with civil society in the follow-up to the review (Austria)

³ "Treaties entered into by the Executive in the name of the State with foreign states and international organizations shall be approved by the People's Majilis (Parliament), and shall come into force only in accordance with the decision of the Peoples Majilis (Parliament)".

⁴ (Recommendation 4 of Maldives UPR in 2010) Ratify promptly the Optional Protocol to ICESCR and the Optional Protocol to CRPD (Spain), (Recommendation 5) Sign and/or ratify the Second Optional Protocol to ICCPR; the Optional Protocol to ICESCR; ICRMW; the Optional Protocol to CRPD; and the International Convention for the Protection of All Persons from Enforced Disappearance (Argentina)

⁵http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/MasterCalendar.aspx.

⁶ (Recommendation 30 of Maldives UPR in 2010) Adopt and implement draft laws regarding persons with disabilities and concerning mental health, as referred to in the national report, with a view to providing a normative framework to strengthen awareness-raising campaigns on human rights and disability (Mexico);

⁷ (Recommendation 49 of Maldives UPR in 2010) Make further efforts and take the legislative and administrative measures necessary to eliminate discrimination against persons with disabilities on the ground (Qatar)

⁸ (Recommendation 30 of Maldives UPR in 2010) Adopt and implement draft laws regarding persons with disabilities and concerning mental health, as referred to in the national report, with a view to providing a normative framework to strengthen awareness-raising campaigns on human rights and disability (Mexico);

⁹ Disability Council's Annual Report 2011

¹⁰ Disability Council's Annual Report 2012

¹¹ Disability Council's Annual Report 2013

¹² "In order to prevent occurrence of all forms of exploitation, violence and abuse, State Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities"

¹³ Nationwide Inquiry conducted from 2012 – 2014, Capital City's inquiry conducted in May 2014

¹⁴ Meeting with Mr. Abdulla Mohamed Didi, Chief Executive Officer, National Social Protection Agency (NSPA), Monday, 11 August 2014

¹⁵ Meeting with Ms. Shidatha Shareef, Minister of State, Ministry of Law and Gender, Wednesday, 16 April 2014

¹⁶ Meeting with Mr. Ahmed Athif, President, Disability Council, Monday, 2 June 2014

¹⁷ UNDP Maldives data on the implementation of MDG

¹⁸ MDG Goal Number 1

¹⁹ MDG Goal Number 2

²⁰ MDG Goal Number 4

²¹ Meeting with Mr. Abdulla Mohamed Didi, Chief Executive Officer, National Social Protection Agency (NSPA), Monday, 11 August 2014

²² (Recommendation 121 of Maldives UPR in 2010) Seek the support of the Office of the United Nations High Commissioner for Human Rights and the international community in the key areas listed in the report for which capacity-building is required (Jamaica)