

studies and perspectives

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An analysis of the status of
implementation of the Convention
on the Rights of Persons with
Disabilities in the Caribbean

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Abstract

This background paper presents an analysis of the status of implementation of the Convention on the Rights of Persons with Disabilities in the Caribbean. It starts with a general description of the Caribbean and the implications for the current situation of disability. The paper then presents the results of the survey based on two questionnaires to the NGOs and the government ministries with the purpose of collecting first-hand accounts of the realities of persons with disabilities in the Caribbean, as well as to collect information on policies, programmes and other measures related to the rights of persons living with disabilities. In the conclusion, some recommendations are then provided for the way forward for proper development and implementation of national and regional policies for disability.

I. Introduction

The World Health Organization (WHO) estimates that presently nearly 600 million people are living with disabilities worldwide. The organization also projects that the number of disabled is on the rise, due to aging populations, escalating rates of chronic diseases among the elderly and injuries sustained from violence, vehicular accidents and workplace related incidents. Nearly 80 per cent of the disabled are found in low income countries. They live in poverty and have quite often very limited access to the basic health and social services they require. Much of the literature on disability in developing countries also notes that the disabled are often poorer than the rest of the population and that those living in poverty are more likely to become disabled.¹

When looking at the concept of disability, it should be noted that numerous definitions exist in the literature² and the concept has many dimensions with both subjective and objective characteristics.³ The definitions often rely on the perception of ‘normal activity’ and what is perceived as normal can vary. Disability is also difficult to observe, as it involves the subjective evaluation and verification of both the individual in question and the individual’s peers.⁴

¹ World Health Organization, “International Classification of Functioning, Disability and Health”, Geneva, 2001.

² Thomas, Philippa. “Disability, Poverty and the Millennium Development Goals: Relevance, Challenges and Opportunities for DfID”, Department for International Development of the United Kingdom, June 2005.

³ Government of Canada, Human Resources and Social Development Canada Site, available from <http://www.hrsdc.gc.ca/asp/gateway.asp?hr=en/hip/odi/documents/Definitions/Definitions003.shtml&hs=hze>; accessed 8 February 2007.

⁴ Iwan, Ann. “Poverty and Disability: A Survey of the Literature.” Social Protection Discussion Paper Series, No. 9932. World Bank, December 1999.

Some of the literature argues that the lack of consensus is reflective of the multifaceted nature of the concept and should not be perceived as something negative. Developing a definition for disability, however, is not merely a matter of semantics. Changing the theoretical definition can have serious political, economic and social consequences.⁵ It can, for example, have far-reaching implications for the design of government programmes and access to these programmes by the disabled. Moreover, the manner in which the concept is defined also directly affects its measurement.

The twentieth century saw an evolution in the perception of disability. Traditionally, disability had been perceived as an abnormality or a health problem that resided within an individual's mind or body. The individual with a disability was seen as having an unwanted condition that forced him/her into the role of being abnormal or sick. During the last century, with the recognition that disability was more than a set of medically defined limitations, the definition of disability evolved. It was recognized that disability was also characterized by the manner in which individuals perceived and reacted to their limitations and by how others influenced an individual's limitations through their expectations and reactions. It was also understood that the disabled were "disadvantaged not only because of their impairments, but also as a result of the limitations imposed on them by social, cultural, economic and environmental barriers." Contemporary perspectives on disability hold that disability does not originate on an individual's physical or mental health, but in the societal restrictions faced as a consequence thereof.

In response to the need for a universal definition and classification system for disability, the WHO published the International Classification of Functioning, Disability and Health (ICF) in 2001. The guide is an attempt "to provide a coherent view of different perspectives of health from a biological, individual and social perspective."⁶ Its primary purpose is to provide a standardized language for classifying a large variety of information on issues related to health, including disability. Along these lines, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) states that "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."⁷

As such, with the entry into force of the CRPD on 8 May 2008, a landmark was reached in the long struggle for the rights of persons living with disabilities as it is considered to be an instrument with an explicit social development dimension. It strengthens the principle that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms on an equal basis with others. Preventing exclusion and safeguarding inclusion are important human rights principles. Inclusion of persons living with disabilities means having the same opportunities and the same access to these opportunities as persons without disabilities. It should be noted, however, that it is not just about making opportunities available but also about how to make it universally accessible to include persons with disabilities. Ideally, social inclusion also means being able to enjoy the same things in the same way as people without disabilities.

Depending on the type and extent of disability, there will always be limitations but these should be minimized as much as reasonably possible and not be aggravated by lack of access to public and private facilities. The 'handicap' of persons with disabilities should not be increased by inadequate or limited possibilities to participate in all aspects of social, cultural, political and economic life. No disability is the same and needs vary, thus, it is the task of the society as a whole to ensure persons with disabilities are enabled. Depending on the stage in the life cycle and the moment the disability occurs, other issues have to be addressed.

⁵ Mitra, Sophie. "The Capability Approach and Disability" *Journal of Disability Policy Studies* 16 no. 4, Spring 2006.

⁶ WHO, 2001: 20, cited in Mitra, p. 238.

⁷ United Nations Enable web site, Secretariat for the Convention on the Rights of Persons with Disabilities, available from <http://www.un.org/esa/socdev/enable/>, accessed 10 February 2007.

In the first years after birth, a person born with a disability has to mainly learn to adapt, whereby parents might also need guidance and training to assist the individual. At the learning stage, inclusion in the educational system is important in order to prevent further disadvantages at economically active ages. Preferably, children with disabilities should participate in normal education but for certain types of disabilities, special education might be more practical. Public play grounds, sport facilities and equipment might need some adjustments in order for children with disabilities to play and sport together with non-disabled children. Adolescents and young adults need sex education and information on reproductive health in accessible formats that they can understand. Similarly, preparing persons with disabilities for the labour market and assisting employers in providing adapted workplaces is needed to assist them in the economically active stage.

If a person becomes disabled or gets additional disabilities, they might need guidance and training to adapt to their new situation. Also, persons in their private spheres such as direct family members and friends might need assistance. Depending on the stage in the life cycle, modifications to the learning or workplace is needed in order to enable continuation of activities.

With small adaptations, it may be possible for persons with disabilities to be economically active. Besides human and social reasons, one of the most important arguments for inclusion of persons with disabilities is economics. Governments and private companies now often use costs as an excuse not to provide proper access to persons with disabilities (and, at an earlier stage, to education). However, instead of being a 'burden' or cost element, persons with disabilities should be regarded as assets and resources.

Due to ageing, the number of persons with disabilities will increase. This increase should also translate into more political power. There are, therefore, opportunistic reasons for governments to support the CRPD and to improve the situation of these potential voters.

In support of the CRPD and the rights of persons with disabilities in the Caribbean, ECLAC Subregional Headquarters for the Caribbean undertook several activities. One of these included an analysis of the current situation of the rights of persons with disabilities in the Caribbean. This study presents findings from surveys that were administered among government ministries responsible for policies regarding persons living with disabilities. As the CRPD and ECLAC support the principle of 'nothing about us, without us', a survey was also administered among NGOs by and for disabled persons, also called Disabled Persons Organizations (DPOs). This study concentrates on the situation in the English and Dutch Caribbean.⁸

As such, this study seeks to give a situational analysis of where the Caribbean is in relation to the implementation of the CRPD in order to check compliance and to identify discrepancies. Additionally, it also highlights what policies, programmes and other measures related to the rights of persons living with disabilities are available, as well as the situation as it relates to access and adaptation for persons with disabilities to public facilities and basic services. Based on these findings, certain recommendations were formulated:

- One of the first steps involved in advancing a better situation for persons with disabilities is in the design of necessary laws and legislation. Even though a number of countries in the Caribbean are characterised by limited resources in terms of finance and human capacity; assistance would be needed if there is to be ratification of the CRPD and regular monitoring for it to be effective.

⁸ The survey was not administered to the larger Spanish- and French-speaking countries which included Cuba, Dominican Republic, Haiti and Puerto Rico and neither to the French Islands. At the time of the survey, the Netherlands Antilles were not yet dissolved into the new countries Curacao and St Maarten.

- There is the need for more data and research on the epidemiology of the situation of disability in the Caribbean subregion. This would be necessary if there is to be proper development and implementation of national and regional policies for disability.
- Allowing and encouraging persons with disabilities to be hired on an equal basis with persons without disabilities in both the private and public sectors is a crucial step towards facilitating their independence as well as promoting the CRPD's principles of full participation and inclusion in society.
- Governments should embark on education sessions and public service announcements to generate more awareness amongst the wider population.

It is expected that policy makers in the Caribbean region will benefit from the study and will utilize the results in capitalizing on the opportunities and best practices as well as addressing the constraints found in the study.

II. Context

A. United Nations initiatives concerning disability

During the first decade of the United Nations, a welfare perspective of disability was promoted. It primarily focused on the promotion of the welfare of people with physical disabilities as well as disability prevention and rehabilitation. The first Declaration to address the rights of persons with disabilities was the Universal Declaration of Human Rights, adopted by the United Nations General Assembly in 1948. It specified that “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, 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”.⁹ The Declaration received support from all United Nations member States, yet vulnerable groups still did not receive the protection and support it promised. In the following decades, several other attempts were made to bring attention to the needs and rights of persons with disabilities (UN Electronic Mine Information Network, 2010).

⁹ UN Electronic Mine Information Network (2010), “The UN and the Disabled Persons, the First 50 Years” [online], New York, http://www.mineaction.org/docs/198_esp#chapter3 [June 2010].

The 1970s brought about a new approach to disability at the United Nations, as the concept of human rights for disabled persons became more accepted internationally. As such, several new declarations and resolutions were adopted which included the Declaration on the Rights of Mentally Retarded Persons¹⁰, the Economic and Social Council Resolution on the Prevention of Disability and the Rehabilitation of Disabled Persons¹¹ (adopted by the United Nations Economic and Social Council in May of 1975), and the Declaration on the Rights of Disabled Persons¹² (adopted by the General Assembly in December of 1975).

Following these declarations and resolutions, the General Assembly pronounced 1981 as the International Year of the Disabled and, in the subsequent year, the General Assembly adopted the World Programme of Action concerning Disabled Persons. In order to give countries a timeframe to implement the Programme, 1983 to 1992 was declared the Decade of Disabled Persons with the theme of full participation and equality. This was followed by the adoption of the Tallinn Guidelines for Action on Human Resources Development in the Field of Disability in 1989, which encouraged the recognition of disabled persons as agents of their own destiny and promoted their independence and full integration into the workforce (UN Electronic Mine Information Network, 2010).

Though there were some important achievements during the Decade of Disabled Persons, it was evident by the middle of the decade that too little progress had been made. Therefore, the community of persons with disabilities advocated that the United Nations should assume a stronger role in the development of better living conditions for persons with disabilities. The response to this request was the creation of the Standard Rules for the Equalization of Opportunities for Persons with Disabilities. Introduced in 1993, the Rules delineate the process of identifying and removing obstacles to full participation and explicitly placed the responsibility of this process on governments.

Even though all United Nations member States adopted the Rules, they are not legally binding. Thus, an ad hoc committee was established by the General Assembly in 2001 for the purpose of creating a legally binding convention for the protection and promotion of the rights of persons with disabilities. This led to the landmark treaty that was reviewed and adopted by the General Assembly in December of 2006. The CRPD entered into force in May of 2008 after receiving the qualifying number of ratifications (20 for the Convention and 10 for the Optional Protocol). The 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. The Optional Protocol to the CRPD establishes a complaint mechanism for the Convention and the ratifying States agree to recognize the authority 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. A further description and summary of the CRPD can be found in Annex 1.

¹⁰ United Nations (1971), Declaration on the Rights of Mentally Retarded Persons. A/RES/2856 (XXIV).

¹¹ Economic and Social Council (1975), Resolution on the Prevention of Disability and the Rehabilitation of Disabled Persons. 19 21 (LVIII).

¹² United Nations (1975), Declaration on the Rights of Disabled Persons. 3447 (XXX).

BOX 1 REGIONAL INITIATIVES CONCERNING DISABILITY

Several initiatives related to disability have been undertaken in the Caribbean by the Organisation of American States (OAS). The OAS adopted the Panama Commitment to Persons with Disabilities in the American Hemisphere in 1996^a and this was followed by the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities in 1999.^b The aim of this Convention is to eliminate 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. This Convention entered into force after it was ratified by six countries in 2001. Since then, none of the Dutch- and English-speaking Caribbean countries have ratified the Convention, with the exception of Dominica and Jamaica. The Convention created a committee to review its implementation, but this committee has met twice to date.

In recognition of the adoption of the CRPD, the OAS declared 2006-2016 as the Decade of the Americas for the Rights and Dignity of Persons with Disabilities.^c The organization also created a Programme of Action for the decade that addresses health, education, employment, accessibility, and political participation.^d

In 1997, the member States of the Caribbean Community (CARICOM) adopted the Charter of Civil Society for the Caribbean Community, which explicitly addresses discrimination against persons with disabilities. Article XIV of the Charter guarantees the rights of disabled persons by promoting “respect for their human dignity, equal opportunities to develop their full potential and freedom from discrimination on the basis of their disability”.^e

CARICOM has also developed the Model Harmonisation Act Regarding Equality of Opportunity and Treatment in Employment and Occupation. Its objective is “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”.^f The document stipulates that any omission, action, 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. However, it should be noted that this is a model policy and it is up to member States to make use of it.

Source: ECLAC (Economic Commission for Latin America and the Caribbean) (2009), “A Further Study on Disability in the Caribbean: Rights, Commitment, Statistical Analysis and Monitoring”, (LC/CAR/L.237), Port of Spain, Trinidad and Tobago, December.

^a OAS (1996), Panama Commitment to Persons with Disabilities in the American Hemisphere. AG/RES. 1369 (XXVI-O/96).

^b OAS (1999), Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons With Disabilities. AG/RES. 1608 (XXIX-O/99).

^c OAS (2006), Declaration on the Decade of the Americas for the Rights and Dignity of Persons with Disabilities (2006-2016). AG/DEC. 50 (XXXVI-O/06).

^d Department of Special Legal Programs, OAS “Persons with Disabilities” [online], Washington, D.C. [date of reference: June 2010] http://www.oas.org/dil/persons_with_disabilities.htm.

^e CARICOM (1997), “Charter of Civil Society for the Caribbean Community” [online], Guyana, http://www.caricom.org/jsp/secretariat/legal_instruments/chartercivilsociety_resolution.jsp [June 2010]

^f CARICOM (1995), “Model Harmonisation Act Regarding Equality of Opportunity and Treatment in Employment and Occupation” [online], Guyana.

http://www.caricom.org/jsp/secretariat/legal_instruments/model_act_equalopportunity.jsp?menu=secretariat [June 2010].

B. Disability in the Caribbean

The Caribbean subregion can be viewed as a group of Small Island Developing States that vary in size, resource endowment, language, ethnic composition, culture and economic structure. However, they are susceptible to basically the same types of threats in the international sphere. Most of the countries are characterized by small open economies that are heavily reliant on one economic sector for foreign exchange earnings, employment and government revenue. While some of these countries are heavily dependent on agriculture as their main economic engine, the tourism sector plays a similar role for others. Additionally, other islands focus on offshore financial services, natural gas and energy and manufacturing.

Despite the fact that most of the Caribbean countries suffered declining per capita incomes in the 1980s and only limited recuperation in the 1990s, according to World Bank definitions, over half of the countries in the region are classified as higher-income countries.¹³ Belize and Guyana are considered lower-middle income countries while all others are upper-middle income countries. In 2009, the World Bank ranked Trinidad and Tobago as the highest ranking country in the Caribbean, according to Gross Domestic Product (GDP) (\$21 billion) with a rank of 96th place globally (World Bank, 2009).

Of the 13 Caribbean countries listed (United Nations member countries) in the latest Human Development Index (HDI) six¹⁴ are grouped among countries that have achieved high human development, and the other seven¹⁵ are classified among those with medium human development (UNDP, 2009). Considering their estimated values for the indicators used in calculating the HDI, the States that are not members of the United Nations would all have been ranked among the high human development countries. This makes the (English and Dutch) Caribbean the region with the highest ranking after the developed western countries.

The relatively advanced position in terms of GDP per capita and the HDI does not mean that poverty and social exclusion do not exist in the Caribbean. Low economic growth, macroeconomic shocks and limited social services contribute to the persistence of poverty in certain sections of the society. Access to facilities and services are not the same throughout the population of many countries and considerable segments of the population, including persons with disabilities, suffer from social exclusion and poverty. Availability of poverty statistics is limited and information by disability status is nearly non-existent and persons with disabilities tend to be overrepresented among this group.

The Caribbean is experiencing an epidemiological transition as typical diseases and conditions associated with developing countries have been largely eliminated. This has resulted in a reduction of mortality as well as a reduction in the number of people with disabilities as an outcome of these diseases.¹⁶ However, there has been an upsurge in chronic non-communicable diseases that has created challenges as the health sectors are experiencing difficulties dealing with the changing health patterns. While most countries have general access to public health care facilities and combinations of (compulsory) national and private health insurance plans, general national health insurance schemes are still limited. Good public healthcare and preventive policies are important in reducing chances that persons become disabled. Furthermore, in the islands with smaller populations, scale is an important factor in the ability to provide such specialized health services, often resulting in less persons recuperating from disabilities or making them more severe.¹⁷

¹³ Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, the British Virgin Islands, the Cayman Islands, the Netherlands Antilles, Trinidad and Tobago, Turks and Caicos Islands, and the United States Virgin Islands

¹⁴ Barbados, Bahamas, Trinidad and Tobago, Antigua and Barbuda, Saint Kitts and Nevis, and Saint Lucia

¹⁵ Dominica, Grenada, Jamaica, Belize, Suriname, Saint Vincent and the Grenadines, and Guyana

¹⁶ Caribbean Commission on Health and Development (2006), "Report of the Caribbean Commission on Health and Development" [online], Kingston, Jamaica, http://www.who.int/macrohealth/action/PAHO_Report.pdf [June 2010]

¹⁷ Ibid.

An earlier study by ECLAC has shown that even though women in the Caribbean are less prone to becoming disabled due to their lifestyle, disability statistics have shown that women are over-represented in older age categories. Since disability increases strongly by age, in total, more women are disabled since they tend to live longer than men. As in most cases, women are less formally employed and more often do not have proper insurance against income loss as a result of disability, thus the impact is, on average, even more severe.¹⁸

Adult (functional) literacy is important for people's ability to participate in society. Although rates have increased in the past decade, it is still not universal in all Caribbean countries. Compulsory education in most countries is from 5 to 16 years and most countries in the region have achieved universal primary education (UNDP, 2009). However, persons with disabilities are often found not to be in formal education. Besides leading to social exclusion and poverty, this will also reduce the chances of those persons contributing to society and the economy.¹⁹

The physical and natural environment has an impact on disability as the Caribbean is a disaster prone area and there has been a long history of experiencing the effects of nature on human life. Hurricanes and earthquakes regularly cause large-scale loss of property and human life and can also be a direct cause of disability of persons. The lack of mobility also has a great effect on people with disabilities in the event of such disasters.²⁰

Even though very little has been written on disability in the Caribbean, there has been some general information on the issue from census data. Based on the 2000 census round, approximately 340,363 persons reported that they had some kind of disability that limited their participation in activities. This number constituted about 5.6% of the total population of the 12 countries for which data were supplied. The data also indicated that the percentage of women with disabilities was slightly higher than for males. There were variations in the prevalence at the national level which may be reflective of the differences in the country-specific definitions for disability as methodological issues with the measurement of disability. Belize, Guyana and the Netherlands Antilles had the highest record of persons with disabilities while the lowest records were in Barbados and Trinidad and Tobago (see table 1).

¹⁸ Schmid, Karoline, Samuel Vezina and Louise Ebbeson (2008), "Disability in the Caribbean. A study of four countries: a socio-demographic analysis of the disabled", *Studies and Perspectives*, No. 7 (LC/L.2898-P), Port of Spain, Trinidad and Tobago, Economic Commission for Latin America and the Caribbean (ECLAC), June. United Nations publication,

¹⁹ ECLAC (Economic Commission for Latin America and the Caribbean) (2009), "A Further Study on Disability in the Caribbean: Rights, Commitment, Statistical Analysis and Monitoring", (LC/CAR/L.237), Port of Spain, Trinidad and Tobago, December.

²⁰ Disasters Control Priorities Project (2007), "Natural Disasters: Coping with the Health Impact" [online], New York, United States of America, <http://www.dcp2.org/file/121/DCPP-NaturalDisasters.pdf> [May 2010]

TABLE 1
PERSONS WITH DISABILITIES IN THE CARIBBEAN REGION
(Percentages and Absolute Numbers)

Country	Persons with disabilities						Total Population (Absolute)
	Share (%)			Absolute			
	Total	Male	Female	Total	Male	Female	
Antigua and Barbuda	5.1	4.4	5.7	3 918	1 600	2 318	76 886
Aruba	5.6	5.8	5.4	5 036	2 520	2 516	90 506
Bahamas	4.3	4.0	4.5	12 930	5 933	6 997	302 197
Barbados	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
Bermuda	4.6	4.2	4.9	2 832	1 265	1 567	62 059
British Virgin Islands	4.8	4.8	4.8	1 107	548	559	23 161
Cayman Islands	4.3	3.8	4.7	1 673	729	944	39 020
Grenada	4.4	4.0	4.7	4 499	2 073	2 425	103 137
Guyana	6.4	6.3	6.6	48 419	23 652	24 767	751 223
Jamaica	6.3	6.2	6.3	163 206	80 187	83 019	2 607 632
Montserrat	4.7	5.0	4.4	202	116	86	4 303
Netherlands Antilles	8.5	8.2	8.6	14 844	6 795	8 049	175 653
Saint Lucia	4.9	4.7	5.1	7 720	3 610	4 110	156 735
Saint Vincent and the Grenadines	4.4	4.3	4.6	4 717	2 283	2 434	106 253
Trinidad and Tobago	4.1	4.0	4.2	45 496	22 353	23 143	1 114 772
Weighted Total	5.6	5.5	5.7	340 363	165 153	175 210	6 095 656

Source: ECLAC based on data from the year 2000 Population Housing Census.

III. Survey results

A. Methodology

Previous studies conducted by ECLAC on disability in the Caribbean subregion have pointed to the lack of comparable data as a major limitation to effective policies. While there was due recognition of the impact of factors, such as the lack of a standard definition for disability and limited financial and human resources on the data collection practices, the overarching need to measure the subregion's progress with regard to the rights and policies of persons with disabilities still remains an area of priority. In a study published by ECLAC entitled "A Further Study on Disability in the Caribbean: Rights, Commitment, Statistical Analysis and Monitoring", a strong recommendation was made for the conduct of a follow-up study 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".²¹

²¹ ECLAC (Economic Commission for Latin America and the Caribbean) (2009), "A Further Study on Disability in the Caribbean: Rights, Commitment, Statistical Analysis and Monitoring", (LC/CAR/L.237), Port of Spain, Trinidad and Tobago, December.

Following from that recommendation, ECLAC Subregional Headquarters for the Caribbean, between June and July 2010, conducted a baseline study which comprised of three questionnaires for NSOs, ministries and NGOs²² in the Dutch- and English-speaking Caribbean in an attempt to get feedback on the situation of persons with disabilities across the region.

The survey instruments used for this exercise were an adaptation of a questionnaire used previously by the Economic and Social Commission for Asia and the Pacific in 2004 to assess the implementation of the priority areas of the Biwako Millennium Framework for Action.²³ The Framework is a draft regional outline that provides regional policy recommendations for action by governments in the region and concerned stakeholders to achieve an inclusive, barrier-free and rights-based society for persons with disabilities in the new decade, 2003-2012.

The survey results of this report focus on the questionnaires to the NGOs and the ministries. A questionnaire was sent to NGOs working with both the blind and visually impaired and persons using wheelchairs²⁴ with the purpose of collecting first-hand accounts of the realities of persons with disabilities in the Caribbean. The questionnaire focused on: (a) the ease of access and adaptations for persons with disabilities to public facilities; and (b) accessibility to basic services such as public transportation, shopping, education and employment. Additionally, a second questionnaire was dispatched to government ministries and agencies²⁵ to collect information on policies, programmes and other measures related to the rights of persons living with disabilities. The aim of that questionnaire was to measure the situation in countries throughout the region in view of the CRPD, in order to check compliance and to identify discrepancies.

B. Limitations

As mentioned in the previous studies conducted by ECLAC, there are limitations with any data collection methodology. In this study, it was found that selective non-response of certain countries was a major obstacle due to several reasons. Firstly, the period within which the questionnaire was sent to focal points in the ministries was a time when many personnel were away from the office. Also, it was found that a number of these units had limited human capacity responsible for research and, given that a number of countries were conducting research for their censuses, the questionnaire on disability was not given priority at the time. As such, there was a response rate of 55% with 12 countries completing the questionnaire out of 22.²⁶ Even though the response rate for the NGO questionnaire²⁷ was much better compared to that from the ministries, it was found that limited human and technical capacity in some cases presented obstacles to attaining the information. Additionally, the NGO questionnaire was mainly qualitative in nature as it was based on people's perception and, as such, ascertaining statistical trends from the data was not easy. Other factors that were considered in this study was that among countries, questionnaires differed and even if question and answer categories were the same, instructions and

²² The assessment among NGOs was limited to persons with physical disabilities and those who used wheelchairs or those who were blind or had visual impairments.

²³ Further details of the BMF can be accessed via <http://www.unescap.org/esid/psis/disability/bmf/bmf.html>

²⁴ The NGO questionnaire was sent to various NGOs from the following countries in the Dutch- and English-speaking Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago and Turks and Caicos Islands.

²⁵ The questionnaire was sent to ministries and government agencies that focused on disability from the following countries in the Caribbean: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago and Turks and Caicos Islands.

²⁶ Responses to the Ministry questionnaire were received from the following countries in the Caribbean: Anguilla, Aruba, Barbados, British Virgin Islands, Cayman Islands, Dominica, Guyana, Jamaica, Netherlands Antilles, Montserrat, Trinidad and Tobago and Turks and Caicos.

²⁷ Responses to the NGO questionnaire were received from the following countries in the Caribbean: Antigua and Barbuda, Barbados, Belize, Curacao, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago.

interpretations may have differed from country to country, which could also contribute to additional problems when trying to compare results.

C. Results from the questionnaires

1. Convention and policies

Although several Caribbean States had signed the CRPD, Jamaica was thus far the only one among the Dutch- or English-speaking countries that had ratified the Convention; and Cuba and the Dominican Republic were the only other Caribbean States that had ratified it. The Optional Protocol had been signed by Antigua and Barbuda and Jamaica, but only Haiti and the Dominican Republic had ratified it (see table 2).

TABLE 2
SIGNATURES AND RATIFICATIONS OF CONVENTIONS ON DISABILITY IN THE CARIBBEAN

Country	UN Convention on the Rights of Persons with Disabilities		Optional Protocol to UN Convention	
	Signed	Ratified	Signed	Ratified
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				
Saint Vincent & Grenadines				
Suriname	✓			
Trinidad and Tobago	✓			
Turks and Caicos Islands				

Source: United Nations Enable (2010), "Convention and Optional Protocol Signatures and Ratifications" [online], New York, <http://www.un.org/disabilities> [13 August 2010].

^a 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.

As indicated by the results of the ministry questionnaire, Guyana, Jamaica and Trinidad and Tobago had a national plan of action concerning the implementation of the CRPD, while Barbados was currently in the process of developing one.

In Jamaica, the Planning Institute of Jamaica (PIOJ) was mandated to spearhead the development of a National Development Plan- “VISION 2030 Jamaica”- as a guide to achieving developed country status by 2030. To support that objective, PIOJ identified a number of thematic areas to be addressed by the Plan and established a number of task forces to develop sector plans under each thematic area. The Task Force (Persons with Disabilities Task Force) was established to address the issue of disability, with a vision statement declaring Jamaica as “a society that is inclusive, accessible, provides opportunities for all and recognizes the rights, freedoms and responsibilities of persons with disabilities in the process of nation building.”²⁸ As such, the disabilities subsector plan presents a comprehensive yet concise overview of the sector, reflected in a situational and Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis (all done by persons with disabilities with technical support from the PIOJ). The Plan recognized the need to address the barriers that hindered persons with disabilities from achieving their full potential, while promoting personal responsibility among persons living with disabilities (Planning Institute of Jamaica, 2009).

Some of the areas covered by the action plans in Guyana, Jamaica and Trinidad and Tobago were children with disabilities, awareness-raising, access to built environments and public transport, access to information and communications- including information, communication and assistive technologies, access to adequate healthcare and services, work and employment opportunities and rights and data collection. It should also be noted that even though Barbados’ Action Plan was still being developed, those areas would also be covered. Even though all the countries with action plans focused on children with disabilities, only Guyana and Trinidad and Tobago addressed the specific issue of women with disabilities.

Barbados, Guyana, Jamaica and Trinidad and Tobago (33% of the respondents) had a national policy on disability, while countries such as Aruba, the British Virgin Islands, Cayman Islands and Dominica were currently in the process of developing one. Additionally, 67% of the countries that responded to the questionnaire declared that their respective governments integrated concerns relating to persons with disabilities into national policies. Barbados, the British Virgin Islands, the Cayman Islands, the Netherlands Antilles, Jamaica, Guyana and Trinidad and Tobago had all integrated persons with disabilities in national policies on medical treatment (including rehabilitation and early intervention), while other notable national policies that integrated disabilities were those on education and training, employment and gender (see table 3).

From the responses, only 33% (Barbados, Guyana, Jamaica and the Turks and Caicos Islands) of the countries had a national coordinating mechanism for disability, while 17% of the countries (Aruba and the Cayman Islands) reported that they were currently developing a mechanism. However, it should be noted that some of the countries that did not have a national coordinating mechanism for disability had a focal point for matters related to disability within a government ministry, such as health or social development.

²⁸ PIOJ (Planning Institute of Jamaica) (2009), “Vision 2030 Jamaica: National Development Plan - Draft” [online], Kingston, Jamaica, [http://www.jis.gov.jm/pdf/Vision-2030-Jamaica-Draft-Integrated-National-Development-Plan\(January2009\).pdf](http://www.jis.gov.jm/pdf/Vision-2030-Jamaica-Draft-Integrated-National-Development-Plan(January2009).pdf) [May 2010]

TABLE 3
INTEGRATION OF CONCERNS OF PERSONS WITH DISABILITIES INTO NATIONAL POLICY AREAS

National Policy Areas	Country ^a											
	AIA	ABW	BRB	VBG	CYM	DOM	ANT	GUY	JAM	MSR	TCA	TTO
Economic and Social Policy			✓						✓			✓
Social Development			✓			✓			✓			✓
Employment			✓				✓		✓			✓
Infrastructure Access			✓				✓	✓	✓			✓
Medical Treatment			✓	✓	✓		✓	✓	✓			✓
Education and Training			✓		✓		✓		✓			✓
Poverty Reduction			✓			✓			✓			✓
Transportation			✓						✓			✓
Information and Communication Technology			✓			✓			✓			✓
Gender			✓			✓			✓			✓

Source: ECLAC, on the basis of responses to regional Survey on Disability.

^a List of the 3 digit ISO codes are given in the Annex.

Most of the respondents had taken actions in some form or another in their country to promote the importance of issues related to disability. For example, most countries celebrated United Nations Day for Persons with Disabilities and a number of activities to raise public awareness took place such as nation-wide sensitization sessions via the media, information booths in public spaces and wheel-a-thons. While Barbados celebrated a National Year of Disabled Persons in 2003/2004, other countries such as the Cayman Islands, Jamaica and Trinidad and Tobago promoted national weeks on disabilities. Also, Trinidad and Tobago had been promoting activities which were highlighted in the Decade of the Americas for the Rights and Dignity of Persons with Disabilities (2006-2016).

Other programmes and campaigns carried out throughout the year to raise public awareness included public service announcements, outreach activities, sensitization workshops and lecture series that promoted the inclusion of persons with disabilities. In the Cayman Islands, there was an annual Special Olympics that began since 1985 that played a vital ongoing role in public awareness and programme development for persons with disabilities in the country. Trinidad and Tobago had embarked on providing tutorials to the general public on sign language via the television, while Cayman Islands had developed a brochure to provide the general public with information on persons with disabilities and to encourage the community to accept and respect persons with disabilities (see box 2).

BOX 2 PUBLIC INFORMATION PAMPHLET USED IN THE CAYMAN ISLANDS

Did you know...

...that the Cayman Islands Government Ministry of Education, Training & Employment commissioned a group to address the current problems persons with disabilities face in the Cayman Islands? This pamphlet will provide you with the basic information regarding this group and the work it has done along with important facts concerning persons with disabilities in our community.

Education 101:

When speaking to, or referring to persons with disabilities, the following points should be remembered:

1. Consider the Person First, then the disability.

Example 1: The person uses a wheelchair. NOT: The person is 'confined to' or 'restricted to' a wheelchair, or are they 'wheelchair bound'.

Example 2: The person with a speech impediment or a person who cannot speak. NOT: 'A dumb person'.

2. Avoid using adjectives such as 'unfortunate', 'sick' and 'retarded'. Disabling conditions do not have to be life-defining or referred to in a negative way.

3. Avoid over-sensationalising the accomplishments of persons with disabilities. Persons with disabilities should not be pitied or patronised with comments like, 'see they have achieved something'. Instead, focus on the fact that they have worked hard like you and me to achieve their goals!

Source: Ministry of Education, Training and Employment- Cayman Islands Government (2007), "Planning for the future for Persons with Disabilities in the Cayman Islands: We are able!" [online], Grand Cayman, Cayman Islands, http://www.education.gov.ky/pls/portal/docs/PAGE/MEHHOME/TRAINING/DISABILITIES%20COMITTEE_PLANNING%20THE%20FUTURE%20BROCCURE_FINAL.PDF [May 2010]

Based on the responses from the ministry questionnaire, 83% of the governments provided some kind of support to disability-related organizations. Barbados reported that the government did not currently provide any support to these organizations, while Montserrat stated that there were no functional disability-related organizations in the country at that time. However, most of the countries that responded to the questionnaire provided support in the form of financial assistance or in-kind donation as well as human resource services. Trinidad and Tobago also indicated that in addition to providing services in the form of financial assistance or in-kind donation as well as human resource services, additional support was given in the form of advocacy and training and capacity building to disability related organizations. Furthermore, countries indicated their commitment to matters concerning persons with disabilities in various other ways, for example, Barbados, the British Virgin Islands, the Cayman

Islands, Jamaica, Trinidad and Tobago and Turks and Caicos Islands formulated policy papers and established functioning committees that promoted and protected the rights of persons with disabilities. Similarly, Anguilla had assisted persons with disabilities by offering medical exemptions, public assistance and the facilitation of overseas medical treatment, as needed (see table 4).

TABLE 4
TYPES OF SUPPORT PROVIDED BY GOVERNMENT FOR DISABILITY-RELATED ORGANIZATIONS

Support Areas	Country											
	AIA	ABW	BRB	VBG	CYM	DOM	ANT	GUY	JAM	MSR	TCA	TTO
Financial Assistance		✓		✓	✓	✓	✓		✓		✓	✓
In-kind Donation		✓			✓				✓			✓
Preferred Contract with the Organization	✓						✓		✓			✓
Provision of Human Resources		✓					✓	✓	✓			✓
Tax Exemption		✓							✓			✓

Source: ECLAC, on the basis of responses to regional Survey on Disability.

2. Laws and legislation regarding disability

Aruba, the British Virgin Islands, the Cayman Islands and Guyana (33% of the respondents to the ministry questionnaire) had integrated the issue of disability into their relevant constitutions, as it related to protection from any sort of discrimination. As of July 2010, Guyana was the only country that enacted a comprehensive disability law, however, laws were currently being developed in the Cayman Islands, Jamaica and Trinidad and Tobago. Some of the areas covered in Guyana's disability law, and would be covered in Jamaica's disability law, included women and children with disabilities, awareness raising and access to information, access to built environments and public transport, promotion of de facto equality and non-discrimination, protection against exploitation, violence and abuse, independent living and being included in the community, right to expression, opinion and information in accessible formats, respect for privacy and protection of information of persons with disability, access to adequate health care and services as well as habilitation and rehabilitation, access to and participation in education at all levels, work and employment opportunities and rights, right of disabled children to 'normal' family life, participation in political and public life, participation in cultural life, recreation, leisure and sport and data collection (see table 5).

Most of the countries that responded to the ministry questionnaire (75%) stated that their government integrated concerns of persons with disabilities into some of their generic laws, with the most common being social protection and education laws. Only Guyana, Jamaica and Trinidad and Tobago integrated the concerns of persons with disabilities into anti-discrimination laws, while the Turks and Caicos Islands and Trinidad and Tobago covered concerns of persons with disability in their gender laws. However, it should be noted that some of the countries such as Aruba, the British Virgin Islands, Jamaica, Guyana and Trinidad and Tobago had distinct disability-specific laws in education (i.e. special education laws). Out of the responses, all countries indicated that physical disabilities, hearing impairment, visual impairment, intellectual disabilities and psychiatric disabilities were covered in the laws.

Of the countries that completed the questionnaire, none had a specific anti-discrimination law, however, 25% (the Cayman Islands, Turks and Caicos and Trinidad and Tobago) were in the process of

developing those laws along with enforcement mechanisms that would include administrative hearings, filing of complaints and investigation of cases. Additionally, in relation to the establishment of mechanisms to deal with the formulation and monitoring of anti-discrimination laws, the Cayman Islands, Jamaica and Trinidad and Tobago included persons with disabilities in the process. In the Cayman Islands, persons with disabilities were part of the monitoring committee and participated in special reporting sessions, while in Trinidad and Tobago persons with disabilities participated in public consultations and workshops to formulate the law.

TABLE 5
DISTINCT DISABILITY-SPECIFIC LAWS IN SPECIFIC CATEGORIES

Disability-specific laws	Country ^a											
	AIA	ABW	BRB	VBG	CYM	DOM	ANT	GUY	JAM	MSR	TCA	TTO
Anti-discrimination law												
Rehabilitation												
Information and Technology												
Transportation												
Social Security/Social Welfare		✓		✓					✓			✓
Education		✓		✓				✓	✓			✓
Health												
Building and Housing		✓		✓					✓			
Poverty Alleviation		✓										
Gender												

Source: ECLAC, on the basis of responses to regional Survey on Disability.

^a List of the 3 digit ISO codes are given in the Annex.

3. Accessibility and personal mobility

Article 9 of the CRPD speaks about accessibility for persons with disabilities on the same basis as others, to the physical environment; transportation; information and communication; and buildings and other structures. A list of measures is also given in the Article such as providing training on accessibility issues to stakeholders. Furthermore, States Parties should take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, as stipulated in Article 20. States Parties should among other things, facilitate access to mobility aids and other assistive devices and technologies; and various forms of live assistance and training in mobility skills at an affordable cost.

(a) Physical Environment

Some ministries (25%) claimed that accessibility standards for public facilities, infrastructure and transport were currently being developed, while 42% actually had standards. As seen in table 6, one of the main measures taken by 50% of the ministries regarding personal mobility and making the physical environment accessible to all persons with disabilities was the provision of training in mobility skills to persons with disabilities and to staff working with persons with disabilities. The provision of quality mobility aids and devices at affordable costs or subsidized, as well as special provision for emergency evacuation and relief for persons with disabilities were also maintained in a number of countries.

(b) Public transportation

The majority of the NGOs indicated that access to transportation was a major challenge for persons using wheelchairs. The respondents from both Saint Kitts and Nevis and Saint Vincent and the Grenadines, for example, reported that there was no accessible public transportation available in their countries. The governments of both Antigua and Barbuda and Saint Lucia operated two buses that provided transportation to persons using wheelchairs. Jamaica also had at least three accessible buses which ran on specified routes through the main capital city of Kingston and the surrounding areas during peak hours. However, none of these were sufficient to meet the needs of those groups. In several countries, private businesses had attempted to fill the gap, but that meant that persons using wheelchairs were forced to pay extra fees for transportation. As a representative from an NGO in Barbados noted, persons with disabilities “are further penalised because of their disability and have to pay an increased cost if they need transportation.”

The country with the highest number of public transportation facilities for persons using wheelchairs seemed to be Trinidad and Tobago, where the Public Service Transportation Corporation operated five accessible buses. There were also dial-a-ride services: one in the north, operated by the International Institute for Healthcare and Human Development, and another in the south, operated by the National Council on Persons with Disabilities. As in other countries, however, both the public and private services were not sufficient to meet the needs of persons using wheelchairs, especially those living in rural areas. Though providing accessible transportation through separate buses and cars was better than not having any accessible public transportation, that arrangement did not encourage the equal participation and inclusion of persons with disabilities in everyday life alongside persons without disabilities.

There also seemed to be a general need for more parking facilities for persons using wheelchairs in most of the responding countries. The respondent from Belize indicated that compliance and enforcement regarding designated spaces was low. That was echoed by a respondent from Trinidad and Tobago who reported that non-compliance among the able-bodied public, who sometimes parked in the spaces designated for disabled persons, was a problem. This was compounded by the need to standardize authorization through the use of parking passes for persons with disabilities.

TABLE 6
MEASURES TAKEN REGARDING PERSONAL MOBILITY AND TO MAKE THE PHYSICAL ENVIRONMENT
ACCESSIBLE TO ALL PERSONS WITH DISABILITIES

Measures	Country ^a												
	AIA	ABW	BRB	VBG	CYM	DOM	ANT	GUY	JAM	MSR	TCA	TTO	
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 people 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				✓	✓				✓	✓		✓	

Source: ECLAC, on the basis of responses to regional Survey on Disability.

^a List of the 3 digit ISO codes are given in the Annex.

Establishing designated parking spaces for persons with disabilities was only effective and helpful as far as the use of those spaces was reserved, through enforcement of the law, specifically for those who needed them. Saint Lucia was currently implementing legislation meant to ensure the provision of accessible parking spaces while, in Barbados, the Barbados Council for the Disabled has, with the help of the Pan-American Health Organization, implemented a programme that works both to assign parking passes to qualified persons with disabilities and to raise awareness among the public regarding designated parking spaces.

(c) Accessibility to information and communication

Countries such as Aruba, the Cayman Islands, Dominica, Jamaica, Guyana and Trinidad and Tobago (50%) promoted access to information and communication to persons with disabilities by providing computer literacy training and capacity building for persons with disabilities. Other notable measures taken by some of the countries also included the provision of accessible materials or materials in accessible formats in national libraries and educational institutions, provision of adequate voting procedures for persons with disabilities, recognition and promotion of the use of sign languages and the use of standardized sign language.

However, on the other hand, with the exception of an organization in Nevis, which reported that 100% of the country's government websites and other information were available in an accessible format, respondents generally indicated that no, or very little, government information was available in a format accessible to the blind and visually impaired. Libraries also had very few books in accessible formats. Some organizations listed acquiring more books in Braille and large print as an urgent need. The majority of respondents to the questionnaire on the situation for persons using wheelchairs also reported that there were very few libraries, on average less than 10%, in their country that was accessible to that group. Information regarding utility services and bills could not be found in an accessible format in most of the responding countries. Tourist information in Braille or large print formats was also not available. Use of the internet or radio, according to some respondents, allowed the blind and visually impaired to obtain more information, but not every one had a radio or a computer in their home.

(d) Public facilities and infrastructure

Several of the NGOs that responded to the questionnaire regarding the situation for the blind and visually impaired described the serious challenges posed by the extremely poor condition of the roads and sidewalks in their country. Many of them were of the opinion that the public streets were not easily accessible. For example, one of the respondents from Suriname stated that “the public streets are not accessible at all. You need assistance. The traffic lights have no audible signs, the pavements are broken and cars park everywhere. It's also noticed that drivers don't even know what the white cane means.” A respondent from Dominica offered a similar assessment of the condition of their country's roads and sidewalks, “persons who are blind or visually impaired find it extremely difficult to access the physical environment and very few venture out on their own. Some of the barriers include: deep drains, parked vehicles on the limited sidewalks available, utility poles located on the sidewalks, no curb-cuts for getting on the sidewalks...”

The majority of the respondents from NGOs working with the blind and visually impaired also indicated that the main shopping areas were not accessible. Sidewalks and streets in the shopping area were often blocked and had gaping holes and other barriers. There were few tactile or large-print signs and the aisles in supermarkets were frequently too narrow. Most pedestrian crosswalks and bus stops did not have tactile signage or audible signals. Several respondents stated that they were only able to shop if they were accompanied by a sighted person.

The same difficulties regarding the accessibility of sidewalks, shopping areas, public facilities and public transportation were faced by persons using wheelchairs. In the majority of the responding countries, public streets were largely inaccessible to persons using wheelchairs as the sidewalks were

uneven, narrow and sometimes obstructed by the steps leading to buildings lining the streets. Additionally, there were cases where the steep incline of some ramps made them unusable. In Antigua and Barbuda, recent construction projects to improve roads and sidewalks included the addition of curb cuts to many sidewalks. Unfortunately, access to the new curb cuts was blocked by certain design elements in the road improvements.

Access to public buildings and civic functions was also important to everyday life. According to the questionnaire responses, generally very few courts of law, police stations and polling stations were accessible to persons using wheelchairs. Only Aruba and the British Virgin Islands reported that they implemented building codes whereby all public buildings were required to have wheelchair access, special bathroom facilities and special doors to accommodate persons with disabilities. With the exception of Curacao, Guyana and Suriname, most countries had at least some accessible voting procedures for blind and visually impaired persons.

4. Exploitation, violence and abuse

According to the CRPD (Article 16), persons with disabilities should be free from exploitation, violence and abuse such as economic, physical and mental mistreatment. As such, if mistreatment occurs, States Parties must take all necessary measures to promote recovery, rehabilitation and social reintegration of victims and where appropriate, prosecution of mistreatment.

Aruba, Barbados, Cayman Islands and Montserrat (accounting for 33%) were the only countries to report any legislative, administrative or judicial measures to prevent persons with disabilities from being subjected to torture or cruel, inhumane or degrading treatment or punishment as well as measures of protection from such actions. Similarly, while 42% of the countries were currently developing legislation and policies to ensure that instances of exploitation, violence and abuse against persons with disabilities were identified, investigated and, where appropriate, prosecuted, those measures had been instituted only in Aruba, Barbados and Dominica.

5. Education

The CRPD (Article 24) states that persons with disabilities should have equal access to an inclusive education and life-long learning process, including access to primary, secondary, tertiary and vocational facilities. The convention also addresses how States Parties must do this, including through, among other things, provision of reasonable accommodation, and ensuring that persons with disabilities are not excluded from education on the basis of disability.

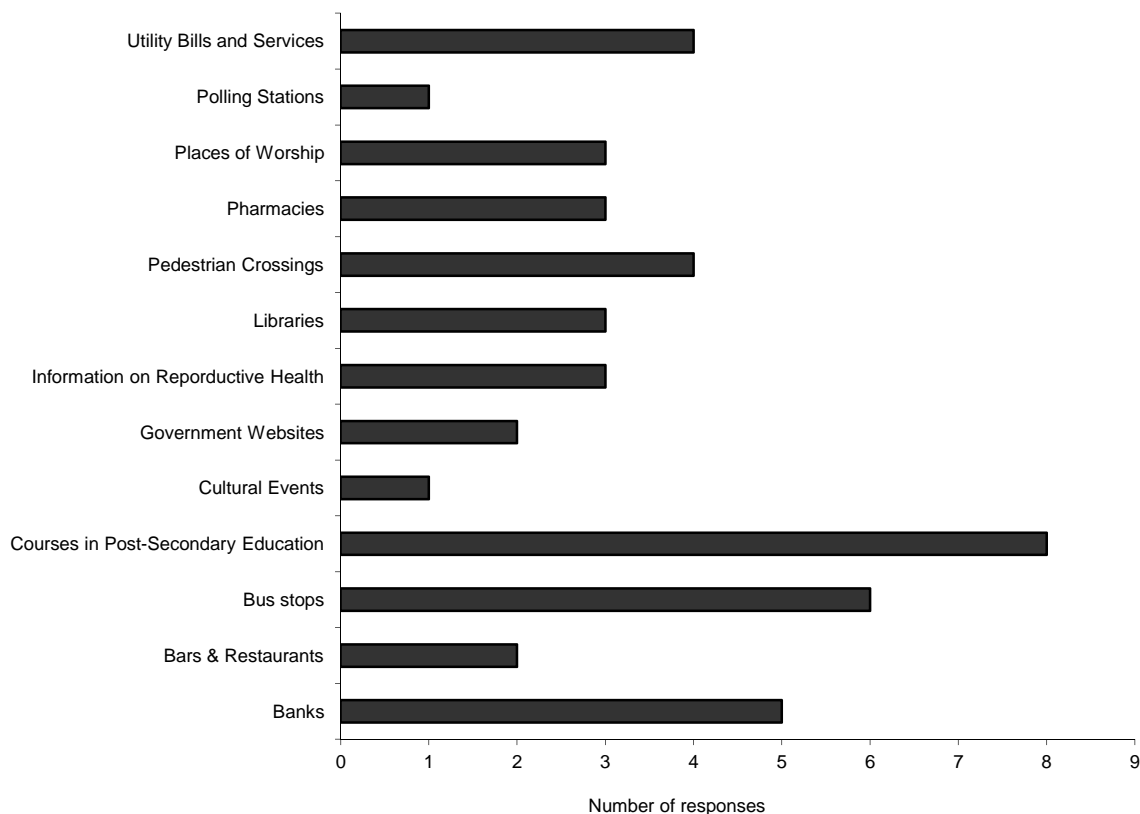
Most respondents to the questionnaire (75% of the countries) had both inclusive education facilities as well as separate and specialized institutions to support children and adolescents with disabilities. Only 17% of the respondents said that their countries only accommodated inclusive education. Concerning the laws that governed the educational system with regards to persons with disabilities, only 42% of the countries which responded to the questionnaire had specific laws guaranteeing equal access for students with disabilities while 17% of the countries were currently developing those laws. Only 17% of countries had any laws requiring school buildings to be accessible to students with disabilities, with 33% of countries actually in the process of developing the law as well. Only Anguilla, the Cayman Islands and Montserrat (25%) had embarked on laws requiring that educational materials be accessible to students with disabilities while Guyana, Jamaica and Trinidad and Tobago were in the process of developing those laws.

Most countries that responded to the questionnaire had taken measures to promote full participation of persons with disabilities in education and the learning of life and social development skills. Seven of the 12 countries that embarked on inclusive participation of persons with disabilities in education reported that support was given to persons with disabilities to facilitate effective education within the general education system. Training to teachers to assist them in meeting the needs of students

with disabilities, including qualified teachers in sign language and/or Braille in the education system, was also promoted. Barbados, Dominica, the Netherlands Antilles, Guyana and Trinidad and Tobago provided facilities for the learning of Braille and sign language.

However, based on the responses from the NGOs, it was felt that there were very few courses accessible to the blind and visually impaired at the secondary level. Indeed, as can be seen in figure 1, most of these organizations indicated that the creation of accessible courses was their most urgent need.

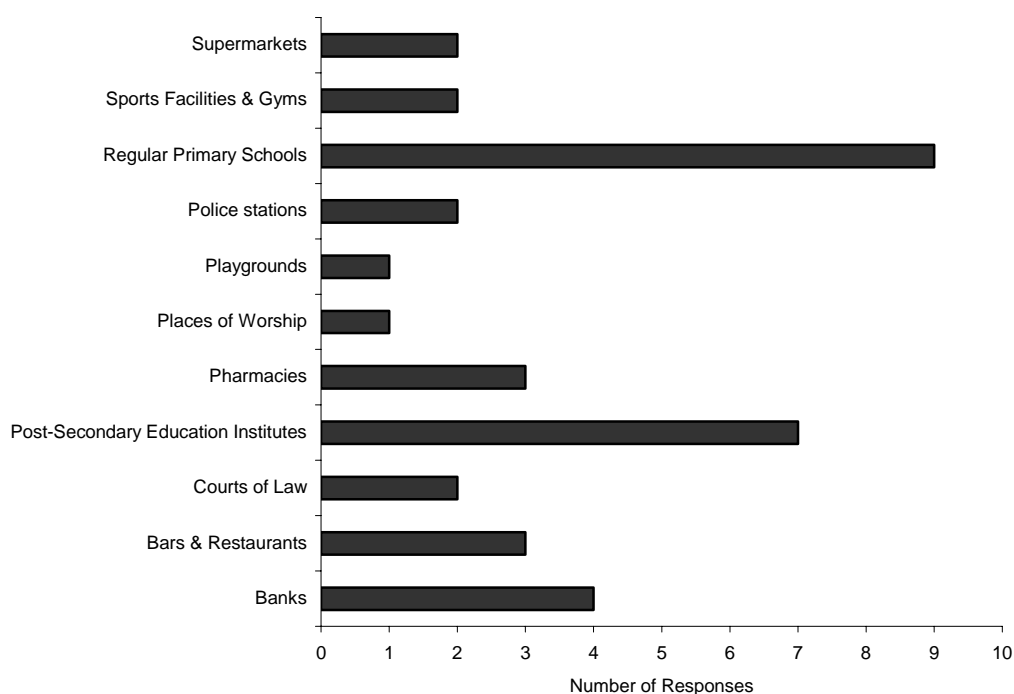
FIGURE 1
PRIORITY AREAS NEEDING IMPROVEMENT AS INDICATED BY ORGANIZATIONS
WORKING WITH THE BLIND AND VISUALLY IMPAIRED



Source: ECLAC, on the basis of responses to regional Survey on Disability.

Country responses indicated a need for more teacher training, accessible learning materials and physical environments and assistive computer technologies. Some of the organizations noted, however, that they tried to assist primary and secondary school students with vision disabilities in attending mainstream schools through a variety of initiatives, including providing itinerant teachers, materials in Braille and large print as well as training and sensitization programmes. Like the organizations working with the blind and visually impaired, nearly all of the responding organizations working with persons using wheelchairs reported that accessible classes at the primary and post-secondary levels were their most urgent need (see figure 2).

FIGURE 2
PRIORITY AREAS NEEDING IMPROVEMENT AS INDICATED BY ORGANIZATIONS WORKING WITH PERSONS USING WHEELCHAIRS



Source: ECLAC, on the basis of responses to regional Survey on Disability.

NGOs in a few countries indicated that efforts had been made to accommodate students using wheelchairs. That was preferable to building separate educational institutions for students with disabilities, as it encouraged their inclusion on an equal standing with students without disabilities. A respondent from Barbados noted that ramps and accessible toilet facilities had been added to existing school buildings at the secondary level. Similarly, in Trinidad and Tobago, persons with disabilities were increasingly being admitted into the regular school system and recently constructed schools had been built with the infrastructure to accommodate students in wheelchairs. However, those adjustments had not completely solved the issue of providing adequate education to persons with disabilities in that country. According to one organization working with persons with disabilities in Trinidad and Tobago, “students in wheelchairs (and by extension, those using other forms of disability aids) may not have been previously privy to the regular curriculum and so may lack the necessary pre-requisite qualifications required to gain admission to a secondary, tertiary or technical vocational institution, even though these facilities may now be able to accommodate them physically.”

Despite some progress, most organizations noted the urgent need for retrofitting older school buildings and changing the building codes to ensure that new school buildings were accessible. A respondent from Suriname indicated that they only knew of two adjusted special primary schools for children using wheelchairs, while none of the regular schools had made the necessary adjustments to enable students from that group.

6. Health

Article 25 focuses on the equal right of persons with disabilities to health care and its services. The Convention mandates that all health services, including health-related rehabilitation must not only be accessible but also gender sensitive. Additionally, health care must be provided on the basis of free and informed consent. The remainder of the Article elaborates further on these issues to include the provision of the same range, quality, and standard of free or affordable health care and programmes as those available to others (including the area of sexual and reproductive health), and prohibition of discrimination in the provision of health insurance.

(a) Early detection, prevention and therapy

Early detection, prevention and therapy for persons with disabilities in the region were widely available. From the ministry questionnaire, 58% of the countries stated that disability prevention services had been incorporated into overall health programmes, while 33% stated that those services were currently being developed. Similarly, most governments in the countries that responded to the questionnaire did provide early identification or detection services (75%) as well as early intervention services (58%). It was noted that even though Anguilla acknowledged not providing local early intervention services, referrals were usually made for overseas treatment. With regards to the provision of remedial/corrective/curative therapy for young children to reduce the impact of disability, 67% of the countries had some kind of services available, even if at times those services were limited to physiotherapy, while 25% said that these services were currently being developed.

(b) Healthcare and rehabilitation

In most countries, rehabilitation services were widely available to persons with disabilities. Only two countries claimed that their government did not provide any rehabilitation services while 75% said that they offered those services and 8% said that the services were being developed. The Governments of Aruba, Barbados, the Netherlands Antilles, Jamaica, Montserrat and Trinidad and Tobago, which accounted for 50%, provided community-based rehabilitation services. It should be noted that the 42% that did not offer any community-based rehabilitation services offered services on a wider and more general scale. An overwhelming number of governments (83%) offered home health services to persons with disabilities who had difficulties accessing health facilities. In a number of countries, those services were mainly utilized by the elderly where community nurses visited patients at their homes.

Even though health care and rehabilitation services were prominent in the countries that responded to the questionnaire, most governments did not provide any training to public and private health care professionals regarding the human rights, dignity, autonomy and needs of persons with disabilities. While 25% of the respondents said that human-rights training was being developed, only 42% of the countries (Barbados, Guyana, Jamaica, Montserrat and Trinidad and Tobago) actually had some training, while 33% did not have any training at all.

Most countries had no, or very few, pharmacies that provided labelling or drug information pamphlets in formats accessible to the blind and visually impaired. Respondents to the NGO questionnaire regarding the situation for persons using wheelchairs also indicated that, on average, less than 30% of pharmacies were wheelchair accessible.

With regards to regulations implemented by governments in the region to prohibit the discrimination against persons with disabilities in the provision of health insurance, only Aruba and the Netherlands Antilles had done so. While 25% of the respondents (the Cayman Islands, Turks and Caicos Islands and Trinidad and Tobago) said that regulations were being developed, 58% did not have any regulations at all.

(c) Reproductive life

It was noted that some information regarding HIV/AIDS and reproductive health was available in accessible formats in Belize, Grenada and Guyana. In Belize, for example, information materials were provided by a private humanitarian organization, Cooperative for Assistance and Relief Everywhere, Inc. However, it should be noted that there was a low response rate to the NGO questionnaire on topics related to health and reproductive life which means that there was probably limited awareness in the area. Additionally, only 25% of the countries reported that their governments provided sex education to persons with disabilities in an accessible format. Also, 25% of the countries did have reproductive health and family planning materials available in accessible formats, but only 8% of that material came from the government while materials from civil society accounted for 17%. From the responses to both the ministry and NGO questionnaires, it can be concluded that a lot more work is needed in the area of sexual and reproductive health and life related to persons with disabilities, whereby information should be made available in an accessible format for persons with disabilities.

Barbados, Jamaica, Montserrat and Trinidad and Tobago (accounting for 33%) were the only countries to take initiatives to prevent sexual and other abuses of persons with disabilities. The Trinidad and Tobago Government embarked on public education sessions and public service announcements to prevent those forms of abuse.

With regards to provision of appropriate assistance to parents with disabilities in the performance of their child raising responsibilities, only 17% (Barbados and Trinidad and Tobago) of the governments of the countries that responded to the survey had implemented some form of initiative. In Trinidad and Tobago, family planning and counseling as well as various forms of financial assistance such as the Special Child Grant and the Medical Aids Grant were available.

7. Work and Employment

States Parties are called upon in Article 27 of the CRPD, to employ persons with disabilities in the public sector and also to take active steps to encourage employment in the private sector. It must also be ensured that reasonable accommodation is provided in the workplace to facilitate the work of persons with disabilities.

Nine out of the 12 countries that responded to the ministry questionnaire said that their governments promoted certain types of employment for persons with disabilities. Barbados, the Cayman Islands, Guyana, Jamaica, Montserrat and Trinidad and Tobago introduced open employment opportunities, while others embarked on supported employment, self employment and sheltered employment. Additionally, governments also promoted the employment of persons with disabilities by introducing anti-discrimination measures (for example in the Netherlands Antilles, Guyana, Jamaica, Turks and Caicos Islands and Trinidad and Tobago) and micro-credit/small grants for self-employment and vocational guidance (i.e. job search training, information provisions). Only Jamaica and Montserrat reported carrying out reasonable adaptations that contributed to physical accessibility of the workplace and job training re-design.

Only 42% of the countries that answered the questionnaire indicated that vocational rehabilitation and employment services were provided for persons with disabilities, while 50% of the countries stated that such services were not available locally. Most of the services were in specialized institutions, with the exception of Jamaica and Trinidad and Tobago, which offered those services in both specialized institutions and as part of mainstream institutions. Some examples of the programmes and services were sheltered workshops and job placement schemes available in the British Virgin Islands, the Cayman Islands, the Netherlands Antilles and Jamaica. In the Cayman Islands institutions, like the Sunrise Training Centre, offered comprehensive job development, placement, coaching and support services to adults with disabilities and the Lighthouse School (a primary and secondary school specific for persons with disabilities) provided work experience opportunities for some of the post-secondary students. Similarly, in Trinidad and Tobago there was the National Employment Service that provided trial employment to persons with visual impairments.

(a) Public sector

According to the responses from the NGOs working with the blind and visually impaired, there were very few countries that offered employment opportunities for that group in the public sector. One respondent stated that their government “sends home persons with disabilities.” Organizations also expressed frustration over the lack of accessible environments, training and education. A respondent from Grenada reported that “...the situation is poor. Some of these sectors are not capable of providing equipment for the blind and, if they are, these individuals do not have access to the education required for the position.”

However, the responses also indicated that there had been some positive progress. In Guyana, a small percentage of persons who were blind or visually impaired had found employment in public broadcasting and teaching. One respondent from Belize confirmed that the government had hired approximately 20 blind and visually impaired persons who had been accepted by the other staff members. The Guyana Government had recently passed legislation that was expected to encourage the employment of persons with disabilities in the future.

Some of the organizations working with persons using wheelchairs stated that they believed the public sector was more willing to hire persons with disabilities. In Jamaica, for example, the public sector was the largest employer of that group, though they were far from meeting the quota of 5% outlined in the National Disability Policy. The government was also changing its policy of sending persons who became disabled into early retirement and were instead investing in retraining those employees. A respondent from Saint Lucia stated that “hiring policies are fair...approximately 50% of the government buildings are accessible to employees who have disabilities.” Nevertheless, several organizations indicated that there were either very few or no persons using wheelchairs who were employed by the public sector in their countries. Some also noted the lack of policies regarding the hiring of persons with disabilities in the public sector. A respondent in Barbados argued that the “government, as the main employer, needs to take a lead role.”

(b) Private sector

An organization working with the blind and visually impaired in Barbados stated that, in comparison with the public sector, the private sector had been more willing to hire persons belonging to that group. Some of the responding organizations indicated that they were currently administering initiatives to encourage the employment of the blind and visually impaired in the private sector. An organization in Belize was assisting with sensitization, training and adaptation at a company that had hired visually impaired persons. The Barbados Council for the Disabled was also trying to improve the employment situation for persons with disabilities in their country by sponsoring programmes to promote the adaptation of work environments and the training of persons with disabilities. Moreover, an organization in Suriname had recently trained several job coaches to assess the interests and employment opportunities of persons with disabilities in order to guide them to employment and also offer support and assistance to the employer. Nonetheless, many of the organizations that responded to the questionnaire regarding the situation for the blind and visually impaired expressed their dissatisfaction with current conditions. An organization from Dominica, for example, stated that there was “no possibility (of employment with the private sector) in the near future.” Similarly, the respondent from Guyana noted that “members of the private sector are very reluctant to employ blind and visually impaired persons mainly because they feel that too many risks are involved, adaptations are expensive and no incentives are offered. Some also do not believe that blind and low vision persons can perform as efficiently as their sighted counterparts.”

The situation was similar for persons using wheelchairs. A representative of an organization in Trinidad and Tobago, for example, reported that the “rehabilitation and retraining of injured workers is not part of the culture in Trinidad and Tobago.” Most responding organizations stated that there were very few private businesses hiring individuals with physical disabilities. Moreover, they noted that their national building codes did not currently oblige businesses to make their office buildings accessible. Most countries also did not have laws to ensure that businesses hired a certain percentage of persons with disabilities. A respondent from Saint Lucia stated that “some, but very few, private employers actively seek prospective employees who have disabilities. Lack of information about assisting technologies, specialized training and job modification techniques limit jobs and training opportunities that could otherwise be open to persons with disabilities.”

Allowing and encouraging persons with disabilities to be hired on equal basis with persons without disabilities in both the private and public sectors was a crucial step towards facilitating their independence as well as promoting the CRPD principles of full participation and inclusion in society. Such a situation was good for both the individual and the State, as the individual benefited from the ability to live an independent life and the government benefited from no longer needing to provide financial aid to persons with disabilities. An important step towards achieving that goal was to obligate both private and public sectors to make their offices and workspaces accessible to all persons.

From the responses, it was clear that some more work needed to be done in the area of persons with disabilities and employment, with the starting point being the signing and ratification of the International Labour Organization Convention 159 concerning Vocational Rehabilitation and Employment (Disabled Persons) 1983.²⁹

8. Social protection and financial aid

States Parties should ensure that persons with disabilities have access to food, shelter, clothing and drinking water as stipulated in Article 28 of the CRPD. Furthermore, persons with disabilities should also have equal access to government social safety nets such as public housing, retirement benefits, social protection plans and so on.

Aruba, the British Virgin Islands, Dominica, Jamaica, Montserrat and Trinidad and Tobago provided social protection programmes for the disabled in the form of economic assistance to persons with disabilities and their families for disability-related expenses, including adequate training, counseling, financial assistance and respite care. Another popular programme in Aruba, Dominica, Guyana, Jamaica, Montserrat and Trinidad and Tobago was the promotion of access by persons with disabilities to State/public pensions, retirement benefits and other programmes. Only Barbados and Jamaica reported on the availability of support specific programmes for evacuation and disaster relief/mitigation for persons with disabilities.

9. Recreation, sports and leisure

Article 30 of the CRPD speaks to the participation of persons with disabilities in political and public life as well as in cultural life, recreation, leisure and sport. All States Parties are mandated to take all feasible steps to ensure the availability of access to television and cultural materials in accessible formats; and providing access to places for cultural performances or services. States Parties are also urged to facilitate participation of persons with disabilities, on an equal basis with others in all recreational activities.

Of the number of countries which responded to the questionnaire, 33% said that measures were put in place to ensure that persons with disabilities had access to services from those involved in the

²⁹ Based on the responses to the questionnaire, only Jamaica, Guyana and Trinidad and Tobago have ratified the ILO Vocational Rehabilitation and Employment Convention.

organization of recreational, tourism, leisure and sporting activities, while 25% said that those measures were currently being developed.

(a) Cultural events, museums and cinemas

The majority of respondents indicated that the blind and visually impaired did not have access to cultural activities and events. Some also noted a perpetuating cycle in which the blind and visually impaired did not go to events because there were no accessible facilities and, consequently, event facilities were never adapted to be accessible. Most organizations stated that they believed there were no cinemas or museums with adapted facilities for the blind and visually impaired in their countries.

According to the responses from organizations working with persons using wheelchairs, accessibility to cinemas and museums seemed to be somewhat better for that group. Most respondents indicated that there was at least one accessible cinema in each country. Four out of eight of the responding countries that had museums had at least one that was wheelchair accessible.

(b) Sports

The British Virgin Islands, the Cayman Islands and the Netherlands Antilles organized ‘Special Olympics’ which provided sports training and competition for persons with disabilities (both intellectual and physical). Respondents from several countries, including those from Barbados, Grenada, Guyana and Saint Lucia, indicated that cricket games were frequently organized for the blind. Persons using wheelchairs also seemed to have access to at least one sports stadium in most countries and there was also at least one gym or sports facility that was wheelchair accessible in the majority of the responding countries. Furthermore, Trinidad and Tobago had an inclusive sport policy which encouraged integration of persons with disabilities to partake in all sporting activities.

(c) Restaurants, bars and nightclubs

Most of the respondents to the questionnaire regarding the situation for the blind and visually impaired stated that signage, menus and pricing information were not available in accessible formats. It was generally noted that those groups needed the assistance of sighted persons when eating at restaurants. The response given by one organization in Suriname also indicated that there might be some lack of awareness among the public regarding the challenges facing the blind and visually impaired. They stated that “signs, information, etc. are not in a proper format and if you ask for assistance because you can’t find your way or can’t read the letters, some still tell you that it’s written and you can read it yourself.”

The responses to the questionnaire on the situation for persons using wheelchairs indicated that there were relatively few nightclubs that were wheelchair accessible. In comparison, there were more accessible restaurants and bars. Though, the responses varied widely from country to country, with some countries, such as Jamaica and Barbados, reporting relatively high numbers, Saint Kitts and Suriname indicated very low numbers.

Participation in recreation, sports and leisure was important for individual health as well as leading a fulfilling life. Therefore, making the venues discussed in that section accessible to persons with disabilities was paramount. Only when they were able to participate on an equal basis alongside persons without disabilities would societies achieve full social inclusion and equality for that category of citizens.

10. International cooperation

Article 32 of the CRPD promotes international cooperation by obligating States Parties to undertake bilateral and multilateral partnerships which are essential to the successful implementation of the Convention. These collaborations can take the form of capacity building; research and access to scientific and technical knowledge and economic assistance.

From the ministry questionnaire, it can be inferred that all the countries were very interested in receiving some type of technical cooperation in the area of disability. Most of the countries indicated an interest in receiving contributions in the form of finances and human resources. The provision of training/capacity building was another area that generated a lot of interest for governments to receive some kind of assistance in the area of disability. On the other hand, countries such as Jamaica, Guyana, Turks and Caicos Islands and Trinidad and Tobago were confident that they could provide human resources to other countries to assist in the area of disability.

IV. Conclusion and recommendations

In conclusion, the responses from the governments and NGOs that worked on disability showed that there had been some progress in certain areas of disability in the Caribbean region, however, there were still some areas where significant improvement was needed.

One of the first steps involved in advancing a better situation for persons with disabilities should be in the design of the necessary laws and legislation. Most of the countries that responded to the questionnaire declared that their respective governments integrated concerns relating to persons with disabilities into national policies as well as some of their generic laws. However, with regards to the implementation of the CRPD, even though the majority of the countries had signed, only a few had ratified, with even fewer countries signing or ratifying the Optional Protocol. As such, due to the fact that a number of countries were characterized by limited resources in terms of finance and human capacity, assistance would be needed if there were to be ratification of the CRPD and regular monitoring for it to be effective.

With regards to the education sector, most of the countries in the subregion had both inclusive education facilities as well as separate and specialized institutions to support children and adolescents with disabilities. Support was also given to persons with disabilities to facilitate effective education by training teachers to assist them in meeting the needs of students with disabilities, including qualified teachers in sign language and/or Braille in the education system.

Furthermore, a substantial number of countries that responded to the questionnaire had or were developing specific laws guaranteeing equal access for students with disabilities and requiring school buildings to be accessible to students with disabilities. On the other hand, there still needed to be some improvement in the area of accessible educational materials for students with disabilities, as such laws were lacking in most countries.

According to the information from the NGOs and the governments who responded to the questionnaire there was some progress in terms of more opportunities available to persons with disabilities in the employment sector. However, most of the NGOs felt that persons with disabilities had more opportunities in the private sector as opposed to the public sector. Even though governments reported that supported employment, self employment and sheltered employment had been promoted in certain countries, as well as reasonable adaptations that contributed to physical accessibility of the workplace and job training re-design, it was clear that some more work was needed for the employment of persons with disability in the public sector. It was recommended that a good place to start to improve this situation would be the signing and ratification of the International Labour Organization Convention 159 concerning Vocational Rehabilitation and Employment (Disabled Persons) 1983.³⁰

From the responses to the questionnaires, it can be concluded that a lot more work was needed in the area of sexual and reproductive health related to persons with disabilities. Even though governments reported that sex education as well as reproductive health and family planning materials were provided to persons with disabilities in an accessible format, there was a low response rate from the NGOs on this subject which could mean that there was limited awareness about those materials. As such, governments should embark on education sessions and public service announcements to generate more awareness amongst the wider population.

According to the NGOs, the current situation in terms of accessibility and personal mobility for the blind and visually impaired and those who used wheelchairs was extremely poor. Many of them were of the opinion that accessibility to the public streets, shopping areas, public facilities and public transportation were not easily accessible. Furthermore, from the limited responses from the governments, few countries had accessibility standards for public facilities, infrastructure and transport. However, it should be noted that some progress was being made to improve that situation as a number of countries were in the process of actually developing accessibility standards. Building codes were being implemented whereby all public buildings would be required to have wheelchair access, special bathroom facilities and special doors to accommodate persons with disabilities. The provision of quality mobility aids and devices at affordable costs, as well as special provision for emergency evacuation and relief for persons with disabilities were also maintained in a number of countries to assist with personal mobility.

Some governments promoted access to information and communication to persons with disabilities by providing computer literacy training and capacity building for persons with disabilities. Other notable measures had been taken by some of the countries to include the provision of accessible materials or materials in accessible formats in national libraries and educational institutions, provision of adequate voting procedures for persons with disabilities, recognition and promotion of the use of sign languages and the use of standardized sign language. However, it was uncertain what impact those initiatives had on persons with disabilities as the NGOs indicated that government websites and other information were not available in an accessible format for the blind and visually impaired. Also, even

³⁰ Based on the responses to the questionnaire, only Jamaica, Guyana and Trinidad and Tobago have ratified the ILO Vocational Rehabilitation and Employment Convention.

though the use of the internet or radio, according to some respondents, allowed the blind and visually impaired to obtain more information, not everyone had a radio or a computer in their home. Similarly, the majority of respondents to the questionnaire on the situation for persons using wheelchairs also reported that there were very few libraries, on average less than 10%, accessible to that group.

From the analysis, it was clear that in order to attain a more comprehensive understanding of the situation of persons with disabilities in the Caribbean region, more information was clearly needed. Data and research on the epidemiology of the situation would be necessary if there was to be the proper development and implementation of national and regional policies for disability. Due to the fact that the CRPD and the Optional Protocol were legally binding to those countries which signed and ratified, they should be used as the framework to initiate a comprehensive action plan on disability. That would be the way to go to ensure that persons with disabilities lived the best life possible by promoting their rights as well as ensuring their equal inclusion and participation into all sectors of life.

Bibliography

- ECLAC (Economic Commission for Latin America and the Caribbean) (2009), “A Further Study on Disability in the Caribbean: Rights, Commitment, Statistical Analysis and Monitoring”, (LC/CAR/L.237), Port of Spain, Trinidad and Tobago, December.
- PIOJ (Planning Institute of Jamaica) (2009), “Vision 2030 Jamaica: National Development Plan- Draft” [online] Kingston, Jamaica, [http://www.jis.gov.jm/pdf/Vision-2030-Jamaica-Draft-Integrated-National-Development-Plan \(January2009\).pdf](http://www.jis.gov.jm/pdf/Vision-2030-Jamaica-Draft-Integrated-National-Development-Plan-January2009).pdf) [May 2010].
- UN-DESA (United Nations Department of Economic and Social Affairs), The Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Inter-Parliamentary Union (IPU) (2007), “From Exclusion to Equality: Realizing the rights of persons with disabilities. Handbook for Parliamentarians”. Geneva.
- UNDP (United Nations Development Programme) (2009), “Human Development Report 2009; Overcoming barriers: Human mobility and development” [online] http://hdr.undp.org/en/media/HDR_2009_EN_Complete.pdf [June 2010].
- United Nations E-MINE: Electronic Mine Information Network (2010), “The UN and the Disabled Persons, the First 50 Years” [online], New York, http://www.mineaction.org/docs/198_.asp#chapter3 June 2010].
- United Nations Enable (2010), “Convention and Optional Protocol Signatures and Ratifications” [online], New York, <http://www.un.org/disabilities> [13 August 2010].
- (2010). “Convention on the Rights of Persons with Disabilities and Optional Protocol”, [online], New York, <http://www.un.org/disabilities/Documents/convention/convoptprot-e.pdf> [May 2010].

World Bank (2011), “World Development Indicators Database” [online], <http://siteresources.worldbank.org/DATASTATISTICS/Resources/GDP.pdf> [June 2011].

World Bank (2006), “Disability and Communication for Development at a Glance” [online], <http://siteresources.worldbank.org/DISABILITY/Resources/News--Events/463933-1163109717105/DDCommuAtGlance.pdf> [November 2010].

Annex

1. Description and summary of the Convention on the Rights of Persons with Disabilities

The CRPD consists of fifty articles addressing a range of civil and political, economic, social, and cultural rights. It does not seek to create new rights for disabled persons, but rather elaborates and clarifies existing obligations for countries within the disability context. The CRPD is also joined by an Optional Protocol that recognizes the competence of the Committee on the Rights of Persons with Disabilities. As such, the CRPD is considered to be comprehensive not only in terms of its substantive content, but also in the manner in which monitoring and implementation at all levels are addressed.

The CRPD starts with a preamble which is essentially an introduction to the Convention. It seeks to explain why such a Convention is important and needed, as well as inform State Parties of other relevant human rights instruments and normative documents that form the basis for this Convention. Furthermore, the introductory Articles (1 and 2), describe the purpose of the Convention as the promotion, protection and full and equal enjoyment of all human rights by persons with disabilities and respect for their inherent dignity. These Articles also outline definitions of some of the technical terms used in the Convention.

The Articles of general application (3 to 9) address important principles and concepts that are relevant to the understanding, interpretation and implementation of all the other articles in the Convention. Article 3 (General Principles) emphasizes eight important principles that should be applied in the interpretation and implementation of all the other Articles. These principles are:

- Respect for inherent dignity and individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion of society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between women and men

The section called General Obligations (Article 4) outlines a number of actions that States Parties must engage in “to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability”.³¹

Some of these actions include reviewing and changing legislation; addressing disability in all policies and programmes; undertaking research and promoting training. All these actions must be done by consulting with persons with disabilities.

Article 5 recognizes that all persons are equal before the law and as such States Parties must prohibit all discrimination on the basis of disability. Persons with disabilities are entitled to equal protection and equal benefit of the law, which means that appropriate measures should be taken to ensure that suitable accommodation is provided. Similarly, Article 6 focuses on women with disabilities while Article 7 focuses primarily on children with disabilities. Article 6 recognizes that women and girls with disabilities are subject to multiple forms of discrimination; and obligates States Parties to take

³¹ United Nations Enable (2010), “Convention on the Rights of Persons with Disabilities and Optional Protocol”, Article 4 (1), [online], New York, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> [May 2010].

appropriate actions to ensure the development, advancement and empowerment as well as fulfilment of all their human rights. Article 7 also requires States Parties to ensure the rights of children with disabilities and also the right of children to express their views freely on all matters affecting them.

Awareness-raising is targeted in Article 8 for States Parties to increase knowledge about the rights of persons with disabilities by utilizing appropriate channels of communication via the media; education systems; public awareness campaigns and awareness-training programs. Article 9 speaks about accessibility for persons with disabilities on the same basis as others, to the physical environment; transportation; information and communication; and buildings and other structures. A list of measures is also given in the Article such as providing training on accessibility issues to stakeholders.

Specific Articles of the CRPD (10 to 30) address a variety of specific human rights and discuss how those rights should be understood and applied in the disability context. Article 10 speaks about the right to life and requires States Parties to “take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others”.³² States Parties are required to comply with international legal obligations and to take all necessary measures to ensure the protection of civilians as well as persons with disabilities in situations of risks; humanitarian emergencies and natural disasters (article 11).

Article 12 speaks to equal recognition before the law which implies that persons with disabilities must enjoy the same standing as others to exercise their legal capacity in the areas of making decisions; inheriting property; and accessing financial credit. This Article also requires States Parties to provide support that may be needed by persons with disabilities in making decisions and exercising legal capacity. Similarly, Article 13 ensures that persons with disabilities have the same opportunity as others to participate in all legal proceedings. Additionally, States Parties must promote training for those working in the administration of justice such as police and prison staff. Article 14 refers to the liberty and security of persons with disabilities who should enjoy the same level of protection against threats to human rights, such as arbitrary detention, physical harm and food deprivation. Any deprivation of liberty of persons with disabilities must be in conformity with international human rights law, and must be in compliance with the objectives and principles of the Convention.

The CRPD requires States Parties to take all effective measures to ensure that persons with disabilities are not subjected to various actions of mistreatment. Article 15 prohibits torture, inhuman or degrading treatment or punishment as well as any involuntary medical or scientific experiments. On the other hand, Article 16 states that persons with disabilities should be free from exploitation, violence and abuse such as economic, physical and mental mistreatment. As such, if mistreatment occurs, States Parties must take all necessary measures to promote recovery, rehabilitation and social reintegration of victims and where appropriate, prosecution of mistreatment. Along similar lines, Article 17 obligates States Parties to protect the mental and physical integrity of persons with disabilities.

With regards to liberty of movement and nationality of persons with disabilities, Article 18 requires States Parties to recognize the rights of persons with disabilities on an equal basis with others to obtain citizenship and choose their residence as well as to move freely and cross borders. This Article also speaks to children with disabilities being registered at birth and having the same rights to a name and nationality. Article 19 requires States Parties to ensure that persons with disabilities can live in a community with equal access to a range of support services and facilities and that they are “not obliged to live in a particular living arrangement.” Furthermore, States Parties should take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, as stipulated in Article 20. States Parties should among other things, facilitate access to mobility aids and

³² United Nations Enable (2010), “Convention on the Rights of Persons with Disabilities and Optional Protocol”, Article 10, [online], New York, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> [May 2010].

other assistive devices and technologies; and various forms of live assistance and training in mobility skills at an affordable cost.

Article 21 requires all States Parties to take appropriate measures to guarantee that persons with disabilities can enjoy the ability to share thoughts, beliefs, and feelings through all forms of communication. Some of these measures include, amongst others, the provision of information to the general public in accessible formats and technologies; urging private entities and the mass media to provide information and services in accessible formats.

The CRPD, in Article 22 addresses the issues of respect for privacy and reaffirms the right of persons with disabilities to conduct their lives in private which must be honoured and protected. Additionally, States Parties must also protect the “privacy of personal, health and rehabilitation information” of persons with disabilities on an equal basis with others. Persons with disabilities are also entitled to respect for their home and family whereby persons with disabilities have a right to choose where, how and with whom they live; as well as the number and spacing of their children (Article 23). As such, States Parties are required to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others. The Article also highlights that no child should be separated from his or her parents on the basis of disability of either the child or one or both of the parents.

Persons with disabilities should have equal access to an inclusive education and life-long learning process, including access to primary, secondary, tertiary and vocational facilities, as stipulated in Article 24. The remainder of the Article then addresses how States Parties must do this, including through, amongst other things, provision of reasonable accommodation, and ensuring that persons with disabilities are not excluded from education on the basis of disability.

Article 25 focuses on the equal right of persons with disabilities to health care and its services. The Convention mandates that all health services, including health-related rehabilitation must not only be accessible but also gender sensitive. Additionally, health care must be provided on the basis of free and informed consent. The remainder of the Article elaborates further on these issues to include the provision of the same range, quality, and standard of free or affordable health care and programmes as those available to others (including the area of sexual and reproductive health), and prohibition of discrimination in the provision of health insurance. Additionally, Article 26 stipulates States Parties to ensure that persons with disabilities are included and are able to participate in all aspects of physical, mental, social and vocational life. This should be done through training of professionals and staff and ensuring that services and programmes are as close as possible to communities, amongst others.

States Parties are called upon in Article 27, to employ persons with disabilities in the public sector and also to take active steps to encourage employment in the private sector. It must also be ensured that reasonable accommodation is provided in the workplace to facilitate the work of persons with disabilities. States Parties should also ensure that persons with disabilities have access to food, shelter, clothing and drinking water as stipulated in Article 28. Furthermore, persons with disabilities should also have equal access to government social safety nets such as public housing, retirement benefits, social protection plans and so on.

Articles 29 and 30 speak to the participation of persons with disabilities in political and public life as well as in cultural life, recreation, leisure and sport. Article 29 obligates States Parties to ensure the right and opportunity of persons with disabilities to vote, stand for election or participate in political organizations. Likewise, Article 30 mandates all States Parties to take all feasible steps to ensure the availability of access to television and cultural materials in accessible formats; and providing access to places for cultural performances or services. States Parties are also urged to facilitate participation of persons with disabilities, on an equal basis with others in all recreational activities.

Actions that should be taken to promote the implementation of the CRPD, and also what needs to be done to monitor its effectiveness are addressed in Articles 31 to 40. Article 31 requires States Parties to gather disability-related statistical and research data that would contribute to the implementation of

policies that give effect to the Convention. The Article also notes that any information gathering should comply with ethical principles of privacy and human rights norms.

Article 32 promotes international cooperation by obligating States Parties to undertake bilateral and multilateral partnerships which are essential to the successful implementation of the Convention. These collaborations can take the form of capacity building; research and access to scientific and technical knowledge and economic assistance.

To promote and monitor the Convention, Article 33 outlines certain actions that States Parties are required to undertake. Some of these include the designation of one or more focal points within the Government to facilitate the implementation of the Convention; the establishment of a coordinating mechanism to facilitate action in different sectors and at different levels of government; as well as the designation of an independent monitoring mechanism such as a human rights commission or ombudsman. Additionally, Article 33 recommends that civil society and particularly persons with disabilities must be included in the monitoring process.

The establishment of an independent committee of experts also referred to as a treaty monitoring body to oversee and monitor the implementation of the Convention at the national level are outlined in Articles 34 to 39. These Articles also outline makeup of the committee as well as its activities. The committee is to be called the “Committee on the Rights of Persons with Disabilities” and will receive and examine reports from States Parties and assess their implementation of the Convention, and then report on these matters to the United Nations General Assembly and the United Nations Economic and Social Council. The Conference of States Parties is outlined in Article 40 and calls for regular meetings to consider any matter with regard to the implementation of the Convention. It is recommended that the first conference should take place six months after the Convention enters into force and then for at least every 2 years after that.

Articles 41 to 50 are considered to be the final articles that address some of the rules that govern the operation of the Convention. Some of these rules are for example, who can become a State Party; that the Convention should enter into force thirty days after the twentieth country has become a State Party; and in what official languages the Convention should be available.

The CRPD also has an Optional Protocol that addresses additional issues in relation to disability. It should be noted that by addressing these issues in an optional protocol, countries can become States Parties to the main convention, and then decide whether or not they also want to undertake the obligations in the Optional Protocol. However, just because a country initially decides not to become a State Party to the Optional Protocol, that does not prevent them from becoming a State Party to it in the future.

As such, the Optional Protocol of the CRPD addresses issues related to the ability of the Committee on the Rights of Persons with Disabilities to receive and respond to complaints from individuals and groups about violations of the Convention. Through an individual complaints mechanism, the Committee has authority to receive petitions or complaints from individuals in a State Party to both the Convention and the Optional Protocol who allege that the State has breached its obligations under the Convention. In addition, the Optional Protocol addresses the ability of the Committee to undertake an inquiry into “grave or systemic violations” of the Convention by a States Party. If a country does not become a State Party to the Optional Protocol it is not possible for the Committee to receive complaints about violations of the Convention by that country.

(a) Monitoring the CRPD

Monitoring international conventions and declarations involves regular checks on how much progress governments have made in carrying out their treaty obligations. Where performance is inadequate, an effective monitoring system provides a framework for public pressure as well as a channel for mutual support. By these means, monitoring helps sustain momentum for implementation and builds public confidence that the convention or declaration is being taken seriously, which can ultimately produce

sustainable results that benefit the target groups and the larger communities of which they are a part of. Furthermore, Governments can benefit from monitoring by using it as a tool to evaluate the effectiveness of their policies so that it can be adjusted to suit if and when needed. According to PARIS 21, which was set up in 1999 by the European Commission, International Monetary Fund (IMF), Organization for Economic Co-operation and Development (OECD), United Nations and World Bank-evidence based policy making and implementation which is based on the premise that good statistical capacity is needed to have better data for informed policies, serves to improve governance and government effectiveness as this process will also involve careful monitoring. Monitoring based on reliable data can therefore reveal when key indicators are going off track, which prompts further investigation leading to a change of policy.³³

The CRPD includes both national and international mechanisms to promote and monitor the Convention. At the national level, Article 33 (1) outlines that States Parties “shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.”³⁴ According to the Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities and its Optional Protocol by the United Nations, focal points could be a section or a person within a ministry or cluster of ministries, an institution- such as a disability commission, or a particular ministry such as a ministry for persons with disabilities, or a combination of the three.³⁵ The focal point should be equipped with adequate resources that would allow for the lead responsibility in coordinating the implementation of the Convention. Additionally, the establishment of a coordinating mechanism to facilitate action in different sectors and at different levels of government should be considered.

Similarly, Article 33 (2) affirms that “States Parties, shall, in accordance with their legal and administrative systems, maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention...”³⁶ In establishing such a framework, States Parties should take into account the “*principles relating to the status and functioning of national institutions for protection and promotion of human rights.*”³⁷ If such a framework or institution already exists within States, with some modification, and the necessary human and financial resources, it can meet the requirements of the Convention. This framework or institution should adhere to Article 33 (3) which states that “*Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.*”³⁸ The active involvement of persons with disabilities must be integral in the monitoring process as well as the development and implementation of policies, programmes and legislation to implement the CRPD, as they are to be considered the experts of their own situation.

At the international level, the CRPD provides for monitoring through the establishment of the Committee on the Rights of Persons with Disabilities, also referred to as a treaty monitoring body. Articles 34 to 39 of the Convention outline the makeup of the Committee as well as its functions and activities. The Committee will be comprised of international experts, chosen on the basis of their competence and experience in human rights and disability. Special consideration is also given to

³³ Measuring up to the Measurement Problem: The role of statistics in evidence-based policy-making: March 2005 <http://www.paris21.org/documents/2086.pdf>, [May 2010].

³⁴ United Nations Enable (2010), “Convention on the Rights of Persons with Disabilities and Optional Protocol”, Article 33 (1), [online], New York, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> [May 2010].

³⁵ United Nations Department of Economic and Social Affairs (UN-DESA), The Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Inter-Parliamentary Union (IPU) (2007), “From Exclusion to Equality: Realizing the rights of persons with disabilities. Handbook for Parliamentarians”. Geneva. United Nations publication.

³⁶ United Nations Enable (2010), “Convention on the Rights of Persons with Disabilities and Optional Protocol”, Article 33 (2), [online], New York, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> [May 2010].

³⁷ Ibid.

³⁸ United Nations Enable (2010), “Convention on the Rights of Persons with Disabilities and Optional Protocol”, Article 33 (3), [online], New York, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> [May 2010].

equitable geographic representation; representation of different forms of civilization and legal systems; gender balance and participation of experts with disabilities within the Committee.³⁹ The main purpose of the Committee is to receive and examine periodic reports from States Parties and assess their implementation of the CRPD, and in turn report on these matters to the United Nations General Assembly and the United Nations Economic and Social Council. On the basis of these periodic reports, the Committee works with States Parties in the consideration of individual communications; the conduct of inquiries and the formulation of general observations and recommendations.

Periodic reporting provides a way of promoting States Parties' compliance with their obligations under the Convention, and a means of allowing the Government, national human rights institutions, and civil society to appraise the level of respect for the human rights of persons with disabilities in the country.⁴⁰ As stipulated in Article 35, States Parties should submit an initial comprehensive report on measures taken to implement the Convention within two years after it enters into force; and subsequent reports at least every four years or whenever the Committee requests one. Even though the Committee sets the guidelines for the contents of the reports, the first report must be comprehensive and cover the implementation of all the provisions of the Convention. It is also recommended that States Parties should prepare their reports in an open and transparent manner and should consult with and involve persons with disabilities and their representative organizations.

The Optional Protocol to the Convention, if ratified by a State gives the Committee on the Rights of Persons with Disabilities the authority to undertake two additional forms of monitoring. The first is an individual communications procedure, through which the Committee receives complaints from an individual alleging that the State has violated their rights under the Convention. The second is an inquiry procedure, through which the Committee investigates gross or systematic violations of the Convention and, with the agreement of the State Party concerned, undertakes field missions to deepen the inquiry.

In order to ensure that the commitments made under the CRPD are translated into action; an intergovernmental monitoring process with parliament having an oversight function, may also be established. For the CRPD to have a real and positive impact on the lives of persons with disabilities, State governments need to have a baseline against which they can measure how the situation is improving. They need to know the current situation with respect to the rights of persons with disabilities. Article 31 requires States Parties to gather disability-related statistical and research data that would contribute to the implementation of policies that give effect to the Convention. The Article also notes that any information gathering should comply with ethical principles of privacy and human rights norms. This is the basis for an on-going process of monitoring and the on-going implementation of rights within the context of CRPD.

Additionally, given the CRPD's references to private entities, States Parties should also consider employer associations and unions as potential partners in monitoring activities. Further communication networks should also be developed with a broad range of other partners across various sectors such as universities, research institutions, trade unions, professional groups and focus on different people (including organizations working with women, children and indigenous peoples).

³⁹ United Nations Enable (2010), "Convention on the Rights of Persons with Disabilities and Optional Protocol", Article 33 (4), [online], New York, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> [May 2010].

⁴⁰ United Nations Department of Economic and Social Affairs (UN-DESA), The Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Inter-Parliamentary Union (IPU) (2007), "From Exclusion to Equality: Realizing the rights of persons with disabilities, Handbook for Parliamentarians". Geneva. United Nations publication.

LIST OF 3-DIGIT ISO CODES

3-digit ISO code	Country
ABW	Aruba
AIA	Anguilla
ANT	Netherlands Antilles
BRB	Barbados
CYM	Cayman Islands
DOM	Dominica
GUY	Guyana
JAM	Jamaica
MSR	Montserrat
TCA	Turks and Caicos
TTO	Trinidad and Tobago
VBG	British Virgin Islands

Survey Questionnaires

NGO QUESTIONNAIRE (WHEELCHAIRS)

DETAILS OF ORGANIZATION COMPLETING THE QUESTIONNAIRE		
--		
<i>List contact source for information:</i>		
Name	Contact Information (Name of Organization)	Contact Information (Telephone, Facsimile/ E-mail)
		Tel: Fax: Email:
		Tel: Fax: Email:

INTRODUCTION

In light of the Convention on the Rights of Persons with Disabilities (CRPD), the ECLAC Subregional Headquarters for the Caribbean is conducting a study on the position of persons with disabilities in the region. To that end, the ensuing questionnaire was prepared to facilitate the collection of data from non-governmental organizations (NGOs) on the current situation of persons with disabilities in the Caribbean region. This questionnaire targets specifically persons with disabilities who use wheelchairs or other mobility devices and assesses the level of physical access to facilities and services for persons in that subgroup.

We would, therefore, appreciate if you could assist us in the conduct of this exercise by completing the following questionnaire. For your convenience and ease of completion of the questionnaire, we have prepared a form in Microsoft Word for which your responses can be entered electronically. Please answer the questions to the best of your ability. If the spaces provided for the open questions are inadequate, please feel free to attach your comments on the last page.

Should you have any further questions, please do not hesitate to contact us.

QUESTIONNAIRE

1 (a) Please give your best **estimate** of the percentages of the following facilities that provide easy physical access and are adapted for persons in wheelchairs (to and in the building e.g. permanent ramp, elevator, adjusted toilets, workplace, parking for disabled):

	Percentage (best estimate)
Regular primary schools (for pupils)	%
Institutions for post secondary education (for students)	%
Polling stations (for voters)	%
Police stations (for visitors)	%
Courts of law (for defendants, public, lawyers, witnesses)	%
Libraries (for visitors)	%
Museums (for visitors)	%
Places of Worship (for visitors)	%
Playgrounds (for children and parents)	%
Sport stadiums (for spectators)	%
Sport facilities and Gyms (for participants)	%
Cinemas (for customers)	%
Bars and restaurants (for customers)	%
Discotheque/clubs (for customers)	%
Supermarkets (for customers)	%
Banks (for customers)	%
Pharmacies (for customers)	%

1 (b) Which of the areas listed above are most urgently in need of improvement:

Priority 1: ---

Priority 2: ---

Priority 3: ---

1. Describe any other important specific area (not mentioned above) that needs urgent improvement

(i)

(ii)

(iii)

2. Describe the situation of the accessibility of public transport for persons in wheelchairs (e.g. only special transport, large buses accessible, mini buses accessible, bus stops/terminals etc.):

3. Describe general parking facilities for disabled (e.g. proximity to services, signage, size, compliance etc.):

4. Describe the situation of public streets (pavements, ramps, barriers, loose stones, street crossings, pedestrian overpasses):

5. Describe the specific situation in the main shopping area of the capital (pavements, ramps, barriers, street crossings, elevators, parking).

6. Describe the general situation of the possibility to participate in regular (non-specialized) education (primary to post-secondary) for persons in wheelchairs (physical adjustments, admission etc.):

7. Describe the general situation of employment possibilities in the **public sector** for persons in wheelchairs (adjusted workspace, access to and in building, hiring policies, rehabilitation and retraining programs):

8. Describe the general situation of employment possibilities in the **private sector** for persons in wheelchairs (adjusted workspace, access to and in building, hiring policies, rehabilitation and retraining programs):

9. Please provide any other additional comments that you may have here.

Thank you for your assistance

**NGO QUESTIONNAIRE
(VISUALLY IMPAIRED/BLIND)**

DETAILS OF ORGANIZATION COMPLETING THE QUESTIONNAIRE		
--		
<i>List contact source for information:</i>		
Name	Contact Information (Name of Organization)	Contact Information (Telephone, Facsimile/ E-mail)
		Tel: Fax: Email:
		Tel: Fax: Email:

FOR PERSONS VISUALLY IMPAIRED PERSONS ONLY			
--			
What best describes your visual impairment:			
<input type="checkbox"/> Partially sighted	<input type="checkbox"/> Low Vision	<input type="checkbox"/> Legally Blind	<input type="checkbox"/> Totally blind

INTRODUCTION

In light of the Convention on the Rights of Persons with Disabilities (CRPD), the ECLAC Subregional Headquarters for the Caribbean is conducting a study on the position of persons with disabilities in the region. To that end, the ensuing questionnaire was prepared to facilitate the collection of data from non-governmental organizations (NGOs) on the current situation of persons with disabilities in the Caribbean region. This questionnaire targets specifically persons who are blind or visually impaired and assesses the level of physical access to facilities and services for persons in that subgroup.

We would, therefore, appreciate if you could assist us in the conduct of this exercise by completing the following questionnaire. For your convenience and ease of completion of the questionnaire, we have prepared a form in Microsoft Word for which your responses can be entered electronically. Please answer the questions to the best of your ability. If the spaces provided for the open questions are inadequate, please feel free to attach your comments on the last page.

Should you have any further questions, please do not hesitate to contact us.

QUESTIONNAIRE

PART A

Below we have listed a series of questions/statements regarding several public services or facilities. To your best knowledge, could you please indicate what percentage of these are easily accessible for blind and visually impaired persons? If you are unable to provide percentages for any of the items below, please indicate this by putting “Not available” in the space

	Percentage (<i>best estimate</i>)
1. Polling stations that facilitate blind and visually impaired persons to vote in person at local and general elections (with tactile voting device or sighted assistance by a chosen friend or the polling officer)	%
2. Libraries that have sufficient collection of audio books, books in Braille and large print, and reading machines for printed material	%
3. Museums that are properly equipped with adaptations such as audio guided tours, descriptions in Braille or large letters	%
4. Places of worship that have adequate provisions such as audio systems, daily bulletins and holy books in Braille and large print, etc	%
5. Cinemas offering movies with audio description for blind and visually impaired persons	%
6. Sports events equipped with facilities for specially commentary for blind and visually impaired persons	%
7. Shows at the national theatres and cultural centres offered with audio description for visually impaired persons	%
8. Restaurants with menus Braille or large print	%
9. Banks that offer accessible facilities such as voice-guided ATMs with tactile locators on the keypad, accessible online banking services, or telephone banking services	%
10. Utility companies providing customer services for blind and visually impaired persons such as alternative payment options, accessible online services or information and billing in large print or Braille	%
11. Pharmacies providing labeling and information/ instructions for prescriptions in a format for blind and visually impaired persons	%
12. Bus stops with information for blind and visually impaired persons such as tactile markings, talking sign systems etc.	%
13. Pedestrian crossings with tactile signing and audible signals	%
14. Courses/ subjects in (regular) post-secondary education available in a format for blind or visually impaired persons	%
15. Government and other information websites available for use by visually impaired persons (development of browsers that use software such as optical character recognition, screen magnifiers, screen readers, voice recognition, etc.	%

	Percentage (<i>best estimate</i>)
16. Information material on reproductive health and rights distributed by the government in formats for blind and visually impaired persons	%
17. Information on HIV/AIDS available in a format suitable for blind and visually impaired persons	%
18. Tourist information in a format suitable for blind and visually impaired persons	%

PART 2:

19. Which of the areas listed in Part A (items 1-18) above are most urgently in need of improvement?

Priority 1: ---

Priority 2: ---

Priority 3: ---

20. Describe any other important specific area (not mentioned above) that needs urgent improvement:

(i)

(ii)

(iii)

PART 3:

Below is a series of open questions aimed at getting a better picture of the situation and possibility for persons who are blind and visually impaired to participate in social and economic life in your country. Feel free to provide as much information as possible. If you have no comments or opinions on any of the items, please indicate that by putting in "No Comment".

2. Describe the general situation regarding cultural events (e.g. accessibility, relevance for blind and visually impaired persons, exhibitions/performances specifically for blind and visually impaired persons):
3. Describe if there are any organized sports or games specifically for blind and visually impaired (e.g. Goalball, tandem cycling, swimming) and programs to allow blind and sighted to practice sports and games together with other persons:
4. Describe general situation of accessibility of public streets (signage and tactile surfacing pattern pavements, barriers, traffic lights/ audible signs, adapted pedestrian crossings):
5. Describe the specific situation in the main shopping area of the capital (signage, tactile surfacing pattern pavements, barriers, parking):
6. Describe the general situation regarding restaurants, bars, discotheques/ clubs (signage, barriers, pricing information in proper format):
7. Describe the general situation of possibilities of participation in regular (non-specialized) education (primary to post-secondary) for persons who are visually impaired (adapted learning material,

acceptance, and signage):

8. Describe the general situation and possibilities of employment in the **public sector** for persons who are blind or visually impaired (active hiring, subsidies for workplace adaptation, integration/ acceptance, regulations etc.):
9. Describe the general situation and possibilities of employment in the **private sector** for persons who are blind or visually impaired (active hiring, subsidies for workplace adaptation, integration/ acceptance, regulations etc.):
10. Describe the general provision of information in an accessible format (services, legislation, public service announcements, forms):
11. Please provide any other additional comments that you may have here.

GOVERNMENT MINISTRY QUESTIONNAIRE

COUNTRY:	--	
DATE:		
SUBMITTED BY:		
<i>List contact source for information:</i>		
Name	Contact Information (Name of Ministry/ Office)	Contact Information (Telephone, Facsimile/ E-mail)
		Tel: Fax: Email:
		Tel: Fax: Email:
		Tel: Fax: Email:
		Tel: Fax: Email:
		Tel: Fax: Email:

INTRODUCTION

In the light of the Convention on the Rights of Persons with Disabilities (CRPD), the ECLAC Subregional Headquarters for the Caribbean is conducting a study on the position of persons with disabilities in the Caribbean region. One of the activities is the collection of data and information from government ministries and agencies.

In this questionnaire we are trying to collect information on policies, programmes and other measures related to the rights of persons living with disabilities. The aim is to measure the situation in your country in view of the CRPD. The results will help countries to check their compliance with the CRPD and to identify discrepancies.

For your convenience we have prepared a word form in which the data can be entered directly so you can fill and return the file electronically. Please answer the questions to the best of your ability. In most cases multiple options are possible. If in open questions you do not have enough space in the text box, please add further comments on the last page.

Should you have any further questions, please do not hesitate to contact us.

PART A: 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
- 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
- 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
- provide url of website if it exists
4. Has your government integrated concerns of persons with disabilities into a national policy in any of the following areas? (*check all that apply*):
- | | |
|--|---|
| <input type="checkbox"/> Economic and social development | <input type="checkbox"/> Education and training |
| <input type="checkbox"/> Social development | <input type="checkbox"/> Poverty reduction |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Infrastructure access | <input type="checkbox"/> Information and communication technology |
| <input type="checkbox"/> Medical treatment (including rehabilitation and early intervention) | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Others (<i>please specify</i>) | |
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?
- No Yes 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 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
- 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
- Others (*please specify*)

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

- | | |
|--|---|
| <input type="checkbox"/> Anti-discrimination law | <input type="checkbox"/> Education |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Health |
| <input type="checkbox"/> Information and Technology | <input type="checkbox"/> Building and housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Poverty alleviation |
| <input type="checkbox"/> Social protection and security | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Others (<i>please specify</i>): | |

4. Does your country have any distinct disability-specific laws in any one or more of categories below?

(check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Anti-discrimination law | <input type="checkbox"/> Education (i.e., special education law) |
| <input type="checkbox"/> Rehabilitation (i.e., CBR) | <input type="checkbox"/> Health (i.e., early intervention law) |
| <input type="checkbox"/> Information and technology (i.e., accessible ICT) | <input type="checkbox"/> Building code (i.e., accessible standards) |
| <input type="checkbox"/> Transportation (i.e., accessibility law) | <input type="checkbox"/> Poverty alleviation |
| <input type="checkbox"/> Social security/social welfare (i.e., disability pension) | <input type="checkbox"/> Employment (i.e., quota scheme or/and employment promotion law) |
| <input type="checkbox"/> Others (please specify) | |

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

- | | |
|---|--|
| <input type="checkbox"/> Physical disabilities | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Intellectual disabilities |
| <input type="checkbox"/> Psychiatric disabilities | |
| <input type="checkbox"/> Others (please specify) | |

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 enactment/ amendment:

Brief characterization of the law:

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

- | | |
|--|--|
| <input type="checkbox"/> Filing complaint | <input type="checkbox"/> Administrative hearing |
| <input type="checkbox"/> Investigation of a case | <input type="checkbox"/> Judicial procedure |
| <input type="checkbox"/> Penalty for failure to comply | <input type="checkbox"/> 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 B: SPECIFIC AREAS

I. Health and Care

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

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:

1. 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
2. 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
 - Accessible materials or materials in accessible formats in national libraries and educational institutions
 - 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 No
3. Has your government taken any 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 institutions and/or as a part of mainstream institutions?

 Specialized institutions Mainstream institutions2. 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. Recreation, Sports and Leisure

1. Does your country have measures to ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities?

Yes

No

Currently being developed

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

2. Does your country have measures to ensure that persons with disabilities have access to sporting activities, including those activities in the schools system?

Yes

No

Currently being developed

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

VII. Social Protection and 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 land distribution and housing programmes

Access by persons with disabilities to state/public pensions, retirement benefits and other programmes

Specific programmes for evacuation and disaster relief/mitigation for persons with disabilities

VIII. Exploitation, Violence and Abuse

1. Does your Government have any legislative, administrative or judicial measures to prevent persons with disabilities from being subjected to torture or cruel, inhumane or degrading treatment or punishment?

Yes

No

Currently being developed

(a) If yes, please describe:

2. Does your country have appropriate measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse?

Yes

No

Currently being developed

(a) If yes, please describe:

3. Does your country have effective legislation and policies to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and where appropriate, prosecuted?

Yes

No

Currently being developed

(a) If yes, please describe:

IX. 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:

	<i>Provide</i>	<i>Receive</i>
Financial contribution	<input type="checkbox"/>	<input type="checkbox"/>
Human resource contribution	<input type="checkbox"/>	<input type="checkbox"/>
Technology transfer	<input type="checkbox"/>	<input type="checkbox"/>
Provision of training/ capacity building	<input type="checkbox"/>	<input type="checkbox"/>
Disability impact assessment	<input type="checkbox"/>	<input type="checkbox"/>
Disability mainstreaming into a project	<input type="checkbox"/>	<input type="checkbox"/>
Disability budgeting	<input type="checkbox"/>	<input type="checkbox"/>

Others (*please specify*):

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

	<i>Provide</i>	<i>Receive</i>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>
Information and communication	<input type="checkbox"/>	<input type="checkbox"/>
Policy formulation	<input type="checkbox"/>	<input type="checkbox"/>

Others (*please specify*):

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