

DEPARTMENT FOR COMMUNITY DEVELOPMENT

Papua New Guinea

National Policy on Disability

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A compassionate and family-based society that recognises that people with disabilities have the same human rights and that there are no physical or social barriers or attitudes that limit their full participation in everyday life.

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# Acronyms

BMF Biwako Millennium Framework for Action: Towards an Inclusive, Barrier-free and Rights-based Society for People with Disabilities in Asia and the Pacific

CBR Community Based Rehabilitation

CEDAW Convention on the Elimination of All Forms of Discrimination Against Women

CRC Convention on the Rights of the Child

DFCD Department For Community Development, Government of Papua New Guinea

ILO International Labour Organisation

MDGs Millennium Development Goals, United Nations Millennium Declaration

MTDS Medium Term Development Strategy

NADP National Assembly of the Disabled Person

NBDP National Board for the Disabled Person

NCCD National Coordinating Committee

NOPS National Orthotics and Prosthetics Service, Department of Health, Lae

NSO National Statistics Office, Government of Papua New Guinea

OSH Occupational Safety and Health

PWDs People with Disabilities

USP University of the South Pacific

UNESCAP United Nations Economic and Social Commission for

Asia and the Pacific

UN-EPOC United Nations Economic and Social Commission for Asia and the

Pacific, Pacific Operations Centre

UPNG University of Papua New Guinea

VSO Volunteer Service Overseas

WHO World Health Organisation

# FOREWORD by the Minister for Community Development

The policy was first discussed at a workshop of disability stakeholders held at the Department of Community Development, Waigani, from 16-17 May, 2005 and further developed at a series of workshops held in nine Provinces over August, September and October 2005. This document represents the conclusions reached through many consultation processes both at the national and provincial levels as well as with our development partners. Many people with disabilities from around PNG have contributed to the policy as well as service providing organisations such as Callan Services, Education Resource Centres, Cheshire Homes, health and education professionals and Provincial Community Development officers, representatives of church agencies, NGOs and community organisations, representatives of the PNG National Board for the Disabled Person and the National Assembly of Disabled People as well as families of children with disabilities.

People with disabilities in recent times have been totally invisible in all areas and at all levels of the development processes of this country. They appear to be the most discriminated group of the marginalised sector of our population. It is time we changed our values and understandings with respect to those who are disabled. Whether the disability is psychological, physiological or whether it is a function of accidents or genetics, people with disabilities are people first and they deserve the same set of rights as every citizen of this country.

The alliance between government and the non-governmental sector, including churches and the private sector, will be crucial if we are to make good progress in creating a rights-based, fully inclusive and barrier-free society.

I hope this policy, together with the action plan, provide a framework and guide for all government and non-governmental agencies, individuals, families and communities throughout Papua New Guinea, so that we can all work together towards creating a society that reflects the deepest respect for human life. I hope that we can build a society that demonstrates that respect by dismantling barriers and building institutions and structures that are inclusive and allow all people to participate fully and equally.

My deep appreciation goes to those individuals and development partners who have contributed to the success of this Policy.



**Dame Carol Kidu, MP**

**Minister**

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# Acknowledgement from the Secretary



***Secretary Joseph Klapat***

Many people have contributed in their own ways to the successful outcome of this Policy as the policy reflects the many inputs received. The policy reflects the many inputs received. A number of NGO agencies have contributed considerable amount of time and resources to assisting with the policy development process, particularly Callan Services, Wewak, Cheshire Homes, the Executive Officer of the National Board for the Disabled Person as well as many other NGOs, including Education Resource Centres in Port Moresby and in various provincial centres, parents and people with disabilities.

The policy development and consultation process has been managed throughout by the Department for Community Development, Governance and Economics Section with the assistance of the United Nations Economic and Social Commission for Asia and the Pacific, Pacific Operations Centre (UN-EPOC).

Acknowledgement is also extended to relevant Government Department participants including Health, Education and National Planning office.

This policy would also not have been possible without the support and inspiration provided by many people who live with disabilities, their families and supporters.



**Joseph Klapat**

**Secretary**

# Executive Summary

**INTRODUCTION**

**Purpose**

The purpose of this policy is to develop a more ‘inclusive’ society, create greater awareness on the needs of people with disabilities and identify priority areas for action to dismantle barriers hindering the full participation of people with disabilities in the social and economic life of Papua New Guinea.

**Background**

Based on international research conducted in a number of developed and developing countries, it is estimated that up to 10-15% of a national population will have some kind of disability. This is consistent with research conducted in PNG. We would expect to find, therefore, over 520,000 people with a disability in PNG.

The policy draws on the Biwako *Millennium Framework for Action: Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific* (BMF) which provides a framework to address community awareness, helps set priorities for government agencies and civil society organisations, as well as provides a framework for traditional authorities and the wider community to build an *inclusive* society.

Until recently, disability was regarded as a welfare issue. The welfare approach defined disability as a problem possessed by individuals. This approach often disempowered and separated people with disabilities from mainstream life, created separate institutions with little commitment demonstrated to involve people with disabilities in national and community life. An important intention of this policy is to shift the discussion in Papua New Guinea to recognising that people with disabilities should be empowered, their rights recognised and that they should be included in the mainstream of social and economic life in Papua New Guinea.

The policy addresses all people of Papua New Guinea and all who have a disability whether it is a physical or mental disability and including children, the elderly, men and women.

The consultation process developed the following definition:

*Disability refers to people with special needs who require special attention, care and support in their families and communities, and encouragement to determine the full potential in life and refers to the needs created by the interaction between a person with an impairment and the environmental and attitudinal barriers he/she may face.*

**Policy Principles, Vision, and Objectives**

The policy is based on the following principles:

* Protection of human rights – All people have equal human rights;
* Inclusiveness – All people should be included in their community;
* Barrier-free – All people should take equal responsibility for dismantling the physical, social and cultural barriers that exclude people with disabilities;
* Partnership – Barriers can only be dismantled and an inclusive society achieved through partnerships between government and civil society organisations including NGOs, church-based agencies, community-based organisations and the private sector;
* Information – People with disabilities and families supporting children with disabilities must be included in advocacy and given access to information on disabilities;
* The Biwako Millennium Framework is a relevant and applicable guiding framework for addressing rights-based, barrier-free and inclusive development for people with disability in Papua New Guinea.

**Vision**

A compassionate and family-based society that recognises that people with special needs or impairments have the same human rights and that there are no physical or social barriers or attitudes that limit their full participation in everyday life.

To address the *Vision* the policy identifies eleven *targeted priority areas for action*:

|  |  |
| --- | --- |
| 1. Data and Information | 1. National Coordination |
| 1. Public Awareness | 1. Legislation |
| 1. Self-help organisations/provincial associations | 1. Prevention early detection and intervention |
| 1. Rehabilitation services and assistive devices | 1. Education, Training and employment |
| 1. Accessibility and communication | 1. Social security and livelihood |
| 1. Gender |  |

Under each *targeted priority area for action,* the policy outlines objectives and strategies. The *implementation action plan* (see attachment 1) will outline specific actions to be undertaken under each set of objectives and strategies.

**Policy Goals**

1. To promote and create awareness on the need to build a rights-based, barrier-free and inclusive society for people with disability in Papua new Guinea;
2. To enable the above vision through the eleven targeted priorities of the policy;
3. To be the point of reference and guide for future plans, programmes and activities geared towards building a rights-based, barrier-free and inclusive society for people with disabilities in Papua New Guinea.

**OBJECTIVES**

**Data and Information**

* 1. National disability information focal point established

**Strategies:**

* + - improve access to existing research results on disability through strengthening coordination and collaboration amongst key agencies engaged in disability research;
    - Promote the collection of disability data at the provincial and local levels where support can be provided on data gathering approaches;
    - Promote the use of research results for public awareness campaigns.

**National Coordination**

* 1. National Advisory Committee on Disability (NCCD) established.

**Strategies:**

* + - the Department For Community Development through the Minister for Community Development will issue formal invitation notices to selected government departments, NGOs, churches, the NBDP and NADP to form the NCCD;
  1. Provincial Disability Coordination Committees established.

**Strategies:**

* + - Provincial Administration invited to establish Provincial Disability Coordination Committees and to establish a mechanism to coordinate and collaborate with the NCCD where possible.

**Public Awareness**

* 1. Enhanced awareness in wider community on disability issues.

**Strategies:**

* + - Establish an awareness creation network and communication system amongst partner organisations working in the disability sector in PNG and utilise Community Development administrative structures in the Provinces, Districts and Local Government Areas;

**Legislation**

* 1. Legislation enacted to protect the rights of people with disability and provide a mandate for an inclusive and barrier free society and recognising that people with disability, particularly children and women with disability, are a vulnerable group in society.

**Strategies:**

* + - Consultation on draft legislation with all stakeholders to include People With Disabilities, especially youth, women and children at all levels of the Government and promote Disabled Peoples Organisations;

**Self-help Organisations/Provincial Associations**

* 1. Strengthened support for the development of self-help organisations (SHOs) for people with disabilities.

**Strategies:**

* + - strengthen and/or establish communication and linkages between existing self-help organisations, service organisations and other development NGOs.

**Prevention, Early Detection and Intervention**

* 1. Early intervention measures for children 0-4 years old strengthened.

**Strategies:**

* + - Improvement of the capacity of key professionals including village health volunteers, village and hospital birth attendants, church leaders, teachers and others on prevention, early intervention and detection measures.
  1. Work place safety improved to prevent workplace injuries leading to disabilities.

**Strategies:**

* + - The promotion of safe work place practices amongst employers.

**Rehabilitation Services and Assistive Devices**

* 1. Rehabilitation services strengthened nationally.

**Strategies:**

* + - Strengthening of CBR programmes, particularly in the provinces, and the timely provision of appropriate assistive devices and equipment for rehabilitation purposes and extension.
  1. Support for the family strengthened where the family includes people with disabilities.

**Strategies:**

* + - Support for strengthening the role of CBR workers and regular visits by CBR workers to communities where families are identified, to evaluate and monitor activities and training provided to families on care giving.

**Education, Training and Employment**

* 1. Improved access to mainstream education at all levels*.*

**Strategies:**

* equal training opportunities to children and adults with disabilities from the elementary to tertiary level education will be provided
  1. Improved guidance in job placement for trained people with special needs.

**Strategies:**

* + - Government and private sector employers are encouraged to employ people with disabilities.
  1. Labour policies and laws for the employment of people with disabilities reviewed.

**Strategies:**

* + - ILO will be consulted and resources sought (particularly in respect of implementing relevant ILO Conventions, including Convention 159).

**Accessibility and Communication**

* 1. A barrier free physical and social environment for all.

**Strategies:**

* Awareness raising and advice provided to key service providers;
* Existing policies, regulations and laws reviewed taking into account accessibility concerns.
  1. Improved means of communication for all types of disabilities.

**Strategies:**

* + - Production and dissemination of resources to rural areas and development of resource centres.

**Social security and Livelihood**

* 1. Greater awareness of how people with disability can improve livelihood opportunities.

**Strategies:**

* + - support for people with disabilities and extended family members through training and information on utilising land resources and developing livelihood programmes for people with disabilities, particularly in rural areas.
  1. More opportunities for persons with a disability to participate in sporting activities.

**Strategies**

* + - Awareness raising through various forms of media.

**Gender Equity**

1. Equal participation of women with disabilities and mainstream their issues at the national, provincial and local levels promoted.

**Strategies:**

* Women with disabilities mainstreamed into existing programmes.

# Introduction

## Purpose

The purpose of this policy is to develop a more ‘inclusive’ society, create greater awareness on the needs of people with disabilities and identify priority areas for action to dismantle barriers hindering the full participation of people with disabilities in the social and economic life of Papua New Guinea.

## Policy Approach

Although this is a policy for the Government of Papua New Guinea to be administered through the Department For Community Development, the policy recognises that if progress is to be made in addressing the rights and needs of people with disabilities, a strong partnership must be built with civil society including churches, grass-roots organisations and community organisations, such as self-help groups of persons with disabilities, parents’ associations, and non-governmental organisations, donor partners and the private sector and professional associations. The policy also recognises the need for effective and ongoing coordination of stakeholders particularly between civil society organisations and a range of government departments.

The consultation process for this policy has been managed by the Department For Community Development. This policy is a product of those consultations and reflects the discussions and ideas generated through various workshops and consultations at the provincial and national levels. The policy sets out a framework and priorities for addressing issues of disability, and promotes an inclusive, barrier-free and rights based society within the framework of the Constitution of Papua New Guinea.

A “rights-based” society means a society based on the concept of human rights, including the right to development and a legislative framework that protects the most vulnerable. The protection of the fundamental rights of people outlined in the Constitution and the international conventions will ensure that society is inclusive and that barriers are dismantled. An “inclusive” society means a society for all people and a “barrier-free” society means a society free from physical and attitudinal barriers, as well as social, economic and cultural barriers that exclude people from being full participants in society.

There are a number of government departments which have developed policies on disability, including the Departments of Education and Health, and numerous NGOs and church-based organisations which provide various services for people with disabilities in many provinces.

The Education Department’s formal involvement in co-ordination of special education services commenced with the endorsement of a National Special Education Plan, Policy and Guidelines by the National Executive Council in 1993. A Special Education Unit was created under the Teacher Education and Staff Development Division in 1994 to implement the policy and to coordinate and administer special education services to children with special needs enrolled in schools. These guidelines were revised by the National Special Education Committee and have been published in 2003 as the *National Special Education Five Year Plan: 2004-2008*.

The Health Department also addresses different aspects and concerns of disability including the impact of high levels of alcohol consumption and road accidents. The Department has a policy on *Rehabilitation and ambulatory care* which outlines various priorities including establishing data bases, regional orthotics and prosthetic centres in all hospitals and improving public awareness and establishing community-based rehabilitation and ambulatory services.

The policy also recognises the important role of NGOs and Civil Society generally in the provision of support, services, advocating for rights and awareness raising throughout PNG. The MTDS recognises the important role of NGOs and Civil Society Organisations and the need for government to have effective working partnerships with civil society organisations. This policy reinforces the importance of this relationship and the need to build on the networks and services that have been established in recent years.

There are a number of agencies working in the disability sector including Callan Services, Cheshire Homes, St John School for the Blind, Creative Self-Help Centre (Madang), Leprosy Mission, Rehabilitation Centre (Port Moresby), Red Cross Special Education Resource Centre, Sepik Centre of Hope, HELP Resources, Save the Children Fund, National Board for the Disabled Person, Volunteer Service Overseas (VSO) and many others. All of these agencies have contributed to the development of this policy as they play a central role in the delivery of services, advocating for rights and awareness and provision of support for people with disabilities within the home and wider community as well as within schools, hospitals and other institutions.

By drawing on the above recent initiatives and policies of stakeholders, this national policy attempts to identify priorities for addressing rights and dismantling barriers to promote the full participation and inclusion of people with disabilities in Papua New Guinean society. The policy recognises that Government in partnership with civil society, including churches, grass-roots organisations and community organisations, such as self-help groups of persons with disabilities, parents’ associations, and non-governmental organisations, the private sector and professional associations must address barriers that exclude people with disabilities from being full participating members of society. All forms of physical and mental disability are included of men, women and children of every island, village, town and city of Papua New Guinea.

The policy recognises the disparity of development between urban and rural areas and the particular challenges that each poses for people with disability. Rural areas tend to be under-resourced and pose particular access difficulties because of poor transport links, rugged terrain or because the communities are in distant islands. On the other hand, people with disability in urban areas have particular needs because contact with the extended family and support may be limited.

## Background

The Constitution of Papua New Guinea affirms the principle of rights and equality and at the same time makes provision for addressing special needs of vulnerable groups:

*All citizens have the same rights, privileges, obligations and duties irrespective of race, tribe, and place of origin, political opinion, colour, creed, religion or sex.*

A subsection of the Constitution points out that it does not prevent the making of laws for the special benefit, welfare, protection or advancement of particular vulnerable groups.

The Medium Term Development Strategy (MTDS), 2005-2010, gives priority to addressing the needs of “vulnerable groups” and specifically identifies people with disability as a high priority group. The ultimate goal of the MTDS is “to foster sustainable improvements in the quality of life of all Papua New Guineans by promoting economic growth and social development” (MTDS, page ii).

*The MTDS … objective will be to ensure that communities and families are better equipped to cater to the needs of disabled people. The Government acknowledges the need to develop more effective partnerships with NGOs that are specialists in the field of disability.* (MTDS, page 28)

The policy draws on the policy context provided by the Constitution of Papua New Guinea and the MTDS both of which make provisions for addressing the needs of people with disabilities.

The early stages of the development of this policy commenced in June 1990 with the publication of the ***Papua New Guinea National Plan for the Prevention of Disability and the Integration of Disabled Persons in National Development*** by the Department of Home Affairs and Youth, Welfare Services Division. The plan addressed many of the goals and objectives identified in this draft policy i.e.:

* Protection of rights;
* Prevention of disability; and
* Rehabilitation.

The policy also draws on the outcomes of the PNG National Board for Disabled Persons (NBDP) ***National Disability Conferences*** held at Lae in February 2001, August 2004 and August 2005 which adopted the targets and priorities outlined in the ***Biwako Millennium Framework for Action: towards an inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific*** ***(BMF)*** and then agreed on an implementation strategy for the BMF.

### The International and Regional Context

Papua New Guinea became a member of the United Nations in 1975. It has signed the *International Convention on the Elimination of All Forms of Racial Discrimination* in 1982, *Convention on the Rights of the Child* in 1993 and ratified the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) in 1992 and although Papua New Guinea was not a signatory to the Asian and Pacific Decade for the Disabled Person, 1993-2002, it is a signatory to the 2003-2012 Asian and Pacific Decade and Biwako Millennium Framework (see below). A national policy on disability provides the opportunity to bring together these various initiatives and activities under a single coherent and integrated framework to address disability.

The Convention on the Rights of the Child (1989), specifically refers to children with disabilities (Article 2), and states that

*States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care … ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child’s achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development …* (Article 23 paragraph 2)

The United Nations’ *Standard Rules on the Equalisation of Opportunities for Persons with Disabilities* and *Biwako Millennium Framework for Action: Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific* provides a set of principles for a rights based approach to disability in Papua New Guinea and a comprehensive framework defining priorities for a national policy on disability.

### The Biwako Millennium Framework for Action

The *Biwako Millennium Framework for Action: Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific* (BMF) provides the framework to address community awareness, helps set priorities for government agencies and civil society organisations, as well as provides a framework for traditional authorities and the wider community to build an *inclusive* society.

The BMF is designed as a tool for Governments to guide their policies, planning and implementation of programmes concerning persons with disabilities. The BMFhas explicitly incorporated the Millennium Development Goals (MDGs) and their relevant targets to ensure that the concerns of people with disabilities will be an integral part of the MDGs and national poverty alleviation strategies.

The goal of the BMF is to promote inclusive, rights-based societies free of barriers for people with disabilities in the region. To achieve this goal, the BMF has as its mission to strengthen the following priority areas:

* Self-help organizations and related family and parent associations;
* Women with disabilities;
* Early detection, early intervention and education;
* Training and employment, including self-employment;
* Access to built environments and public transport;
* Access to information and communications, including assistive technologies;
* Poverty alleviation.

The BMF has become the guiding framework for addressing issues of human rights and inclusion of people with disability in the Pacific. Consequently the BMF was endorsed by the Pacific Islands Forum leaders meeting in 2003. The communiqué from the 2003 Forum states:

*Leaders endorsed the Biwako Millennium Framework for Action as providing a set of goals and targets that Pacific island countries could work towards over the next ten years. They acknowledged that immediate priorities for Pacific governments should be to* ***address policy*** *that would dismantle barriers and improve access and coordination for the disabled.* (emphasis added)

The Forum also endorsed the recommendations of the Pacific Islands Forum Education Ministers who met in 2003 and made a number of recommendations concerning improving education for children with disabilities. Papua New Guinea along with the other 13 independent Pacific Island countries made commitments through the Forum to improve access to schools and increase the number of children with disabilities.

### Millennium Development Goals

This policy, by addressing disability, also addresses many of the Goals and targets of the MDGs, particularly:

* Goal 1: Eradicate extreme poverty – people with disabilities are disproportionately represented amongst the extremely poor;
* Goal 2: Achieve universal primary education – the policy calls for inclusive education particularly advocating for access to primary education for all children including children with disabilities;
* Goals3: Promote gender equality and empower women – women with disabilities are doubly disadvantaged and are the most discriminated against;
* Goal 4: Reduce child mortality – the policy call for prevention and early intervention measures for 0-4 year old children in particular;
* Goal 5: Improve maternal mortality – early intervention improves maternal mortality and reduces risks of disabilities with children;
* Goal 6: Combat HIV/AIDS, malaria and other diseases – disability should be mainstreamed in HIV and other health and social policies;
* Goal 7: Ensure environmental sustainability – people with disabilities need equal access to land and must learn develop sustainable livelihoods;
* Goal 8: Develop a global partnership for development – people with disabilities must be included in the national and global market place and given the right to earn an income and have access to information and communication technologies.

# Policy Rationalé

At the time of the 2000 Census, Papua New Guinea had a total population of 5,190,786 people and population growth rate of 2.7%. The Census asked those people 10 years and older who were not economically active whether they had a disability and concluded that 13,688 people had some kind of disability. This reflects only a very small proportion of people with a disability in Papua New Guinea.

Other surveys have been completed in recent years including in 2003 a Melanesian Institute survey of East Sepik[[1]](#footnote-2), which found 7% of the total population had some kind of disability and 3.2% had a “medium to severe” disability (excluding elderly). In the mid 1980’s the Community Medicine Department and the University of Papua New Guinea (UPNG) completed a survey in 3 areas (Port Moresby; Hood Point and Goodenough Islands) which concluded that 10% of the total population had some kind of disability.

Morobe Provincial Administration, Division of Community Development, completed a survey of 31 Local Level Government Areas in November 2004 and identified the types of disabilities found amongst various age groups in Morobe.

A survey of children 0-7 years old in the National Capital District in 1998 found that of 7,499 children surveyed, 763 (10.2%) were suffering from some form of disability and only 247 children (3.3%) were receiving specialised care.[[2]](#footnote-3)

Based on international research conducted in a number of developed and developing countries, it is estimated that up to 10-15% of a national population will have some kind of disability which is consistent with research conducted in PNG. If we use the research conclusions reached by the Melanesian Institute and Community Medicine Department of UPNG we would expect to find over 520,000 people with a disability in PNG.

## 

## Poverty

The World Bank notes that the relationship between poverty and disability is commonly accepted as a ‘vicious circle.’ [[3]](#footnote-4) It is a two-way relationship – disability adds to the risk of poverty and conditions of poverty increase the risk of disability. The result of the cycle of poverty and disability is that people with disabilities are usually amongst the poorest of the poor.[[4]](#footnote-5) “Of course, not all persons with disabilities are poor, but this vicious circle points out that a person with a disability is more likely to be poor than a non-disabled counterpart.” (World Bank, 2005)

People with disability are uncounted, their concerns are unheard and their rights to development, full participation and equality are not upheld. People with disabilities in Pacific island countries generally, including within PNG, have lacked education, employment and livelihood opportunities, and have no or limited access to support services. This has led to economic and social exclusion. In addition, lack of awareness and understanding in the wider community has meant that people with disabilities and their families face prejudice, discrimination and rejection in their daily lives. [[5]](#footnote-6)

The responsibility of supporting people with disabilities has rested entirely with the family and the family remains the principle caregiver for those requiring regular support and care.

*The MTDS 2005-2010 recognises that the family and clan are the foundation of PNG society and the glue that holds society together. It is therefore important that strengthening the family and the community is recognised as a priority …* (MTDS, page 27).

This policy recognises the family as the first level of support for people with disabilities and that families need to be informed about disabilities and involved in advocacy and support.

Until recently, disability was regarded as a welfare issue. The welfare approach defined disability as a problem possessed by individuals. This approach often disempowered and separated people with disabilities from mainstream life, created separate institutions with little commitment demonstrated to involve people with disabilities in national and community life. An important intention of this policy is to shift the discussion in Papua New Guinea to recognising that people with disabilities should be empowered, their rights recognised and that they should be included in the mainstream of social and economic life in Papua New Guinea.

## Rights and Equity

When disability is viewed as a human right and development issue, the emphasis is placed on providing equal opportunities for all. The principle of human rights implies that the needs of each and every individual are of equal importance, and that those needs must be central to planning and policy making in all sectors and aspects of village, provincial and national life. This approach is consistent with the national constitution of PNG and the MTDS, which addresses rights and promotes equity.

In discussing disability issues in Papua New Guinea it is important to recognise the cultural and language diversity and that traditional society makes allowances and adjustments to take account of people with disabilities. There may be custom or local language words that capture the meaning of certain disabilities and different languages have different words for disabilities and ways of defining disabilities, however, there is no single custom or local language word that encapsulates completely the meaning of disability. In most cases people are recognised and addressed by their name first and not by their abilities or disabilities. This policy recognises that it is important to treat all people equitably and that none should be discriminated against according to their abilities or disabilities.

## Defining Disability

This policy uses the word “disability” as it was broadly agreed that this word best captures the wider meaning and context of issues, which the policy addresses. There was considerable debate about the term and definition, which reflects the language and cultural diversity of PNG. Many people wanted to emphasise “abilities” that people possess and recognise the social and cultural context that often limit peoples mobility, involvement in village and family life, sport and ability to contribute to decision making. In using the term ‘disability,’ however, the policy emphasises that any discussion about disability must put ‘people’ first rather than disability or ability. Therefore, wherever possible the policy will use the term ‘people with disabilities.’

### Definition

Disability refers to people with special needs who require special attention, care and support in their families and communities, and encouragement to determine the full potential in life and refers to the needs created by the interaction between a person with impairment and the environmental and attitudinal barriers he/she may face.

# Policy Principles, Vision, and Objectives

The policy is based on the following principles:

* Protection of human rights – All people have equal human rights;
* Inclusiveness – All people should be included in their community;
* Barrier-free – All people should take equal responsibility for dismantling the physical, social and cultural barriers that exclude people with disabilities;
* Partnership – Barriers can only be dismantled and an inclusive society achieved through partnerships between government and civil society organisations including NGOs, church-based agencies, community-based organisations and the private sector;
* Information – People with disabilities and families supporting children with disabilities must be included in advocacy and given access to information on disabilities;
* The Biwako Millennium Framework is a relevant and applicable guiding framework for addressing rights-based, barrier-free and inclusive development for people with disability in Papua New Guinea.

## Vision

A compassionate and family-based society that recognises that people with special needs or impairments have the same human rights and that there are no physical or social barriers or attitudes that limit their full participation in everyday life.

To address the *Vision* the policy identifies eleven *targeted priority areas for action*:

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| --- | --- |
| 1. Data and Information  2. National Coordination  3. Public Awareness  4. Legislation  5. Self-help organisations/provincial associations  6. Prevention early detection and intervention | 7. Rehabilitation services and assistive devices  8. Education, Training and employment  9. Accessibility and communication  10. Social security and livelihood  11. Gender |

Under each *targeted priority area for action,* the policy outlines objectives and strategies. The *implementation action plan* (see attachment 1) will outline specific actions to be undertaken under each set of objectives and strategies.

## Policy Goals

1. To promote and create awareness on the need to build a rights-based, barrier-free and inclusive society for people with disability in Papua new Guinea;
2. To enable the above vision through the eleven targeted priority areas for action of the policy;
3. To be the point of reference and guide for future plans, programmes and activities geared towards building a rights-based, barrier-free and inclusive society for people with disabilities in Papua New Guinea.

## Targeted Priority Areas for Action and Objectives

### Data and Information

Agencies within government are already gathering statistics, particularly Health and Education. The 2000 Census included questions on disability and those who were economically active. A number of surveys have been completed in recent years including a survey completed by the Morobe Provincial administration in November 2004, a Melanesian Institute survey of East Sepik in 2003 and in the mid 1980’s the Community Medicine Department and the University of Papua New Guinea (UPNG) completed a survey which concluded that 10% of the population had some kind of disability (see pages 5-6).

Survey and other data should be utilised to inform policy debate and development within Papua New Guinea and should be made available to organisations such as the Papua New Guinea National Coordination Committee for Disability as well as other committees and organisations such as the National Board for the Disabled Person and key government agencies such as the Ministry For Community Development as well as Provincial Administrations. Access to accurate and regularly updated information on disability is vital for advocacy and for the purposes of planning and implementation of services for people with disabilities. At the Provincial consultations many made the point that the need for information collection and dissemination was crucial to guide local policy and services.

Information empowers people and a better-informed society will also lead to greater understanding, reduce discrimination and enhance tolerance and support for the full participation of people with disabilities within all aspects of community life. Communities need information on disability as well as information on prevalence in order to increase public awareness and understanding of disability concerns and issues. There needs to be collaboration between public libraries, information centres and organisations of people with disabilities to increase the availability of information in different forms, and mechanisms need to be explored to make new technology more available to people with disabilities so that they can access information and communicate locally and globally.

The policy recognises that there are a number of welfare, health and education professionals at the community, local and provincial levels who are already gathering information on health and other social indicators. Where possible this information and data gathering should include disability. This may require additional support and capacity building to ensure that accurate and relevant information is gathered, that it is coordinated and consolidated, able to be used for awareness programmes, policy and programme development.

**Objectives:**

1. National disability information focal point established

**Strategies:**

* + - Improve access to existing research results on disability through strengthening coordination and collaboration amongst key agencies engaged in disability research;
    - Promote the collection of disability data at the provincial and local levels where support can be provided on data gathering approaches;
    - Promote the use of research results for public awareness campaigns.

**Actions:**

* + - Agencies (Government and NGO) agree to collaborate on date collection and standardise research on disability where possible (e.g. standard survey format, training of local officers to undertake surveys);
    - DFCD with other key government agencies liaise with NSO regarding Census questions on disability;
    - NSO include disability in periodical statistical reports;
    - DFCD collaborate with relevant stakeholders to produce general information for the wider community informing people on disability prevalence and services available and related issues including at the Provincial level;
    - NCCD and DFCD in collaboration with relevant stakeholders to organise capacity building on disability information and data needs and information processing for Provincial Offices as necessary or requested by Provincial Offices;
    - Department of Education adapt forms for school statistical returns to include data on the number of children with disabilities attending school.

### National Coordination

The coordination of services minimises the likelihood of duplication and is more likely to ensure that services and programmes are more effectively delivered and strategic alliances between agencies are more likely to be developed and synergies achieved. This requires the sharing of information and the establishment of communication channels between government ministries and divisions as well as the establishment of alliances and working partnerships with Provincial administrations and Local Government, churches and non-governmental organisations.

The Papua New Guinea National Coordination Committee for Disability (NCCD) will:

* play a key role in advising Government on improving coordination and collaboration of agencies with the view to the greater protection of human rights, building a barrier-free environment and more inclusive society;
* Advise on developing an effective working partnership between Government, churches and NGOs;
* Advise DFCD and the Minister on emerging and changing concerns within the disability sector;
* Advise government on improving services and strengthening effectiveness and coordination;
* Advise on strengthening inter-departmental coordination on key disability concerns on employment, education, vocational training and welfare.

The NCCD would comprise of representatives of key government departments, NGOs, National Assembly of the Disabled Person (NADP), National Board for the Disabled Person (NBDP), and key church representatives. The committee should be a working committee comprising no more than ten members.

The disability focal point within the DFCD could also provide secretariat services for the NCCD.

During the Provincial consultation process many people called for a greater level of coordination of disability services within Provinces and a greater level of commitment on the part of the various Provincial administrations to supporting disability. Some Provincial administrations were active supporters of disability while others provide little in the way of financial or other forms of support.

The NBDP would retain its principal role of coordination of NGOs and agencies delivering services for people with disabilities. The NBDP would represent and promote the interests of disability NGOs and service providers.

**Objectives:**

1. National Advisory Committee on Disability (NCCD) established.

**Strategies:**

* + - the Department For Community Development through the Minister For Community Development will issue formal invitation notices to selected government departments, NGOs, churches, the NBDP and NADP to form the NCCD;

**Actions:**

* DFCD establish a secretariat and strengthen the capacity to carry out tasks agreed to and prioritised by the NCCD by 2006;
  + - DFCD to fast track the disability legislation to formalise NCCD;
    - DFCD build the capacity of a Secretariat for the NCCD through financial support, manpower and office equipment;
    - DFCD in collaboration with NCCD support the development of provincial disability coordinating committees;
    - Government to provide financial support to NBDP through the DFCD.

1. Provincial Disability Coordination Committees established.

**Strategies:**

* + - Provincial Administrations to establish Provincial Disability Coordination Committees and to establish a mechanism to coordinate and collaboration with the NCCD where possible.

**Actions:**

* + - DFCD to advise Provincial Administrations on establishment of Provincial Disability Coordination Committees as appropriate and as requested;
    - NCCD to ensure Provincial Disability Coordination Committees are kept informed of national issues and developments through regular communications.

### Public Awareness

When the wider community is aware of the human rights and needs of people with disabilities, then environmental and attitudinal barriers are more likely to be dismantled and the community is made more accessible and inclusive of people with disabilities, their rights are more likely to be protected, their abilities will be valued, their diversity and interdependence will be recognised and they are more likely to be integrated into daily life. Awareness of fundamental human rights of all people is a cornerstone to achieving an inclusive society.

A well-informed community requires good information to inform debate, and awareness raising programmes as well as policy development at all levels of the community. All forms of the media need to be used.

**Objectives:**

1. Enhanced awareness in wider community on disability issues.

**Strategies:**

* + - Establish an awareness creation network and communication system amongst partner organisations working in the disability sector in PNG and utilise Community Development administrative structures in the Provinces, Districts and Local Government Areas;

**Actions:**

* + - DFCD to develop a strategy to strengthen communication links with existing state social sector services e.g. health, education, labour and employment, local level governments and sporting organisations;
    - NCCD with DFCD and other relevant agencies to develop strategies for educating and informing the public on the different forms of disability (children and adults) their causes and prevention measures. Awareness on careless attitudes causing disabilities i.e. accidents, domestic violence, harming children, alcohol and drug abuse, and police practices;
    - NCCD to advise private sector employers on the need for awareness training on disability needs with the provision of commercial services (e.g. Air Niugini, hotels and motels, Banks, etc);
    - National Aids Council to recognise disability in its programmes and assist with raising awareness on HIV/AIDS as a contributing factor to disabilities e.g. children born with HIV/AIDS, adults looking after disabled children;
    - DFCD in collaboration with other government agencies to develop strategies to improve awareness on careless attitudes causing disabilities i.e. accidents, domestic violence, harming children, alcohol and drug abuse;
    - Sports programmes promoted for people with disabilities by sporting clubs and associations;
    - NADP develops a strategy to promote the skills of people with disabilities amongst employers and create greater awareness of employment potentials of people with disabilities.

### Legislation

Introducing and enforcing Legislation is paramount to protect the most vulnerable. Legislation must focus on all forms of discrimination including sexual, physical and mental abuse, and the need to provide equal opportunities in education, health and employment.

**Objectives:**

1. Legislation enacted to protect the rights of people with disability and provide a mandate for an inclusive and barrier free society and recognising that people with disability, particularly children and women with disability, are a vulnerable group in society.

**Strategies:**

* + - Consultation on draft legislation with all stakeholders to include People With Disabilities, especially youth, women and children at all levels of the Government and promote Disabled Peoples Organisations;

**Actions:**

* + - Draft legislation;
    - Clearly define self-help organisations and service provider organisations to ensure equity, accountability and transparency.

### Self-help Organisations/Provincial Associations

The quality of life of people with disabilities, and of the broader community, improves when people with disability actively voice their concerns and participate in decision-making. Self-help organizations are the most qualified, best informed and most motivated to speak on their own behalf concerning the proper design and implementation of policy, legislation and strategies which will ensure their full participation in social, economic, cultural and political life and enable them to contribute to the development of their communities. Self-help organizations provide a means by which collective capacity-building can be undertaken and empowerment achieved. Self-help organisations provide the opportunity to enhance capacity and provide a foundation to advocate for human rights and inclusion with governmental and other civil society agencies.

Self-help organisations need to have a voice and the effectiveness of such groups will be enhanced through partnerships with Provincial and Local administrations as well as with central government.

**Objectives:**

1. Strengthened support for the development of self-help organisations (SHOs) for people with disabilities.

**Strategies:**

* + - strengthen and/or establish communication and linkages between existing self-help organisations, service organisations and other developmental NGOs.

**Actions:**

* + - NADP to clearly define the concept of self help organisations;
    - SHOs are encouraged to provide services that directly contribute to the development of people with disabilities and meets immediate needs;
    - NCCD with DFCD and National Training Council develop strategies and identify resources for the provision of leadership training for people with disabilities and their families;
    - NCCD with DFCD develop strategies and identify resources for the provision of training in living skills and “good citizenship” for people with disabilities especially at the Provincial level;
    - DFCD and NCCD develop strategies and explore ways of developing resources for specialised training for self-help programmes e.g. small businesses and book keeping skills.

### Prevention, Early Detection and Intervention

Infants and young children with disabilities require access to early intervention services, including early detection and identification (birth to four years old), with support and training to parents and families to facilitate the maximum development of the full potential of their disabled children. Failure to provide early detection, identification and intervention to infants and young children with disabilities and support to their parents and caretakers results in secondary disabling conditions which further limit their capacity to benefit fromeducational opportunities and increases health and welfare costs to the state in the long term. Provision of early intervention should be a combined effort of Education, Health, particularly CBR workers, teachers, Public Health nurses, Village Birth Attendants and the Department For Community Development.

Many of the causes of disability are preventable through developing safe work place practices, improving safety measures in the community, including road safety, all of which can lead to disabling injuries. Similarly, improving immunisation and eliminating malnutrition and iodine deficiencies as well as filiarisis and increasing awareness of diet and other daily practices to improve health can also decrease the incidence of certain types of disabilities.

Greater awareness needs to be created, particularly in rural and remote areas of how disabilities can be prevented through improved community health practices, improved work place safety as the costs of delivering rehabilitation and other services for people with disabilities are higher.

**Objectives:**

1. Early intervention measures for children 0-4 years old strengthened.

**Strategies:**

* + - Improvement of the capacity of key professionals including village health volunteers, village and hospital birth attendants, church leaders, teachers and others on prevention, early intervention and detection measures.

**Actions:**

* + - DFCD work with relevant Health and Education officials to develop methods to assist with the development of early identification of children with disability at elementary level and monitor their progress;
    - NCCD with relevant government agencies and stakeholders to promote safe mother hood and safe pregnancy practices and develop strategies to make medical and health services more accessible to pregnant women in the rural and urban areas;
    - NCCD with relevant government agencies and stakeholders develop strategies to ensure the development of safe delivery practices in hospitals and clinics;
    - Department of Health in collaboration with relevant stakeholders develop a programme for midwifery training on prevention and early intervention measures for disabilities.

1. Work place safety improved to prevent workplace injuries leading to disabilities.

**Strategies:**

* + - The promotion of safe work place practices amongst employers.

**Actions:**

* + - NCCD and DFCD in consultation with other key stakeholders to develop a strategy to educate and inform the public on the different forms of work place and home practices to prevent injury and disabilities;
    - DFCD to discuss with Department of Labour and Employment and other relevant government departments a review of work place health and safety regulations and legislation with the view to identifying ways of improving regulations and legislation to improve work place health and safety to limit accidents leading to disabilities.

### Rehabilitation Services and Assistive Devices

Community based rehabilitation is proving to be effective in Pacific island countries, particularly in rural and remote areas. Community based rehabilitation (CBR) workers and maternal child health workers are trained in the early identification and referral of infants with disabilities in both rural and urban areas.

Assistive devices are essential for improving the mobility of people, the overall quality of life and in ensuring greater independence. The greatest challenge in this area is in rural and remote areas where mobility issues are most difficult to address and assistive devices are most difficult to deliver because of the lack of services and follow-up to train people in their uses. The CBR services model extending to the rural and remote communities provides the best method of meeting the support needs of people with disabilities and their families, within their local communities.

**Objectives:**

1. Rehabilitation services strengthened nationally.

**Strategies:**

* + - Strengthening of CBR programmes, particularly in the provinces, and the timely provision of appropriate assistive devices and equipment for rehabilitation purposes and extension.

**Actions:**

* + - CBR workers provide training on proper use and care of assistive devices;
    - NOPS together with relevant stakeholders develop a register of equipment and maintenance of the equipment;
    - NCCD together with relevant government agencies and other stakeholders research ways in which the provision of assistive devices (e.g. medical services and diagnostic services, hearing and vision aids) can be subsidised;
    - Health Department together with other relevant stakeholders develop a strategy to establish new rehabilitation centres and upgrade existing centres and services by 2007;
    - Health Department together with NCCD and other relevant stakeholders develop a training programme for relevant medical staff, carers, parents and extended families on rehabilitation approaches and programmes.

1. Support for the family strengthened where the family includes people with disabilities.

**Strategies:**

* + - Support for strengthening the role of CBR workers and regular visits by CBR workers to communities where families are identified, to evaluate and monitor activities and training provided to families on care giving.

**Actions:**

* + - CBR workers to provide training for care givers in the extended family;
    - CBR workers provide advice and assistance to families on health and nutrition issues;
    - NCCD in collaboration with the Health Department and other relevant stakeholders identify existing training programmes and investigate where new training programmes should be established for parents with children who have disabilities;
    - NCCD in collaboration with the Health Department and other relevant stakeholders develop a strategy to establish counselling programmes for parents with children with disabilities and children with disabled parents and other persons with special needs.

### Education, Training and Employment

The Constitution of Papua New Guinea upholds the right of every child to basic education. The *National Special Education Policy, 2004-2008,* states that, “therefore the State will promote equality of access to relevant quality education for all children” (page 2). The overall goal of the *Special Education Policy* is:

*The integration or inclusion of children with special needs into the regular school system and into the community.* (page 2)

This national policy on Disability endorses the *National Special Education Policy, 2004-2008* and seeks to extend the approach, provisions and priorities of the policy to all of Papua New Guinea society. The *National Special Education Policy* emphasises *inclusiveness* and *mainstreaming* which is at the heart of the National Policy on Disability.

People with disabilities have a right to education and for their skills to be fully utilised through decent work. Decent work is productive work in conditions of freedom, equity, security and human dignity. People with disabilities have unique differences and abilities and they should have the right to choose what they want to do, based on their abilities, not on their disabilities. They require the same educational, vocational training, employment and business development opportunities available to all. Some may require specialized support services, assistive devices or job modifications, but these are small investments compared to lifetimes of productivity and contribution. Vocational training and employment issues must be considered within the context of the full participation of people with disabilities in community life and within the macro context of changing demographics and workplaces. People with disabilities must also be regularly and actively involved in initiatives related to employment and training, not just as consumers but also as advocates, designers and providers of services.

Government and employers must commit themselves to develop employment policies that address equity concerns and that positively discriminate in favour of people with disabilities in order to build representation of people with disabilities in the workforce.

**Objectives:**

1. Improved access to mainstream education at all levels*.*

**Strategies:**

* equal training opportunities to children and adults with disabilities from the elementary to tertiary level education will be provided

**Actions:**

* + - Department of Education support schools to include children with disabilities in classes;
    - NCCD in collaboration with the Department of Education and other relevant stakeholders develop a strategy to ensure that scholarships and fees assistance for children and young people with disabilities are provided;
    - NCCD in collaboration with relevant stakeholders develop a strategy to encourage the provision of appropriate training including ‘training for trainers’ to people with disabilities;
    - NCCD and relevant stakeholders encourage training institutions to provide appropriate facilities for people with disabilities.

1. Improved guidance in job placement for trained people with special needs.

**Strategies:**

* + - Government and private sector employers are encouraged to employ people with disabilities.

**Actions:**

* + - NCCD in collaboration with the Department of Labour and Employment develop a programme which encourages employers (government and NGOs, Churches, Chambers of Commerce etc), (i) to train people of special needs within the ordinary training programmes of their respective enterprises, and (ii) to employ people with special needs once they are trained;
    - Guidelines developed by NCCD in collaboration with relevant stakeholders for employment of graduates with disabilities.

1. Labour policies and laws for the employment of people with disabilities reviewed.

**Strategies:**

* + - ILO will be consulted and resources sought (particularly in respect of implementing relevant ILO Conventions, including Convention 159).

**Actions:**

* + - NCCD in collaboration with the Department of Labour and Employment and other appropriate stakeholders to review relevant policies, regulations and laws,
    - NCCD in collaboration with the Department of Labour and Employment and other appropriate stakeholders to assess relevant equal employment policy models developed within countries around the Pacific region;
    - NCCD in collaboration with the Department of Labour and Employment and other appropriate stakeholders assess the feasibility of establishing an equal employment opportunity authority to monitor employment practices and advise employers on the employment of people with disabilities.

### Accessibility and Communication

Inaccessibility to the built environment is still a major barrier, which prevents people with disabilities from actively participating in social and economic activities. Design approaches which provide for greater accessibility have proven to benefit not only people with disabilities but also many other sectors within the society, such as older people, pregnant women and parents with young children. Physical barriers are known to prevent full participation and reduce the economic and social output of people with disabilities. Investments in the removal and prevention of architectural and design barriers are increasingly being justified on economic grounds, particularly in areas most critical to social and economic participation (e.g. transport, housing, education, employment, health care, government, cultural and religious activities, commerce, leisure and recreation). It is important to note that not only facilities but also services should be accessible in their entirety. In this connection dealing with people with disabilities should be an important part of a staff training curriculum and the various services.

There needs to be collaboration between public libraries, information centres and organisations of people with disabilities to address the information barriers for people with disability and increase the availability of information in different forms. Measures need to be explored to make new technology more available to people with disabilities so that they can access information and communicate locally and globally.

The 1971 Building code as provided for under the 1971 Building Act sets standards regarding accessibility, particularly special provisions to enable improved access to buildings and amenities.

**Objectives:**

1. A barrier free physical and social environment for all.

**Strategies:**

* Awareness raising and advice provided to key service providers;
* Existing policies, regulations and laws reviewed taking into account accessibility concerns.

**Actions:**

* + - NCCD collaborate with Department of Works, Department of Lands and Physical Planning and other relevant stakeholders regarding making advice and assistance available to key public institutions on improving access to existing buildings (e.g. UPNG, government departments, courts, Banks, Churches etc);
    - NCCD in collaboration with NBDP, NADP and other relevant stakeholders, promote awareness concerning the need for access to public transport for people with disabilities especially wheelchair users;
    - NCCD, NADP and DFCD collaborate with Department of Works, Department of Lands and Physical Planning and other relevant stakeholders regarding identifying access concerns in key public areas and where footpaths and other infrastructure needs to be improved for accessibility;
    - NCCD develop an awareness strategy regarding access to key public buildings including hotels, banks, hospitals, markets, shops etc);
    - NCCD discuss with Department of Works, Department of Lands and Physical Planning and other relevant stakeholders regarding developing appropriate disability signage and signals where possible;
    - NCCD discuss with key government agencies policy and legislative reviews of Public Transport Board and other relevant policies, regulations and laws relating to infrastructure and building accessibility.

1. Improved means of communication for all types of disabilities.

**Strategies:**

* + - Production and dissemination of resources to rural areas and development of resource centres.

**Actions:**

* + - Department of Works to review public signage catering for certain disabilities and make recommendations on improving signage where possible;
    - NCCD in collaboration with the Department of Health, NBDP and other relevant stakeholders develop a strategy to strengthen and extend existing communication programmes (Braille, sign language etc);
    - Department of Health with NBDP and other relevant stakeholders assess where and how more computers for the sight impaired and other people with disabilities can be made available.

### Social Security and Livelihood

People with disabilities have a right to participate in family and community decision making and community affairs at all levels including within the village, island councils and administrations and national government. People with disabilities also have a right to participate in the private sector and wider civil society, including churches and other non-governmental organisations and members of these organisations, agencies and societies need to address how they can include people with disabilities. Research has shown that including people with disabilities in development strategies has both economic and social benefits whether at the village, island or national levels. However, people with disabilities tend not to be included in planning and decision-making. In order to achieve full participation and equality, people with disabilities must play a key role in the formulation of island and national policy on all issues that affect their lives directly.

Poverty and disability reinforce one another, contributing to increased vulnerability and exclusion. Poor nutrition, dangerous working and living conditions, limited access to vaccination programmes, health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of impairments, and natural disasters are factors responsible for disability. Many of these causes are preventable. Disability in turn exacerbates poverty, by diminishing access to means of livelihood, increasing isolation from the marketplace and economic strain. This affects not just the individual but often the entire family.

1. Greater awareness of how people with disability can improve livelihood opportunities.

**Strategies:**

* + - support for people with disabilities and extended family members through training and information on utilising land resources and developing livelihood programmes for people with disabilities, particularly in rural areas;
    - people with disabilities included in existing poverty alleviation programmes.

**Actions:**

* + - NCCD in collaboration with Department of Lands and Physical Planning and other key stakeholders develop strategies to support people with disabilities to acquire state and/or customary land for income generation purposes;
    - NCCD in collaboration with DFCD and other key stakeholders identify how people with disabilities can be included in poverty alleviation schemes (including credit schemes);
    - NCCD consult with the Internal Revenue Commission and other relevant government agencies on tax exemptions for disability related activities and discounted costs on government operated institutions;

1. More opportunities for persons with a disability to participate in sporting activities.

**Strategies:**

* + - Awareness raising through various forms of media.

**Actions:**

* + - Provincial sporting associations and disabilities sports groups develop awareness programmes on sports activities for people with disabilities;
    - NCCD facilitate communication between disability and sporting bodies and other organisations;
    - NCCD in collaboration with Provincial administrations and Provincial sporting groups encourage the establishment of provincial and district disability sports bodies.

### Gender Equity

Women and girls with disabilities are often exposed to poverty more than boys and men with disabilities and face discrimination within the family. Women and girls need to have equal access to health care, education, vocational training, employment and income generation opportunities, and to be included in social and community activities.

Women and girls with disabilities encounter discrimination as they are exposed to greater risk of physical and sexual abuse and often are not given adequate sexual health and reproductive rights advice. These issues need to be addressed not only through this policy, but also through the broader context of *Gender and Development* policies and through National Council of Women initiatives, which should actively involve and include women and girls with disabilities and empower women and girls, at the grassroots level. Such policies must, in particular, assist families to gain an adequate income so they can meet the needs of their children.

1. Equal participation of women with disabilities and mainstream their issues at the national, provincial and local levels.

**Strategies:**

* Women with disabilities mainstreamed into existing programmes

**Actions:**

* + - NCCD establish a women’s sub-committee to consider ways of supporting and strengthening the roles of women with disability;
    - The National Council of Women and women’s groups in churches encourage and support the formation of other women’s groups in communities and/or integrate programmes and activities for women with disabilities in their communities;
    - NCCD and NADP in collaboration with the National Council of Women and other relevant stakeholders encourage, support and provide incentives to self-help groups for women with disabilities and fully adopt policies that safeguard their rights as stipulated in the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

# Policy Review

The National Coordinating Committee on Disability will be responsible for monitoring and reporting on the implementation of the National Disability Policy. The NCCD will report annually to the Minister for Community Development on policy achievements and implementation constraints.

A mid point review of the policy should be carried out in 2008 to assess the overall impact of the policy and where constraints have inhibited implementation. This review should make recommendations to the Minister on how constraints can be overcome and where improvements to the overall policy can be made to strengthen effectiveness and address changing priorities.

# Conclusion

This policy provides a framework to address the rights of people with disabilities. It has been developed in consultation with a wide range of individuals, government agencies, non-governmental organizations and individuals in the Provinces and the National Capital District. In line with the government of Papua New Guinea’s support of the *Biwako Millennium Framework for Action Towards an Inclusive, Barrier-free and Rights-based Society for People with Disabilities in Asia and the Pacific, Millennium Development Goals, Convention on the Elimination of All Forms of Discrimination Against Women* and *Convention on the Rights of the Child*, the implementation of this policy will bring about the full inclusion of people with disabilities in the day-to-day activities and decision making of communities throughout Papua New Guinea.

The Constitution of Papua New Guinea and the Medium Term Development Strategy provide a clear framework and direction for addressing disability. There has been considerable development of disability concerns and delivery of services particularly by NGO and church-based agencies. The policy provides the framework, which will bring all disability stakeholders together to protect and promote human rights and develop a barrier-free and inclusive society.

Those involved in the policy consultation process identified goals, eleven targeted priority areas for action, eighteen objectives, specific strategies, and key actions in order to achieve each of the objectives for this policy and work toward its *vision*. The policy goals, prioritised objectives, actions and indicators of achievement and the means of measuring these indicators plus the various risks associated with each element of the policy is outlined in a *logical framework matrix* in the Attachment (below).

# Attachment One – National Policy Action Plan

**Papua New Guinea National Policy on Disability**

**Action Plan**

**2005-2010**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goals** | **Indicators** | **Means of verification** | **Risks** |
| 1. To promote and create awareness of the need to build a rights-based, barrier-free and inclusive society for people with disability in Papua new Guinea | Legislation on disability protecting rights and promoting an inclusive and barrier-free society | Parliamentary records | Lack of awareness and commitment to creating a rights-based, inclusive and barrier-free society |
| 2. To enable the above vision through the eleven targeted priority areas for action of the policy | NCCD commits to addressing targeted priority areas for action | NCCD constitution | Lack of stakeholder coordination |
| 3. To be the point of reference and guide for future plans, programmes and activities geared towards building a rights-based, barrier-free and inclusive society for people with disabilities in Papua New Guinea | Agencies use policy to identify priority areas for action;  Donors support policy | Agency records and National Conference on Disability | Lack of resources committed to implementing policy and enacting legislation |
|  |  |  |  |
| **Objectives** | **Indicators** | **Means of verification** | **Risks** |
| 1. National disability information focal point established | Information/data included in job description | DFCD reporting | Agencies do not agree to collaborate;  NSO does not seek advice on appropriate disability data requirements;  Information not effectively used;  Lack of capacity and understanding of how disability information/data can be developed;  Schools unable to provide disability information |
| **Objectives** | **Indicators** | **Means of verification** | **Risks** |
| 2. National Advisory Committee on Disability (NCCD) established | Appointments by Minister | DFCD reporting | Lack of clear definition of role;  Lack of secretariat support;  Lack of Provincial coordination. |
| 3. Provincial Disability Coordination Committees established | Provincial appointments made | Provincial Community Development Adviser reports | Lack of Provincial support;  Lack of understanding o disability issues in Provincial administrations. |
| 4. Enhanced awareness in wider community on disability issues | Television, Radio and print media reports. | NCCD to monitor and report. | Lack of strategic approach to awareness creation;  Lack of public interest awareness in the private sector;  Unwilling to mainstream disability in related policy areas; |
| 5. Legislation enacted to protect the rights of people with disability and provide a mandate for an inclusive and barrier free society and recognising that people with disability, particularly children and women with disability, are a vulnerable group in society | Legislation passed | Parliamentary records | Lack of political commitment  Lack of awareness of issues amongst politicians and the wider community. |
| 6. Strengthened support for the development of self-help organisations (SHOs) for people with disabilities | NADP to monitor | NADP annual reports | Lack of support to initiate interest in self-help organisations;  Lack of a strategic approach; |
| 7. Early intervention measures for children 0-4 years old strengthened | Strategies agreed by Health and Education | Health and Education reporting; Community Health worker reporting | Lack of coordination of key agencies (Health and Education;  Lack of a strategic approach;  Lack of support and understanding amongst key professionals especially midwives, teachers and other health professionals |
| 8. Work place safety improved to prevent workplace injuries leading to disabilities | Strategies agreed & information kits developed by Department of Labour and Employment | Record of discussions with employers; workers and government tripartite meetings | Lack of a strategic approach;  Lack of coordination amongst government agenices; |
| 9. Rehabilitation services strengthened nationally | Increased availability of assistive devices | NOPS reporting | CBR workers do not have sufficient training;  Lack of agency (government and NGO) support;  Lack of a strategic approach |
| **Objectives** | **Indicators** | **Means of verification** | **Risks** |
| 10. Support for the family strengthened where the family includes people with disabilities | Training programmes developed by CBR workers | Agency reporting;  NBDP reporting | Lack of CBR support;  Lack of a training needs assessment;  No strategy developed |
| 11. Improved access to mainstream education at all levels | School records show number of children with disabilities enrolled | Department of Education reporting | Lack of data from schools on number of children with disabilities;  Lack of a strategic approach;  Lack of facilities that give access to people with disabilities |
| 12. Improved guidance in job placement for trained people with special needs | Employer guidelines or toolkit developed | Department of labour Reporting | Lack of private sector commitment;  Lack of guidance or standards. |
| 13. Labour policies and laws for the employment of people with disabilities reviewed | Reviews completed of key policies on Employment and Occupational Safety and Health showing disability considerations | Department of Labour reporting;  NCCD reporting  DFCD participation in reviews | Lack of departmental coordination; |
| 14. A barrier free physical and social environment for all | Awareness programmes developed;  Increased number of access provisions made. | Department of Works reporting and Department of Transport reporting;  NADP reporting | Lack of a strategic approach prioritising access needs;  Lack of departmental commitment and awareness of needs;  Lack of physical (financial and human) resources to improve access and signage;  Lack of policy and legislation to enforce change. |
| 15. Improved means of communication for all types of disabilities | Strategies developed by key agencies | NCCD reporting;  DFCD reporting | Lack of awareness of issues;  Lack of strategic approach;  Lack of agency (government and NGO) commitment |
| 16. Greater awareness of how people with disability can improve livelihood opportunities | Credit scheme include people with disability; advice received from tax commission | NCCD reporting  Tax Commission advice reported to NCCD and DFCD | Lack of awareness in the Provinces and no strategy to develop awareness;  Lack of awareness amongst micro credit programme agencies;  Unable to gain information on taxation options and related issues |

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| **Objectives** | **Indicators** | **Means of verification** | **Risks** |
| 17. More opportunities for persons with a disability to participate in sporting activities | Regular disabled sports events | Provincial Community Development Adviser reports | Lack of awareness amongst sporting associations of disabled sports;  Lack of liaison and coordination amongst sporting groups;  Lack of support from Provincial administrations |
| 18. Equal participation of women with disabilities and mainstream their issues at the national, provincial and local levels promoted | Women with disabilities mainstreamed into national women’s programmes | National Council of Women Reporting;  NCCD reporting | Lack of awareness that women with disabilities comprise a particularly disadvantaged group;  Lack of willingness to include disability in mainstream women’s programmes |
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| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| **Data and Information: Objective 1** |  |  |  |
| 1.1 Agencies (Government and NGO) agree to collaborate on date collection and standardise research on disability where possible (e.g. standard survey format, training of local officers to undertake surveys) | Agreements on information and data collections | DFCD reporting | Lack of coordination and agreement to collaborate amongst key government and NGO agencies and other stakeholders |
| 1.2 DFCD with other key government agencies liaise with NSO regarding Census questions on disability | Census questions on disability yield good data | NSO reporting  Census questionnaire | DFCD, Education and other Government agencies fail to take the initiative |
| 1.3 NSO include disability in periodical statistical reports | NSO reports | Published reports | NSO lack resources and awareness to review disability questions for the next census |
| 1.4 DFCD collaborate with relevant stakeholders to produce general information for the wider community informing people on disability prevalence and services available and related issues including at the Provincial level | Information reports | Published and distributed reports;  NCCD reporting | Lack of coordination  lack of human and financial resources in DFCD |
| 1.5 NCCD and DFCD in collaboration with relevant stakeholders to organise capacity building on disability information and data needs and information processing for Provincial Offices as necessary or requested by Provincial Offices | Training programmes developed and delivered to Provincial officers on a as requested basis | Training programmes developed and reported by DFCD.  Provincial Community Development Adviser reports | Lack of coordination amongst key stakeholders;  Lack of resources to produce and deliver training materials |

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| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| 1.6 Department of Education adapt forms for school statistical returns to include data on the number of children with disabilities attending school | Children with disabilities included in school roll reports | Department of Education reporting  School roll reports. | Schools unwilling to or unable to produce accurate roll information |
| **National Coordination: Objective 2** |  |  |  |
| 2.1 DFCD establish a secretariat and strengthen the capacity to carry out tasks agreed to and prioritised by the NCCD by 2006 | Secretariat function formalised and agreed by DFCD | DFCD reports  NCCD reports | Lack of human and financial resources in DFCD |
| 2.2 DFCD to fast track the disability legislation to formalise NCCD | Legislation defines role of NCCD | Parliamentary legislation | Lack of political commitment |
| 2.3 DFCD build the capacity of a Secretariat for the NCCD through financial support, manpower and office equipment | Secretariat delivers reports for NCCD and records decisions | DFCD reporting | Lack of human and financial resources |
| 2.4 DFCD in collaboration with NCCD support the development of provincial disability coordinating committees | Provincial coordinating committee established in one Province others express interest. | Provincial Community Development Adviser report | Lack of commitment at the Provincial administration level |
| **Objective 3** |  |  |  |
| 3.1 DFCD to advise Provincial Administrations on establishment of Provincial Disability Coordination Committees as appropriate and as requested | Advice provided by DFCD to Provincial Administrations | DFCD reporting | Lack of commitment at the Provincial administration level;  Lack of human and financial resources by DFCD |
| 3.2 NCCD to ensure Provincial Disability Coordination Committees are kept informed of national issues and developments through regular communications | NCCD copies reports and key decision to relevant Provincial Administrations | NCCD reporting | NCCD lacks capacity to disseminate information |
| **Public Awareness: Objective 4** |  |  |  |
| 4.1 DFCD to develop a strategy to strengthen communication links with existing state social sector services e.g. health, education, labour and employment, local level governments and sporting organisations | communications strategy developed and agreed by key stakeholders; Health, education, labour and welfare data used by media | Media reports;  DFCD reporting | Lack of inter-departmental coordination;  Lack of human and financial resources in DFCD |

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| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| 4.2 NCCD with DFCD and other relevant agencies to develop strategies for educating and informing the public on the different forms of disability (children and adults) their causes and prevention measures. Awareness on careless attitudes causing disabilities i.e. accidents, domestic violence, harming children, alcohol and drug abuse, and police practices | Media reporting provides accurate information on disability issues and prevention measures | Media reports  DFCD reporting and NCCD records | Lack of information on disabilities;  Lack of resources to develop information and disseminate |
| 4.3 NCCD to advise private sector employers on the need for awareness training on disability needs with the provision of commercial services (e.g. Air Niugini, hotels and motels, Banks, etc) | Private sector responds positively to need to take account of access provisions;  Access improved with services | NCCD reporting | Lack of private sector awareness and commitment |
| 4.4 National Aids Council to recognise disability in its programmes and assist with raising awareness on HIV/AIDS as a contributing factor to disabilities e.g. children born with HIV/AIDS, adults looking after disabled children | Awareness programmes include disability as a factor | National Aids Council records | Lack of inter-departmental coordination;  Lack of awareness on how to mainstream disability in other policy areas and sectors |
| 4.5 DFCD in collaboration with other government agencies to develop strategies to improve awareness on careless attitudes causing disabilities i.e. accidents, domestic violence, harming children, alcohol and drug abuse | Strategy developed and approved; | DFCD reports on strategy to NCCD and the media | Lack of coordination amongst stakeholders;  Lack of human and financial resources in DCD |
| 4.6 Sports programmes promoted for people with disabilities by sporting clubs and associations | Sports programmes include more people with disabilities | Provincial reporting from Sporting Associations | Lack of awareness amongst sporting associations |
| 4.7 NADP develop a strategy to promote the skills of people with disabilities amongst employers and create greater awareness of employment potentials of people with disabilities | Strategy developed with key stakeholders and agreed | NADP reporting | Lack of private sector awareness and commitment |
| **Legislation: Objective 5** |  |  |  |
| 5.1 Draft legislation | Legislation passed | Parliamentary record | Lack of political commitment |
| 5.2 Clearly define self-help organisations and service provider organisations to ensure equity, accountability and transparency | Legislation defines self-help organisations | Parliamentary record | Lack of agreement amongst stakeholders |
| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| **Self-Help Organisations/provincial associations: Objective 6** |  |  |  |
| 6.1 NADP to clearly define the concept of self help organisations | NADP agree on definition | NADP report provided to NCCD | Lack of agreement amongst stakeholders;  Lack of information on disability issues |
| 6.2 SHOs are encouraged to provide services that directly contribute to the development of people with disabilities and meets immediate needs | Increased number of self-help organisations reporting on services provided | NADP reporting | SHO’s lack financial resources to deliver programmes;  Lack of stakeholder support |
| 6.3 NCCD with DFCD develop strategies and identify resources for the provision of leadership training for PWDs and their families | Training programmes developed and delivered | NCCD and DFCD report agreed strategy | Lack of stakeholder coordination |
| 6.4 NCCD with DFCD develop strategies and identify resources for the provision of training in living skills and “good citizenship” for people with disabilities especially at the Provincial level | Training programmes developed and delivered | NCCD and DFCD report agreed strategy | Lack of human and financial resources in DCD;  Lack of information on disabilities |
| 6.5 DFCD and NCCD develop strategies and explore ways of developing resources for specialised training for self-help programmes e.g. small businesses and book keeping skills | Training programmes developed and delivered | NCCD and DFCD report agreed strategy | Lack of information on disabilities;  Lack of human resources in DCD |
| **Prevention, early detection and intervention:**  **Objective 7** |  |  |  |
| 7.1 DFCD work with relevant Health and Education officials to develop methods to assist with the development of early identification of children with disability at elementary level and monitor their progress | More children identified early with disabilities | DFCD, Education and Health Departments agree on strategy and report to NCCD | Lack of inter-departmental coordination;  Lack of information on early intervention policy options and strategies |
| 7.2 NCCD with relevant government agencies and stakeholders to promote safe mother hood and safe pregnancy practices and develop strategies to make medical and health services more accessible to pregnant women in the rural and urban areas | Agreed strategy developed | Strategy tabled at NCCD | Lack of resources and information to develop programmes and implement strategy |
| 7.3 NCCD with relevant government agencies and stakeholders develop strategies to ensure the development of safe delivery practices in hospitals and clinics | Decrease in rate of disabilities reported amongst 0-4 year old children | Health Department reporting | Lack of stakeholder coordination;  Lack of awareness amongst Health Department professionals of disability and early intervention issues. |

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| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| 7.4 Department of Health in collaboration with relevant stakeholders develop a programme for midwifery training on prevention and early intervention measures for disabilities | Midwifery training programme developed and delivered as in-service module | Health Department reporting | Lack of human and financial resources to develop in-service training programme |
| **Objective 8** |  |  |  |
| 8.1 NCCD and DFCD in consultation with other key stakeholders to develop a strategy to educate and inform the public on the different forms of work place and home practices to prevent injury and disabilities | Strategy developed and available | NCCD reporting | Lack of human and financial resources to develop strategy;  Lack of stakeholder coordination |
| 8.2 DFCD to discuss with Department of Labour and Employment and other relevant government departments a review of work place health and safety regulations and legislation with the view to identifying ways of improving regulations and legislation to improve work place health and safety to limit accidents leading to disabilities | Review of policies and legislation on OSH and Employment includes disability provisions | Departmental Policy published and parliamentary records | Lack of inter-departmental coordination |
| **Rehabilitation services and assistive devices:**  **Objective 9** |  |  |  |
| 9.1 CBR workers provide training on proper use and care of assistive devices | CBR training programmes;  More assistive devices have longer life. | NOPS reporting  CBR worker reporting | Lack of human and financial resources to develop training programmes |
| 9.2 NOPS together with relevant stakeholders develop a register of equipment and maintenance of the equipment | Register developed | NOPS reporting | Lack of human and financial resources to develop register |
| 9.3 NCCD together with relevant government agencies and other stakeholders research ways in which the provision of assistive devices (e.g. medical services and diagnostic services, hearing and vision aids) can be subsidised | Report on assistance available for people with disabilities to acquire assistive devices  More people have assistive devices | Health Department reporting  NCCD reporting | Lack of inter-departmental coordination; |
| 9.4 Health Department together with other relevant stakeholders develop a strategy to establish new rehabilitation centres and upgrade existing centres and services by 2007 | Rehabilitation centres acquire more resources;  Strategy developed | Health Department reporting | Lack of human and financial resources to extend or strengthen rehabilitation services ;  Lack of a strategic approach |
| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| 9.5 Health Department together with NCCD and other relevant stakeholders develop a training programme for relevant medical staff, carers, parents and extended families on rehabilitation approaches and programmes | Training programme delivered; wider community awareness of rehabilitation needs for people with disability | NCCD and Health Department reporting | Lack of human and financial resources to develop training programme;  Lack of information on disability issues |
| **Objective 10** |  |  |  |
| 10.1 CBR workers to provide training for care givers in the extended family | Family members trained and aware of needs of people with disabilities | CBR workers reports from agencies;  NCCD reporting | Lack of resources to develop training programmes;  Lack of public awareness of disability issues |
| 10.2 CBR workers provide advice and assistance to families on health and nutrition issues | Health and nutrition of people with disabilities improved | Community health worker reports | CBR workers lack awareness of health and nutrition issues |
| 10.3 NCCD in collaboration with the Health Department and other relevant stakeholders identify existing training programmes and investigate where new training programmes should be established for parents with children who have disabilities | Review of training completed;  Training needs identified | Review published by NCCD | Lack of an assessment and strategy for training and disability in the community  Lack of stakeholder coordination |
| 10.4 NCCD in collaboration with the Health Department and other relevant stakeholders develop a strategy to establish counselling programmes for parents with children with disabilities and children with disabled parents and other persons with special needs | Strategy developed  People with disabilities and families receive advice or counselling | NCCD reporting and community health and CBR worker reporting | Lack of a strategic approach;  Lack of awareness of issues and information on the family and disability;  Lack of human and financial resources to develop strategy |
| **Education, training and employment: Objective 11** |  |  |  |
| 11.1 Department of Education support schools to include children with disabilities in classes | School roll reporting includes number of children with disabilities;  Number of children with disabilities attending primary school increases | School roll reports to Department of Education | Schools fail to include disability in school roll reporting  Teachers lack awareness of disability and children;  Teachers unwilling to include children with disability in the classroom |

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| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| 11.2 NCCD in collaboration with the Department of Education and other relevant stakeholders develop a strategy to ensure that scholarships and fees assistance for children and young people with disabilities is provided | Strategy agreed by key stakeholders;  More scholarships offered to students with disabilities | Department of Education and National Training Council reporting;  NBDP reporting; | Lack of a strategic approach;  Lack of stakeholder coordination |
| 11.3 NCCD in collaboration with relevant stakeholders develop a strategy to encourage the provision of appropriate training including ‘training for trainers’ to people with disabilities | Strategy agreed by key stakeholders;  More scholarships offered to students with disabilities | National Training Council reporting;  NBDP reporting; | Lack of a strategy on training;  Lack of information on training needs and disability |
| 11.4 NCCD and relevant stakeholders encourage training institutions to provide appropriate facilities for people with disabilities | Key training institutions made more accessible;  More students attending training institutions | NCCD reporting | Lack of awareness amongst key training and education institutions of disability access issues;  Lack of financial resources to improve access |
| **Objective 12** |  |  |  |
| 12.1 NCCD in collaboration with the Department of Labour and Employment develop a programme which encourages employers (government and NGOs, Churches, Chambers of Commerce etc), (i) to train people of special needs within the ordinary training programmes of their respective enterprises, and (ii) to employ people with special needs once they are trained | More people with disabilities trained on the job and employed | NCCD reporting;  Department of Labour reporting | Lack of awareness of disability employment issues in the wider community and amongst the private sector in particular;  Lack of support and employer guidelines on the employment of people with disabilities |
| 12.2 Guidelines developed by NCCD in collaboration with relevant stakeholders for employment of graduates with disabilities | Guidelines on employment of people with disabilities developed  More people with disabilities employed | NCCD reporting;  Department of Labour and OSH reporting | Lack of stakeholder commitment to develop guidelines;  Lack of human resources to develop guidelines;  Lack of information on disability and employment |

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| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| **Objective 13** |  |  |  |
| 13.1 NCCD in collaboration with the Department of Labour and Employment and other appropriate stakeholders to review relevant policies, regulations and laws | Employment, and OSH policy and legislative review completed and refer to employment of people with disabilities consistent with ILO conventions on discrimination | Department of labour and Employment reviews published | Lack of inter-departmental coordination |
| 13.2 NCCD in collaboration with the Department of Labour and Employment and other appropriate stakeholders to assess relevant equal employment opportunity (EEO) policy models developed within countries around the Pacific region | Models developed on EEO. | NCCD and Department of Labour and Employment reporting | Lack of stakeholder collaboration and coordination;  Lack of human resources to undertake assessment |
| 13.3 NCCD in collaboration with the Department of Labour and Employment and other appropriate stakeholders assess the feasibility of establishing an equal employment opportunity authority to monitor employment practices and advise employers on the employment of people with disabilities | Feasibility study completed | NCCD and Department of Labour and Employment reporting | Lack of human and financial resources to undertake feasibility study  Lack of coordination of stakeholders |
| **Accessibility and communication: Objective 14** |  |  |  |
| 14.1 NCCD collaborate with Department of Works, Department of Lands and Physical Planning and other relevant stakeholders regarding making advice and assistance available to key public institutions on improving access to existing buildings (e.g. UPNG, government departments, courts, Banks, Churches etc) | Access improved in key public buildings | NCCD and Department of Works reporting | Lack of awareness of access issues in wider community and with key public institutions;  Lack of commitment to improve access;  Lack of financial resources to improve access |
| 14.2 NCCD in collaboration with NBDP, NADP and other relevant stakeholders, promote awareness concerning the need for access to public transport for people with disabilities especially wheelchair users | Awareness increased of access concerns with public transport; | NADP and NBDP reports | Lack of stakeholder coordination;  Lack of resources to develop awareness programmes |

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| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| 14.3 NCCD, NADP and DFCD collaborate with Department of Works, Department of Lands and Physical Planning and other relevant stakeholders regarding identifying access concerns in key public areas and where footpaths and other infrastructure needs to be improved for accessibility | Key access issues identified;  Increased awareness of access issue within key public institutions. | NADP and NBDP reports | Lack of inter-departmental coordination; |
| 14.4 NCCD develop an awareness strategy regarding access to key public buildings including hotels, banks, hospitals, markets, shops etc) | Media reports of access issues; Access improved in key public buildings | NCCD reporting | Lack of information on access and disability issues; |
| 14.5 NCCD discuss with Department of Works, Department of Lands and Physical Planning and other relevant stakeholders regarding developing appropriate disability signage and signals where possible | More awareness of need for signage; more signs developed in key public buildings | NCCD and Department of Works reports | Lack of inter-departmental and stakeholder coordination;  Lack of financial resources to improve signage;  Lack of a strategy identifying priorities |
| 14.6 NCCD discuss with key government agencies policy and legislative reviews of Public Transport Board and other relevant policies, regulations and laws relating to infrastructure and building accessibility | Review completed with NCCD participation | Review published by Transport Board | Lack of inter-departmental coordination |
| **Objective 15** |  |  |  |
| 15.1 Department of Works to review public signage catering for certain disabilities and make recommendations on improving signage where possible | More awareness of need for signage; more signs developed in key public buildings | Department of Works reports | ‘lack of a strategy on priorities;  lack of resources to improve signage |
| 15.2 NCCD in collaboration with the Department of Education, Callan Services and other relevant stakeholders develop a strategy to strengthen and extend existing communication programmes (Braille, sign language etc) | Improved access to communications technology by people with disabilities undergoing training or education programmes | Callan Services and Department of Education reports | Lack of stakeholder coordination;  Lack of financial resources to improve access to technology |
| 15.3 Department of Education with Callan Services and other relevant stakeholders assess where and how more computers for the sight impaired and other people with disabilities can be made available | Improved access to communications technology by people with disabilities undergoing training or education programmes | Callan Services and Department of Education reports | Lack of stakeholder coordination;  Lack of financial resources to improve access to technology |
| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| **Social security and livelihood: Objective 16** |  |  |  |
| 16.1 NCCD in collaboration with key stakeholders develop strategies to support people with disabilities to acquire state and/or customary land for income generation purposes | Awareness increased in rural communities of livelihood needs of people with disabilities;  More people with disabilities engage in livelihood enterprises | Provincial Community Development Advisers report on livelihood opportunities for people with disabilities | Lack of awareness in rural community of disability livelihood issues;  Lack of stakeholder coordination |
| 16.2 NCCD in collaboration with DFCD and other key stakeholders identify how additional credit schemes specifically for people with disabilities can be established | Credit scheme include people with disabilities;  More people with disabilities develop livelihood projects using micro loans; micro credit schemes target people with disabilities | DFCD reporting;  Micro credit scheme reports. | Lack of awareness of micro credit access concerns for people with disabilities;  Lack of information on disability and livelihood concerns. |
| 16.3 NCCD consult with the Internal Revenue Commission and other relevant government agencies on tax exemptions for disability related activities and discounted costs on government operated institutions | Report on tax status for disability related services and assistive devices | Internal Revenue Commission report | Lack of interdepartmental coordination;  Lack of political commitment to address tax issues |
| **Objective 17** |  |  |  |
| 17.1 Provincial sporting associations and disabilities sports groups develop awareness programmes on sports activities for people with disabilities | More people with disabilities engaged in disabled sports | Sports Associations reporting; Provincial Community Development Adviser reports | Lack of awareness amongst sporting associations of disability issues  Lack of stakeholder support |
| 17.2 NCCD facilitate communication between disability and sporting bodies and other organisations | Increased awareness of disabled sports in sporting associations | NCCD Reporting and Sporting association reports | Lack of coordination amongst stakeholders;  Lack of awareness of disabled sport |
| 17.3 NCCD in collaboration with Provincial administrations and Provincial sporting groups encourage the establishment of provincial and district disability sports bodies | More disability specific sports groups formed in the Provinces | Disability Sport associations report;  NADP reporting. | Lack of coordination amongst stakeholders;  Lack of awareness of disabled sport |
| **Actions** | **Indicators** | **Means of verification** | **Risks** |
| **Gender: Objective 18** |  |  |  |
| 18.1 NCCD establish a women’s sub-committee to consider ways of supporting and strengthening the roles of women with disability | Womens sub committee established | NCCD report | Lack of stakeholder support;  Lack of information on women with disabilities |
| 18.2 The National Council of Women and women’s groups in churches encourage and support the formation of other women’s groups in communities and/or integrate programmes and activities for women with disabilities in their communities | Women with disabilities included in women’s initiatives and programmes | National Council of Women report on disability inclusion | Lack of stakeholder support;  Lack of information on women with disabilities |
| 18.3 NCCD and NADP in collaboration with the National Council of Women and other relevant stakeholders encourage, support and provide incentives to self-help groups for women with disabilities and fully adopt policies that safeguard their rights as stipulated in the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) | CEDAW report includes reporting on women with disabilities | NADP and National Council of Women reporting | Lack of stakeholder support;  Lack of information on women with disabilities |

1. Melanesian Institute, *Attitudes and Practices Towards People with Disabilities: A Survey of the Wosera Area of the East Sepik Province, Papua New Guinea,* Goroka, 2003. [↑](#footnote-ref-2)
2. *The State of Service Delivery for Children Ages 0-7 With Special Reference to Those with Disabilities in National Capital district, Papua New Guinea: A report to the Special Eduction Committee of the Departent of Education and the Office of the Director of Child Welfare Services, Office of Family and Church Affairs,*  by Maryline Aovengaga Kajol, Project Officer, Women’s Division, Office of Family and church Affairs, Department of Provincial and Local Government Affairs, Port Moresby, October 1998. [↑](#footnote-ref-3)
3. World Bank, Social Protection Discussion Paper Series, *Disability and Social Safety Nets in Developing Countries,*  by Sophie Mitra, Social Protection Unit, Human Development Network, May 2005. [↑](#footnote-ref-4)
4. DFID, Disability*, Poverty and Development*, Department for International Development, 2000. [↑](#footnote-ref-5)
5. see *Participation Of Persons With Disabilities In Pacific Island Countries In The Context Of The Asian And Pacific Decade Of Disabled Persons, 1993-2002, And Beyond*, UNESCAP, Special Body on Pacific island Developing Countries, Bangkok, May 2002. [↑](#footnote-ref-6)