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A FURTHER STUDY ON DISABILITY IN THE CARIBBEAN: RIGHTS, COMMITMENT, STATISTICAL ANALYSIS, AND MONITORING

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I. INTRODUCTION

A significant part of the population in the Caribbean is living with disabilities. The regional meeting for the Dutch- and English-speaking Caribbean countries to assess the implementation of the programme of action of the International Conference on Population and Development (ICPD) 15 years after its adoption concluded that the physical infrastructure is far behind levels necessary to guarantee equal participation in all aspects of social, economic and cultural life[i]. It was furthermore agreed that increased investments were needed in order to create conditions that permitted self-reliance and dignity for persons with disability.

After the non-binding Declaration on the Rights of Disabled Persons, adopted in 1975 by the General Assembly of the United Nations, the Convention on the Rights of Persons with Disabilities (CRPD) was adopted in 2006. The Convention is intended as a human rights instrument with an explicit, social development dimension. It employs a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. To date, it has been signed by 7 out of 13 United Nations member States in the subregion.

Countries in the Caribbean subregion have taken several measures and initiatives to address the specific problems of persons living with disabilities. The commitment towards the rights and the position of persons with disabilities is mixed, however. Even the best examples are falling far short of guaranteeing full participation of persons with disabilities in life the same as persons without disabilities. The full potential of persons with disabilities is not utilized which is a loss for the society as a whole.

The availability of statistics on persons living with disabilities is limited. Even if data are gathered, the number of publications and studies published on the basis of these data is limited. Additionally, there are many issues with the quality of the data, which led the World Bank to conclude that 'the difficulty is obtaining high quality data, especially data that is useful for comparisons across countries and regions. The rate of disability found in household surveys and censuses varies dramatically. This variation results from differing measures of disability, different data collection techniques, and different reactions to survey questions by respondents'.

There are several international and regional initiatives to harmonize the tools to collect data on disability. The Washington Group on disability statistics is the main initiative of the United Nations and its member States. Attempts to gather information on government commitment and advances towards the CRPD were made by the Global Survey on Government Action on the Implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities and as part of the Biwako Millennium Framework.

This is the second study on disability in the Caribbean undertaken by the Economic Commission for Latin America and the Caribbean (ECLAC). The first study presented an overview of definitions and concepts applied by the United Nations and further described different concepts and methodologies available to quantify and measure disability[ii]. It also presented the findings of an empirical four-country study using recent census data. The current study has the character of a work-in-progress. The aims of the study are to: describe

the initiatives taken by the United Nations and other regional and international organizations in relation to persons with disabilities; provide examples of initiatives and commitment at the national level for a selected number of countries; show how census and survey data from countries in the subregion can be used to quantify the incidence and prevalence of disability; and decide on a questionnaire that can be used for a more detailed assessment of the situation of persons with disabilities in the Caribbean and the extent to which governments have implemented policy measures and have taken real action to improve the life of their subjects who are living with disabilities.

II. INTERNATIONAL INITIATIVES TOWARDS THE RIGHTS AND PROTECTION OF PERSONS LIVING WITH DISABILITIES.

The United Nations General Assembly proclaimed the Universal Declaration of Human Rights (UDHR) for all people and all nations in 1948. The declaration aims at an all-encompassing coverage of human rights without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status (Article 2). It therefore also addresses the rights of persons living with disabilities. Article 25 further specifies: '*Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.*'

Despite this universal and all-encompassing declaration of rights, many other declarations and conventions have followed to further safeguard the rights of specific groups. However, these groups never got the protection and support that was promised by the Governments of all United Nations member States (all have signed up to the UDHR).

In the past 40 years, many initiatives, programmes, schemes and plans of action have been developed with the aim of improving the lives of persons with disabilities. The Declaration on the Rights of Mentally Retarded Persons was adopted by General Assembly resolution 2856 (XXVI) of 20 December 1971. It states that 'the mentally retarded person has, to the maximum degree of feasibility, the same rights as other human beings: the right to proper medical care and physical therapy, education, training, rehabilitation, and guidance; the right to economic security and to perform productive work; and the right, when necessary, to a qualified guardian and to protection from exploitation, abuse, and degrading treatment. Whenever mentally retarded persons are unable to exercise all their rights in a meaningful way or if it should become necessary to restrict or deny them, the procedure used must contain proper safeguards against abuse'.

Shortly after the Economic and Social Council resolution 1921 (LVIII) of 6 May 1975 on the prevention of disability and the rehabilitation of disabled persons, the Declaration on the Rights of Disabled Persons was proclaimed by the General Assembly (resolution 3447 (XXX) of 9 December 1975). Among the rights declared were the right to enjoy a decent life, as normal and full as possible with entitlements to measures designed to enable them to become as self-reliant as possible. It further states that 'Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthetic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the processes of their social integration or reintegration. Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions'.

The principles of these Declarations were embodied in the World Programme of Action concerning Disabled Persons that was adopted by consensus by the General Assembly of the United Nations in 1982. After 1981 was designated as the United Nations International Year of Disabled Persons, 1983 to 1992 was declared the Decade of Disabled Persons (General Assembly resolution 37/52). It gave a time frame to the countries to implement the activities recommended in the World Programme of Action.

Another resolutions adopted by the United Nations General Assembly was the Tallinn Guidelines for Action on Human Resources Development in the Field of Disability in 1989 (General Assembly resolution 38/28). The guidelines provide a framework for promoting participation, training and employment of disabled persons within all government ministries and on all levels of national policymaking in order to equalize opportunities for persons with disabilities.

The Standard Rules for the Equalization of Opportunities for Persons with Disabilities were introduced in 1993, in recognition of the fact that persons with disabilities have been marginalized for too long and have been excluded from both the social development and human rights agendas. All 191 Member States of the United Nations adopted the rules. They underlined the fact that the costs of implementing equalization policies were far lower than the loss of continued marginalisation of persons living with disabilities.

Despite all these declarations and resolutions, the rights of persons with disabilities were not upheld and recognised properly. Therefore, in 2001, an ad hoc committee was established by the General Assembly with the purpose of creating an international convention for the protection and promotion of the rights of persons with disabilities. This led to the landmark treaty that was reviewed and adopted at the General Assembly on 13 December 2006. The CRPD was opened for signature and ratification on 30 March 2007, and finally entered into force after it received the qualifying number of 20 ratifications (and 10 for the optional protocol) on 3 May 2008. The principal purpose of the Convention is not to create a new set of rights, but to ensure that the standing rights of persons with disabilities are implemented. Further details on the CRPD can be found in the first study of ECLAC on Disability in the Caribbean.

The Optional Protocol to the CRPD establishes an individual complaints mechanism for the Convention. States that ratify the protocol agree to recognise the competence of the Committee on the Rights of Persons with Disabilities to consider complaints from individuals or groups who claim that their rights under the Convention have been violated. The Committee can request information from and make recommendations to a State party to the Convention. The Committee can be requested to investigate, report and make recommendations on grave or systematic violations of the Convention.

Although several Caribbean States have signed the CRPD, so far, Jamaica is the only one among the Dutch- or English-speaking countries that has ratified the Convention (Table 1). Other Caribbean countries that ratified the CRPD were Cuba and the Dominican Republic. The optional protocol was signed, but not ratified, by Antigua and Barbuda, Cuba and Jamaica. Only Haiti and the Dominican Republic have ratified the Optional Protocol.

Table 1: Caribbean States and Signing and Ratifying of Conventions related to Disability[a]

COUNTRY	UN Convention on the Rights of Persons with Disabilities		Optional Protocol to UN Convention		Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons with Disabilities		ILO Vocational Rehabilitation and Employment Convention	
	Signed	Ratified	Signed	Ratified	Signed	Ratified	Signed	Ratified
Antigua and Barbuda	✓		✓					
Aruba[b]	✓							
Bahamas								
Barbados	✓							
Belize								
Cuba	✓	✓						✓
Dominica	✓				✓			
Dominican Republic		✓		✓	✓	✓		✓
Grenada								
Guyana	✓							
Haiti		✓		✓	✓	✓		
Jamaica	✓	✓	✓		✓			
Netherlands Antilles[b]	✓							
Saint Kitts and Nevis								
Saint Lucia								
St. Vincent & Grenadines								
Suriname	✓							
Trinidad and Tobago	✓							✓

[a] Ratifying makes a convention legally binding to the ratifying State. Signing indicates the support by a State for the principles of the convention. After a State has signed, national laws and regulations can be brought into line with the convention before ratifying it.
[b] Only the Kingdom of the Netherlands can sign or ratify treaties, the individual countries Aruba, the Netherlands Antilles, and the Netherlands cannot. The individual countries can, however, decide if the convention applies to them. The ILO convention was ratified by the Kingdom of the Netherlands but (so far) only applies to the Netherlands.

Monitoring of the Implementation of the Convention

Article 33 explains that States must set up national focal point governments in order to monitor implementation of the Convention's precepts. States must also set up some sort of independent monitoring mechanisms – which usually take the form of an independent national human rights institution. The full participation of civil society, in particular persons with disabilities and their representative organizations is essential in the national monitoring and implementation process. International monitoring is achieved via the Committee on the Rights of Persons with Disabilities and the Conference of States Parties.

•The Conference of States Parties will be made up of signatories to the Convention, and will have the authority to consider any matter with regard to implementation of the Convention. The first meeting of the Conference of States Parties will be convened by the Secretary-General no later than six months after the entry into force of the Convention. The subsequent meetings shall be convened by the Secretary-General biennially or upon the decision of the Conference of States Parties. The Conference will elect members of The Committee on the Rights of Persons with Disabilities.

•The Committee on the Rights of Persons with Disabilities will have an eventual membership of 18 experts, (in accordance with article 34 of the Convention, the Committee shall, at the time of entry into force of the Convention, be composed of 12 experts. After an additional 60 ratifications or accessions to the Convention, the membership of the Committee shall increase by 6, attaining a maximum number of 18 members) who will serve for 4-year terms in their individual capacities rather than as government representatives. (The term of six of the first Committee

members will expire after two years). States Parties will provide reports to the Committee every two years after the Convention has entered into force. The reports will provide a comprehensive explanation on the progress made towards implementation of the Convention.

From: http://www.un.org/disabilities/ Please refer to this website for any further information on the CRPD

The Vocational Rehabilitation and Employment (Disabled Persons) Convention, was established in 1983 at the General Conference of the International Labour Organisation (ILO). The Convention builds on the Vocational Rehabilitation (Disabled) Recommendation from 1955, and the resolution concerning vocational rehabilitation of disabled persons and the resolution concerning disabled workers, adopted by the International Labour Conference, in 1965 and 1968, respectively. The parties to the Convention undertake, in accordance with national conditions, practice and possibilities, to formulate, implement and periodically review a national policy on vocational rehabilitation and employment of disabled persons. It also provides for consultation of representative organizations of, and for, disabled persons. Unfortunately, only Cuba, the Dominican Republic and Trinidad and Tobago have ratified this convention.

A. Regional initiatives

Several initiatives have been taken by the Organisation of American States (OAS). The Panama Commitment to Persons with Disabilities in the American Hemisphere was adopted in 1996[iii]. The Panama Commitment was followed by the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities[iv]. This resolution was adopted at the first plenary session, held on 7 June 1999 and aims at eliminating discrimination against persons with disabilities and to promote their full integration in society. It further promotes measures to ensure physical accessibility in public life and the prevention of preventable disabilities.

After it was ratified by six countries in 2001, the convention entered into force. Once again, commitment by Dutch- and English-speaking Caribbean countries is largely absent. None of the countries ratified it and it was only signed by Dominica and Jamaica (Dominican Republic and Haiti signed and ratified the Convention together with 16 other OAS member States). The convention created a committee, which has only met twice to date, to review its implementation. In 2006, the OAS declared 2006-2016 as the Decade of the Americas for the Rights and Dignity of Persons with Disabilities[v]. A Programme of Action was created in support of this.

Disability is addressed explicitly by the Charter of Civil Society for the Caribbean Community (CARICOM). It was adopted in February 1997 by the Heads of Government of the Caribbean Community. Article XIV on the Rights of Disabled Persons reads:

> "1. Every disabled person has, in particular, the right -
> (a) not to be discriminated against on the basis of his or her disability;
> (b) to equal opportunities in all fields of endeavour and to be allowed to develop his or her full potential;
> (c) to respect for his or her human dignity so as to enjoy a life as normal and full as possible."

The CARICOM Model Harmonisation Act Regarding Equality of Opportunity and Treatment in Employment and Occupation has as objectives 'to eliminate, as far as possible, discrimination in employment and occupation against persons on the grounds of race, sex, religion, colour, ethnic origin, national extraction, social origin, political opinion, disability, family responsibilities, pregnancy or marital status'. The act iterates that any act or omission or any practice or policy that directly or indirectly results in discrimination against a person with disabilities is an act of discrimination, regardless of whether the person responsible for the act or omission or the practice or policy intended to discriminate.

III. GOVERNMENT INITIATIVES OF THREE CARIBBEAN COUNTRIES: BARBADOS, JAMAICA AND TRINIDAD AND TOBAGO COMMITMENT TOWARDS THE RIGHTS OF PERSONS LIVING WITH DISABILITIES

The United Nations Convention on the Rights of Persons with Disabilities as well as its predecessor, the Standard Rules for the Equalization of Opportunities of Persons with Disabilities, have encouraged governments to allocate long-overdue attention and resources to issues affecting persons with disabilities. This chapter provides a brief overview of some of the initiatives carried out by the governments of three Caribbean countries: Barbados, Jamaica and Trinidad and Tobago. Some of the initiatives address the social and political rights of the disabled within each country's legal framework, while other initiatives seek to improve their lives through the provision of preventative and rehabilitative care, education, employment and financial aid.

A. INTERNATIONAL COMMITMENTS

Each of the three countries has signed or ratified at least one human rights agreement which addresses persons with disabilities. All three countries have ratified the United Nations Convention on the Rights of the Child. Barbados and Trinidad and Tobago have signed the United Nations Convention on the Rights of Persons with Disabilities, while Jamaica is the only country out of the three that has ratified the Convention. It is also the only country that has signed the OAS Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities.[vi]

B. NATIONAL COMMITMENTS

Though the Constitution of Barbados contains anti-discrimination provisions, there are no laws in Barbados that specifically prohibit discrimination against persons with disabilities in employment, education, or the provision of State services.[vii] A White Paper on Persons with Disabilities was approved by the Parliament in 2002 and provides a foundation for future legislation. In 2009, the National Disabilities Unit held workshops to revise the White Paper according to the guidelines presented in the United Nations Convention.[viii]

Jamaica's National Policy for Persons with Disabilities was enacted in 2005. It provides a national framework for addressing matters concerning the disabled. The policy established guidelines regarding the equalization of opportunities for people with disabilities, strengthened the government's capacity to address disability issues as well as to assist agencies working with disability issues[ix] and provided a context for the National Disabilities Act.[x] The Act, which is currently being drafted, will provide the legal sanctions necessary to enforce the tenets of the Policy. Concerns of persons with disabilities are also included in the country's national plan for development, Vision 2030 (see Table 2).[xi] Other legislation benefiting persons with disabilities includes an amendment to the Road Traffic Act enacted in 2005. This amendment allows a person with an auditory impairment to obtain a driver's license.[xii]

Table 2: Commitments to Persons with Disabilities in Jamaica's Vision 2030[xiii]

National Strategy	Priority Sector Strategy for Years 1-3	Key Actions for Years 1-3	Responsible Agencies
Create an enabling environment for persons with disabilities	Increase access to public goods and services for persons with disabilities Promote respect and dignified treatment for persons with disabilities	Strengthen the capacity of the Jamaica Council for Persons with Disabilities	Ministry of Labour and Social Security and Jamaica Council for Persons with Disabilities
		Create a registry of persons with disabilities	Jamaica Council for Persons with Disabilities
		Build partnerships with businesses and other groups to empower persons with disabilities	Ministry of Labour and Social Security and Jamaica Council for Persons with Disabilities
		Provide training regarding appropriate interaction with persons with disabilities to all public service personnel	Ministry of Labour and Social Security, Jamaica Council for Persons with Disabilities and Training Institutions
		Promote public awareness of the rights of persons with disabilities	Ministry of Labour and Social Security, Jamaica Council for Persons with Disabilities and Media
	Promote respect and dignified treatment for persons with disabilities	Increase access to public buildings for persons with disabilities	Ministry of Transportation and Works and Parish Councils

The primary framework for addressing issues affecting persons with disabilities in Trinidad and Tobago is the National Policy on Persons with Disabilities. The policy was introduced in 2006. The Ministry of Social Development holds recurrent workshops to assess its implementation. They also frequently work with other ministries to develop and execute measures relevant to their sector.[xiv]

C. National Focal Point

In Barbados, the National Disabilities Unit (NDU) of the Ministry of Social Care responsible for providing services to persons with disabilities. Services provided by the NDU include: community-based rehabilitation services, summer camps for children with disabilities, sign language courses, accessible transportation services and accessible computer facilities with adapted technologies. The Unit also regularly hosts a variety of workshops and seminars for persons with disabilities and their caretakers, including: financial management workshops, disaster preparedness seminars and employment fairs.[xv] In addition to the National Disabilities Unit, the government established the National Advisory Committee on the Rights of Persons with Disabilities in 2005. This body is responsible for monitoring and reporting on all government initiatives related to persons with disabilities.[xvi]

The Jamaica Council for Persons with Disabilities is the government agency responsible implementing policies and programmes for persons with disabilities. The agency was created in 1973 "to establish social and economic independence for persons with disabilities through their own efforts and labour."[xvii] In fulfilling this mission, the Council administers several important initiatives, including: a hostel for girls and young women with disabilities, workshops providing

vocational training and employment, a training and guidance centre, a scholarship programme and an early stimulation programme.[xviii] It also operates a specially equipped bus to provide transportation services to the disabled.[xix]

In Trinidad and Tobago, the Disability Affairs Unit is responsible for coordinating and monitoring the implementation of programmes for persons with disabilities. The Unit provides financial and technical assistance to non-governmental organizations as well as individuals with disabilities. They also disseminate information regarding programmes affecting persons with disabilities and carry out campaigns to raise public awareness of issues related to disability.[xx]

Box I. Disability in Costa Rica

Overview

In their comparative analysis of the situation for persons with disabilities in the Americas, the International Disability Rights Monitor rated Costa Rica as one of the most inclusive states in the region. In 2002, it was estimated that 6.1 per cent of men and 5.8 per cent of women had a disability. [xxi]

Laws Concerning Discrimination

Costa Rica has signed and ratified the OAS Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities. This document not only seeks to eliminate discrimination, but also requires that countries promote the “full integration” of persons with disabilities into their communities. [xxii] Law 7600, enacted in 1996, ensures that “persons with disabilities be entitled to their full development, on an equal footing with the rest of society, in terms of living standards, opportunities, rights and duties.”[xxiii] It guarantees equality in the areas of health, education, employment, family life, recreation and culture. Though its actions are not legally binding, the Special Protection Unit of the Ombudsman’s Office is responsible for handling all complaints regarding violations of human rights, including those against persons with disabilities.

Other Laws Concerning the Disabled

Costa Rica’s laws demonstrate the country’s long-standing concern for the issues facing persons with disabilities. In 1957, the country enacted Law 2171, creating the National Patronage for Blind Persons. The Patronage has the legal capacity and position of an agency and it enjoys administrative and functional independence. It provides protection to all blind persons and coordinates the actions of all bodies and organizations working with the blind. The National Board of Rehabilitation and Special Education was created by Law 5347 in 1973. It is responsible for guiding the country’s policies in the fields of rehabilitation and special education. It also designs, implements and manages related programmes and services. As the governing body responsible for matters related to disability, it monitors the compliance of all state institutions with the requirements of Law 7600.[xxiv] The country has also enacted a law offering income tax and other incentives for employers who hire workers with disabilities.[xxv] In 2003, the Supreme Court of Costa Rica took action to enhance the accessibility of voter polling stations throughout the country. [xxvi]

Education

Costa Rica is one of the few countries in Latin America that has incorporated the majority of students with disabilities into mainstream classrooms. Students with special educational needs comprise about 10 per cent of the total number of students. For those who cannot attend regular classrooms, there are both special classes and schools available. There are 23 centres that offer special education. These centres are located primarily in towns and the students receive full-time support. In 2002, the Ministry of Education created the National Resource Centre for Educational Inclusion. The Centre provides information and training on disability-related issues to special education teachers, institutions and families with children with disabilities. [xxvii]

Employment

Official statistics regarding employment among persons with disabilities in Costa Rica are not available. A study conducted in 2002 estimated that 36.8 per cent of women and 70.5 per cent of men with disabilities were employed in 1998, compared with 44.9 per cent of women and 94.4 per cent of men without disabilities.[xxviii] Section 23 of the aforementioned Law 7600 guarantees all persons with disabilities the right to work right, while the following section of the Law forbids employers to exercise any form of discrimination against persons with disabilities. The Law also

mandated the creation of a special unit within the Ministry of Labour to assist persons with disabilities. This unit is intended to provide vocational rehabilitation and finds employment for the disabled. It also promotes the benefits of hiring persons with disabilities.[xxix]

Accessibility of Information
Most private and public television networks in Costa Rica typically offer one half hour of news every day interpreted through Costa Rican sign language (LESCO). There are some private television channels that broadcast multiple programs using the closed-captioning system. The University of Costa Rica broadcasts also several programs with a LESCO interpreter. The Costa Rican Electricity Institute (ICE), which is responsible for electrical utilities and telecommunications, has installed accessible public telephones. They also print phone cards in Braille and they have created a special telephone line through which the deaf can receive assistance. The Institutional Commission on Disability has also contributed to communication advances for people with disabilities by providing training in sign language and by offering services in Braille. [xxx]

D. PROGRAMMES AND PROJECTS

1. Employment

The Ministry of Social Care, Barbados, has held consultations on improving employment opportunities for persons with disabilities. In addition to members of the disabled community, participants have included representatives from the Labour Office, the Transport Board, the Ministry of Education, the Personnel Administration Division, the medical community, trade unions, Barbados Employers' Confederation and Ernst and Young.[xxxi] The National Disabilities Unit also administers a work experience programme in order to provide disabled adults with the practical experience necessary for employment. At the close of the programme, the Unit coordinates with the private sector to provide participants with employment. The government also administers various grant and loan schemes to encourage entrepreneurship among the disabled.[xxxii]

The Government of Jamaica has engaged in several initiatives to promote the employment and economic independence of the disabled. In 2008, for example, the government began reserving five per cent of all public sector jobs for qualified persons with disabilities.[xxxiii] During 2008 and 2009, the government allocated $20 million towards a project intended to provide small loans to persons with disabilities who wished to start their own businesses. The Ministry of Labour and Social Security held a series of seminars to provide guidance to those who had received grants from the project.[xxxiv]

The Ministry also administers the National Vocational Rehabilitation Service, which provides vocational and other productive opportunities to the disabled community.[xxxv] It also holds annual employment expositions,[xxxvi] as well as meetings with private sector representatives, to encourage businesses in the private sector to employ persons with disabilities.[xxxvii] Furthermore, the Ministry began creating a national skills bank of qualified disabled persons in 2008 in order to more easily connect them with potential employers.[xxxviii]

In addition to these initiatives, the National Youth Service manages the Information and Communication Technology (ICT) Training for Persons with Disabilities Programme. The programme trains persons with disabilities in: occupational health and safety procedures,

working effectively in a technology environment, communicating in the workplace, interacting with clients, operating a personal computer, accessing the Internet, using computer peripheral devices and operating a presentation package.[xxxix]

Though they are not designed specifically for persons with disabilities, the Government of Trinidad and Tobago sponsors two vocational training programmes which allow the participation of the disabled. The Multi-Sector Skills Training Programme provides instruction in hospitality, tourism and construction. Trainees are placed with crews at construction sites or with staff at hospitality and tourism establishments. Participants also receive instruction in literacy and numeracy skills. At the end of the programme, participants are offered permanent employment based on work performance and the existence of vacancies. Persons with disabilities can also participate in the Re-training Programme. In addition to vocational training, participants attend life skills seminars and partake in literacy training. At the end of the Programme, trainees are placed in internships in the public or private sector.[xl]

2. Education

The Barbados Education Act does not require the provision of educational facilities for the disabled. However, the government is attempting to improve existing facilities. They have implemented a seven-year renovation programme to make school buildings more accessible. This has included the construction of ramps and accessible bathroom facilities. Moreover, all new buildings are now required to have these provisions.[xli]

The Student Support Services Department of the Barbados Ministry of Education coordinates the provision of special services for children with disabilities. Services are currently provided in specially equipped classrooms in eight public primary schools. The Irving Wilson School serves children who have vision or hearing impairments and the Ann Hill School provides secondary level education to children with developmental delays and other disabilities.[xlii]

Since the 1970s, early childhood stimulation programmes for children with intellectual and physical disabilities have been carried out in Jamaica by the Council of Persons with Disabilities.[xliii] Early assessments of learning disabilities have been administered by the Mico College Child Assessment and Research in Education. In 2007, the Ministry of Education, Youth and Culture began establishing student assessment centres in its regional offices in an effort to expand and improve the quality of psychological assessment services offered to students with disabilities.[xliv] In addition, the Ministry has recently engaged in efforts to incorporate children with disabilities into the central school system by increasing accessibility of schools and to improve learning facilities for children with disabilities.[xlv]

The Ministry is also preparing a policy regarding special education.[xlvi] Currently, special education programmes are primarily provided through private voluntary organizations, with the support of the government.[xlvii] In the budget for 2009-2010, the government allocated $846.6 million to special education. Schools for the mentally challenged received $405 million, institutions for the hearing impaired received $159 million dollars and the school for the visually impaired received $60 million dollars. These funds were allotted to assist these institutions with

administration, instruction, maintenance of buildings and equipment as well as the boarding of students.[xlviii]

The special education programmes are designed to meet the educational needs of children aged four to 18 years who have mental, physical and intellectual capabilities which deviate significantly from those expected at their age. Schools for the mentally impaired are managed by the Jamaica Association for Persons with Mental Retardation. These are associated with mainstream primary and secondary schools. There are 29 institutions of this type.[xlix]

There are 12 schools serving the hearing impaired population. Of these, three are privately operated and seven receive grants from the government. The schools serve children with hearing impairments from pre-school through secondary school. The Salvation Army School for the Blind is the only school that serves visually impaired or blind students at the primary level. The school adheres to the regular school curriculum and students who are successful in the National Assessment Examination can advance to mainstream secondary schools. Children with learning disabilities and other mild impairments can access special services through six units attached to mainstream primary and all-age schools. The Hope Valley Experimental School is the only institution that practices full integration, offering education to children with and without disabilities.[l]

In Trinidad and Tobago, the Student Support Services Division of the Ministry of Education is responsible for coordinating the provision of special educational services for children with disabilities. The Division administers early intervention, diagnosis and remedial programmes in some primary schools. These services include auditory and visual screening and psychomotor evaluation. Once a child has been identified as having special needs, the Division provides guidance and counseling for the student. They also work with parents, families and teachers to raise awareness of the needs of disabled children.[li]

Box II. Disability in Sweden

Overview

The most prevalent disabilities in Sweden are mobility problems, sensory impairments, learning disabilities and asthma/allergies. Of the working age population between the ages of 16-65, 15.7 per cent has a disability.[lii] Nearly all disabled adults live in homes of their own and the vast majority of disabled children live with their families. When compared with other countries in the European Union, Sweden also has one of the highest employment rates for the disabled.[liii] Moreover, the country spends more than average on social protection for the disabled. In 2005, the country expended 6.0 per cent of GDP on incapacity related benefits compared to the OECD average of 2.6 per cent. [liv]

Laws Concerning Discrimination

Sweden has four laws prohibiting discrimination. Each of these laws includes clauses on persons with disabilities. The Act for the Prohibition of Discrimination Against People with Disabilities in Working Life was adopted in 1999. This was followed by the Act for Equal Treatment of Students at Universities in 2002 and by the Prohibition of Discrimination Act in 2003. In 2006, a law was passed prohibiting discrimination against children with disabilities in day care facilities and schools.[lv] Until 2009, the primary government body responsible for the monitoring and enforcement of these laws was the Disability Ombudsman. With the implementation of a new human rights law in Sweden, this office has been replaced by Discrimination Ombudsman, which will oversee the monitoring and enforcement of laws related to human rights in Sweden.[lvi]

Laws Concerning Social Protection
The Act concerning Support and Service for Persons with Certain Functional Impairments was introduced in 1993. This law is meant to supplement other legal provisions of social protection. The purpose of the Act is to provide people with extensive disabilities greater opportunities for leading independent lives and to assure them of both equal living conditions and full participation in community life. The support offered by the Act may be in the form of personal assistance in everyday life, counselling, housing with special services and relief provision for the parents of children with disabilities.[lvii]

Education
Most children and adolescents with disabilities attend regular schools. There are, however, special schools for students who are deaf or hearing-impaired or for those who have severe mobility or learning disabilities. The Education Act states that schools must meet the needs of students who require of special assistance. Furthermore, the law dictates that there must be equality for all children in education, wherever they live in Sweden and regardless of any disabilities they may have. There is difference in the level of schooling achieved by the disabled and the non-disabled.[lviii] Interestingly, the proportion of people with an upper secondary education is slightly larger among those with disabilities than among those without. In 2006, 47.6 per cent of disabled people had completed the upper secondary level, as compared to 44 per cent of the non-disabled population. However, this trend did not continue to post-secondary education, where only 30.2 per cent of the disabled had completed postsecondary degree, as compared with 34.3 per cent of those without disabilities.[lix]

Employment
The employment rate for those living with disabilities in Sweden is comparatively high. According to a labour market study conducted in 2008, 66 per cent of the disabled population was employed. Seventy-five per cent of these benefitted some form of special assistance or arrangements on the job and forty per cent of those with more severe disabilities had adjusted schedules and duties.

Accessibility
The Swedish agency responsible for disability policy coordination, Handisam, conducted a preliminary survey of the accessibility of government services and buildings in 2007. This survey separated government agencies into three categories according to frequency of contact with their constituencies. Results indicated that the majority of the most heavily trafficked agencies that participated in the survey had some form of communication aids for the deaf and mentally impaired. The majority of the buildings of the government agencies that participated also had some architectural feature which made them accessible to the disabled, including automatic doors and entrances with ramps or elevators.[lx]

3. Health and Care

The Government of Barbados has offered screening for visual and hearing impairments in schools in the recent past. It is unclear, however, if this programme still exists. Preschools examine children's basic skills in order to detect developmental delays.[lxi] The National Disabilities Unit also regularly hosts workshops for childcare workers on early identification of disabilities and caring for children with disabilities.[lxii] The Children's Development Centre provides diagnostic, therapeutic and rehabilitative services to children and some adults with disabilities. The Centre also holds training workshops for persons caring for children with developmental disabilities and mental disorders.[lxiii]

In 2004, the Government of Barbados began a community-based rehabilitation programme in collaboration with the Barbados Council for the Disabled.[lxiv] The government sought to expand this programme in 2009 by allocating BBD$ 1.2 million to the Council for the Disabled over a three year period for the design, delivery and coordination of services such as

physiotherapy, occupational, speech and other therapeutic services, as well as social work and counselling.[lxv]

In Jamaica, the Mico College Child Assessment and Research in Education Centres and the Early Stimulation Programme provide remedial therapy and counseling to young children with disabilities.[lxvi] In an effort to improve the provision of healthcare to the disabled, the Ministry of Health recently conducted an audit of its facilities and services. Following this audit, the Ministry designed a plan to increase physical access to buildings and improve communication between staff and disabled patients. The plan also includes the creation of a database to track patients with disabilities in the health facilities. To improve communication between staff and disabled patients, the Ministry held a series of workshops in 2009 to provide training to health professionals on the needs of persons with disabilities.[lxvii]

The Ministry of Health, Trinidad and Tobago, administers various detection, prevention and rehabilitation programmes. The School Health programme provides hearing and vision examinations for first-year primary school students in both public and private institutions.[lxviii] The Community Care Programme offers therapeutic and rehabilitative care. Services include home care, day care, respite care and community-based rehabilitation. As part of this programme, the government also plans to construct community centres to house and provide care for patients in need.[lxix]

4. Reproductive Health

In 2006, the Barbados National Disabilities Unit launched the HIV/AIDS and Sexuality Awareness Programme for persons with disabilities.[lxx] The programme is still active and the Unit has hosted health workshops, concerts and other activities to raise the awareness about the disease among persons with disabilities, their parents, caregivers and teachers. The National Disabilities Unit has also developed a national strategic plan for addressing HIV/AIDS among persons with disabilities.[lxxi]

In 2004, the Jamaica Council for Persons with Disabilities administered a reproductive health project targeting disabled women. The project addressed issues such as safe motherhood, family planning and sexually transmitted infections, including HIV/AIDS.[lxxii] The Council continued this work in 2006, with a six-month programme addressing HIV/AIDS prevention among deaf women. This programme was jointly funded by the government and the Joint United Nations Programme on HIV/AIDS (UNAIDS).[lxxiii] In 2007, they launched another programme in conjunction with UNAIDS to raise awareness about the disease in the disabled community.[lxxiv]

5. Accessibility and Personal Mobility

The Barbados National Disabilities Unit has carried out a number of programmes in recent years to make both services and facilities more accessible to persons with disabilities. In 2007 and 2008, for example, the Unit held sign language courses for staff members of the Queen Elizabeth Hospital.[lxxv] In 2009, they opened an accessible computer lab in conjunction with LIME Barbados. The lab contains 12 computers with various hardware and software suited to persons with disabilities.[lxxvi] The NDU has also held disaster preparedness seminars to train officers from the Royal Barbados Police Force, the Barbados Fire Service and the Barbados Defense Force in

areas such as sign language for emergencies, identifying challenges of differing disabilities, evacuation methods and management of disabilities in disasters.[lxxvii] In conjunction with this activity, the Vulnerable Persons Committee has created a register of disabled persons who would need assistance in getting to a shelter in the case of an emergency or disaster. The Committee has also identified which shelters are best suited to the needs of persons with disabilities and assisted in making them more accessible.[lxxviii]

In addition to the work of the National Disabilities Unit, the Barbados Transport Board imported five buses modifications for persons with disabilities in 2007. It also held workshops to train the bus drivers who were responsible for operating the buses.[lxxix] The Barbados Ministry of Social Transformation has worked to make Bridgetown more accessible by installing ramps in downtown areas and constructing accessible bathroom facilities in bus terminals.[lxxx]

In 2005, the Government of Jamaica amended the Road Traffic Act to allow persons with hearing impairments to obtain drivers licenses. A programme for the testing and certification of hearing impaired drivers was created by the Planning Institute of Jamaica in 2009. As part of the programme, certifying officers and clerical staff from the Island Traffic Authority, as well as police officers, participated in a sign language training course.[lxxxi]

In 2006, the Government of Jamaica launched the Friendly City Project. The project has two components: an accessibility programme and a public awareness campaign. The accessibility programme seeks to make buildings as well as services in the public and private sectors more accessible to persons with disabilities. This includes installing ramps, grab rails, Braille inscriptions, proper lighting and accessible bathroom facilities.[lxxxii] For example, a central transport centre has been renovated to include ramps, accessible bathroom facilities and traffic lights suitable for use by the blind.[lxxxiii] The purpose of the project's public awareness campaign is to encourage the private sector to make their services more accessible. The project also offers certification to hotels that make their facilities accessible to the disabled.[lxxxiv]

In Trinidad and Tobago, the Public Transport Service Corporation operates 17 accessible buses. Five of these buses are part of a dial-a-ride request service for persons with disabilities. In addition, fifty articulated buses providing preferential seating are also in operation. The Ministry of Works and Transport has also recently installed several ramps and constructed walkovers to accommodate persons with disabilities. In addition to these initiatives, the National Housing Policy reserves 15 per cent of homes constructed as part of the National Housing Programme for persons with disabilities and senior citizens.[lxxxv]

6. Social Protection and Financial Aid

In Barbados, the Ministry of Social, Constituency Empowerment, Urban and Rural Development administers several initiatives which provide benefits for persons with disabilities. The two primary programmes are the National Assistance Grant Programme, which provides financial assistance, and the Assistance-in-Kind Programme, which provides a variety of items and services. These include: food vouchers, clothing, spectacles, dentures, medical relief and payment of utility bills, house and land rent.[lxxxvi]

The primary form of financial aid to persons with disabilities in Jamaica is the Programme of Advancement through Health and Education (PATH). This programme provides a monthly social assistance grant to adults with disabilities who are under the age of 65. The average monthly grant in 2005 was US$6.50. Initially, the benefits were dependent on the recipient making regular visits to a health clinic. This changed shortly after the programme was launched. Benefits are no longer conditional.[lxxxvii]

The government has also provided stipends for the purchase of adaptive aids for persons with disabilities and their families. In the 2008-2009 Budget, the Government of Jamaica allocated $5 million to purchase aids, including prostheses, hearing aids and glasses. In the following year, another $2.8 million was dedicated to this purpose.[lxxxviii]

Persons with disabilities are eligible for several benefits offered by the Government of Trinidad and Tobago. The Disability Assistance Grant is the only benefit specifically for persons with disabilities. It provides those with physical or mental disabilities with TT$800 per month. However, they are eligible to receive benefits under several other programmes. The Conditional Cash Transfer Programme provides a monthly allowance for the purchase of food. This is, however, only a short-term benefit. The Home Help Grant is also a temporary benefit and provides recipients with a monthly allowance of TT$350 for home care due to illness. The Chronic Disease Assistance Programme is another important benefit for persons with disabilities. This programme provides free prescription drugs to those with chronic diseases. Persons with disabilities are also eligible for the Hardship Relief Programme. This Programme provides a monthly allowance to persons with disabilities and senior citizens for the payment of water and sewer charges.[lxxxix]

IV. DISABILITY IN THE CARIBBEAN: CENSUS ANALYSIS

The measuring of disability among the populations in the world and in the Caribbean has not been given high priority. One of the few data sources on disability that is available for most countries is the population and housing censuses. In most countries, questions on disability were included for the first time in the 1990 Census Round[xc]. Trinidad and Tobago added questions on disability in the 2000 Census Round.

As with any data collection, there are limitations to the data. Besides statistical variance, it is difficult to avoid bias. Selective non-response of certain groups, evasion of questions by the interviewer, omission of respondents because of the design of the questionnaire and many other problems will always occur. Whether the concept is properly measured by the questions, and if they are understood by the interviewer and respondent is difficult to assess. Among countries, questionnaires differ and even if question and answer categories are the same, instructions and interpretations differ from country to country. Comparing results among countries, therefore, poses many additional problems.

Another issue with census data is that, in general, collective or institutional, households are excluded from the detailed questionnaire. Old age homes, hospitals and revalidation centres are, therefore, excluded. Since it is likely that disabled persons often live in collective households, the real number of persons living with disabilities in a country is, consequently, higher. Homeless persons, who have higher risks of being disabled, are, generally, not or only partially covered.

A first study on disability in the Caribbean published by ECLAC, contained basic data for four Caribbean countries. This chapter continues from that study by adding more countries and more detailed information. Eight countries from the Dutch- and English-speaking Caribbean, Antigua and Barbuda, Barbados, Belize, Grenada, the Netherlands Antilles, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago, have made detailed census data available to ECLAC and/or its Population Division, CELADE. Additionally, Aruba has published detailed census data on persons living with disabilities that could be used. The analysis in this chapter is based on data from these countries. The disability-related questions will only be considered in relation to sex and age. Socio-demographic analysis is beyond the scope of this study. Annex I lists the section on disability in the questionnaires of the 2000 census round from these nine countries.

A. ALL DISABILITIES

Table 3 shows basic information on disability for the nine countries in this study. The data are based on the questions on long-standing disability and/or the type of disability the person had. Overall, about 5% of the population has disabilities. In these nine countries, there were nearly 110,000 persons who reported having disabilities in the 2000 Census round. In Aruba and Belize, the share and absolute number are higher among males; all other countries report higher percentages among females. Barbados and Trinidad and Tobago have the lowest shares while Netherlands Antilles and Belize are on the higher end.

Table 3: Basic information persons with Disabilities, 2000 Census Round

	Persons with disabilities						Population
	Share (%)			Absolute			Total
Country	total	male	female	total	male	female	abs.
Antigua & Barbuda	5.1	4.4	5.7	3,220	1,312	1,908	63,656
Aruba [2)]	5.6	5.8	5.4	5,036	2,520	2,516	90,506
Barbados [3)]	4.0	3.8	4.2	9,993	4,532	5,461	250,010
Belize	5.9	6.0	5.9	13,774	6,988	6,786	232,111
Grenada	4.4	4.0	4.7	4,499	2,073	2,425	103,137
Netherlands Antilles	8.5	8.2	8.6	14,844	6,795	8,049	175,653
Saint Lucia	4.9	4.7	5.1	6,940	3,265	3,675	142,411
St. Vincent & Grenadines	4.4	4.3	4.6	4,717	2,283	2,434	106,253
Trinidad & Tobago [4)]	4.1	4.0	4.2	45,496	22,353	23,143	1,114,772
Weighted Total	4.8	4.7	4.9	108,519	52,121	56,397	2,278,509
Unweighted Total	5.2	5.0	5.4	-	-	-	-

1) Total population as in the Census file, as a result of corrections, official figures might differ
2) CBS (2002), Census 2000 working papers: De positie van gehandicapten op Aruba.
3) Non-response 3149
4) Non-response disability: 6086, non-response age: 64

Figures for the Netherlands Antilles are high, especially compared to countries with similar economic development. This might be because of cultural or language reasons as the other non-English country in the sample, Aruba, also has a relatively high level (even though it has the youngest population and the highest income per capita in the sample). The questionnaire of the Netherlands Antilles included the categories ‘Partially Sighted’ and ‘Hard of hearing’ (in addition to ‘Blind’ and ‘Deaf’). This might have led to more cases being reported. However, Census 1991 used the same categories and only 3.5% instead of 8.5% reported having a disability. Belize did not have a routing question which might have caused the reporting to be higher; neither did Barbados, which had the lowest level of reported disability among the countries in the sample. With Barbados being the most developed of the countries in the sample and Belize, the poorest, socio-economic development probably explains more of the difference.

Data are not strictly comparable. Because of differences in formulating the questions, differences in the categories, and language and cultural issues, the various censuses do not measure exactly the same. In the 2000 Census Round, Grenada, Saint Lucia, and Saint Vincent and the Grenadines had the same questions on disability ('Does …. Suffer from any long-standing illness, disability or infirmity?'). The other OECS country in this study, Antigua and Barbuda, used the same questions but excluded 'illness'. Trinidad and Tobago again uses a different wording and criteria: 'Does (N) suffer from any longstanding disability that prevents him/her from performing an activity?'. The English version of the Aruban questionnaire was 'Do you (does he/she) have a handicap?'. Barbados, Belize and the Netherlands Antilles did not use a selection question and asked directly if the respondent had any of the listed disabilities. Again, the wording was each time different ('disabilities or major impairments', 'problems with any of the following', 'one or more of the following disabilities'.
The categories of types of disabilities also differed among the countries. The overview below lists the various categories used among the countries.

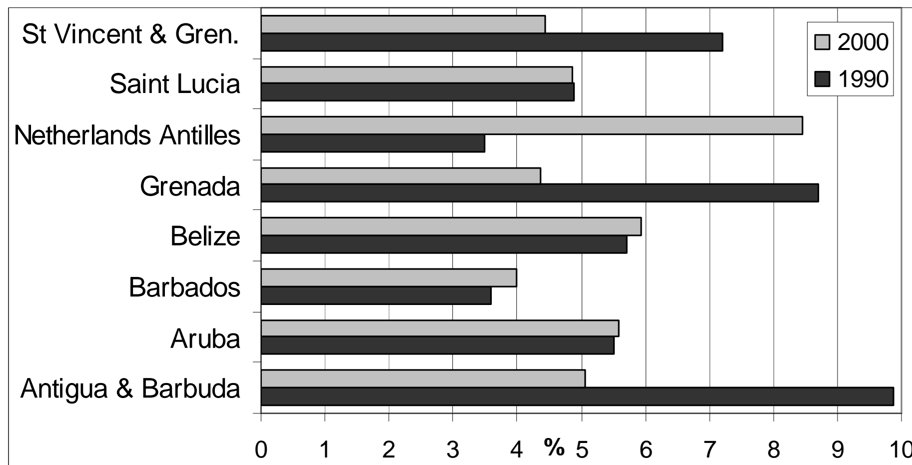
Answer categories for type of disability, 2000 Census round.

	Antigua	Aruba	Barbados	Belize	Grenada	Neth. Ant.	St. Lucia	St. Vincent	Trinidad
1 Sight	X	X	X	X	X	X	X	X	X
2 Hearing	X	X	X	X	X	X	X	X	X
3 Speech	X		X	X	X	X	X	X	X
4a Upper Limb			X		X	X	X	X	
4b Gripping	X			X					X
5a Lower Limb			X		X	X	X	X	
5b Mobility/moving	X	X		X					X
6 Body Movements	X			X					X
7 Neck/Spine			X		X		X	X	
8a Learning	X			X	X		X	X	X
8b Intellectual		x	X			X			
9a Behavioural	X			X	X		X	X	X
9b Mental		X	X			X			
10 Personal Care				X					
11 Organ handicap		X							
12 Other	X	X	X	X	X	X	X	X	X
13 None			X						

The Netherlands Antilles used two categories for sight (blindness and impaired eyesight) and for hearing (deadness and hard of hearing). Aruba distinguished between 'severe mental handicap' and 'moderate mental handicap' which were labelled 'idiocy/imbecility' and 'moronity' in their publications.
Different wordings have been used and probably interviewer instructions differed as well, which might further influence the comparability. Refer to appendix @@ for more details.

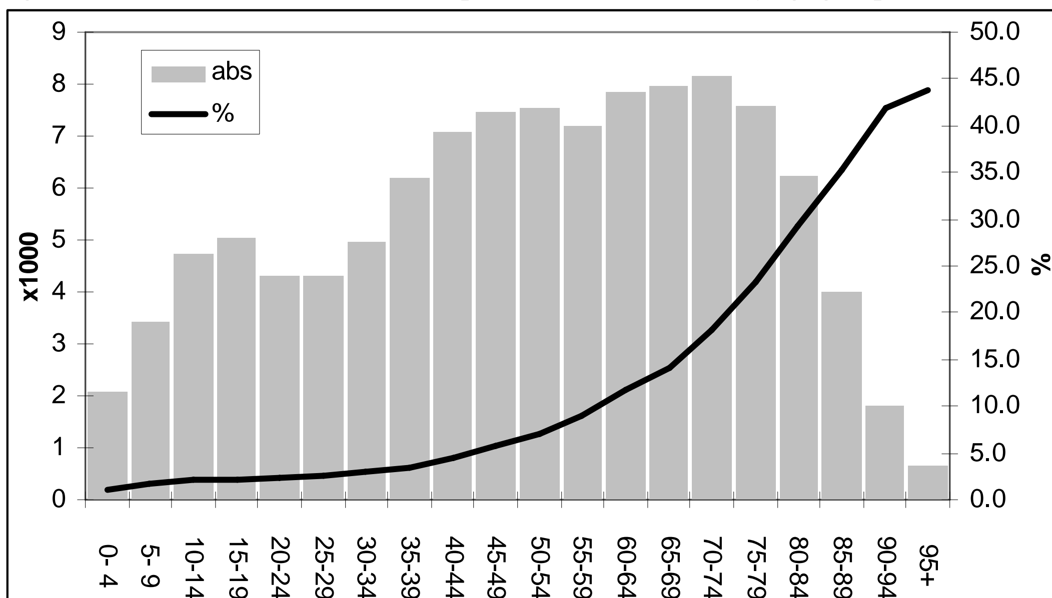
For all countries, except Trinidad and Tobago, figures are available for the 1990 Census Round (figure 1). There was a large reduction of persons living with disability in Saint Vincent and the Grenadines, Grenada, and Antigua and Barbuda. While in the Netherlands Antilles there was more than a doubling of the share of persons with disabilities. Due to the short time period and given the momentum of population structures, these changes seem implausible. The differences between the 1990 and 2000 Round of Censuses are probably partly due to differences in questioning, interpretation and responding.

Figure 1: Persons with disabilities, Census Round 1990 and 2000



Disability is strongly (cor)related to age. Figure 2 shows the percentage of persons with disabilities by age for the population of the nine countries in the study. After age 20 the pattern follows an exponential growth, which means that the percentage increase is constant. The declining population at higher ages means that, despite the high share of disability, the absolute number of disabled persons in each age group declines rapidly after age 70-74.

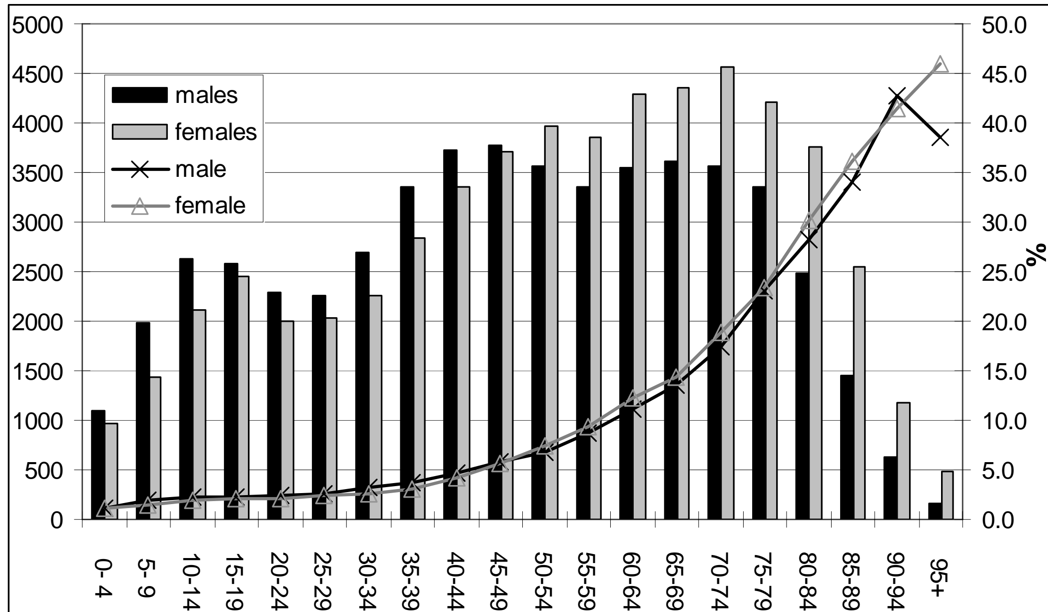
Figure 2: Absolute number and share of persons with disabilities by age groups in the nine countries



Patterns and levels of prevalence are remarkably similar between males and females (figure 3). More boys are born than girls but because of higher survival chances for females (and sex differentials in migration) females start outnumbering male. Therefore, even with similar risks on disability, the number of females with disability is higher after age 50-54 for the nine countries combined. The individual countries show a similar pattern with the exception of

Antigua and Barbuda, where at nearly all ages of disabled females outnumber disabled males (see Annex II).

Figure 3: Absolute number and share of persons with disabilities by age groups and sex in the nine countries



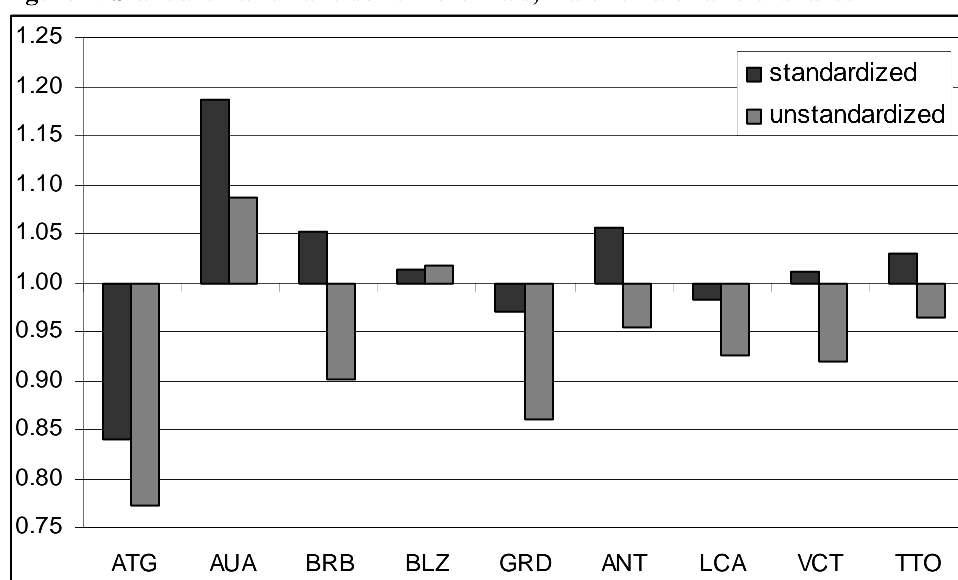
Absolute numbers and overall percentages give an idea of the facilities needed. Because of the age and sex effects described above, the aggregate indicators in table 3 are not comparable in terms of risk across countries. Neither are they comparable within the country and between males and females. By standardizing the total percentage of persons living with disability, the figures become comparable single indicators. Table 4 applies the probabilities by sex for each group to the total population, by age, for each country. Males and females are now comparable within a country as the effect of differences in the age structure is removed. The second panel shows the share of persons with disabilities if probabilities by age are observed, but the population structure would be the average of the nine countries. This removes the influence of differences in age structure that exists among the countries. The third panel corrects both differences among the countries in the number of persons by sex and age.

Table 4: Share of persons with disabilities standardized for population structure of all countries, sex within the countries, and sex and population of all countries

	By sex in country		By population all countries			By sex and population all countries		
	male	female	total	male	female	total	male	female
Antigua & Barbuda	4.6	5.5	5.2	4.5	5.9	*5.2*	4.7	5.7
Aruba	6.1	5.1	5.5	5.7	5.2	*5.5*	5.9	5.0
Barbados	4.1	3.9	3.3	3.3	3.3	*3.3*	3.4	3.2
Belize	6.0	5.9	8.3	7.8	8.7	*8.3*	8.2	8.4
Grenada	4.3	4.4	4.3	4.1	4.5	*4.3*	4.3	4.3
Netherlands Antilles	8.7	8.2	7.5	7.4	7.5	*7.5*	7.7	7.2
Saint Lucia	4.8	4.9	4.9	4.7	5.1	*4.9*	4.9	5.0
St Vincent & Grenadines	4.4	4.4	4.7	4.5	4.9	*4.7*	4.7	4.7
Trinidad & Tobago	4.1	4.0	4.2	4.1	4.3	*4.2*	4.2	4.1
Total, weighted	4.8	4.7	*4.8*	*4.7*	*4.9*	*4.8*	*4.8*	*4.7*
Total, average	5.2	5.2	5.3	5.1	5.5	5.3	5.3	5.3

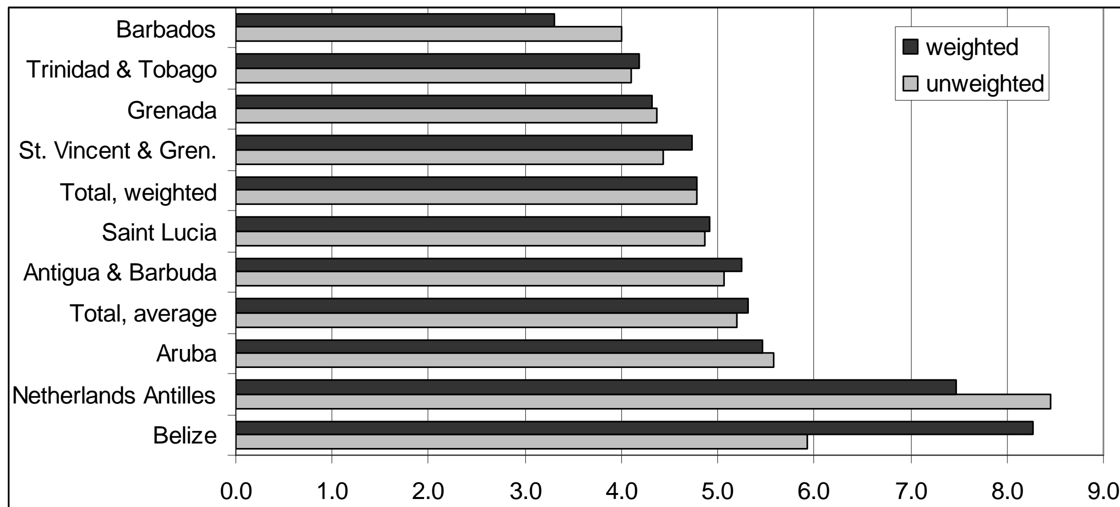
The higher proportion of females living with disabilities, due to the greater number of females at higher ages, no longer exists in some countries. Instead, of all countries, with the exception of Aruba and Belize, which had a higher share of females with disabilities, now only Antigua and Barbuda, Grenada and Saint Lucia have higher shares of males with disabilities (and the difference has decreased). The male/female ratios of persons with disabilities are shown in figure 4 for the unstandardized and the standardized populations. Above 1.0 signifies that males have a higher chance of being disabled and the closer to 1.0, the more egalitarian are the sex differentials. Antigua and Barbuda and Aruba are the most extreme cases. Antigua and Barbuda have significantly higher disability probabilities among females, while Aruba has a much higher probability for males.

Figure 4: Standardization and sex differentials, male:female ratio of shares



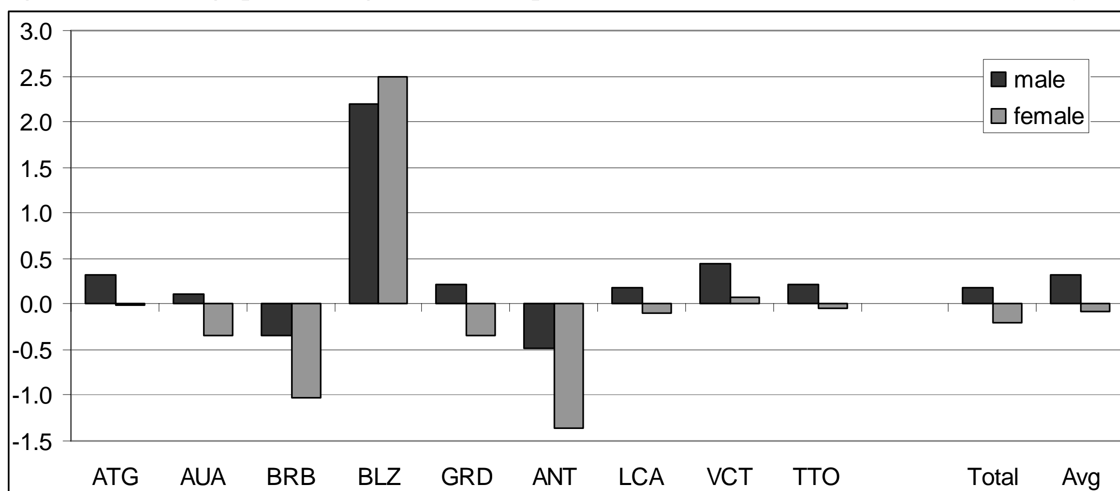
The standardisation by age structure does not have much effect on most countries as their age structures are quite similar (refer to figure 5**Error! Reference source not found.**). Exceptions are the Netherlands Antilles and Barbados, which have an older age structure, and with disability increasing by age it lowers their probabilities. On the other hand, due to its young age structure, Belize experiences an increase in risks of disability when its age-specific probabilities are applied to the general age structure. Again, although the effect of the age structure is removed, as described earlier, it does not mean that countries are strictly comparable.

Figure 5: Share of persons with disability, unweighted and weighted by population by age of all countries



Removing the effect of sex and age structures only leads to limited changes for most countries. Belize is the most negatively affected as its age and sex structures differ most from the average of all nine countries (refer to figure 6**Error! Reference source not found.**). Other notable exceptions are females in Barbados and the Netherlands Antilles, which is due to the higher number of females in most age groups.

Figure 6: Percentage point change in shares of persons with disabilities after standardisation by sex and age



B. DISABILITY BY MAIN AGE GROUPS

Depending on the stage in the life cycle, persons that become or are affected by disabilities have different needs. Congenital disorders and the incidence of disability at young ages mean that, besides the child, parents need assistance. There is not so much a revalidation of existing skills but an adaptation to the way skills are normally learned. In the learning phase, special skills or adaptations are needed to be able to participate fully in education and training. For persons becoming disabled in this phase, adaptation and revalidation is needed. In the productive phase, the potential contributions of persons with disabilities have to be safeguarded. Rehabilitation and adaptation is needed for persons becoming disabled in this period. Towards and after retirement, proper facilities enabling a continued participation in society are essential. While in the final stages, where the share of persons with disabilities is highest, and in many cases above 50%, care facilities are most important.

In the family formation and reproductive phase, persons with disabilities might need special services and young and adolescent persons need information in an accessible format. Across all stages, physical access in and outside the home is required in order to participate fully in all facets of society.

Table 3 tabulates the share of persons with disabilities in each phase of the life cycle. Broad age groups are used in this study that most coincide with the different stages. Again, the comparability among countries has limitations. There are remarkable differences in the proportion of children with disabilities in the first group. Figures for Aruba and, especially, Belize are highest. In the 5-19 age groups the weighted average rises to 2% (or a bit higher if unweighted) for the average of the nine countries. By mid-life the share has risen to 6%. At age 80 and above, on average, a third of the persons live with disabilities. In Belize and the Netherlands Antilles more than half reported having disabilities.

Table 5: Share of persons with disability by broad age group (%)

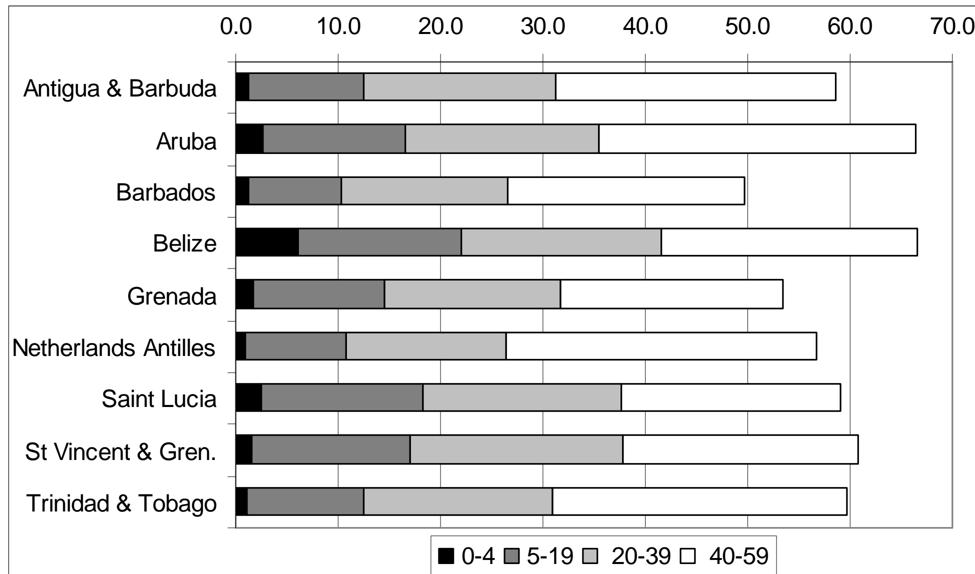
	Total	0-4	5-19	20-39	40-59	60-79	80+
Antigua & Barbuda	5.1	0.7	2.1	2.8	7.0	18.0	38.4
Aruba	5.6	1.9	3.5	3.4	6.3	13.2	40.6
Barbados	4.0	0.7	1.7	2.2	4.0	11.3	34.4
Belize	5.9	2.5	2.5	4.0	11.6	29.1	59.5
Grenada	4.4	0.8	1.7	2.8	5.5	14.0	29.9
Netherlands Antilles	8.5	1.1	3.5	4.8	9.3	23.1	52.7
Saint Lucia	4.9	1.4	2.4	3.0	6.2	16.6	26.0
St Vincent & Grenadines	4.4	0.7	2.2	2.9	6.0	15.0	31.2
Trinidad & Tobago	4.1	0.6	1.6	2.4	5.7	17.0	42.4
Weighted Total	4.8	1.1	2.0	2.8	6.1	15.6	32.9
Unweighted Total	5.2	1.2	2.3	3.1	6.8	17.5	39.5

As discussed earlier, the percentages do not adequately reflect the number of persons affected. Figure 7 shows the share of persons in each broad age group in the total number of

persons with disabilities. Although the shares are highest at retirement age, the number of persons that might need attention is in all countries, except Barbados, is higher at the education and employment stage of the life cycle.

Because of the combination of a young age structure and relatively high prevalence, the share of the first age group is relatively high in Belize and Aruba. The absolute number of persons with disabilities in each age group is given in Annex II.

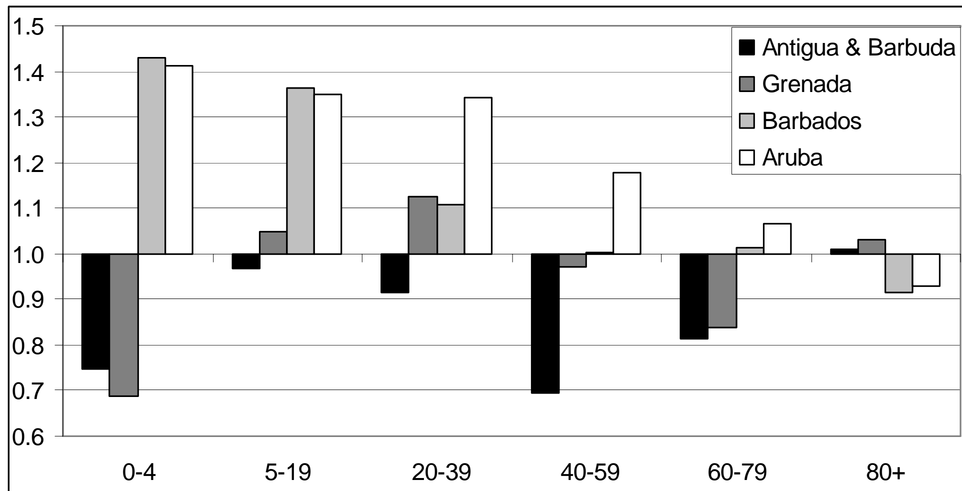
Figure 7: Share of each broad age group in total number of persons with disabilities



Box: age groups → 19 less than x% working or looking for work

Figure 8 shows the male to female ratios of persons with disabilities for the broad age groups for the four most extreme countries. Antigua and Barbuda and Grenada are the only countries with relatively more disabled girls than boys (in Saint Lucia and Trinidad and Tobago it was not significant). In Aruba and Barbados, on the other hand, there are more disabled boys than girls.

Figure 8: Male:Female ratio of share of persons with disability for four selected countries



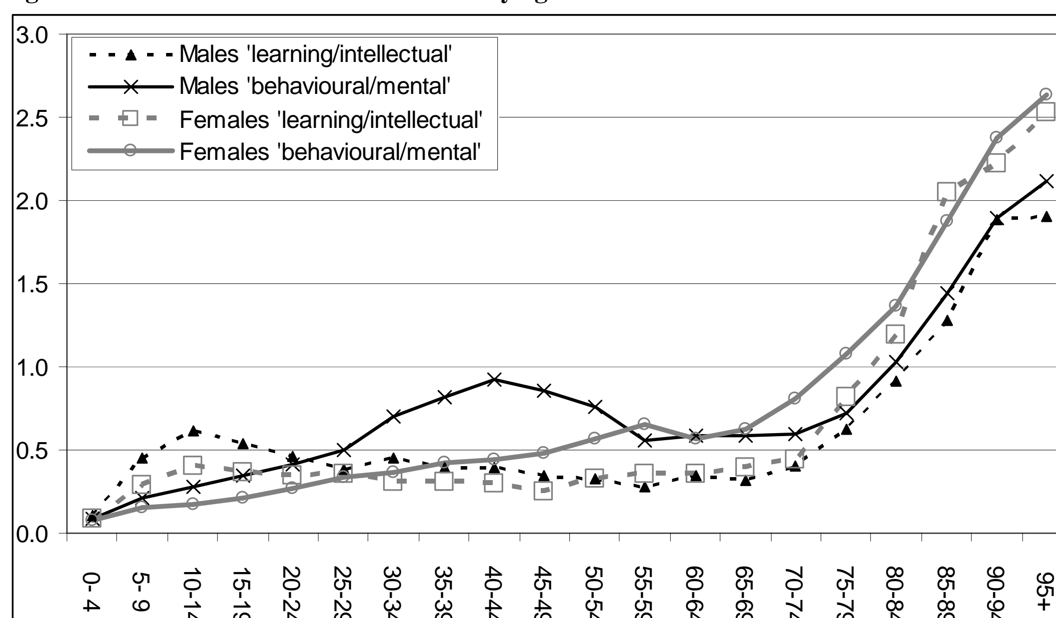
C. TYPE OF DISABILITY

As described earlier, comparing disability among countries is problematic as concepts, interpretations and the way the questioning is done differ. Comparing types of disability leads to additional complications as the categories are not the same across countries. Only some of the types can be compared without grouping types. Conclusions from aggregates of countries and inter-country comparison might not strictly be possible.

1. Mental disability

A main distinction can be made between physical and mental disability. In the case of mental disability, the countries used two categories, one labelled either ‘learning’ or ‘intellectual’ disability, and the other ‘behavioural’ or ‘mental retardation’ (see text box above for more details). Figure 9 shows the shares of persons in each of the two categories for each sex. There is a peak for ‘learning/intellectual’ disability around age 10-14 for males. Another clear peak can be observed for type ‘behavioural/mental’ around age 40-44 for males. After age 65-70, the prevalence increases rapidly for both males and females. At higher ages, the increase faster and prevalence is higher for females.

Figure 9: Prevalence of mental disabilities by age and sex for nine countries



Assuming limited cohort effects and differential mortality, the decline in rates and the number of persons with mental disability suggests that there might be some recovery from mental disabilities.

Table 6: Share of persons with mental disability by broad age group (%)

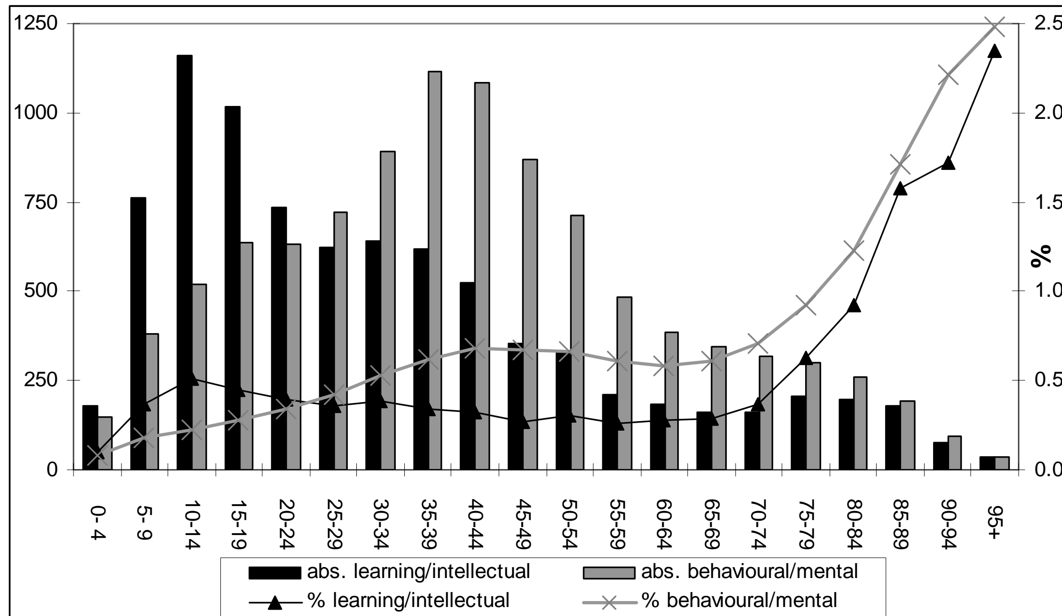
	Total	0-4	5-19	20-39	40-59	60-79	80+
Antigua & Barbuda	0.4	0.1	0.5	0.4	0.5	0.6	1.2
Aruba	1.1	0.2	0.7	0.9	1.2	1.6	11.5
Barbados	0.8	0.1	0.7	0.8	0.9	1.0	1.6
Belize	1.1	0.4	1.0	1.0	1.2	2.0	9.0
Grenada	0.9	0.2	0.5	1.1	1.3	1.3	2.9
Netherlands Antilles	1.6	0.2	1.2	1.5	1.6	2.2	7.2
Saint Lucia	0.8	0.2	0.6	0.8	1.0	1.3	2.7
St Vincent & Grenadines	1.1	0.2	1.0	1.2	1.6	1.2	2.3
Trinidad & Tobago	0.6	0.1	0.5	0.7	0.7	0.6	1.0
Total	0.8	0.2	0.5	0.6	0.9	2.2	5.3
Average	0.9	0.2	0.7	0.9	1.1	1.3	4.4

The numbers for individual countries are not large enough for a robust analysis by sex and age, but patterns are similar. Table 6 gives the percentage of persons with mental disabilities for broad age groups for the males and females combined in each country. Although not the same, patterns are similar across countries. The high figures for persons age 80 and above for Aruba, Belize and the Netherlands Antilles, suggest that either different definitions have been used or that the exclusion of the institutional population has different implications in each country.

Again, for providing aid and facilities, absolute figures are more meaningful. The number of persons with ‘learning/intellectual’ disabilities is highest between 5 and 24 years of age

(figure 10), while persons with ‘behavioural/mental’ disabilities are predominantly between ages 30 to 49.

Figure 10: Absolute number and prevalence of mental disabilities for total population by ages for the nine countries



2. Sight- and hearing-related disability

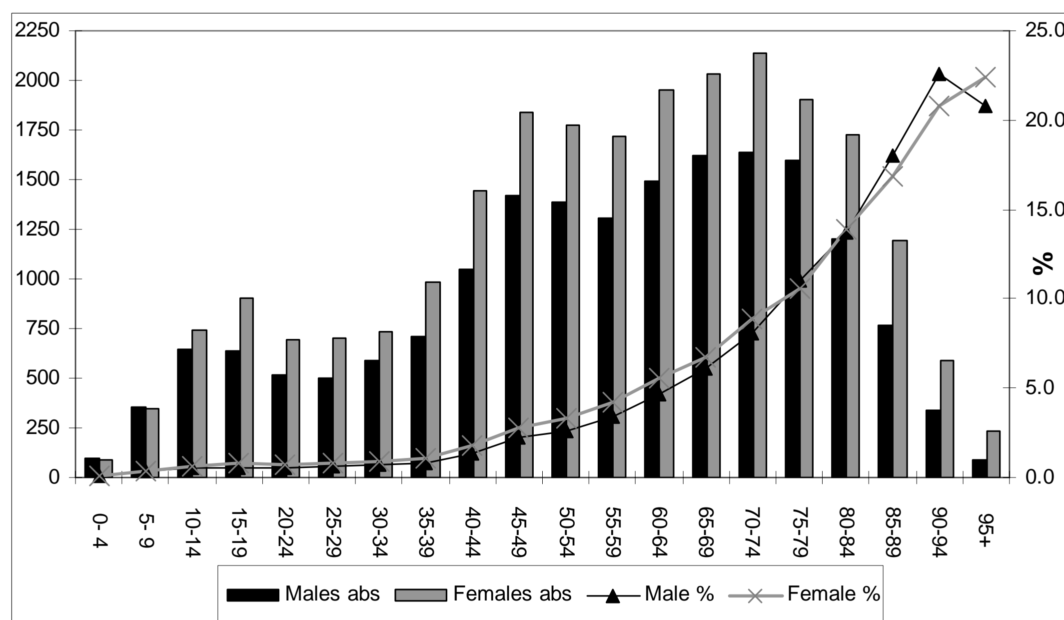
Among the different types of physical disability, the only two that can more or less be uniformly distinguished in all nine countries are ‘sight’ and ‘hearing’. In most countries, ‘sight’ is the type of disability with the highest number of persons affected. For all nine countries combined, the category is the largest group in all age groups, except 0-4 and 5-9. The large differences among the various countries again suggest that not exactly the same concept might have been measured (table 7**Error! Reference source not found.**). The differences in the total would be even more pronounced if standardized figures were used (e.g. Belize would rise to 4.5% and Barbados would lower to 0.7%). As with all types of disability, the extent to which a person is affected might differ. The Netherlands Antilles had two categories for sight-related disability: one for blindness and the other one for partially sighted. The former was only about 3% of all cases.

Table 7: Share of persons with sight related disability by broad age group (%)

	Total	0-4	5-19	20-39	40-59	60-79	80+
Antigua & Barbuda	2.8	0.2	0.9	1.5	4.2	10.2	22.5
Aruba	1.2	0.1	0.4	0.5	1.2	3.6	14.1
Barbados	1.0	0.1	0.1	0.2	0.7	3.2	10.2
Belize	3.0	0.2	0.9	1.8	7.3	17.2	34.1
Grenada	1.4	0.1	0.4	0.5	1.6	6.0	13.9
Netherlands Antilles	3.4	0.1	1.2	1.6	3.9	9.8	25.4
Saint Lucia	1.4	0.1	0.5	0.5	1.5	5.6	12.5
St Vincent & Grenadines	1.7	0.2	0.7	0.6	2.2	7.5	17.7
Trinidad & Tobago	1.7	0.1	0.4	0.6	2.3	7.2	15.2
Total	1.8	0.1	0.6	0.8	2.5	7.2	16.1
Average	1.9	0.1	0.6	0.9	2.8	7.8	18.4

From table 7 and figure 11, it is clear that most sight-related incidences of disability occur at older ages. From more or less age 40-45 onwards, the rate steadily increases. Except for the first 10 years and the highest age groups, female rates are higher. In comparison with mental disabilities, sight-related disabilities are more prevalent at older ages; the number of persons affected in the second part of the working stage of the life cycle is considerable.

Figure 11: Absolute number and prevalence of sight related disabilities for total population by ages for the nine countries



(a) Hearing-related disability

There are far less persons with hearing- than with sight-related disabilities. Again there are sizable differences among the countries (table 8). In percentage points the differences seem less, however, in relative terms they are similar to those of persons with sight-related disabilities.

In the Netherlands Antilles there were two categories: 'deaf' and 'hard hearing', of which approximately 7% fall into the first category.

Table 8: Share of persons with hearing related disability by broad age group (%)

	Total	0-4	5-19	20-39	40-59	60-79	80+
Antigua & Barbuda	0.4	0.0	0.2	0.3	0.3	1.6	6.0
Aruba	0.8	0.0	0.4	0.4	0.7	2.4	8.5
Barbados	0.5	0.0	0.2	0.2	0.2	1.3	5.6
Belize	1.1	0.2	0.5	0.6	1.5	7.0	24.2
Grenada	0.4	0.1	0.3	0.2	0.3	1.2	5.6
Netherlands Antilles	1.4	0.1	0.4	0.6	1.0	4.3	17.3
Saint Lucia	0.4	0.1	0.3	0.3	0.3	1.0	3.1
St Vincent & Grenadines	0.4	0.1	0.3	0.3	0.3	1.2	5.2
Trinidad & Tobago	0.5	0.0	0.2	0.3	0.4	1.8	6.8
Total	0.6	0.1	0.3	0.3	0.5	2.2	8.0
Average	0.7	0.1	0.3	0.3	0.6	2.4	9.1

Figure 12: Absolute number and prevalence of hearing related disabilities for total population by ages for the nine countries

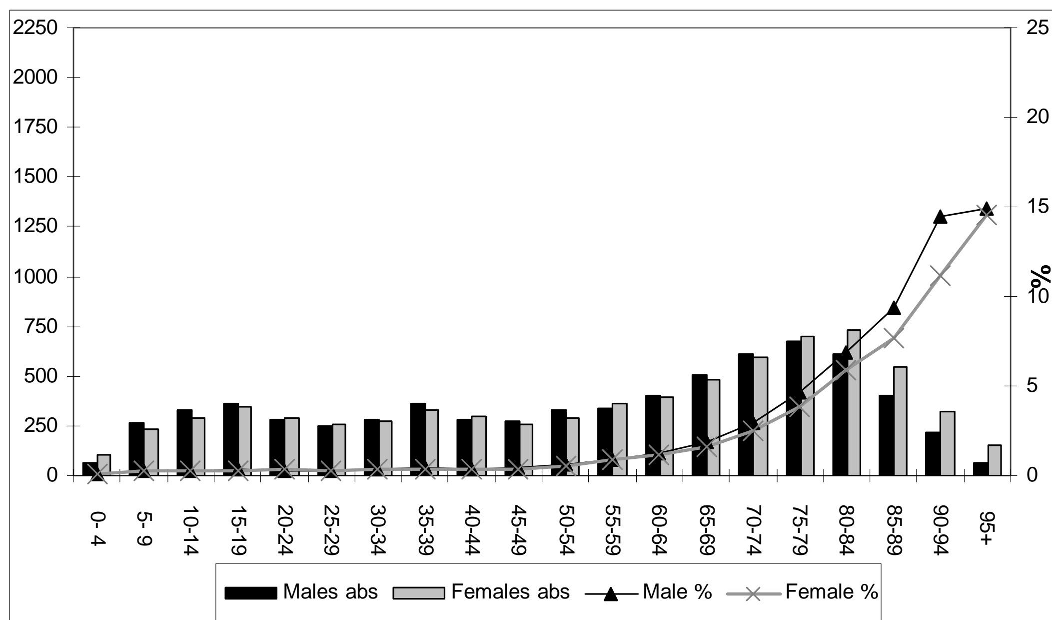


Figure 12 reveals more differences between sight and hearing disability. For reasons of comparability, the scales of figures 11 and 12 are the same. Besides the lower levels mentioned earlier, the age and sex patterns are distinct. Hearing disabilities start to increase at older ages. There is no real increase between the ages of 5 to 50. Most cases either occur at young ages and new incidences are low, or there exists a balance between recovery and new cases (or a combination). It is to be noted that, contrary to disabilities related to sight, there are no real sex differentials. Overall, rates are slightly higher for males (0.7% against 0.6% both unweighted as well as weighted). Although at older ages the prevalence among males is higher, because of the larger number of females surviving at higher ages, the number of females affected is higher.

3. Disabilities related to the upper and lower limbs

In this section the following categories are grouped together: 'upper limb' and 'gripping' and, on the other hand, 'lower limb', 'mobility', and 'moving'. Other categories are not considered ('body movements', 'neck/spine', 'personal care', 'organ handicap' and the general 'other').

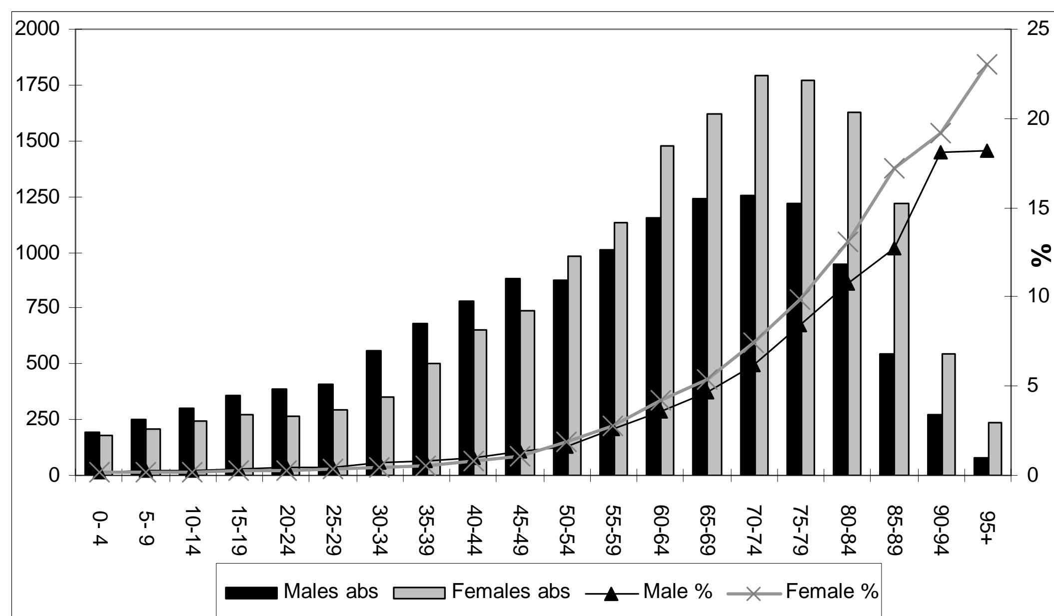
The group of persons with disabilities related to the lower limbs is one of the largest. At all ages, Belize has the highest share (see table 9). Again, the relatively young age structure results in a less extreme figure for totals for Belize; if weighted, it rises to 2.8% (while, for example, the Netherlands Antilles drops to 1.8%). As noted before, part of the differences among the countries will be related to the differences in the health of the populations but part of the differences can also be the result of different interpretations of the questions or the use of different concepts.

Table 9: Share of persons with disabilities related to lower limbs by broad age group (%)

	Total	0-4	5-19	20-39	40-59	60-79	80+
Antigua & Barbuda	1.2	0.1	0.3	0.4	1.3	5.8	17.7
Aruba	1.7	0.3	0.3	0.8	1.9	5.4	20.5
Barbados	0.8	0.1	0.1	0.2	0.7	2.7	8.0
Belize	1.8	0.5	0.4	0.8	3.0	13.1	36.7
Grenada	1.3	0.1	0.2	0.5	1.4	5.7	13.9
Netherlands Antilles	2.2	0.1	0.2	0.7	1.9	8.4	22.8
Saint Lucia	1.5	0.1	0.3	0.6	1.8	6.7	12.0
St Vincent & Grenadines	1.3	0.2	0.3	0.5	1.5	6.1	13.0
Trinidad & Tobago	1.1	0.1	0.2	0.4	1.3	5.1	12.4
Total	1.3	0.2	0.2	0.5	1.5	5.7	14.3
Average	1.4	0.2	0.3	0.6	1.7	6.6	17.4

Figure 13 shows the age pattern of disability related to the lower limbs for males and females. Up to age 50, the rates and absolute numbers are higher for males. Shares and especially absolute numbers, increase rapidly at older ages. Two thirds of the population 80 and over living with disabilities related to the lower limbs is female.

Figure 13: Absolute number and prevalence of disabilities related to lower limbs for total population by ages for the nine countries



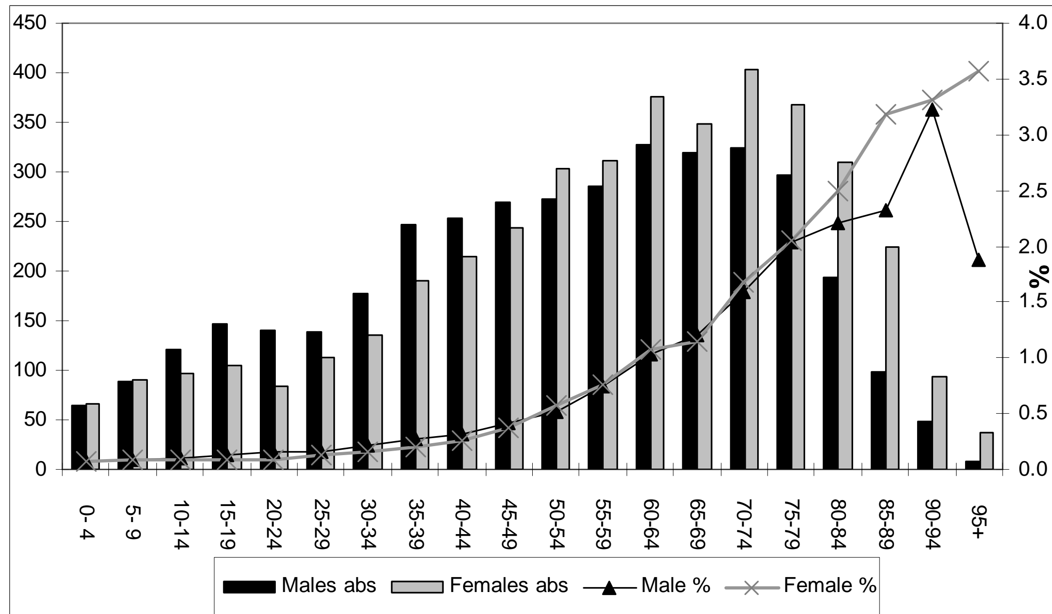
Figures for disabilities related to the upper limbs are not available for Aruba. For the other eight countries in the study, the prevalence is much lower than for lower limb-related disabilities. Differences among countries are relatively larger than with upper limb-related disabilities. Warnings about comparability are, thus, even more warranted in this case.

Table 10: Share of persons with disabilities related to upper limbs by broad age group (%)

	Total	0-4	5-19	20-39	40-59	60-79	80+
Antigua & Barbuda	0.2	0.1	0.1	0.1	0.2	0.7	1.6
Aruba	-	-	-	-	-	-	-
Barbados	0.3	0.0	0.1	0.2	0.4	0.7	1.0
Belize	0.7	0.2	0.2	0.3	1.3	4.5	12.6
Grenada	0.4	0.0	0.1	0.2	0.5	1.7	3.8
Netherlands Antilles	1.0	0.1	0.2	0.5	1.0	3.3	6.7
Saint Lucia	0.6	0.1	0.2	0.3	0.7	2.6	3.8
St Vincent & Grenadines	0.4	0.1	0.2	0.2	0.6	1.7	2.8
Trinidad & Tobago	0.2	0.0	0.1	0.1	0.3	0.7	1.1
Total	0.3	0.1	0.1	0.2	0.5	1.4	2.6
Average	0.5	0.1	0.1	0.2	0.6	2.0	4.2

In this case, age and sex specific patterns for the eight countries are very similar to those of disabilities related to the lower limbs. As mentioned above, levels are much lower though; if figure 14 were shown on the same scales, trends would hardly be discernible. Trends at the highest ages are less reliable due to low frequencies.

Figure 14: Absolute number and prevalence of disabilities related to upper limbs for total population by ages for the nine countries



D. AGE START DISABILITY AND ORIGIN OF DISABILITY

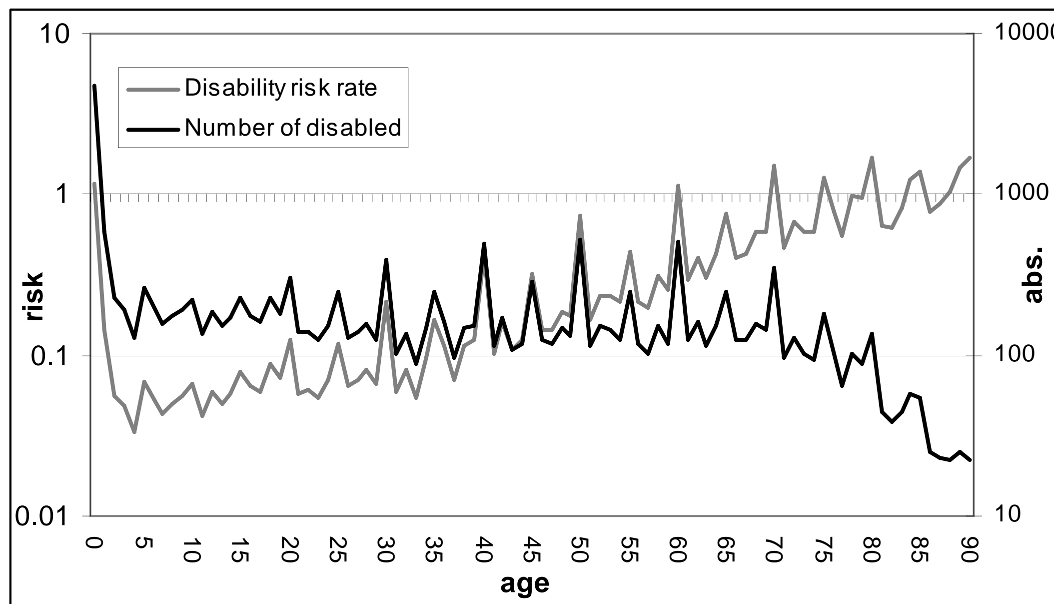
The age of the onset of the primary disability was questioned in the Censuses of Antigua and Barbuda, Grenada, Saint Lucia, and Saint Vincent and the Grenadines. There seems to be a problem with the data. The number of persons reported to have become disabled at age 0-4 is six times higher than that of persons who became disabled at age 5-9 (table 11). Considering that differences between two sequential birth cohorts are limited, a similar pattern for disability among persons aged 0-4 and 5-9 is expected. The opposite, however, is true. This indicates that there are some serious issues with the reporting of age at start of disability. Additionally, the reporting of current disabilities might be underreported for lower ages. One possible reason is that at younger ages impairments are not yet causing disability but will do so at an older age. On the other hand, the age of the onset of the disability is often not reported when it becomes severe enough to be considered disability. Of the four countries, Saint Vincent and the Grenadines does not have this problem; however, in this case there are issues with the variable age of the respondents (there are, respectively, 742, 3259, and 1893 persons for ages 0, 1, and 2).

Table 11: Number of persons by reported age of start of disability and persons with disability by age for first two age groups

	Age start disability				
	Total	ATG	GRD	LCA	VCT
0- 4	5921	622	2133	2638	528
5- 9	974	127	136	290	421
ratio	6.1	4.9	15.7	9.1	1.3
	Persons with disability aged				
	Total	ATG	GRD	LCA	VCT
0- 4	370	41	79	176	74
5- 9	769	97	117	329	226
ratio	0.5	0.4	0.7	0.5	0.3

Retrospective data such as the age of the onset of the disability have the problem of censoring: a person who has not reached a certain age has not had the chance of getting a disability at that age; the higher the age, therefore, the fewer persons at risk. Besides the absolute number of cases at each age, figure 15 shows the number expressed as a proportion of the population at risk. Because of the high number of cases of disabilities that were reported to originate when the respondent was less than 1 year (the majority of the 0-4 are concentrated at age 0), the figures are shown on the log-scale. The number of disabled is more or less a straight line between ages 2 and 70, however, this is mainly an artefact of censoring, as the risk is increasing from age 4 onward. The peaks are caused by digit preferences as people tend to report more in rounded ages (5, 10, 15).

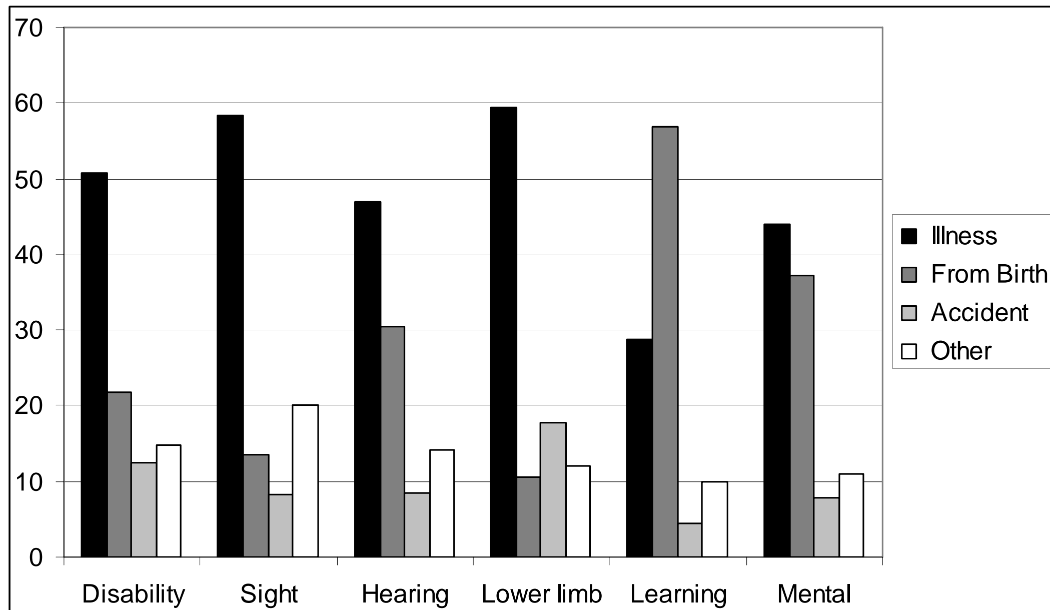
Figure 15: The risk of disability and the number of disabled by age of start of disability (log scales)



Data on the origin of disability was collected in Antigua and Barbuda, Grenada, the Netherlands Antilles, Saint Lucia, and Saint Vincent and the Grenadines. With over 50%, illness was the most common cause of disability (figure 16). Among all categories it had the largest

share, except for ‘learning/intellectual’ and ‘speech’ (not shown) where ‘from birth’ was the most common origin.

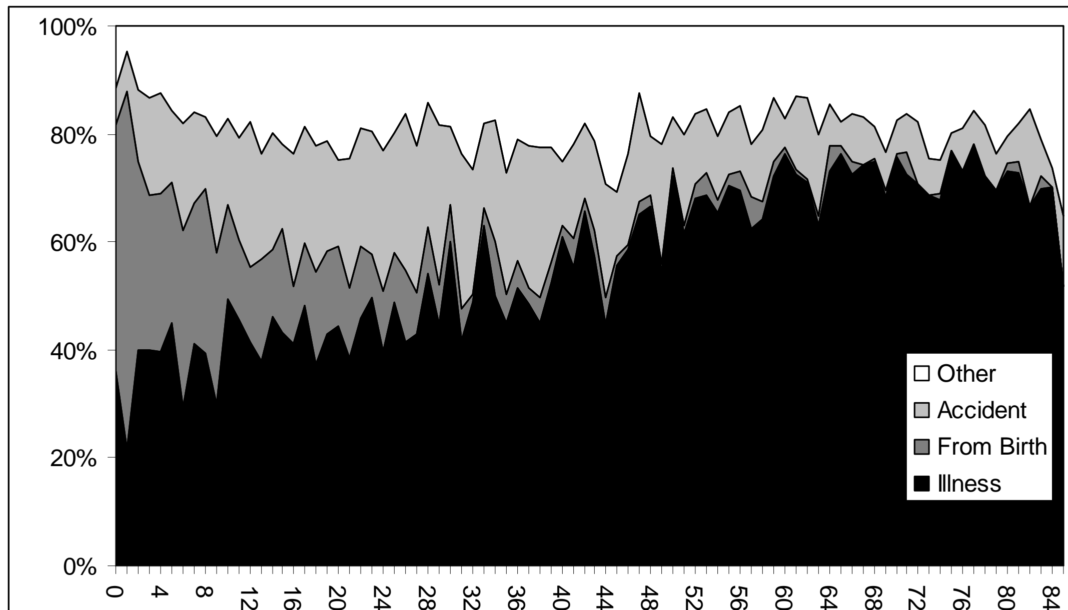
Figure 16: Origin of disability by type of disability



Among males, accidents are more often the origin of disability: 18% against 8% of females with disabilities. Other differences between males and females are limited.

Combining the origin of disability with the age at which the person became disabled, reveals that those that reported ‘from birth’ as origin, often gave ages beyond infant years as the age at which their disability occurred (figure 17). It seems that (supposedly) congenital origins that reveal themselves after birth are classified as ‘from birth’. Except for the first two years of life, ‘illness’ was the largest group of origin (after about age 30 in the majority of cases).

Figure 17: Origin of disability by age at which the person became disabled



E. FURTHER RESEARCH

Without detailed metadata, such as the exact concept that was meant to be measured and the interviewers' instructions, it is difficult to qualify the comparability among countries.

Further research should concentrate on socio-demographic analysis. This might reveal possible risk factors for disabilities and, the other way around, show the socio-demographic risks of disability. More insight is also needed in the relation between diseases and disability, for example, diabetes and limb- and sight-related disabilities. More analysis is further required on the extent to which persons with disabilities are hampered in their daily activities compared to persons without disabilities. The Washington-Group on disability statistics has proposed a new set of questions to be included in surveys and censuses. If all countries would use these recommended questions, comparability will improve significantly.

V. MEASURING DISABILITY AND RIGHTS AND POLICY FOR PERSONS WITH DISABILITIES

A. MEASURING DISABILITY

Besides the Census, there are other sources for information on disability. Surveys can be a good source of more in-depth information. As compared to censuses, they contain more control questions and facilitators often receive better training. Thus, the quality of the data is potentially better. A problem with (sample) surveys is that results are less statistically significant, causing especially problems with relatively rare events and for subgroups or lower geographical levels. Additionally to statistical uncertainty, surveys are often biased.

Some specific surveys have been held in the Caribbean region. Examples are, the Barbados National Census of Persons with Disabilities in 2003, a Disability Survey held in Suriname in 2004 (sample of 100 persons) and survey by the National Commission on Disability of Guyana held in 2005.

Labour Force Surveys, Household Budget Surveys, Health Interview Surveys, Poverty Surveys, Surveys of Living Conditions and others contain in some cases limited information on disability. Unfortunately, these surveys are not widely conducted and comparability is limited due to differences in methodology and measurement. Moreover, the reporting of detailed results from these studies is limited in the Caribbean. Analytical studies on disability based on these surveys are even scarcer. One of the reasons for this is that the producers of these surveys do not have enough manpower. Since most of these data sets are not readily available for research to others, they are underutilized. One of the few initiatives that makes micro data available to researchers and policy makers is the Multiple Indicator Cluster Survey (MICS), a tool developed and promoted by the United Nations Children's Fund (UNICEF). Unfortunately, data on disability is limited in these surveys. An optional module on child disability was added by Belize, Jamaica and Suriname to their MICS2 and/or MICS3 survey.

The previous chapter dealt with the questions most commonly asked on disability in the Population and Housing Censuses of the English and Dutch speaking Caribbean region. It was shown that national and international data comparisons have their limitations due to several issues stemming from differences in concepts used, questions, questioning, categories and interpretation. Implausible patterns and inconsistencies in the results also suggest that in some cases data is biased.

A significant step towards harmonizing the collection of disability statistics was the establishment of the Washington Group on Disability Statistics. The Washington Group on Disability Statistics was organized as a result of the 2001 United Nations International Seminar on Measurement of Disability in New York. Its main purpose is the promotion and coordination of international cooperation in the area of health statistics by focusing on disability measures suitable for censuses and national surveys. This will assist in the production of pertinent information which will provide basic necessary information on disability throughout the world. The Washington Group aims to guide the development of a small set or sets of general disability measures, suitable for use in censuses, sample surveys, or other statistical formats, for the

primary purpose of informing policy on equalization of opportunities. Another aim is to recommend one or more extended sets of survey items to measure disability, or principles for their design, to be used as components of population surveys or as supplements to specialty surveys. From the Caribbean, the Bahamas, Barbados, Cuba, the Dominican Republic, Saint Lucia, Trinidad and Tobago, and Turks and Caicos Islands have participated in the meetings of the Group.

Census Questions Endorsed by the Washington Group
Introductory phrase:
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

Question set:
1) Do you have difficulty seeing, even if wearing glasses?
2) Do you have difficulty hearing, even if using a hearing aid?
3) Do you have difficulty walking or climbing steps?
4) Do you have difficulty remembering or concentrating?
5) Do you have difficulty (with self-care such as) washing all over or dressing?
6) Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

Response categories:
a. No – no difficulty
b. Yes – some difficulty
c. Yes – a lot of difficulty
d. Cannot do at all

More info: http://www.cdc.gov/nchs/citygroup.htm

The report of the Washington Group to the thirty-eighth session of the Statistical Commission of the United Nations in 2007 proposed four core questions and two additional questions for obtaining disability statistics (refer to Annex III). The questions ask about difficulties a person may have doing certain activities because of a health problem. In this setting, disability is not identified as a medical condition but as a classification based upon a person's functioning along domains such as specific body functions (seeing, hearing, walking, remembering/concentration) and the extent of participation in work, school and family life. This approach was based on the notion that questions like 'do you have a disability' or based on a list of conditions (e.g. diabetes, blindness etc.) did not generate good quality data. Results from the previous chapter, confirms that this is indeed the case for the Caribbean countries.

Table 12: Participation of Caribbean countries in statistics-related initiatives

COUNTRY	Washington Group on Disability Statistics	Global Survey on Disability Statistics	MICS with module on child disability
Anguilla			
Antigua and Barbuda			
Aruba			
Bahamas	✓		
Barbados	✓		
Belize		✓	
British Virgin Islands			
Cayman Islands	✓		
Cuba	✓		
Dominica		✓	
Dominican Republic	✓		
Grenada			
Guyana		✓	
Haiti		✓	
Jamaica			✓
Montserrat			
Netherlands Antilles			
Saint Kitts and Nevis			
Saint Lucia	✓		
St. Vincent & Grenadines			
Suriname			✓
Trinidad and Tobago	✓	✓	
Turks and Caicos Islands	✓		
US Virgin Islands			

B. MEASURING COMMITMENT

There have been two international initiatives to measure the implementation of rights and policies regarding persons with disability. The Global Survey on Government Action on the Implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities was administered in 2004-2005. This Survey was designed, administered, conducted, analyzed and reported on by the South-North Center for Dialogue & Development, Amman, Jordan, for the Office of the United Nations Special Rapporteur on Disabilities. The Global Survey was conducted in order to assess the to what extent governments have taken action in the fulfilment of their commitment in keeping with the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. As mentioned in Chapter 2, the Standard Rules were adopted in 1993 by all 191 Member States of the United Nations. An extensive questionnaire was sent to governments of all Member States of the United Nations and to two disability-related organizations in each member country. Unfortunately, the response was limited (refer to Table 12). From the Dutch and English Caribbean region, only the governments and one non-governmental organization responded from Guyana and Belize. From Dominica and Trinidad and Tobago only the government replied and one non-governmental organization-related to disabled responded from Saint Vincent and the Grenadines.

Another initiative for which a survey was conducted was the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disability in Asia and the Pacific (BMF). The BMF was adopted in October 2002 at a High-level Intergovernmental Meeting in Otsu, Japan. The agreement stipulated that the governments

in region improve the instruments used to collect disability-related data in order that this data might support policymaking[xci]. It promotes the paradigm shift from a charity-based approach to a rights-based approach on disability. The document contains seven priority areas for action, 21 time-bound targets to be achieved and 17 strategies to be utilized by 2012. It also outlines issues, action plans and strategies towards an inclusive, barrier-free and rights-based society for persons with disabilities. Several targets and strategies were identified to support the achievements towards the goals. A detailed questionnaire on the implementation of the BMF was developed and administered to the members States of the Economic and Social Commission for Asia and the Pacific (ESCAP) member states.

VI. CONCLUSIONS AND FURTHER RESEARCH

There have been a large number of international, regional, and national initiatives that aimed at improving the rights of persons living with disabilities. However, so far the impact has been limited or at least, far from what countries had committed themselves to. In order for the CRPD to become a real landmark in the struggle for the rights and position of persons living with disability, it is needed that it doesn't fare the same fate as earlier initiatives. In order to safeguard this, it is necessary to monitor the progress towards the implementation of the Convention.

The World Bank states that 10 % of the world population is living with disabilities. Although understandable from a political viewpoint, statistically statements about the share of persons with disabilities in the world or a region or even at the national level are meaningless if it is not clearly defined what disability means. Even more important, current data sources are incomparable and aggregate data therefore has to be treated with care. It is therefore of utmost importance that disability is measured unambiguously. The Washington Group set of questions is an important effort towards improvement. It does not mean that analysis of existing data is completely useless. Despite the many issues, socio-demographic analysis of Census and Survey data will be useful as socio-demographic comparisons of persons with disabilities and other persons are still valid. Furthermore, age-patterns and sex differentials are less affected. It is therefore important that data is collected and made available.

The Global Survey and the BMF were initiated to measure the progress towards rights and policies for persons living with disability. In order to monitor progress towards the CRPD, ECLAC is preparing a similar survey for the Caribbean region. The experiences from the Global Survey and the BMF have served as guidance in this exercise. Draft questionnaires (refer to Annex III) have been sent to disability related organizations in the Caribbean region for comments. These comments will be incorporated into the final questionnaires. The aim is to collect information on the availability of statistical information on persons with disability and on the implementation of legislation and policies in order to measure the commitment of governments in the Caribbean region towards the CRPD.

Annex I

Census Questions on Disability from the 2000 Census Round

I. Antigua and Barbuda, Grenada, Saint Lucia and Saint Vincent and the Grenadines

1. Does … suffer from any long-standing disability or infirmity?[xcii]

-Yes

-No

2. What was the origin of the disability?

- Illness

- From Birth

- Accident

- Other

3. At what age did disability begin?

4. What type of disability or impairment does …have? (more than one oval may be marked)

- Sight (even with glasses, if worn)

- Hearing (even with hearing aid, if used)

- Speech (talking)

- Upper Limb (arm)

- Lower Limb (legs)

- Neck and spine

- Learning[xciii]

- Mobility (walking, standing, climbing stairs)[xciv]

- Body Movements (reaching, crouching, kneeling)[xciv]

- Gripping[xciv]

- Behavioural (mental retardation)

- Other (Please specify ____________________)

- Not stated

5. Was….disability/major impairment ever diagnosed by a medical doctor?

-Yes

-No

-Not Stated

6. Because of a physical, mental or emotional condition lasting <u>6 months or more</u>, does this person have any difficulty in doing any of the following activities?

a. Learning, remembering, or concentrating?

-Yes

-No

b. Dressing, bathing, or getting around inside the home?

-Yes

-No

c. Going outside the home alone to shop of visit a doctor's office?

-Yes

-No

d. Working a job or business? (Answer if person is 15 years or older)

-Yes

-No

7. Are you…required to use any of the following aids? (More than one oval may be marked)

-Wheelchair

-Walker

-Crutches

-Brailler

-Adapter Car

-Cane

-Prosthesis/artificial body part

-Orthopedic shoes

-Other (Specify__________________)

-None

II. Aruba

1. Do you have, because of a physical mental condition lasting 6 months or more, any difficulty in doing any of the following activities:

a. Difficulty to learn, remember, or concentrate?

-Yes

-No

b. Difficulty to dress, bath or getting around inside the home?

-Yes

-No

c. (If person 14 years or older) Difficulty to go outside the home by yourself, for instance to shop or visit the doctor?

-Yes

-No

d. (If person 14 years or older) Difficulty to (if necessary) work at a job or business?

-Yes

-No

2. Do you (does he/she) have a handicap?

-Yes (go to 15)

-No (go to 17)

3. What type(s) of handicap(s) do you (does he/she) have?

Cross as many boxes as necessary.

-Motory dysfunction (moving)

-Visual handicap (seeing)

-Auditory handicap (hearing)

-Organ handicap (e.g. asthma)

-Severe mental handicap

-Moderate mental handicap

-Other handicap (e.g. speaking)

4. What caused this handicap?

Cross most important cause.

-Born with it, hereditary illness

-Geriatric illness

-Infection

-Other disease

-Unhealthy habits (e.g. smoking, drugs)

-Poisoning

-Accident

-Emotional stress

-Unhealthy way of eating

-Other reason

III. Barbados

1. Do you have any of the following disabilities or major impairments? (*Score as many as are applicable)*

- Hearing
- Speech
- Sight
- Upper Limb
- Lower Limb
- Neck/Spine

- Intellectual
- Mental
- Other
- None

2. Are you required to use any of the following aids?

-Wheelchair

-Walker

-Crutches

-Cane

-Prosthesis

-Other

-None

-Not Stated

3. Was your disability/major impairment ever diagnosed by a medical doctor?

-Yes

-No

-Not Stated

IV. Belize

1. Do you/Does…have problems with any of the following?

a. Sight difficulties (even with glasses, if worn)

-Yes

-No

-Don't know/Not stated

b. Hearing difficulties (even with hearing aid, if used)

-Yes

-No

-Don't know/Not stated

c. Speaking difficulties (talking)

-Yes

-No

-Don't know/Not stated

d. Moving/mobility difficulties (walking, climbing stairs, standing)

-Yes

-No

-Don't know/Not stated

e. Body movement difficulties (reaching, crouching, kneeling)

-Yes

-No

-Don't know/Not stated

f. Gripping, holding difficulties (using fingers to grip or handle objects)

-Yes

-No

-Don't know/Not stated

g. Learning difficulties (intellectual difficulties, retardation)

-Yes

-No

-Don't know/Not stated

h. Behavioral difficulties (psychological, emotional, phobias)

-Yes

-No

-Don't know/Not stated

i. Personal care difficulties (bathing, dressing, feeding yourself)

-Yes

-No

-Don't know/Not stated

j. Other (specify ________)

-Yes

-No

-Don't know/Not stated

(If all responses in Q 5.1 are "No" or "Don't know/Not stated skip to section 6.)

2. **In which of the following ways are your/…'s activities limited compared with most people your/his/her age?** (More than one may be marked)

-Self-care

-Mobility

-Communication

-Schooling

-Employment

-Other

-None

V. Netherlands Antilles

Question 1 is only for persons who are younger than 15.

1. As compared with other children of your age, are you hindered in your activities for educational, psychical or physical problems?

-Yes

-No

Questions 2 and 3 are only for persons aged 15 or older.

2. Do you have any physical or emotional disorder that prevents you from doing any paid job?

-Yes

-No

-Not applicable

3. Do you have any physical or emotional disorder that prevents you from doing work around your house?

-Yes

-No

-Not applicable

4. Do you have one or more of the following disabilities? (See card)

<u>It is possible to give more than one answer!</u>

-Blindness

-Impaired eyesight

-Deafness

-Hard of hearing

-Dumb/ speaking with difficulty

-Missing proper use of one or both legs

-Missing proper use of one of both arms

-Other physical disability

-Intellectual disability

-Mental disability

-No disability of any type (Go to question 23)

5. What caused your disabilities?

<u>It is possible to give more than one answer!</u>

-I was born with it.

-An accident at work.

-A road accident.

-Another type of accident.

-Disease.

-Other causes.

VI. Trinidad and Tobago

1. Long-standing disability

Does (N) suffer from any longstanding disability that prevents him/her from performing an activity?

-Yes

-No, skip to Q. 14

-Not stated, skip to Q. 14

2. Type of Disability

Does (N) have any difficulties in?

-Seeing (even with glasses if worn)

-Hearing (Even with hearing aid if used)

-Speaking (Talking)

-Moving/Mobility (Walking, standing, climbing stairs)

-Body Movements (Reaching, crouching, kneeling)

-Gripping

-Learning

-Behavioral

-Other, Specify _____

-Not stated

Annex II

Census Results

Table A1: % of persons with disabilities by age group

	All nine countries		Countries								
	Weighted	Average	ATG	AUA	BRB	BLZ	GRD	ANT	LCA	VCT	TTO
0- 4	1.1	1.2	0.7	1.9	0.7	2.5	0.8	1.1	1.4	0.7	0.6
5- 9	1.6	1.9	1.6	3.2	1.4	2.2	1.1	2.6	2.2	2.0	1.2
10-14	2.1	2.5	2.2	4.1	1.7	2.7	1.6	4.0	2.3	2.1	1.6
15-19	2.2	2.6	2.6	3.1	1.8	2.8	2.3	3.8	2.8	2.4	1.8
20-24	2.3	2.7	2.5	3.4	1.7	3.2	2.3	4.6	2.7	2.5	2.0
25-29	2.5	2.8	2.4	3.6	2.0	3.4	2.2	4.6	2.7	2.6	2.1
30-34	2.9	3.2	3.1	3.1	2.1	4.5	3.4	4.4	3.1	3.1	2.5
35-39	3.4	3.7	3.1	3.5	2.5	5.3	3.3	5.4	3.6	3.4	3.0
40-44	4.4	5.0	4.6	4.8	3.0	8.5	4.2	7.2	4.5	4.3	3.7
45-49	5.7	6.4	6.7	5.7	3.4	11.6	5.0	9.1	5.5	6.2	4.9
50-54	7.1	7.8	8.5	7.3	4.6	13.8	6.5	9.9	6.8	6.8	6.4
55-59	9.1	9.9	10.7	9.0	5.7	16.0	8.1	12.2	9.7	8.9	8.4
60-64	11.7	12.3	12.2	10.0	7.3	21.7	9.7	16.1	11.6	10.3	11.3
65-69	14.0	15.2	16.6	12.2	8.2	25.5	12.1	21.0	14.5	13.2	13.1
70-74	18.3	20.3	21.8	14.7	11.4	34.4	17.1	28.0	19.8	19.0	16.7
75-79	23.3	25.9	25.5	23.9	15.5	43.8	20.8	36.8	24.3	21.1	21.1
80-84	29.4	33.0	34.7	31.0	22.2	53.8	27.6	44.9	25.5	30.4	26.6
85-89	35.3	40.1	39.8	49.2	27.7	63.8	32.2	58.7	26.1	31.3	32.3
90-94	42.0	45.0	48.1	56.4	32.3	69.8	31.9	69.6	28.6	29.4	39.0
95+	43.7	49.6	50.0	69.6	36.1	67.8	36.7	67.8	25.8	52.1	40.9

Table A2: Male:Female ratio persons with disabilities by age group

	All nine countries		Countries								
	Weighted	Average	ATG	AUA	BRB	BLZ	GRD	ANT	LCA	VCT	TTO
0- 4	1.1	1.1	0.8	1.5	1.5	1.1	0.7	1.3	1.0	1.2	1.3
5- 9	1.4	1.4	1.3	1.6	1.6	1.3	1.1	1.6	1.4	1.3	1.3
10-14	1.2	1.2	0.8	1.5	1.3	1.1	1.1	1.3	1.2	1.2	1.3
15-19	1.0	1.0	0.8	1.0	1.4	1.1	1.0	0.9	0.9	1.1	1.1
20-24	1.1	1.2	1.0	1.2	1.2	1.1	1.2	1.0	1.0	1.3	1.2
25-29	1.1	1.1	0.6	1.2	1.1	1.2	1.6	1.1	0.9	1.2	1.1
30-34	1.2	1.1	0.8	1.1	1.2	1.3	1.1	0.9	1.1	1.4	1.3
35-39	1.2	1.1	0.7	1.5	0.9	1.1	1.0	1.0	1.0	1.4	1.4
40-44	1.1	1.1	0.6	1.2	1.1	1.1	1.3	1.0	1.0	1.2	1.2
45-49	1.0	1.0	0.6	1.1	0.9	1.1	1.1	0.9	1.1	1.1	1.1
50-54	0.9	0.9	0.6	1.0	0.8	0.9	0.9	0.9	0.7	0.9	0.9
55-59	0.9	0.8	0.5	0.9	0.8	1.0	0.7	0.9	0.9	0.9	0.9
60-64	0.8	0.8	0.6	0.9	0.9	1.1	0.8	0.8	0.8	0.7	0.8
65-69	0.8	0.8	0.6	0.9	0.8	0.9	0.7	0.9	0.7	0.8	0.9
70-74	0.8	0.8	0.7	0.8	0.8	0.9	0.8	0.7	0.8	0.7	0.8
75-79	0.8	0.8	0.8	0.7	0.7	1.0	0.5	0.8	0.8	0.8	0.8
80-84	0.7	0.7	0.7	0.6	0.6	0.8	0.6	0.6	0.7	0.6	0.7
85-89	0.6	0.6	0.6	0.5	0.5	0.8	0.6	0.4	0.6	0.4	0.6
90-94	0.5	0.5	0.6	0.4	0.5	0.8	0.6	0.4	0.8	0.3	0.6
95+	0.3	0.4	0.4	0.3	0.4	0.5	0.4	0.2	0.4	0.3	0.3

Table A3: Persons with disabilities by broad age groups

Males and Females

	0-4	5-19	20-39	40-59	60-79	80+	Total
Antigua & Barbuda	41	364	599	885	886	445	3220
Aruba	130	702	954	1553	1162	531	5033
Barbados	119	908	1633	2307	3055	1971	9993
Belize	845	2183	2699	3438	3417	1192	13774
Grenada	79	577	770	982	1511	581	4500
Netherlands Antilles	136	1462	2325	4506	4538	1877	14844
Saint Lucia	176	1092	1347	1487	1965	873	6940
St. Vincent & Grenadines	74	732	974	1086	1313	538	4717
Trinidad & Tobago[1)]	473	5180	8426	13070	13663	4620	45496
Total	2073	13200	19727	29314	31510	12628	108453

[1)] NA: 64

Males

	0-4	5-19	20-39	40-59	60-79	80+	Total
Antigua & Barbuda	18	174	262	328	357	173	1312
Aruba	78	405	529	796	534	176	2520
Barbados	71	529	842	1096	1323	671	4532
Belize	434	1175	1465	1734	1664	516	6988
Grenada	33	294	417	495	620	214	2073
Netherlands Antilles	76	809	1166	2128	1993	623	6795
Saint Lucia	86	577	680	717	861	344	3265
St. Vincent & Grenadines	41	398	555	551	557	181	2283
Trinidad & Tobago	263	2825	4671	6582	6182	1817	22353
Total	1100	7186	10587	14427	14091	4715	52121

Females

	0-4	5-19	20-39	40-59	60-79	80+	Total
Antigua & Barbuda	23	190	337	557	529	272	1908
Aruba	53	297	425	757	628	355	2516
Barbados	48	379	791	1211	1732	1300	5461
Belize	411	1008	1234	1704	1753	676	6786
Grenada	46	283	353	487	889	367	2425
Netherlands Antilles	60	653	1159	2378	2545	1254	8049
Saint Lucia	90	515	667	770	1104	529	3675
St. Vincent & Grenadines	33	334	419	535	756	357	2434
Trinidad & Tobago	210	2355	3755	6488	7481	2803	23143
Total	974	6014	9140	14887	17417	7913	56397

Annex III

Draft of Questionnaire

DISABILITY QUESTIONNAIRE

Please answer the following questions to the best of your ability. If you do not know the answer to any of the questions, please indicate the name and contact information of a person/organization/institution that you believe would be able to provide an accurate response.

IF DATA IS NOT AVAILABLE, PLEASE INDICATE THIS BY WRITING NA. PLEASE REMEMBER TO SPECIFY THE DATES OF ANY DATA YOU PROVIDE.

PART A.: Statistical Information

I. Data Collection and Metadata

1) What is the current definition of disability used in your country for purposes of data collection?

____

____

____

2) What collection methods does your government use for collecting disability statistics?

Registers ( ) please specify____

Population censuses ( )

Sample surveys ( ) please specify____

Others (please specify) ____

3) What government agency or ministry is the principle collector of data related to disability? (please indicate name and contact information)

____

____

4) Are the following main categories of data available in your country by sex? (check all that apply)

Total population of disabled persons desegregated

- by categories of disability ( )

- by age ( )

- by rural/urban residence ( )
- by level of education ( )
- by employment status ( )
- by types of employment ( )
- by income categories ( )

5) For what year(s) are the above data available?

____

6) Has the short set of questions developed by the Washington Group on Disability Statistics been used?

No ( )   Yes ( ) in year(s):__________________   Plan to be use them ( ) in year: ________

7) Has your government endorsed the International Classification of Functioning, Disability and Health (ICF) from the World Health Organization?

Yes ( )   No ( )

a) Has it been applied yet?

Yes ( )   No ( )   For some applications ( )

8) Does your government use the Guidelines and Principles for the Development of Disability Statistics issued by the United Nations in 2001?

Yes ( )   No ( )   For some applications ( )

II. General Demographic Questions

PLEASE REMEMBER TO SPECIFY THE DATES OF ANY DATA YOU PROVIDE.

A. Washington Group Questions

1) What is the prevalence of disability in your country?

Total		0-4		5-19		20-59		60+	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

2) What percentages report experiencing difficulty with the following:

a) Seeing, even if wearing glasses:

	Total		0-4		5-19		20-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Some difficulty										
A lot of difficulty										
Cannot do it at all										

b) Hearing, even if using a hearing aid:

	Total		0-4		5-19		20-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Some difficulty										
A lot of difficulty										
Cannot do it at all										

c) Walking or climbing steps:

	Total		0-4		5-19		20-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Some difficulty										
A lot of difficulty										
Cannot do it at all										

d) Remembering or concentrating:

	Total		0-4		5-19		20-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Some difficulty										
A lot of difficulty										
Cannot do it at all										

e) Self-care such as dressing, bathing or getting around inside the home:

	Total		0-4		5-19		20-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Some difficulty										
A lot of difficulty										
Cannot do it at all										

f) Communicating, (for example understanding or being understood by others):

	Total		0-4		5-19		20-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Some difficulty										
A lot of difficulty										
Cannot do it at all										

B. Traditional Census Questions

3) Causes of disability

a) Hereditary/genetic conditions or congenital disorder:

Total		0-4		5-19		20-59		60+	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

b) An accident, injury or fall:

Total		0-4		5-19		20-59		60+	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

c) Disease or illness:

Total		0-4		5-19		20-59		60+	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

d) Other:

Total		0-4		5-19		20-59		60+	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

4) Prevalence of Forms of Disability (%):

	Total		0-4		5-19		20-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Sight										
Hearing										
Speech										
Upper Limb										
Lower Limb										
Learning										
Behavioural										

a) Alternative Categories (if collected):

	Total		0-4		5-19		20-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Mobility										
Movements										
Other: ___________										

5) Prevalence of Diseases (%):

	Total		0-4		5-19		20-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Arthritis										
Diabetes										
Heart Disease										
Hypertension										

PART B. National Commitment

I. Convention and Policies

1) Has your country signed and/or ratified the Convention on the Rights of Persons with Disabilities or the Optional Protocol? (please specify dates)

a) Convention:

Signed ( ): ______________ Ratified ( ): _____________ Neither ( )

b) Optional Protocol

Signed ( ): ______________ Ratified ( ): _____________ Neither ( )

2) If your country has signed and/or ratified the Convention or the Optional Protocol, is there a national plan of action concerning the implementation of these agreements?

Yes ( ) No ( ) Currently being developed ( )

a) If yes, please attach a copy of this plan (or indicate a website for an electronic copy) and indicate:

Name of the action plan: ____

Year of enactment: ____

Brief description of the plan (including duration covered by the plan):

____

____

____

Annual budget allocated to implement the plan: ____

b) Please indicate areas covered by the action plan (check all that apply):

Women with disabilities ( )

Children with disabilities ( )

Awareness-raising ( )

Access to built environments and public transport ( )

Access to information and communications, including information, communication and assistive technologies ( )

Protection in situations of risk and humanitarian emergencies such as natural disasters ( )

Promotion of de facto equality and non-discrimination ( )

Protection against exploitation, violence, and abuse ( )

Independent living and being included in the community ( )

Facilitating access to quality mobility aids/devices at affordable cost ( )

Right to expression, opinion, and information in accessible formats ( )

Respect for privacy and protection of information of persons with disability ( )

Right to family formation, parenthood, and sexual and reproduction rights ( )

Right of disabled children to 'normal' family life ( )

Access to and participation in education at all levels ( )

Access to adequate health care and services ( )

Habilitation and rehabilitation ( )

Work and employment opportunities and rights ( )

Access to adequate living conditions and social protection ( )

Participation in political and public life ( )

Participation in cultural life, recreation, leisure and sport ( )

Data collection ( )

Promotion of international cooperation ( )

Others (please specify) ____

3) Does your country have a national policy on disability? If yes, please attach a copy or indicate a website for an electronic copy.

Yes ( )   No ( )   Currently being developed ( )

4) Please indicate the national policies that include the concerns of persons with disabilities in any of the following areas (check all that apply):

Economic and social development ( )

Education and training ( )

Social protection ( )

Poverty reduction ( )

Employment ( )

Transportation ( )

Infrastructure access ( )

Information and communication technology ( )

Medical treatment (including rehabilitation and early intervention) ( )

Gender ( )

Others (please specify) ____

5) Does your country have a national coordinating mechanism for disability?

Yes ( ) No ( ) Currently being developed ( )

a) If yes, please indicate:

Name of the mechanism: ____

Year of establishment: ____

Number of members in the mechanism: ____

Composition of the mechanism: ____

Name of the focal point: ____

Annual budget allocated for the mechanism, if any: ____________________________

b) If your country does not have a national mechanism, please indicate a focal point for disability matters in your country.

____

____

6) Please indicate other actions taken to promote the importance of issues related to disability (please provide a brief description):

a) Development of a national year of disabled persons:

____

____

b) Development of a national decade of disabled persons:

____

____

c) Programmes and campaigns to raise public awareness:

____

____

d) Increase in the budget allocated to disability matters (please specify the percentage increase in the amount of allocation):

____

____

e) Increase in the number of government personnel assigned to disability matters
(please specify the number):

____

____

f) Other (please specify):

____

____

7) Please indicate the types of support provided by your government for disability-related organizations (check all that apply):

Financial assistance ( )

In-kind donation ( )

Preferred contract with the organization ( )

Provision of human resources ( )

Tax-exemption ( )

Others (please specify) ____

8) Please briefly describe a significant example indicating your country's commitment to matters concerning persons with disabilities.

____

____

____

II. Laws and Legislation Regarding Disability

1) Does your country's constitution include any articles on disability?

Yes ( )   No ( )   Currently being developed ( )

a) If yes, please attach a copy (or indicate a website for an electronic copy) and indicate:

Relevant article number(s): ____

Year of enactment/amendment: ____

Brief characterization of the articles:

____

____

____

2) Does your country have a comprehensive disability law?

Yes ( ) No ( ) Currently being developed ( )

a) If yes, please attach a copy (or indicate a website for an electronic copy) and indicate:

Name of the law: ____

Year of enactment/amendment: ____

b) If yes, please indicate areas covered by the comprehensive disability law (check all that apply):

Women with disabilities ( )

Children with disabilities ( )

Awareness-raising ( )

Access to built environments and public transport ( )

Access to information and communications, including information, communication and assistive technologies ( )

Protection in situations of risk and humanitarian emergencies such as natural disasters ( )

Promotion of de facto equality and non-discrimination ( )

Protection against exploitation, violence, and abuse ( )

Independent living and being included in the community ( )

Facilitating access to quality mobility aids/devices at affordable cost ( )

Right to expression, opinion, and information in accessible formats ( )

Respect for privacy and protection of information of persons with disability ( )

Right to family formation, parenthood, and sexual and reproduction rights ( )

Right of disabled children to 'normal' family life ( )

Access to and participation in education at all levels ( )

Access to adequate health care and services ( )

Habilitation and rehabilitation ( )

Work and employment opportunities and rights ( )

Access to adequate living conditions and social protection ( )

Participation in political and public life ( )

Participation in cultural life, recreation, leisure and sport ( )

Data collection ( )

Promotion of international cooperation ( )

Others (please specify) ____

3) Has your government integrated concerns of persons with disabilities into any of the following generic laws? (check all that apply):

Anti-discrimination law ( )

Education ( )

Employment ( )

Health ( )

Information and technology ( )

Building and housing ( )

Transportation ( )

Poverty alleviation ( )

Social protection and security ( )

Gender ( )

Others (please specify) ____

4) Does your country have any distinct disability-specific laws in any one or more of categories below? Please attach a copy or indicate a website for an electronic copy (check all that apply):

Anti-discrimination law ( )

Education (i.e., special education law) ( )

Employment (i.e., quota scheme or/and employment promotion law) ( )

Rehabilitation (i.e., Community Based Rehabilitation) ( )

Health (i.e., early intervention law) ( )

Information and technology (i.e., accessible ICT) ( )

Building code (i.e., accessible standards) ( )

Transportation (i.e., accessibility law) ( )

Poverty alleviation ( )

Social security/social welfare(i.e., disability pension) ( )

Others (please specify) ____

a) Please indicate the disabilities covered by the laws you selected in answer to the previous question (check all that apply):

Physical disabilities ( )

Visual impairment ( )

Hearing impairment ( )

Intellectual disabilities ( )

Psychiatric disabilities ( )

Others (please specify) ____

b) Please provide an example of coverage (i.e., employment promotion law for physically and visually disabled persons only):

____

____

____

5) Does your country have a disability-specific anti-discrimination law?

Yes ( ) No ( ) Currently being developed ( )

a) If yes, please attach a copy (or indicate a website for an electronic copy) and indicate:

Name of the law: ____

Year of the enactment/amendment: ______________________________________

Brief characterization of the law:

____

____

____

6) What are the enforcement mechanisms for the laws discussed above? (check all that apply):

Filing complaint ( )

Administrative hearing ( )

Investigation of a case ( )

Judicial procedure ( )

Penalty for failure to comply ( )

Others (please specify) ____

7) Please indicate whether your government has established any mechanism to include persons with disabilities in either or both of the below (check all that apply):

Formulation or monitoring of any of the above-mentioned laws ( )

Process of elaborating a proposed international convention on disability ( )

Brief description of mechanism:

____

____

____

PART C: Specific Areas

PLEASE REMEMBER TO SPECIFY THE DATES OF ANY DATA YOU PROVIDE.

I. Health and Care

A. Early Detection, Prevention and Therapy

1) Have disability prevention services been incorporated into overall health programmes?

Yes ( ) No ( ) Currently being developed ( )

2) Does your government provide early identification or detection services?

Yes ( ) No ( ) Currently being developed ( )

3) Does your government provide early intervention services?

Yes ( ) No ( ) Currently being developed ( )

4) Does your government provide remedial/corrective/curative therapy for young children to reduce the impact of disability?

Yes ( ) No ( ) Currently being developed ( )

B. Healthcare and Rehabilitation

5) Does your government provide rehabilitation services?

Yes ( ) No ( ) Currently being developed ( )

6) Does your government provide community-based rehabilitation services?

Yes ( ) No ( ) Currently being developed ( )

7) Does your government provide any home health services to persons with disabilities who have difficulty accessing health facilities?

Yes ( ) No ( ) Currently being developed ( )

8) Does your government provide training to public and private healthcare professionals regarding the human rights, dignity, autonomy and needs of persons with disabilities?

Yes ( ) No ( ) Currently being developed ( )

9) Has your government instituted any regulation to prohibit discrimination against persons with disabilities in the provision of health insurance?

Yes ( ) No ( ) Currently being developed ( )

II. Accessibility and personal mobility

1) Do you have any accessibility standards for public facilities, infrastructure and transport?

Yes ( ) No ( ) Currently being developed ( )

Name of the standards (____)

Year of enactment (____)

Brief description of the standards

____

____

____

2) Please indicate measures taken by your government regarding personal mobility and to make the physical environment accessible to all persons with disabilities:

Quality mobility aids and devices provided at affordable cost or subsidized ( )

Provide training in mobility skills to persons with disabilities and to staff working with persons with disabilities ( )

Accessibility standards for infrastructure ( )

Accessibility provisions for public transport ( )

Public transport specifically for the disabled ( )

Accessibility standards for public facilities ( )

Accessibility standards for private entities providing services to the general public ( )

Subsidies for accessibility renovation/adaptation of buildings providing services to the general public ( )

Special provisions for emergency evacuation and relief for persons with disabilities ( )

3) Please indicate measures taken by your government to promote access to information and communication:

National standards on information accessibility established ( )

Computer-literacy training and capacity building for persons with disabilities ( )

Incentives for buying accessible computers/assistive technology ( )

Dissemination of public information in accessible format ( )

Government websites in an accessible format ( )

Adequate voting procedures for persons with disabilities ( )

Recognition and promotion of the use of sign languages ( )

Standardized sign language ( )

Unified Braille Code at the national level ( )

Closed/open captioning on TV ( )

Others (please specify) ____

III. Education

1) Please indicate the forms of education your government supports for children and adolescents with disabilities (check all that apply):

Inclusive education ( )

Education in separate and specialized institutions ( )

Both ( )

Others (please specify) ____

2) Does your country have any laws guaranteeing equal access for students with disabilities?

Yes ( ) No ( ) Currently being developed ( )

3) Does your country have any laws requiring that school buildings are accessible to students with disabilities?

Yes ( ) No ( ) Currently being developed ( )

4) Does your country have any laws requiring that educational materials are accessible to students with disabilities?

Yes ( ) No ( ) Currently being developed ( )

5) Please indicate measures taken by your government to enable persons with disabilities to fully participate in education and the learning of life and social development skills:

Support to persons with disabilities to facilitate effective education within the general education system ( )

Transportation services for disabled students ( )

Facilities for the learning of Braille ( )

Facilities for the learning of sign language ( )

Education delivered in appropriate languages, modes, and means for blind or deaf persons ( )

Training to teachers to assist them in meeting the needs of students with disabilities, including qualified teachers in sign language and/or Braille ( )

IV. Reproductive Life

1) Does your government provide sex education to persons with disabilities in an accessible format?

Yes ( ) No ( )

2) Are reproductive health and family planning materials available in accessible formats?

Yes, by the government ( ) Yes, by the civil society (NGOs) ( ) No ( )

3) Has your government taken initiatives to prevent against sexual and other abuse of persons with disabilities?

Yes ( ) No ( ) a. If yes, please specify/describe:

____

____

4) Does the government provide appropriate assistance to parents with disabilities in the performance of their child-rearing responsibilities?

Yes ( ) No ( ) a. If yes, please specify/describe:

____

____

V. Employment

1) Do you have any vocational rehabilitation and employment services for persons with disabilities?

Yes ( ) No ( ) Currently being developed ( )

a) If yes, please describe available programmes and services:

____

____

____

b) Are they in specialized institution and/or as a part of mainstream institutions?

Specialized institutions ( ) Mainstream institutions ( )

2) Please indicate all forms of employment your government promotes for persons with disabilities (check all that apply):

Open employment ( )

Sheltered employment ( )

Supported employment ( )

Social enterprises ( )

Self-employment ( )

Others (please specify) ____

3) Please indicate the measures used by your government to promote the employment of persons with disabilities (check all that apply):

Anti-discrimination measures ( )

Cost subsidy for personal and technical supports (i.e, personal assistant, sign language interpreters, job coach) ( )

Quota scheme ( )

Micro credit/small grant for self-employment ( )

Preferential access to specific jobs ( )

Vocational guidance (i.e, job search training, information provision) ( )

Preferential contract to products/services by persons with disabilities ( )

Reasonable adaptations (i.e, physical accessibility of work place, job/training redesign) ( )

Tax exemption ( )

Wage subsidies ( )

Trial employment ( )

Other (please specify) ____

a) If there is a quota scheme, please indicate if the scheme applies the following (check all that apply):

Levy for failure to satisfy the quota ( )

Incentives for employers (i.e, tax credits) ( )

Enforcement mechanism for failure to pay levy ( )

Public dissemination of information on non-compliance ( )

Other (please specify) ____

4) Has your country ratified ILO Convention 159 concerning Vocational Rehabilitation and Employment (Disabled Persons) 1983?

Yes ( ) (please indicate the year of ratification) ______________________________

No ( )

VI. Social Protection & Financial Aid

1) Does your government support any social protection programmes for the disabled? (check all that apply)

Economic assistance to persons with disabilities and their families for disability-related expenses,

including adequate training, counselling, financial assistance and respite care ( )

Access by persons with disabilities to public housing programmes ( )

Access by persons with disabilities to retirement benefits and other programmes ( )

Specific programme for disaster relief/mitigation for persons with disabilities ( )

VII. International Cooperation

1) What types of technical cooperation would your government be interested in providing and/or receiving? Please indicate all that apply:

Modality of technical cooperation:

	Provide	Receive
Financial contribution	( )	( )
Human resource contribution	( )	( )
Technology transfer	( )	( )
Provision of training/capacity building	( )	( )
Disability impact assessment	( )	( )
Disability mainstreaming into a project	( )	( )
Disability budgeting	( )	( )

Others (please specify) ____

a) Which subject area of technical cooperation would your government be interested in pursuing? Please indicate all that apply:

	Provide	Receive
Rehabilitation	( )	( )

Education	( )	( )
Housing	( )	( )
Accessibility	( )	( )
Employment	( )	( )
Information and communication	( )	( )
Policy formulation	( )	( )

Others (please specify) ____

THANK YOU FOR YOUR ASSISTANCE!!

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[xcii] In Grenada, Saint Lucia and Saint Vincent and the Grenadines stated as “Does…suffer from any long-standing illness, disability or infirmity?”
[xciii] In Grenada, Saint Lucia and Saint Vincent and the Grenadines stated as “Slowness at learning or understanding.”
[xciv] This category is unique to Antigua and Barbuda