



**Convention on the Rights  
of Persons with Disabilities**

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**Committee on the Rights of Persons with Disabilities**

**Initial report submitted by Kiribati under article  
35 of the Convention, due in 2015<sup>\*</sup>, <sup>\*\*</sup>**

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\* The present document is being issued without formal editing.

\*\* The annexes are on file with the Secretariat and are available for consultation. They may also be accessed from the web page of the Committee.

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## Abbreviations

ASWO	Administrative Social Welfare Officers (employed by MWYSSA)
AMAK	Aia Maea Ainen Kiribati (women’s organisation peak body)
AVI	Australian Volunteers in International Development
DFAT	Australian Government – Department of Foreign Affairs and Trade
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRO	Civil Registration Office
CRPD	Convention on the Rights of Persons with Disabilities
DIU	Disability Inclusive Unit
DPO	Disabled People’s Organisation
EGBV	Elimination of Gender Based Violence
EIRC	Employment and Industrial Relations Code
GoK	Government of Kiribati
ICT	Information, Communication and Technology
ILO	International Labour Organisation
JSS	Junior Secondary School
KAP	Kiribati Adaptation Program
KDP	Kiribati Development Plan
KEF	Kiribati Education Facility
KEIP	Kiribati Education Improvement Program
KIEP	Kiribati Integrated Environment Policy
KIT	Kiribati Institute of Technology
KNMHP	Kiribati National Mental Health Policy 2016–2019
KJIP	Kiribati Joint Implementation Plan
KNCPWD	Kiribati National Council for Persons with Disabilities
KNBC	Kiribati National Building Code 2015
KNDP	Kiribati National Disability Policy
KNOC	Kiribati National Olympic Committee
KSCCSN	Kiribati School and Centre for Children with Special Needs
KTC	Kiribati Teachers College
KPA	Key Performance Area
MDG	Millennium Development Goal
MEHR	Ministry of Employment and Human Resources
MISE	Ministry of Infrastructure and Sustainable Energy
MoE	Ministry of Education
MoJ	Ministry of Justice

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MHMS	Ministry of Health and Medical Services
MOU	Memorandum of Understanding
MPWU	Ministry of Public Works and Utilities
MWYSSA	Ministry of Women, Youth, Sport and Social Affairs
NCD	Non Communicable Disease
NGO	Non-Government Organisation or community based organisation
PA	Priority Action
PDF	Pacific Disability Forum
SPCRRRT	South Pacific Community Regional Rights Resource Team
TRS	Tungaru Rehabilitation Service
TTM	Te Toa Matoa
WGSS	Washington Group Short Survey
WHO	World Health Organisation
WRU	Work Relations Unit
UN FPA	United Nations Family Population Report
UNICEF	United Nations Children's Fund
UNOHCHR	United Nations Office for the High Commission for Human Rights

## I. Executive Summary

1. The Government of the Republic of Kiribati (GoK) acknowledges that its citizens with disabilities have long experienced widespread discrimination and barriers to meaningful economic, social, educational and spiritual participation. Historically government laws, policies, budgets and practices have not proactively addressed these inequalities or the fundamental human rights and basic needs of I-Kiribati with disabilities. Currently, there are progressive measures undertaken by the GoK to address these inequalities through laws, policies, and budgets.
2. Budget specifically for disability development activities are typically co-funded by the GoK and development partners. The budget allocations vary year by year depending on the assessed development activities needed by community. In 2018, the total identified GoK budget for disability development activities was 0.007% (\$151,575.00) of the national budget (\$195,690,354.00). This does not include funding for the estimated six civil servants working in disability programs.
3. In 2013 the GoK committed to tackle the deep attitudinal, societal, structural and institutional reforms required to implement disability inclusive development and improve the life opportunities of citizens with disabilities by ratifying the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).
4. The CRPD provided a unifying framework for the legislative and policy development that over the last ten years has begun to address the systemic discrimination faced by people with disabilities. Reform has been reflected in the Employment Ordinance (2008), Education Bill (2013), Kiribati Building Code (2015), the Education Act (2013), the Inclusive Education Policy (2015), Kiribati Development Plan 2015–2016 and 2016–2019, and the Employment and Industrial Relations Code (2016).
5. In addition the GoK will release its first strategic disability response – the Kiribati National Disability Policy and Action Plan 2018–2021 (KNDP) in 2018. The policy was driven by people with disabilities working with government, donor partners and community organisations and provides an overarching vehicle to coordinate, drive, monitor and report on the progress of initiatives nationally progressing the rights of people with disabilities.
6. This initial report to the UN objectively records the formative progress being made against a number of CRPD articles. It also outlines the areas in which, due to resourcing limitations, progress has been problematic or protracted as well as the areas which have not yet been subject to formal consideration.

## II. Introduction

7. The GoK is pleased to submit this Initial Report to the UN Committee on the CRPD. The GoK affirmed its commitment to its citizens with disabilities when it ratified the CRPD on 27 September 2013 without reservation. In this act, Kiribati formally recognised all people with disabilities as valued citizens with equal citizenship rights and committed to progress the work needed to make those rights a reality.
8. This report reflects the progress made across government ministries and many community organisations. It is presented by the GoK with the understanding that a great deal of work is still required to achieve our commitment that Kiribati become an inclusive, barrier-free and rights based society where people with disabilities are empowered, recognised and counted, where they have equal opportunities, meaningful participation and full enjoyment of their human rights.

### **Engagement of people with disabilities in the development of this report**

9. Work to develop the first national strategic disability policy commenced in 2007. To a significant extent that work was initiated by the advocacy of people with disabilities under the auspice of Disabled Peoples Organisation Te Toa Matoi (TTM). Since that time,

people with disabilities, with representatives from government ministries and within the community sector, have drawn attention to the need to enhance the quality of life of our citizens with disabilities. That engagement and its learnings are reflected in the content of this report. A final consultation open to community and government stakeholders was held in February 2018. This consultation included an information workshop and a two-week period for stakeholders to review and make submissions to the draft report.

10. Individual consultations have been held with each GoK ministry with CRPD commitments and reporting obligations throughout 2017. Since ratification of the CRPD TTM has held approximately 10 CRPD awareness raising workshops across South Tarawa and outer islands. GoK has provided in kind assistance through the DIU to TTM while specific awareness raising project funds have been provided by donor partners.

### **Other ratified international conventions which include the rights of people with disabilities**

11. The GoK has ratified the following international human rights conventions:
- Convention of the Rights of the Child (CRC) ratified in 1995.
  - Convention of Elimination of all forms of Discrimination Against Women (CEDAW) ratified in 2004.

### **The Kiribati context**

12. People with disabilities have long been excluded from mainstream life in Kiribati experiencing widespread misunderstanding and discrimination and many barriers to participate in, and access the opportunities their fellow I-Kiribati enjoy<sup>1,2</sup>. Their rights and needs have largely been ignored in the laws, policies, budgets and practices of government and community. The distances and community isolation of a small population dispersed over 23 islands through 3.5 million kilometres of sea, make consultation, engagement and reform uniquely challenging.

13. Since 2015, the Disability Inclusive Unit (DIU) in the Ministry of Women, Youth, Sport and Social Affairs (MWYSSA), which has responsibility to progress Kiribati's broad ranging commitments to citizens with disability, has had one employee. This post was established with funding from the Australian Government's Department of Foreign Affairs and Trade (DFAT) in 2015 though is included in the Kiribati national budget from 2018. Two additional posts to support the work of the DIU are scheduled for funding under the national budget from 2019. The unit was supported in 2017/18 with policy and program assistance through one position provided by the Australian Government's Australian Volunteers in International Development (AVI) program.

14. The Kiribati 2015 National Population and Housing Census estimated the number of people with disability to be 12,765 or 11.5% of the national population. Of the national population aged over five years, 3.1% were identified to have significant impact related to disability. Of those 1541 were female and 1404 were male; and 289 were aged between five and 17 years. People with disabilities are marginally more likely to live on an outer island and rural environment than in South Tarawa/urban (53%/46%) (Appendix Table 1).

15. Poverty mixed with disability in the challenging Kiribati environment make living conditions particularly hard for people with disabilities and their families<sup>3</sup>. Women and children with disabilities and those living on the outer islands experience additional forms

<sup>1</sup> Spratt, J. (2013). *A Deeper Silence: The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga*. Suva: UNFPA.

<sup>2</sup> World Bank/World Health Organization, 2011, *World Report on Disability* [http://www.who.int/disabilities/world\\_report/2011/en/index.html](http://www.who.int/disabilities/world_report/2011/en/index.html) (p.11).

<sup>3</sup> UNICEF, 2010, *Pacific children with disabilities*, [http://www.unicef.org/pacificislands/Children\\_with\\_disabilities\\_final\\_report.pdf](http://www.unicef.org/pacificislands/Children_with_disabilities_final_report.pdf).

of exclusion and discrimination making their experience of poverty harder still.<sup>4</sup> Data from the census was analysed and a Disability Monograph produced by the National Statistics Office (NSO) in 2018. The Disability Monograph substantiated the impact of this disadvantage and noted (page xi):

- People with disabilities are more likely to live in households at risk of poor access to improved water and sanitation facilities;
- Only one in six people with disabilities has had access to education;
- Females with disabilities are the population group least likely to have literacy skills at 48% compared with 62% males with disabilities and 75% and 76% for males and females without disabilities respectively;
- Approximately one in five people with disabilities are not able to work at all and only one in three is economically active, the majority of those being self-employed;
- One in ten people with disabilities are involved in sporting activity compared to one in three people without disabilities.

16. The KNDP provides the framework to guide the work of all stakeholders to bring about the deep attitudinal, societal, structural and institutional changes required to effect disability inclusive development and implement the CRPD throughout Kiribati. The KNDP outlines 11 priority areas for action these are:

- Ensure all Kiribati legislation complies with and supports the intent of the CRPD;
- Strengthen and support TTM and its affiliated member organisations;
- Improve collection, collation, analysis and use of data in disability related service, program and policy development;
- Make all Kiribati resources available to all community members through improved accessibility to the physical spaces and provision of accessible information;
- Increase community awareness about disability and build individual and systemic advocacy;
- Improve access to quality education and vocational training programs;
- Increase access to employment and income generating activities;
- Develop social protection and poverty alleviation strategies for eligible people with disabilities without income;
- Improve access to quality health care, rehabilitation services and assistive technologies;
- Address the particular disadvantage experienced by women and girls with disabilities;
- Promote disability inclusive development as the shared responsibility of every government and non-government sector.

## **Preparation of this report**

17. This report has been prepared in accordance with the UN CRPD Committee's Guidelines on treaty-specific documents to be submitted by states parties under article 35, paragraph one of the CRPD and the Harmonised Guidelines on reporting under the international human rights treaties, including guidelines on a common core document and treaty specific targeted documents. This document should be read with the common core document.

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<sup>4</sup> UNICEF, 2010, Pacific children with disabilities, [http://www.unicef.org/pacificislands/Children\\_with\\_disabilities\\_final\\_report.pdf](http://www.unicef.org/pacificislands/Children_with_disabilities_final_report.pdf).

## Status of the Optional Protocol

18. Kiribati has not yet ratified the Optional Protocol to the CRPD.

### III. General provisions of the Convention – Articles 1 to 4

19. For the purposes of the KNDP the term disability is understood to be ever evolving internationally and locally. Consistent with the CRPD, when using the word disability, the GoK promotes its intention to mean people who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Within this definition are included girls, boys, women and men of all ages with disabilities, including people with psychosocial disabilities, and those living in rural, urban and island areas of Kiribati.

20. The development of a shared community understanding of what is meant by disability, its diversity and complexity, are in early stages. Similarly, while data on the prevalence of disability has been collected since 1998 the ways in which disability has been defined for data collection purposes has not been consistent. Inconsistencies in definitions, categorisation, data collection methods and quality, difficulty finding people with disabilities, lack of responses from citizens living on the outer islands and the high cost of collecting data from there; and lack of coordination of the collected data have made it difficult to produce reliable and comparable findings<sup>5, 6, 7</sup>. Ministries and community stakeholders agree on the need to collect better and more current data to ensure policy, planning, resourcing and service delivery are accessible to people with disabilities.

21. KNDP Priority Actions (PA) 3, 6 and 9 seek to improve our capacity to capture and interpret accurate and meaningful data about the number of people with disabilities and their met and unmet needs. This includes the requirement that all major disability data collections can be disaggregated by gender and age. Better access to comparative data will over time enable our progress towards the equal realisation of the rights to be measured and assessed and compared against international performance.

22. The definition of discrimination in the Kiribati Constitution does not specifically refer to disability, sex or gender. Modelled on the Universal Declaration of Human Rights, the Constitution guarantees to protect certain fundamental rights and freedoms of all I-Kiribati and provides the legal framework for the establishment of public officers, the judiciary, citizenship, suffrage and finance. All citizens, including those with disabilities, are intended to be protected from being treated in a discriminatory manner under law or by any public official. However, there is as yet no specific disability legislation to protect the rights and needs of people with disabilities.

23. Consistent with the UN CRPD definition, reasonable accommodation is described by GoK, for example in the KNDP, to mean to make needed appropriate changes to a place or activity to enable people with disability to be included, and those accommodations need to be fair to the provider as well as the person with disability. Under the KNDP (PA5) work is required to occur by 2021 to build understanding about the concept of reasonable adjustment throughout government, private and community sectors.

### IV. Specific Provisions

24. The GoK understands the promotion, realisation and protection of human rights for all citizens with disabilities requires long-term investment and effort; over the last decade

<sup>5</sup> WHO (2013), Disability definition and concepts, presentation delivered at the Pacific Islands Forum Secretariat 'Regional Disability Inclusive Budgeting and Disability Statistics Workshop', 12–15 November 2013.

<sup>6</sup> MWYSSA, 2013, Government Disability Briefing, Kiribati.

<sup>7</sup> Kiribati National Disability Survey Advisory Committee, Inclusion International, Asia Pacific Region & NZAID Regional Health Program (2005), Kiribati National Disability Survey Report.

there has been legislative and policy development to achieve a more disability inclusive approach for example:

- 2008: The Employment Ordinance was revised to specify that no person should discriminate directly or indirectly against any employee or applicant on the grounds of disability.
- 2013: Parliament passed an Education Bill with specific provisions relating to inclusive education for children with disabilities.
- 2015: Cabinet endorsed the Inclusive Education Policy.
- 2016: The Employment and Industrial Relations Code accompanied by a Disability Inclusive Policy was introduced to provide protection to the employment rights of people with disabilities.
- 2016: Kiribati National Mental Health Policy 2016–2020 was launched with a goal of increasing quality mental health services and protecting the human rights of people with psychosocial disabilities.
- 2017: The Kiribati National Building Code (2015) was amended to require all new public buildings to be disability inclusive and accessible.
- The GoK contributed to key international frameworks that guide a more inclusive Pacific society: the Pacific Regional Strategy on Disability<sup>8</sup> and the Incheon Strategy: to Make the Right Real for Persons with Disabilities in the Asia Pacific Region 2013–2022<sup>9</sup>.
- The National Youth Policy 2011–2015 (currently being revised to inform the 2018–2022 policy), policy principle 4(2) Equity: All youth development initiatives should not discriminate against young people on the basis of age, gender, race, sexual orientation, disability, geographic location or any other form of discrimination as enshrined in the constitution of the country.
- The GoK reaffirmed its commitment to the CRPD through the Kiribati Development Plan (KDP) 2016–2019. Its Key Priority Areas (KPA) particularly in the areas of human resource development, economic growth and poverty reduction, health and governance seek enhanced outcomes for all I-Kiribati including those who are vulnerable and from minority groups.

25. The GoK has provided in-kind support to TTM build CRPD awareness across the community. This has included providing information about the human rights of all citizens and therefore of I-Kiribati with disabilities. GoK has also provided technical support through training and consultations from key partners United Nations Office for the High Commission for Human Rights (UNOHCHR), South Pacific Communities Regional Rights Resource Team (SPCRRRT), United Nations Children’s Fund (UNICEF) in the advancement of key state responsibilities in the area of report writing, implementation and education related human rights topics. In 2014 two training sessions were conducted with the Kiribati School and Centre for Children with Special Needs (KSCCSN) on right of people with disabilities to education and two sessions on treaty reporting were held in 2015 with CRPD stakeholders.

26. CRPD awareness workshops have been held with ministry officials, teachers and other education staff, people with disabilities; and councillors and mayors including those on the outer islands. In 2016 attention was given to raising the awareness of the need for people with disabilities to be included in climate change and disaster relief management, the requirement for equality and non-discrimination, awareness raising; and accessibility. Attention and significant developmental work has been achieved to progress the right to education particularly for children through to junior secondary school.

27. In 2017 the GoK gave attention to progressing the right of people with disability to meaningful work and paid employment; and began to address the right to an adequate

<sup>8</sup> Pacific Islands Forum Secretariat, 2009, Pacific Regional Strategy on Disability 2010–2015.

<sup>9</sup> UNESCAP, 2012, Incheon Strategy to Make the Right Real for Persons with Disabilities in the Asia Pacific Region 2013–2022.



standard of living. This is exemplified through the drafting of programs to introduce (a) an Employment Quota of people with disability in ministries and (b) a direct social protection payment for people unable to access employment because of the significant impact of their disability.

28. The ratification of the CRPD would not have occurred without the advocacy of people with disability under the leadership of TTM. There is no data from which to report the diversity, including gender and age, of the people who were then, and continue to be, involved in the general movement to introduce and implement the CRPD.

29. The GoK is aware of the need to ensure that the provisions of the Convention extend to all parts of the nation without limitation or exception. Attention is given to ensure citizens on the outer islands are afforded equitable access to opportunities that emerge as the provisions of the CRPD are incrementally implemented. This includes providing information and support through existing outer island resources such as the Assistant Social Welfare Officers (ASWO), nurses and teachers and providing information to island mayors and councillors on new initiatives.

## **Segment of the report relating to specific rights**

### **Article 5 – Equality and non-discrimination**

30. The GoK recognises that all citizens are equal before the law with equal entitlement to protection from, and benefit of, the law without discrimination. However, there is currently no data to demonstrate how people with disability are in practice able, or are being enabled, to use the law to protect or pursue their rights or interests on an equal basis to others. Anecdotally there is generally considered to be a significant difference in the extent to which those with, compared to those without, disabilities are accessing the law to protect or pursue their interests. The disparity is considered to be the consequence of a range of barriers including community attitudes, lawyers' limited knowledge about disability, inaccessible court and lawyer facilities and limited public transport.

31. KNDP (PA2) outlines the first steps to achieve the GoK's commitment that ultimately all Kiribati legislation will comply with, and support the intent of, the CRPD. Through to 2021, the government will work with assistance from UN Economic and Social Commission for Asian and Pacific Region (UN ESCAP) and TTM to decide which legislation should be prioritised for audit against the CRPD. To achieve meaningful reform that can be sustainably implemented, the audit will include advice to government on the financial and practical implications of recommended reforms. In the KNDP and by 2021, the GoK has committed to develop a National Disability Inclusion Act to enshrine protection against discrimination of citizens with disabilities in legislation.

32. Further measures are planned to improve the legal protection of people with disability, including through awareness raising activities about the requirement to provide reasonable accommodation. For example, KNDP PA5 sets actions to raise awareness including within government, NGOs and the community generally about accessibility and the obligation for governments to make reasonable adjustments; KNDP PA7 commits government to improve access to quality education and vocational training programs. Achievement will be measured against the extent to which the education system is making reasonable adjustments to accommodate any additional support needed by children and young people with disabilities in the mainstream system. The expectation of effective legal protection and reasonable adjustment are also included in the Employment & Industrial Relations Code 2015 (EIRC 2015): Part XII: Equal Employment Opportunities (107).

33. Affirmative action measures to achieve equality in practice and which acknowledge and accommodate diversity are not yet well developed in Kiribati. However work has commenced on the government's commitment to introduce an employment quota initially in ministries and State Owned Enterprises and a social protection payment for people with the most impacting disabilities. Both of these commitments are included in the KNDP.

**Article 8 – Awareness-raising**

34. GoK ministries seek to ensure positive images are used when publically portraying people with disabilities. However, conversations about what is meant by a positive image and what may or may not constitute a respectful or dignified role or positive engagement are in early stages. At the time of reporting, the views of stakeholders are diverse with no common language about what this may, or should, mean in the Kiribati context.

35. The Ministry of Education (MoE) is implementing an Inclusive Education Policy (2015) that commits to build community awareness about the right of children with disabilities to equal education opportunities. The Kiribati Curriculum Development Resource Centre is working to ensure disability considerations are woven into all aspects of the curriculum, mainstreaming positive images and stories of people with a disability. 2017 International Day of Persons with a Disability (I-Day) events were funded across Kiribati to celebrate the contribution and potential of citizens with disabilities.

36. Under the Kiribati National Mental Health Policy (KNMHP) 2016–2020 (Strategy 2) activities are being conducted to raise community awareness and breakdown stigmas about mental health. During Depression Awareness Week in April 2017, the “Depression Let’s Talk” road show attended 17 communities, informative radio coverage was provided to people on the outer islands, SMS texts were sent to all Kiribati mobile phones describing depression symptoms and providing information including contact details about the national mental health clinic called Te Meeria. A public awareness project was held in October 2017 for Mental Health Day and the World Health Organisation (WHO) fund mental health awareness projects to schools and communities on the outer islands.

37. The KNDP (PA6) commits the GoK to action to promote consistent and positive messaging and imagery about people with disabilities that will be coordinated by a national Communication and Advocacy Working Group through to 2021.

38. Human rights and CRPD awareness raising workshops have been delivered by the TTM CRPD resource team since 2012 and in partnership with government and supported by donor partners. The Pacific Disability Forum (PDF) and the Pacific Community’s Regional Rights Resource Team (RRRT) have supported the development of the training content and its delivery. Awareness raising workshops have been presented to people with disabilities, staff within the ministries of health, education, justice, MWYSSA, commerce, public work, communications, the Ministry of Employment and Human Resources (MEHR), island residents, councillors and mayors, church and village communities; and the Kiribati Parliament.

**Article 9 – Accessibility**

39. The physical environment of Kiribati extends over 3.5 million square miles of ocean and 50% of the population maintain a substantially subsistent village lifestyle on the outer islands. These factors compound the accessibility challenges to be addressed to enable people with disabilities to be fully included on an equal basis to other citizens in all domains of life.

40. Since 2013, commencing on the outer islands, the Kiribati Education Improvement Program (KEIP) began rolling out a program to rehabilitate primary schools to ensure they are accessible to children with disabilities. Two outer island schools were made accessible in each of 2016 and 2017 and two South Tarawa schools are scheduled for rehabilitation in 2018.

41. Currently the majority of our buildings are physically largely inaccessible to people with mobility restrictions related to physical disabilities, blindness and vision impairment. The National Infrastructure Standards in the Kiribati National Building Code (KNBC) were updated in 2015 to require all new buildings to meet universal design standards and ensure accessibility to all. The implementation plan for the Building Act 2006 and KNBC both prioritise attention to conducting public awareness about their requirements more than specifically readdressing accessibility. Buildings constructed before the KNBC 2017 are not impacted by the Code unless they require major renovation. Actions are outlined under the KNDP to enable accessibility standards to be applied to buildings constructed before

2006 and to infrastructure other than buildings. Accessibility audits continued in 2017 on community facilities such as sports facilities, maneabas, churches and evacuation centres and services associated with health, education and core government ministries have been prioritised for attention (KNDP PA5).

42. Public toilets are limited, accessible toilets not available and height adjusted service counters are not available.

43. Individual community initiated projects to improve the accessibility of public places are occurring. For example, in 2017 TTM successfully lobbied for a ramp to enable congregation members with disabilities to enter the church in Tamana Village on Kiritimati Island; and in the village of Bikinebue Village a ramp was built to enable community members to get to their places of work and to local shops.

44. Sea, land and air transport is generally not accessible, especially for people with mobility impairments. A report called Pacific Region Infrastructure Facility – Improving Accessibility in Transport (2016), produced by Pacific Region Infrastructure Facility, noted that transport accessibility in Kiribati is very low because of structural and attitudinal barriers. For example, inter-island boats, ferry boarding points and the main maritime jetty are inaccessible; there are no pick up/drop off points suited to people with disabilities. Bonriki International Airport commenced refurbishment from 2017 and when complete will provide significantly enhanced access and usability including to toilets, counters, curbing, plane access. Outer island landing strips are unpaved and the airport offices are basic structures with no accessibility consideration.

45. The main road and its pedestrian pavement on South Tarawa is more accessible since it was resurfaced in 2016 with funding from the Australian Government, the World Bank and the Asian Development Bank. The need for safety crossings and speed management has arisen since the resurfacing but have not yet been addressed. Public transport is provided in mini vans which are generally overcrowded and are structurally inaccessible to many people with mobility limitations and/or physical assistance needs. There are anecdotally reported issues related to buses opting to not stop to pick up passengers with physical disabilities.

46. Public information is rarely provided in accessible formats and use of screen-reader software for people with vision impairment is limited due to cost and availability. There are limited facilities to support accessible communication for people with vision, hearing and intellectual impairment at the time of reporting.

47. The KSCCSN is the only service using Braille and sign language. Sign interpreters are self-taught using the Australian AusLan texts. There has been no single consistently used form of Kiribati sign language between islands. The process of translation requires interpreters to translate between Kiribati language and English sign and back again. In 2017, work was completed on a dictionary of a national sign language called Kiri-Sign to enable people who are deaf to communicate with each other and with people from the hearing able community. Deaf teachers from the KSCCSN will be engaged in 2018 to provide sign language training to new teacher aids undertaking training at Kiribati Teachers College (KTC).

48. Attention to the need to ensure accessibility of information is reflected in the National Information, Communication and Technology (ICT) Policy in draft phase II at the time of reporting. It highlights the need for widespread public access to internet services, including access for disabled persons. Challenges to achieving inclusive ICT service delivery across Kiribati are noted as there are currently no legislative mechanisms with which to hold ICT providers accountable for their services. KNDP PA5 cites action to enhance access to information and communication technology particularly for people with vision, hearing and intellectual impairment and in relation to health care needs and services, education, employment, and community events such as sports, church and cultural performances.

**Article 10 – Right to life**

49. Chapter II of the Constitution of Kiribati 4(1) states that “No person shall be deprived of his life intentionally ... save in execution of the sentence of a court...” People with disabilities are not specifically referenced but are reasonably assumed by GoK officials to be protected by this legislation. At the time of reporting, Kiribati has not considered what additional attention is needed to give practical application to the Constitution and whether any cultural or local practices are contravening people with disabilities’ right to life.

**Article 11 – Situations of risk and humanitarian emergencies**

50. The Kiribati Government, through the National Disaster Management Office, developed the Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management (2014–2023) in 2014 (KJIP). The KJIP requires people with disabilities to be included in all aspects of its implementation and highlights actions to address barriers and exclusions impacting on people with disabilities. Actions include collecting baseline information disaggregated by disability, providing health information relevant to people with disabilities, increasing the capacity of services and personnel relevant to disability issues; and developing disaster plans with people with disabilities. Strategy 8 of the KJIP aims to increase the effectiveness and efficiency of early warnings and disaster and emergency management and includes special considerations for people with disabilities during emergencies.

51. TTM was involved in the development of the KJIP in 2015 and subsequently held five awareness raising workshops (two on outer islands and two on South Tarawa) for community members and government officers on climate change. In 2018 the Office of the President initiated work to review the KJIP. Recommendations were made to the review, to better integrate the needs, circumstances and particular vulnerabilities of people with disabilities into the policy and its implementation plans.

52. There are no specific policies that outline relief distribution to people with disability in an humanitarian emergency and no specific measures to ensure accessible sanitation and latrine facilities are available for people with disabilities in those events. TTM is a member of the National Biodiversity Planning Committee which coordinates activities including those under the Kiribati Integrated Environment Policy (KIEP) (July 2013) in the Ministry of Environment and Climate Change. The Kiribati Integrated Environment Policy (KIEP), Kiribati Adaptation Program (KAP) Phase III, particularly through community organisations such as the Live and Learn Organisation, disseminates information and runs awareness on climate change and adaptation. While including TTM and other people with disabilities in their programs, information is not yet available in accessible formats. The KAP is conducting vulnerability assessments and submits that a whole-of-island approach is being taken and people with disabilities are included.

53. KNDP (PA11) commits the government to review the KJIP to assess its inclusiveness of people with disabilities. It also outlines the need for KJIP to develop standard operating procedures to address the specific needs of people with disabilities in emergencies.

**Article 12 – Equal recognition before the law**

54. There is no legislation to restrict the assumption or enactment of a person’s full legal capacity on the basis of disability. As people with disabilities are generally not explicitly referenced in legislation, their citizenship rights, right to own property and other aspects of economic participation are assumed to be the same as other citizens. This assumption is untested.

55. In the absence of paid employment options or social protection schemes many people with disabilities are dependent on the care and protection of their extended family. There are currently no formal support services or mechanisms to assist people with disabilities to exercise their legal capacity or manage their financial affairs. In the situation where an I-Kiribati with a disability is unable to manage their own finances, the current general practise is that their family will assume that responsibility. Other than seeking the

intervention of the police, there are no legal mechanisms to protect people with disabilities from financial abuse or support structures to practically assist people to attain or maintain financial independence.

56. There are currently no processes to formalise or assist supported or substitute decision-making arrangements and no safeguards to ensure that informally established supported or substitute decision making arrangements are operating in the best interests of the person with disability.

### **Article 13 – Access to justice**

57. Women and children with disabilities who have been subjected to crime are provided with assistance to progress through the legal system by a social welfare officer. Practical and emotional support is provided and is monitored by a Case Management Review Committee. There is no comparative support for men with disabilities requiring this assistance.

58. One-day mental health awareness training has been developed to help ensure the rights of people with psychosocial disabilities are protected within the justice and prison system. A full time registered nurse with mental health experience will commence work in the prison system in early 2018. Plans to introduce a mental health screening tool will also progress in 2018 with additional health resources.

59. GoK is in the process of revising its existing bench book which includes a guideline for magistrates on how to effectively make concrete judgements on domestic violence cases involving women, girls and people with disabilities. The first human rights training on the Te Rau N T Mwenga Act (2014) (also called the Family Peace Act) and their role was conducted in October of 2016 for all 130 outer island magistrates. At this stage of the CRPD implementation there are no other explicit strategies to ensure reasonable accommodations are made to facilitate the participation of children, young people or adults with other than psychosocial disabilities in any aspect of the justice system whether as victim, perpetrator or witness.

### **Article 14 – Liberty and security of the person**

60. The Constitution (Chapter II.14) protects the right to liberty and security of all citizens although it does not specifically reference people with disabilities. The current legislation Laws of the Gilbert Islands Revised Edition 1977 Chapter 56 Mental Treatment is outdated and does not to protect human rights or reflect modern international standards of mental health service delivery. To ensure the least restrictive treatment option is provided the Kiribati mental health legislation needs to be revised to allow for compulsory community treatment options to be provided outside of the current inpatient unit.

61. There is currently no independent review mechanism to monitor the provision of mental health treatment and the use of protective and restrictive practices such as seclusion and restraint at Te Meeria or in schools and hospitals. Current and planned strategies to improve the protection of the human rights of people with mental illness who are involuntarily being treated through the mental health system include:

- Revision of the mental health legislation has commenced and is scheduled for completion by 2019.
- A peer support role is being developed to support increased understanding of rights and advocacy.
- Mental health support workers are undertaking training through the Kiribati Institute of Technology (KIT) including on rights and advocacy.
- Nursing staff are taking placements in Australia to build capacity including in peer support, community treatment options and restraint minimisation.
- Calming and Restraint training and WHO Quality Rights capacity building are planned for the implementation phase of new mental health legislation.
- A community recovery house is being planned to provide alternative treatment and living options.

**Article 15 – Freedom from torture or cruel, inhuman or degrading treatment or punishment**

62. The Kiribati Constitution (Chapter II, Section 7 subsection (1)) protects all citizens against being subjected to torture or to inhuman or degrading punishment or other treatment. There is no cultural or social practice of inhuman or degrading treatment against people with a disability in Kiribati.

63. There is no explicit policy or legislation to protect people with disabilities from medical or scientific experimentation without their free and informed consent, including people who need support in exercising their legal capacity.

64. There are limited protections around the use of restraint and seclusion in current Ministry of Health and Medical Services (MHMS) policy and current mental health legislation.

**Article 16 – Freedom from exploitation, violence and abuse**

65. In 2014 the Government passed its primary legislative measure to protect all members of the domestic unit from violence and abuse within the family. Te Rau N T Mwenga Act (2014) was established (a) “to ensure the safety and protection of all persons including children, who experience or witness domestic violence; (b) to provide support and redress for all victims of domestic violence; (c) to implement programmes for victims of domestic violence to ensure their recovery to lead a safe and healthy life; and (d) to facilitate enforcement of Court Orders issued to stop acts of domestic violence.

66. This legislation is supported by action under a range of strategic policy frameworks in particular the Eliminating Sexual and Gender Based Violence Policy and National Action Plan 2011–2021 (ESGBV Policy) and the Kiribati Shared Implementation Plan.

67. At this stage of CRPD implementation there are few services or programs which available specifically to serve and assist people with disabilities. No independent body is mandated to monitor the quality of services or programmes as they are developed and delivered.

68. Safenet is a partnership between government, faith based organisations and civil society to provide free services, including support to progress through legal processes, to assist survivors of sexual and gender based violence. It provides a framework for standardised and coordinated service and ensures needs are fully addressed regardless of where the survivor of domestic abuse enters the system after an incident. While women with disabilities escaping violence will receive a Safenet response, there are currently no specific protocols to ensure partner services are able to respond to any additional needs of women and girls with disabilities. There are limited rehabilitation and social re-integration programs to support I-Kiribati who are victims of violence, including those with disabilities.

69. One crisis service in South Tarawa provides emergency accommodation to women escaping family violence. In October 2017 TTM, with assistance from the PDF, adjusted existing workshop content to the Kiribati context to enable them to deliver information to people with disabilities about gender based violence. The workshop content covers five modules and includes ensuring women with disabilities are linked into the Safenet response. TTM is seeking funding to deliver this awareness raising information.

70. In 2010 the Kiribati Family Health and Support Study: A study on violence against women and girls identified extremely high levels of violence at 68% of women by their partner in an intimate relationship. That study did not provide disability disaggregated data however the UN Family Population Report (UNFPA) 2013 study A Deeper Silence established that violence against women with disabilities, including incidences of rape and physical abuse by family members or intimate partners, is a significant issue in Kiribati. The study indicated that women with mental health or intellectual impairments were vulnerable to unwanted pregnancies and violence and to discrimination if they wished to have relationships and children. Social pressure and reliance on carers make it difficult for women to report and escape from the violence. Some women with disabilities reported the incident to a family member or friend only and no reports were made to the police directly by survivors. While not interviewing a representative population sample, the UNFPA study

did find that half the women with disabilities interviewed and some as young as ten years old, had experienced a forced first sexual encounter.

71. In 2013 MWYSSA reported that 17% of the cases of violence reported to MWYSSA under the Child Protection Policy were against girls with disabilities. In response to the finding of the reports (above) the GoK passed Te Rau N T Mwenga Act (2014) and approved the Gender Equality and Women's Development Policy in 2014. This policy supports the National Approach Eliminating Sexual and Gender Based Violence in Kiribati Policy and Action Plan 2011–2021.

72. The Children, Young People and Family Act No 6. (2013) stipulates that it is the responsibility of parents, with the support of family members, to safeguard and promote the wellbeing of children and young people including to (h) meet any special needs of a child or young person living with disability. This Act outlines the mechanisms through which the government may intercede to support and monitor the wellbeing of children and young people within the family and provides the legal framework for their temporary or longer-term removal from harm.

73. The Australian Government and United Nations Women in particular have invested in activities to address gender-based violence including against women and girls with disabilities. This included in 2017 resourcing the adaption of a training toolkit about violence against girls and women with disabilities to the Kiribati context referred to above (para 68). The KNDP (PA10) requires work to be done by 2021 to raise awareness about the rights of women and girls with disabilities and to begin to collect and analyse meaningful data to enable priority areas of disadvantage, abuse and need to be identified and addressed.

#### **Article 17 – Protecting the integrity of the person**

74. Prior to any medical procedure or treatment being given by Kiribati health services the consent of each patient, including those with disabilities, must be received. This requirement is not covered under policy or legislation but is supported by MHMS Standard Operating Procedures (SOP).

75. The Mental Health Ordinance (1977) provides for non-consented compulsory mental health treatment. A review of this ordinance is identified under the Kiribati National Mental Health Policy 2016–2020 (KNMHP) and it is expected that the review will provide for community treatment options which better protect service users with mental illness who require non consented treatment (KNMHP, Strategy 3: Review of Mental Health Ordinance).

76. Forced sterilisation of any citizen is not considered appropriate in any circumstances other than where a life may be endangered without the medical procedure. No legislative protection has been evidenced in the preparation of this report.

77. At this stage of CRPD implementation Kiribati does not have an independent review mechanism to monitor and protect the right to respect, quality and equal treatment and autonomy in medical treatment.

#### **Article 18 – Liberty of movement and nationality**

78. Movement of citizens, including those with disabilities, into and out of Kiribati is protected under the Immigration Ordinance (1980). Chapter III (19) of the Constitution stipulates every person of I-Kiribati descent shall have the inalienable right to enter and reside in Kiribati ... and have and continue to have the right to become a citizen of Kiribati.” Chapter II (5-1) guarantees that no citizen shall be deprived of his liberty of movement other than under circumstances prescribed and related to court imposed penalties incurred with a conviction for serious crime.

79. A new provision under the Birth, Death and Marriages Amendment Act (2007) outlines the requirement for the birth of every child to be registered. This includes those with disabilities although they are not specifically referenced. To support this requirement in practise a Memorandum of Understanding (MOU) has been developed between the Civil Registration Office (CRO) and the MHMS. The MOU supports the placement of CRO

officers at the main hospitals to collect registrations and for nurses and medical assistants to complete registration forms. ASWO are available to support birth registrations on the outer islands. For people who have home births, who are unable to attend the CRO, assistance with completing and submitting registration forms is provided by the local nurse, traditional midwife or council member. Anecdotally there continue to be home-birther babies, in particular those born with disabilities, who are not registered and this is attributed to poor infrastructure, lack of transport and the inaccessibility/isolation of some communities to formal supports.

#### **Article 19 – Living independently and being included in the community**

80. At this stage of CRPD implementation Kiribati has no formal services to practically assist people with disabilities to live more independently within their family or to move about and take part in community life. There are no vocational support services and no formal personal care services. Community and cultural expectations require families to provide that care to members with disabilities and those who are elderly.

81. Limited outreach services are provided. For example, the health ministry's rehabilitation team will visit clients where transport options are not available or who are unable to travel to the hospital, to monitor and assess their rehabilitation progress and assess their requirements for assistive devices. Access to qualified rehabilitation staff is limited due to low staff numbers. Two staff visit the 23 island councils at a rate of two per year. This means that wait periods can be up to 12 years for people living on the outer islands.

82. MWYSSA social workers provide outreach services to clients in their homes and attend to their social welfare needs. This includes the needs of family members with disabilities. The type of assistance provided is limited to parental counselling and child protection measures.

83. As historically and culturally I-Kiribati take care of people with disabilities within their families, residential services have not been required or developed. The exception is Te Meeria which provides community-based semi-congregate accommodation service for people with mental health needs and psychosocial disability. There is no exit pathway from this program and some clinically well residents have lived at Te Meeria for up to 20 years. Consideration is being given to developing a community-based transitional accommodation service to enable some of those residents to move on from Te Meeria. Without access to community based in-home support to maintain people with psychosocial disabilities in their family unit, blockages in both Te Meeria and any established transition service will continue.

84. A sheltered accommodation service on the main island of South Tarawa supports women escaping family violence and those who have been sexually assaulted. This service responds to women with disabilities when they present although there are no specific policies or procedures to accommodate any disability related needs within the environment.

85. The Kiribati National Building Code 2015 (KNBC) requires all new buildings to comply with physical accessibility guidelines.

#### **Article 20 – Personal mobility**

86. People with a disability may access physiotherapy, prostheses, orthoses, wheelchairs and walking aids through the Tungaru Rehabilitation Service (TRS). International experience indicates that the need for orthoses should far outweigh the need for prostheses. In Kiribati the service is under-prescribed indicating there is limited community awareness about the service. MHMS provides recurrent funding to TRS to provide physiotherapy, prosthetics, orthotics and walking aids. A subsidised fee is charged for some mobility devices, including lower limb prostheses, orthoses and walking aids. There is currently no financial hardship mechanism to assist service users who cannot afford to pay for devices. There is no recurrent GoK funding for wheelchairs so TRS is reliant on donations to continue this service. Wheelchairs and some walking aids donated by Church of Latter Day Saints (LDS) and Australian Government are provided without charge. TRS negotiates with



its equipment suppliers to ensure devices are of good quality, likely to last and to be a good price.

87. Measures are being taken to ensure training in mobility skills is provided to people with disabilities and to specialist staff. TRS qualified staff provide a multidisciplinary service to people with disabilities. In 2017 Motivation Australia (MA) has conducted training about wheelchair prescription and assembly. The International Society for Prosthetics and Orthotics (ISPO) has provided clinical mentoring to a growing team of prosthetists/orthoptists through the Australian Volunteer for International Development (AVI) Program. The operation of TRS is increasingly being guided by Standard Operating Procedures.

88. The KNDP (PA9) outlines the government's commitment to improve the access to quality health care, rehabilitation services and assistive technologies by 2021. It requires work to be undertaken by 2021 to develop data about unmet needs; establish multi-disciplinary teams to carry out early identification and intervention services; enhance workforce capacity to provide advice on aids, equipment and assistive technologies; and improve outreach services to people on outer islands on how to use and take care of their aids, equipment and assistive technologies.

#### **Article 21 – Freedom of expression and opinion, and access to information**

89. The Constitution provides for the protection of the fundamental rights and freedoms of the individual and this includes (Chapter II, 3b) “freedom of conscience, of expression and of assembly and association”. At this stage of CRPD implementation there is no legislative requirement for information issued to the general public to be provided in accessible formats. This is expected to be addressed in new disability legislation intended to be in place by 2021 (KNDP PA1).

90. Work is underway by the Ministry of Commerce to ratify the Marrakesh Treaty. This will address intellectual property and copyright legislation restrictions which currently restrict access to books, magazines and other printed materials by people with print disabilities. The government is also progressing reform to deliver public service information via an e-Government on line system that should improve the accessibility of information to community members including those with vision impairments who have access to screen reader technology.

91. 2017 I-Day activities targeted awareness building across Kiribati, including to the private sector, about the barriers that restrict the opportunities of people with disabilities to engage equally in all domains of community life. Key amongst those barriers is the restriction to information about the resources available to community members.

92. At this time, public websites are not well resourced and content is not required to meet any accessibility standard.

93. There has been no work at this stage to formally recognise sign language as an official language however promotion has been occurring since 2016 under the leadership of KSCCSN and with DFAT funding to support the use of Kiri-Sign across the nation.

#### **Article 22 – Respect for privacy**

94. The protection of the private life of all I-Kiribati is provided in Chapter II, sections 3 (Fundamental rights and freedoms of the individual) and 9 (Protection for privacy of home and other property) of the Constitution. Currently, this constitutional right has not been translated into policy to ensure its application and protection.

95. Because of historically embedded cultural stigma, I-Kiribati with disabilities may previously have been hidden within, or not acknowledged publically by their families. To obtain better data about the number of people with disabilities since the 2015 national census collectors have been required to specifically ask each household visited if people with disabilities reside in their home.

**Article 23 – Respect for home and the family**

96. At this stage of CRPD implementation there are no affirmative action measures in place or planned to ensure that people with disabilities are able to exercise the right to marry and to establish a family. Anecdotally people with cognitive and psychosocial disabilities are prevented, but not prohibited, from marrying each other. This relates to the culturally expected gender roles within a marriage and the belief that if they cannot be fulfilled marriage should not occur.

97. In general Kiribati parents receive support with child-rearing responsibilities through their extended family and community networks. Limited formal parenting and young couples' programs are provided by MWYSSA. Some outreach support is provided to mothers by community nurses managed through the health ministry.

98. The National Approach to Eliminating Sexual and Gender Based Violence in Kiribati: Policy and National Action Plan 2011–2021 is the primary mechanism to protect women against abuse and violence in any form. At this time the policy does not address forced sterilisation of any person including girls and women with disabilities. This has been noted by MWYSSA for inclusion in the future revision of the policy.

99. In practical terms contraceptive pills and other family control measures are reasonably available, however limited privacy and high stigma in the small communities of Kiribati may present a real access barrier. There is limited data on the extent of their use particularly by people with disabilities. Within close knit family units there is the potential for family planning medications to be administered without consent to women and girls with disabilities. There is also the potential that local cultural sterilisation methods are being used although there is no reporting or data collection option to measure this.

**Article 24 – Education**

100. The GoK is committed to achieve an inclusive education system at all levels and the potential for lifelong learning for all. Significant work has been undertaken to improve the access to, and participation in, education for I-Kiribati people living with a disability.

101. The rights of people with disabilities have been mainstreamed throughout the principles outlined in the Kiribati Education Act (2014). These include the principle of free and compulsory education for all students until the end of junior secondary school (JSS) and that a child with a disability must, where practicable, be enrolled and attend a school.

102. The Act states that a school may not exclude a student on the basis of a disability; the Minister may establish centres for special education; and school rules must be “applied without discrimination on the basis of a student’s sex, religion, race or disability”. Disability inclusion is also explicitly referred to in the Kiribati Ministry of Education’s Education Sector Strategic Plan (2016–19), the Government’s Inclusive Education Policy (2015) and its associated Implementation Plan which outlines the delivery of a range of activities to promote inclusive education.

103. At a practical level:

- Donor support from the Australian Government to the Kiribati Education Improvement Program (KEIP) is assisting disability and gender inclusion activities to be incorporated in all KEIP education activities. KEIP engaged an Inclusion Officer in 2015 and a Classroom and Schools’ Disability Advisor in 2016 to implement explicit and strategic disability-inclusion initiatives;
- The MoE Exams and Assessment Unit, with the support of KEIP, has ensured reasonable adjustments are made to ensure national exams are accessible to students with a disability with the provision of Word format exams, the use of a computer with a screen reader, large print format exams and additional reading and writing time;
- A partnership approach is used with a commitment to harness the perspectives, skills and capacity building priorities of TTM in all disability-inclusive education activities;

- The inaugural Kiribati Inclusive Education Policy was endorsed by the GoK in 2015, reinforcing the commitment to the mainstream inclusion and education of children with a disability in Kiribati’s primary schools, JSS and senior secondary schools (SSS). This policy is available in English and I-Kiribati and in a range of accessible formats including Braille, large font and audio;
- The Kiribati Inclusive Education Implementation Plan was developed in 2016 to guide the dissemination and implementation of the policy;
- Disability inclusion is one of the seven goals within the Kiribati Education Sector Strategic Plan 2016–19;
- The Monitoring and Evaluation Framework for the Education Sector Strategic Plan includes indicators to enhance disability monitoring including the number of children with disability accessing school by disability type, age, location and gender;
- An Inclusive Education Working Group which includes representatives from a range of government ministries, TTM and various specialists in inclusive education, initiates and advises on inclusive education initiatives across Kiribati;
- The MoE school survey form used for annual collection of Kiribati Education Management Information System (KEMIS) data has been revised to capture details about classroom accessibility and the availability of accessible toilets;
- Ongoing mentoring has been provided to MoE staff involved in the update of digital media for the MoE website for the production of accessible digital media and adherence to the W3C Guidelines where feasible, including PDF files that retain metadata for use with assistive technologies;
- MoE research undertaken in 2015 in partnership with the KEIP provided information about disability prevalence and attendance. This research is being used to inform policy and practice to better cater for all children with a disability.

104. The GoK is working to support people with disabilities to develop their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential. Strategies to achieve this have included:

- KSCCSN established Kiribati’s first pre-school for children with a disability in 2017;
- Children with a disability are supported to develop skills in alternative techniques for reading, writing, listening and speaking to address disability-related communication barriers and improve their participation in school;
- A number of school books, poems and songs focused on disability have been developed including a set of readers written in partnership with TTM;
- A story targeted to Year 4 students called “Power On My Knees” focused on a child with a disability who attended school for the first time;
- Support was provided to TTM in the development of a DVD featuring a dramatic performance on CRPD article 24 to raise awareness about the right to an education and the learning potential of people with a disability.

105. The GoK is working to ensure that people are not excluded from the general education system and lifelong learning opportunities on the basis of disability, and that children are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability. To support this aim to be achieved:

- Island Education Coordinators were introduced in 2016 and have received training on the principles of inclusive education with a focus on strategies to promote the inclusion of children with disability in mainstream schools across Kiribati’s outer islands.
- The Kiribati Teachers’ College TESOL (Teaching English to Speakers of Other Languages) curriculum was reviewed in 2016 to ensure inclusion issues are addressed.
- The MoE Exams and Assessment Unit participated in disability awareness and analysis training workshops in 2016.

- A presentation of disability inclusion initiatives was included at the 2016 Education Partners in Kiribati Conference.
- The Inclusive Education Policy has been disseminated widely including through a tour of outer islands, with guidance in the implementation of the policy to school leaders.
- MoE developed a promotional DVD presenting a vision of quality education, focusing explicitly on inclusive education to promote the roll out of the MoE's Inclusive Education Policy.
- An inclusive education trial occurred in 2016 that resulted in eight female and 10 male students with indicators of a specific learning disability, either re-attending or attending school for the first time.

106. Individualised support measures are provided to maximise academic and social development, consistent with the goal of full inclusion. For example:

- Human rights information has been included in the year five and year six primary school curriculum since 2016 and in the year seven since 2017.
- The use of Individual Education Plans commenced in 2016 with the KSCCSN and six mainstream Model Inclusion Schools in South Tarawa.
- A Quality and Inclusive Education Pilot School was initiated with Bareamai Primary School in 2015. The pilot trialled the implementation of quality and inclusive education activities and access and participation initiatives partnering with school staff, students, parents and the local community.
- Six Model Inclusion Schools (three primary, two JSS and one SSS) were established in South Tarawa in 2016. These schools receive support from KEIP in inclusive education practices, access to assistive devices and inclusive teaching resources and access to a range of initiatives to support the mainstream inclusion of children with a disability.
- The first graduates of KTC to undertake the compulsory inclusive education subject as part of their Diploma of Teaching commenced teaching in Kiribati's mainstream primary schools in 2017.

107. In 1995 Kiribati acceded to the Convention on the Rights of the Child (CRC) recognising the right of girls and boys with disabilities to a quality education. The government has also committed to Education for All and to achieving Sustainable Development Goal (SDG) 4 on universal primary education.

108. At this time despite education to year nine (approximately 15 years of age) being compulsory and free for all, school attendance of children with disabilities remains low. In particular attendance post JSS and in mainstream educational settings is poor. Transition from JSS to SSS is particularly challenging for students with disabilities at 13% compared to 34% for students without disabilities. School attendance rates of students with disabilities is significantly lower than that of students without disabilities, peaking at 76.5% for eight year olds (96.2% for students of the same age without disabilities); 57% at age 12 (compared to 92% students without disabilities) and dropping to 5.35% by age 18 (compared to 43% students without disabilities). Appendixes tables 3 and 4 outline the percentage of children with disabilities in education compared to children without disabilities data and the population of people aged 15 years and above with disability status and their current activity. Both tables and the above data are drawn from 2015 national census data.

109. The MoE through the Kiribati Education Fund (KEF) and their partners are implementing the Inclusive Education Policy (2015) which commits to the right of all children to access quality education. An Inclusive Education Working Group is in place to monitor its progress. This policy commits the government to a number of activities to remove some of the barriers to education and training institutions and programs experienced by existing and prospective students with disabilities across Kiribati. It also outlines the roles of those responsible for delivering that education and describes strategies

to assist in delivering inclusive education throughout Kiribati. The policy objectives reflect the commitment to achieve free, appropriate and flexible education for every child.

110. In 2017 MoE recruited a new post focused on Inclusive Education. The role includes addressing gender issues and supporting schools to build the attendance and in school participation of students with disabilities.

111. In 2018 KTC commenced a one-year Certificate III Teacher Assistant course with the support of KEIP. This course is focused on training 20 Teacher Assistants to support the mainstream inclusion of children with disabilities. Graduates will commence work in the six Model Inclusion Schools in 2019.

112. The KSCCSN is supporting selected students into mainstream schools. Three students with disabilities transitioned in 2017 and seven more were identified to transition from 2018.

113. At the primary and JSS level in Kiribati there is no material gender based difference in school attendance with girls performing slightly ahead of boys.

114. To ensure that schools and materials are accessible and that reasonable accommodation and support required by people with disabilities is provided GoK has:

- Developed a draft Reasonable Adjustment Policy to allow accommodations in national examinations for students with a disability (refer para 101 for examples);
- Designed an Individual Education Plan template for the Kiribati context which was reviewed by the TTM and the Inclusive Education Working group;
- Undertaken school infrastructure activities including school upgrades which are designed to comply with accessibility requirements in the ‘Accessibility Design Guide: Universal Design Principles for the Australia Aid Program’ and the National Infrastructure Standards (NIS). Access features being rolled out throughout Kiribati’s schools include accessible paths between buildings, ramps, wider doors, grab rails and wheelchair accessible toilet facilities.

115. The KSCCSN is the primary source of teaching resources for students who use Braille and sign language. Currently the majority students who use Braille, who with hearing impairment and those who use any form of alternative communication are not able to have their educational needs met in the mainstream system. Those students have no option other than to attend the KSCCSN. An exception was referenced in the information provided to this report relating to two students with hearing impairments who attend their outer island village school. The teacher and students are using the student’s own individually developed sign language.

116. From 2018 basic sign language will be included in the Inclusive Education course using the new Kiri-Sign dictionary.

117. The Kiribati Deaf Association (KDA) was registered in 2017 and is beginning to take a leadership role in promoting the deaf community in Kiribati.

118. A range of measures are being undertaken to ensure adequate training about disability to professionals in the education system:

- Kiribati Teachers College (KTC) lecturers received professional development sessions in disability-inclusive teaching strategies in 2016.
- In 2015, KTC developed a compulsory semester long unit on inclusive education. This unit was delivered for the first time in 2016 after being endorsed by the KTC Course Approval Committee and the University of the South Pacific. Further development was made with support from TTM and the KEIP Classroom and Schools Disability Advisor. Disability awareness is now included in all new teacher training at the KTC.
- Inclusive education training related to students with disability will be rolled out to all trainee teachers from 2018.
- Disability awareness and disability inclusion training is being provided to all head teachers and Island Education Coordinators in 2018.

- Disability inclusion training in inclusive literacy strategies, alternative format production, disability awareness and mainstream disability-inclusive teaching strategies.
- To improve teacher confidence and capacity, a Kiribati inclusive teaching strategies resource was released on 1 December 2017. This was developed in partnership of the KEIP, MoE, TTM, KTC and Island Education Coordinators. This resource includes local and contextually appropriate strategies to support the mainstream inclusion of children with a disability.
- The KEIP delivered professional development to KTC TESOL trainers in inclusion strategies for the teaching of students with specific learning disabilities such as dyslexia in 2017.
- National Inclusive Practice Showcase Conferences held in 2014 and 2015 provided opportunities for MoE, MWYSSA, MHMS along with women's groups and TTM to share their achievements and challenges.
- Teachers are receiving training in inclusive education strategies such as differentiation and other evidence-based techniques to cater for the individual learning and support requirements of students with a disability. As of drafting in 2018, 75% of teachers had received this training.
- Dissemination and training in the use of Individual Education Plans occurred in 2017 in partnership with KTC and TTM. Training was provided to 110 head teachers in May 2017 and to KSCCSN teachers in late 2017.
- Teacher Guides now include an explicit section guiding teachers on how to implement an inclusive curriculum.
- Curriculum writers have undertaken disability analysis in education training and contributed to the development of the Gender Equality and Disability Inclusion in Curriculum Checklist to guide the development of curriculum and teaching materials.

119. The MoE and KSCCSN are working to register the KSCCSN with MoE. This will allow KSCCSN to have stronger technical and financial support in its curriculum delivery and development. MoE requires that at least 80% of the KSCCSN teaching staff to be qualified. The KSCCSN and the MoE are currently training two teachers from the KSCCSN each year.

120. While significant policy work has been done, the Kiribati education system needs to be better able to reach out to all learners and include them in all learning opportunities with their peers. This includes improving the provision of resources to the KSCCSN as the primary provider of education services for children and young people with disabilities.

121. Required actions cited in the KNDP to begin to improve early identification of, and intervention for children with disabilities include (PA9) the development of MOU between (a) the ministries responsible for early intervention and assessment (MHMS) and education (MoE); and (b) the ministry responsible for rehabilitation (MHMS) and the ministry responsible for community outreach services to people living on outer islands (MWYSSA).

#### **Article 25 – Health**

122. The MHMS is the only provider of health services in Kiribati. The health system has four hospitals, supported by a primary health care network that includes health centres and clinics. The quality of service provided varies across the country.<sup>10</sup> MHMS recognises that the health related legislation is over 30 years old, including the Mental Health Act, and requires updating. Health services are free for all. There is limited information on the numbers and experiences of people with disabilities in terms of their access and participation in health services, for example health promotion, prevention, and primary and tertiary programs. The need to improve understanding about met and unmet needs relating to their health care, through improved data collection is cited in the KNDP (PA9).

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<sup>10</sup> WHO and the Ministry of Health and Medical Services, 2012, Health Service Delivery Profile: Kiribati, Kiribati, Ministry of Health and Medical Services.

123. The UNFPA study *A Deeper Silence on the sexual and reproductive health and violence against women with disabilities* explored access to health and other services by women with disabilities in Kiribati. The study noted that women with disabilities were most likely to visit health services when they were pregnant, needed antenatal services, to give birth or when their children were not well. While it was limited to the experiences of few women with disabilities, the study provided useful evidence about barriers to accessing health care including: no legislation or specific mention of disability in government policies, no funds for bus fares, challenges in physically getting onto buses, not having anyone to look after children while they went to the clinic, lack of understanding by health professionals about the needs of people with disabilities, and no information available about how the body works or the services available to them. These barriers and the lack of accessibility of the physical environment in and around the hospital and its centres and clinics were also reported during consultations on the KNDP.

124. Community-based nurses or medical officers provide primary care services from health centres in rural areas and on the outer islands. Once a person is assessed they are referred to the main hospital if specialist services are required, for example a person who has had a stroke or a child presenting with development delay. The referral system relies on how well the individual staff member can identify a person's health and rehabilitation needs.

125. The Kiribati Family Health Association provides sexual and reproductive health services to people of all ages and Aia Maea Ainen Kiribati (AMAK) the umbrella women's organisation supports health related activities specific to women. Within the KNDP priority actions are required to enhance the access of women with disabilities access to the range of health services they require (KNDP PA9 and 10).

126. Te Meeria provides the only psychiatric unit in Kiribati. As of January 2018 the unit had two psychiatric registrars, one medical assistant with postgraduate mental health experience, three registered nurses with postgraduate mental health experience, five registered nurses, two new graduates registered nurses and 24 mental health support workers. There is no psychiatrist or other allied health professionals. The number of patients who live at the unit ranges from 20 to 40 people at any one time. Schizophrenia, bipolar disorder and alcohol psychosis are the most common mental health issues diagnosed.<sup>11</sup>

127. Kainikutisum Te Marurung (KTM) is the community wellness clinic opened in October 2016. It provides home visiting services twice weekly and outpatient clinics twice weekly. Walk-in assessments are available daily and a free mental health information line is provided during clinic hours.

128. Rehabilitation services are provided by TRS in the main hospital. The centre provides physiotherapy, wheelchairs, prosthetics and orthotics services, inpatient and outpatient rehabilitation support, home visits and some follow up support in the community.

129. Limited outreach services are provided to people living on the outer islands by the TRS, and through a partnership arrangement between the ministries responsible for health (MHMS) and disability services (MWYSSA). The KNDP outlines actions to strengthen those arrangements to improve the consistency and quality of access to rehabilitation, aids and equipment for people on the outer islands. As of 2018 there were nine staff including two physiotherapists, one physiotherapy assistant, three prosthetist/orthotists, and three prosthetic/orthotic technicians. There are no speech pathologists, occupational therapists or podiatrists in the country. There is no rehabilitation specialist to oversee rehabilitation services.

130. There is no early identification, referral or intervention service for children with disabilities. Establishing one has been noted as a priority to enable the best future for children with disability in Kiribati. The KNDP (PA6 and 9) identifies this as a priority need for action before 2021. The KNMHP (Strategy 2) identifies the need to better understand

<sup>11</sup> Spratt, J. (2013). *A Deeper Silence: The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga*. Suva: UNFPA, <http://countryoffice.unfpa.org/pacific/drive/ADEEPERSILENCE.pdf>.

and review needs for children and adolescents with developmental and psychosocial disability.

131. The MHMS Strategic Plan 2016–2019 guides its work to better meet the needs of people with disabilities. The policy presents the government’s commitment to reduce the prevalence of disability associated with non-communicable disease and to support to patients with disabilities to access medical services.

132. The KNMHP (Strategy 2) commits to actions to ensure high quality mental health care and the protection and promotion of the human rights of people with mental health conditions and psychosocial disabilities. This policy also highlights the need to update the Mental Health Ordinance (1977) to support a more community-oriented approach to mental health services. A committee commenced work on this in 2017.

133. TRS is responsible for ensuring that people with disabilities have access to disability related health rehabilitation and takes a lead role in implementing the Action Plan on Disability. The need to establish Community Based Rehabilitation Assistants on the outer islands has been identified, it has not yet been feasible because of the disperse and isolated nature of the communities. In the meantime, ASWO on the outer islands have been trained to take on this responsibility within their other functions and under the guidance of the TRS.

134. The need to prevent and minimise secondary disabilities across Kiribati is addressed under Objective One of the MHMS Strategic Plan 2016–2019 which seeks to strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from non-communicable diseases. At this time, a limited pool of qualified staff, including staff drawn from the TRS, undertake the work and service demand at the time of reporting exceeds capacity.

135. Currently, there is no national legislative requirement for general public health campaigns to be provided in accessible formats for people with disabilities.

136. There are no specific measures in place to train doctors or other health professionals on the rights of people with disabilities. While this is understood to be an important component of health professional training and development MHMS is prioritising attention to strategies to build the health professional capacity to meet whole of community needs across the urban and rural areas.

137. Consent is required and obtained from all citizens, including people with disabilities prior to any medical procedure or treatment being undertaken by health services; this requirement is supported by SOP and is not a legislated requirement. The Kiribati Mental Health Act 1977 outlines the requirement for nurses to inform mental health patients and caretakers their rights to consent of psychiatric treatments.

138. Universal sanitation continues to be an area of challenge and development in Kiribati. Over time and with investment from donor partners, sanitation services are improving. In relation to newly built public use facilities the Kiribati National Building Code 2015 has authority to require those to be fully accessible.

#### **Article 26 – Habilitation and rehabilitation**

139. The MHMS Strategic Plan 2016–2019 emphasizes the need to strengthen all hospital and public health services which the ministry interprets to include habilitation and rehabilitation services. At this time mental health rehabilitation services are limited to addressing skills and functions lost through mental illness. TRS provides rehabilitation services to people with disabilities including through community based rehabilitation services in the urban areas and to a very limited extent through outreach services to the outer islands. The government’s commitment to strengthen the quality and sustainability of rehabilitation, aids and equipment to people with disabilities on the outer islands is outlined in the KNDP (PA9).

140. Provision of, and participation, in rehabilitation is voluntary along with all health services delivered by the MHMS. This protection is safeguarded with the use of consent forms for all forms of treatment and service.



141. While the training needs of rehabilitation team members are supported by MHMS they are assessed for priority against all other health related training needs. The KNMHP (Strategy 6) reflects the commitment to ensure the establishment and maintenance of a professional mental health workforce including professional input for mental health support workers. The KNDP (PA9) commits the government to work to strengthen the rehabilitation workforce to include multidisciplinary expertise and to strengthen partnerships between ministries responsible for health (MHMS) and disability services (MWYSSA) to improve responses.

142. The Ministry of Health Strategic Plan 2016–2019 emphasizes the need to strengthen all hospital and public health services. The TRS is responsible for the promotion, procurement and scripting of all assistive devices other than those privately procured. TRS is therefore also responsible for information to, and support in the use of these technologies by people with disabilities. The KNDP (PA9) reflects the government’s commitment to improve the measures in place to promote public health messages to people with disabilities including those living on the outer islands. Priority areas for attention include clear public health messages about strategies to prevent the onset of disability and to reduce further impairment.

### **Article 27 – Work and employment**

143. The GoK acknowledges that people with disabilities have historically been vulnerable to unemployment because of generally limited employment options, employer attitudes, stigma, job descriptions which are discriminatory requiring people to be “physically and mentally fit” regardless of the duties of the job, people with disabilities not being aware of what jobs are available, infrastructure that is not accessible; and people with disabilities not having had opportunities for education or skills training to meet job requirements.

144. In 2015 the Employment and Industrial Relations Code (EIRC) was established to remove the previous permission to enable employers to discriminate on the basis of disability<sup>12</sup>. Section 107, subsection 1 and 2(c): An employer shall not discriminate, directly or indirectly, against any employee or prospective employee in respect of recruitment, training, promotion, terms and conditions of employment, termination of employment, or other matters arising out of the employment relationship, for a prohibited reason or for reasons including a prohibited reason. For the purpose of subsection (1), a prohibited reason shall be a reason that is affected by any of the following attributes of the employee or prospective employee, whether actual or perceived; c) age, state of health, HIV/AIDS status, or disability”. The penalty for breaching this legislation is a fine of \$1000.

145. Labour Officers are employed by the Work Relations Unit (WRU), Labour Division, MEHR to address any discrimination and barriers to equal workplace access. Complaints are received and reviewed by the Secretary, MEHR and advice sought from the Office of the Attorney General (OAG) before penalties are issued. The WRU carries out routine labour inspections in both private and state owned enterprises and inspections in response to complaints received. The WRU also ensures organisational compliance with EIRC 2015 to ensure minimum labour conditions are being observed.

146. The Disability Inclusive Policy guides the practice of MEHR and Tertiary and Vocational Education Training (TVET) Institutes, including KIT, Marine Training Centre and Fisheries Training College under the legislation. Raising awareness about the EIRC ordinance to ensure employers and people with disabilities are aware of the law and that it is consistently enforced is an action in the KNDP (PA7) as is the government’s commitment to sign the International Labour Organisation (ILO) Convention 159 to promote vocational training and decent work for people with disabilities.

147. There is a significant disparity between the economic engagement of people with disabilities and those without: about 63.5% of the adult population without disability and 33.7% with disability are economically active. As universal employment remains a significant challenge in Kiribati there have been limited targeted programmes and policies

<sup>12</sup> Employment and Industrial Relations Code 2015 Clause 107.2.B, and 108.3.

to achieve the full and productive employment of people with disabilities. Table 5 (Appendix) presents details of the percentage distribution of the population aged 15 years and above (being 71,698 people) by their activity using 2015 census data. Of those people 23.4% were unemployed, 21.9% were employees, 13.0% were self-employed, 0.2% were employers; and 3.9% were engaged in subsistence work. Only 9.0% of people with disabilities were employees. About 12.8% of employed people with disabilities are self-employed which means that economically active people with disabilities are more likely to be self-employed. People with disabilities are over represented in the non-economically active population who are not able to work. National 2015 census data confirmed that across disability status females are twice less likely than males to be an employee and more likely to be homemakers.

148. Employment status of head of households by disability status using 2015 census data is shown in Table 7 (Appendix). Unemployed is defined as those who are available for work, are actively seeking for work and are currently not engaged. A total of 950 people with disability were identified to be head of households through the 2015 census. Of those about 30.8% were not economically active, 17.1% were unable to work and 5.6% were unemployed. In contrast, of the 16,822 household heads without disability only 15.4% were not economically active, 2.4% were unable to work and 10.6% were unemployed. The majority of household heads with disability (59%) were not economically active compared to 26% of household heads without disability. Across disability status, self-employed household heads are more common in rural areas compared to urban areas. Table 8 (Appendix) draws on 2015 census data to present the currently engaged economically active population aged 15 years and above by industry and disability status. The highest proportion of people with disabilities were found in the manufacturing industry (22%), followed by agriculture (20%), wholesale and retail industries (13%) and fishing (10%).

149. Measures to facilitate the re-employment of workers, including those with disabilities, who have been made redundant because of privatisation, downsizing and economic restructuring in public and private organisations were outlined under Human Resource Development and Poverty Reduction in the Kiribati Development Plan 2012–2015. Career counselling services are provided by the TVET unit which gives guidance on career pathways and long and short-term re-employment options. While the program is, in principle, available to workers with disabilities to date they have not accessed the program. To address the potential barriers, the KNDP (PA7) requires the Career Counselling Program to be reviewed to ensure all elements of the program are accessible to people with disabilities.

150. In July 2017 a Government Loans Scheme for disadvantaged young people provided selected applicants with financial support to establish small businesses and encourage entrepreneurship. Applicants with disabilities received weighted priority however none were identified as applying.

151. All workers in Kiribati, including those with disability, are protected against sexual harassment in the work place under Section 112 of the Employment and Industrial Relations Code (2015).

152. The MEHR Disability Inclusive Policy 2015–2020 requires employers and educational institutions to provide employment and vocational training services which are accessible to people with disabilities. Individual examples are beginning to be reported; for example, the paid employment of a KSCSN student who is blind by the ANZ Bank in 2018.

153. At this stage of CRPD implementation, no resources have been invested in affirmative action to promote the employment of women with disabilities over men with disabilities or over other women. In 2018 an affirmative action project is planned in the form of an employment quota across government ministries to increase the employment of both men and women with disabilities.

154. There has been no research, other than against gender classification, into which groups or populations of people with disabilities may be most vulnerable to being excluded from the labour market.

155. In Kiribati, trade unions are registered by the WRU in MEHR. While workers with disabilities are in principle able to join unions alongside their co-workers, there has not been any promotional work to ensure that workers with disabilities are aware of, and accessing, unions.

156. While the Occupation, Health and Safety Act and the EIRC (107 Prohibition of Discrimination) should provide protection against dismissal for workers who have acquired a work place injury, it is understood that measures to enforce the legislation are still required to protect workers as intended.

157. The informal economy remains a vital feature of community life and social protection. Traditional crafts as a means of revenue such as fishing are generally accessible to people with diverse needs related to disability.

158. The government has committed to introduce measures to assist students with disabilities to have equal access to limited general labour market. For example, the KNDP (PA7) cites the need for work experience placements to be provided before graduation, for students with disabilities. The need for students with disabilities to have access to bridging courses to enable them to access vocational programs available to their non-disabled peers is also cited in the policy.

159. It is too early in the development and rollout of ICT infrastructure in Kiribati to ensure new forms of ICT are used to develop new employment opportunities for people with disabilities.

#### **Article 28 – Adequate standard of living and social protection**

160. The KNDP (PA8) acknowledges the vulnerability of people with disability to extreme deprivation and the further risk this places them in their family environment as they are frequently unable to contribute to their family's resource base. In its 2016 election statement the government committed to incrementally and sustainably develop social protection and poverty alleviation strategies for people with disabilities who are without cash income.

161. The GoK introduced a Senior Citizens Fund Scheme in 2014 for all citizens including those with disability aged over 65 years and a Child Support Scheme for children less than six years with disabilities is being finalised as of drafting (February 2018). In addition to free education to form six for all a School Fee Support Scheme managed by MWYSSA assists children whose parents are deceased, are sole parents or have a disability to attend form seven. In 2016 the government made an election commitment to introduce a social protection payment for people who are not able to gain employment because of the impact of their disability. Work to progress this is referenced in the KNDP (PA8) and is anticipated to commence in 2018.

162. Strategies to promote opportunities for people with disabilities to enter into paid employment or establish income-generating activities are also being introduced; for example, an Employment Quota (KNDP PA7) scheduled from 2018 and the 2017 Loan Scheme for Young People and Young Couples.

#### **Article 29 – Participation in political and public life**

163. The KNDP (PA1) outlines the government's commitment to incrementally reform Kiribati legislative structures to comply with the principles and articles of the CRPD. This includes the expectation that new disability legislation will be developed by 2021 to inter alia protect and promote the right of people with disabilities to engage in all aspects of Kiribati political and public life.

164. There has been no analysis to date to determine the extent to which adults with disabilities are participating in public and civic life; including to exercise their voting rights.

165. The GoK provides in-kind support to TTM as the peak body representing people with disabilities in Kiribati. The assistance is provided by the DIU in the responsible ministry (MWYSSA) and in 2017/18 Junior Secondary School technical assistance provided through the Australian Government AVI program. The GoK commitment to

continue work to strengthen and support the TTM is reflected in the KNDP (PA2). The TTM Strategic Plan 2016–2020 outlines its vision that people with disability in Kiribati live in a barrier free environment and are socially, economically and financially secured.

166. In 2018 TTM's main sources of income and support were from donors including DFAT, PDF which funds office costs and operations including wages for an office manager and office clerk, the Disability Rights Fund (DRF), the Development Bank Fund and Australian Pacific Islands Disability Support. Local fundraising such as the 'speed hump collection' at the Betio Causeway tollbooth, drama and dance performances add to its income.

### **Article 30 – Participation in cultural life, recreation, leisure and sport**

167. Children with a disability are supported to develop skills in alternative techniques for reading, writing, listening and speaking to address disability-related communication barriers and improve their participation in school. Students from KSCCSN are generally included in major cultural and sporting events held in South Tarawa, for example the opening Independence Day Celebrations and the Queen's Batten procession for 2018 Commonwealth Games.

168. Singing and dancing are major features of Kiribati life and culture and great communication vehicles. TTM uses public performance opportunities to continue to develop member talents. It effectively uses public performance to raise awareness about the contribution people with disabilities can make to Kiribati cultural life and about issues impacting on people with disabilities. For example, TTM has been supported in the development of a dramatic performance DVD on CRPD article 24 to raise awareness about the right to an education and the learning potential of people with a disability. Celebratory activities have been held on the International Day of Persons with Disabilities (I-Day).

169. In 2017 activities focused on spreading the word about the rights of citizens with disabilities and MWYSSA was supported by MHMS and MoE along with TTM. Promotion activities included a five-day island wide segment on an interactive radio program, sponsorship of community lead inclusive events on the 22 outer islands, promotion to local church groups, newspaper article about the purpose of I-Day and a roadshow in three villages by TTM. A public event was held also at which the MoE launched its teacher's guide to inclusive education practice.

170. The Special Olympics and Paralympics Committees are active in Kiribati supporting the increased participation of elite level athletes with disabilities in international competition.

171. Kiribati Table Tennis Association (KTTA) is working across South Tarawa promoting health, inclusion and playing skills of people with disabilities through table tennis. The approach taken by KTTA supports the social engagement of people with and without disabilities. Weekly table tennis programs are held at TTM, Te Meeria and KSCCSN and inclusive table tennis competitions have been held at various community events including during the 2017 I-Day celebrations.

172. The GoK has committed to ratify the Marrakesh Treaty to ensure people with disabilities can access cultural material at no addition cost (KNDP PA1).

173. KDA support to use of one Kiri-Sign to enable people who are deaf to communicate with each other and build the deaf culture and community.

174. Since the 1990s a low number of people with disabilities have participated and been highly celebrated in elite level field, track and weight lifting events. The Kiribati Athletics Association is active in providing opportunities to include people with disabilities in their programs. The Kiribati Community Club organises sport, fundraises and provides a volunteer service in the community. Eight clubs were established across Kiribati between 2008–2013. KNDP (PA11) cites the need to coordinate the activities of ministries with the Kiribati National Olympic Committee (KNOC) and to support the inclusion of people with disabilities in all forms of community based recreation and leisure and sport at all levels including the elite level. This includes requiring work to audit sporting facilities by 2021 to subsequently improve accessibility.

175. The Kiribati National Council of Churches (KNCC) reports<sup>13</sup> that people with disabilities are active in the church and that approximately 70% of families take their family member with disabilities or they come by themselves. Church staff visit elderly people and people with disabilities who cannot attend church. Anecdotally it is reported that physical, information and communication inaccessibility and attitudes of families, including shame and embarrassment, are limiting people with disability from fully participating in community activities including church<sup>14</sup>. The church is uniquely placed to support families to develop more positive attitudes about disability and to encourage them to ensure family members attend school, and acquire skills to gain employment and be active in their community. The KNDP cites action to include churches in work to increase the genuine and meaningful inclusion of people with disabilities in all aspects of community life (PA11).

176. Culture is embedded in the daily life of Kiribati, and drama and storytelling are strong traditions. The Constitution requires citizens to cherish and uphold the customs and traditions of Kiribati. TTM effectively use drama and dance to change attitudes about people with disabilities and advocate for their rights to be recognised in line with the CRPD<sup>15</sup>. The Kiribati National Culture Policy draws on people with disabilities to build the traditional knowledge available about the customs and heritage of I-Kiribati. In so doing the government acknowledges, values, preserves, protects and promotes their ownership and copyright on all information. The policy is working to display cultural and historical information and artefacts and provide cultural materials on books and multimedia. However the South Tarawa based national cultural centre is not accessible with no communication equipment, such as Braille or hearing loops installed, no accessible washroom facilities and no wheelchair accessible ramps.<sup>16</sup>

## V. Specific situation of boys, girls and women with disabilities

### Article 6 – Women with disabilities

177. The national Policy for Gender Equality and Women’s Development policy 2017–2020 recognises that men and women with disabilities are particularly vulnerable to unequal access to opportunities and human rights. In this policy gender equality is understood to mean that women and men have equal rights, responsibilities and opportunities. Gender equality means the interest, needs and priorities of both men and women, and the diversity of the populations within those groups (e.g. old, young, able-bodied and people with disabilities) are taken into consideration.

178. Women and girls, particularly those with disabilities, face challenges within the Kiribati community as they are commonly treated as subservient to men. Acknowledging the need to address this situation the government committed to action under the CRPD, CEDAW and CRC.

### Article 7 – Children with disabilities

179. The principles underpinning how the GoK makes decisions to ensure the best interests of children with disabilities are protected and that they have full enjoyment of human rights and fundamental freedoms are reflected in the CRPD, CRC and CEDAW.

180. Culturally and historically the voices of boys and girls with disabilities are not heard loudly in the community. Decisions are commonly made on their behalf by their parents, family or caretakers in what is seen as being in their best interests.

<sup>13</sup> Disability Policy Consultation meeting, 13 December 2013.

<sup>14</sup> Personal stories shared during Disability Policy Consultation Workshop, 16–18 December 2013.

<sup>15</sup> Personal reflections of those consulted during Disability Policy Consultations, 9–18 December 2013.

<sup>16</sup> Presentation by the Cultural Officer, MWYSSA, during Disability Policy Consultation Workshop, 16 August 2013.

## VI. Specific obligations

### Article 31 – Statistics and data collection

181. The government and civil society stakeholders agree on the need to collect better data to ensure policy, planning, resourcing and service delivery are accessible to, and benefit, people with disabilities across Kiribati. Data relevant to people with disabilities is currently collected across a number of government ministries including social welfare and gender, child protection, elderly, health, education, disaster and risk management, climate change, human resource development and labour; and by civil society stakeholders. However, it is not systematically collected, collated, analysed or reported. The KNDP (PA3) recommends actions to ensure accurate and meaningful data is available about the number of people with disabilities and their met and unmet needs by 2021. It also cites the need for this data to be able to be disaggregated by gender and age and to be compared with international standards.

182. In addition, over the four years of the KNDP, we will work to ensure that disability data is used to improve services, policy and program development; and to inform the allocation of resources across government. The KNDP cites the need for disability awareness training to be provided to data collectors and interpreters; and the requirement that data analysis be made publically available in accessible formats. The KNDP sets out specific four year targets to improve consistency in the understanding and use of related definitions and to enhance data collection across the health and education ministries. It also recommends including the appropriate sections of the Washington Group Short Survey (WGSS) in relevant population surveys including the national census and demographic health surveys.

183. The NSO is mandated to include disability information into the national census which it conducts every five years, and other national surveys. The NSO uses the WGSS as the mechanism to identify disability. The Kiribati National Statistical Act requires staff of the NSO to retain the confidentiality of all collected and raw data.

184. While statistics and other measures are not yet being consistently disseminated, KNDP (PA3) requires data analysis to be released publically and in accessible formats from 2018.

185. Attention has been given to the need to include people with disabilities in data collection and research activities. The NSO has agreed to set a quota to ensure people with disability are included in delivering census and survey activities.

### Article 32 – International cooperation

186. MWYSSA engaged a DFAT AVI disability advisor to support capacity building through sharing of information about strategic disability policy, program implementation and reporting.

### Article 33 – National implementation and monitoring

187. The DIU was established as the national focal point for work related to implementing Kiribati obligations under the CRPD. The KNDP will coordinate efforts to improve national and international support systems and services to promote, protect and improve the rights of people with a disability through the provision of quality inclusive services. The implementation and outcomes of the KNDP as well as progress against the CRPD implementation will be monitored through the, to be established, Kiribati National Council of Persons with Disability (KNCPWD). The KNCPWD will include people with disabilities.

188. There is no independent mechanism to promote, protect and monitor the implementation of the Convention in Kiribati.

189. The KNDP (PA11) cites the need to ensure that all government ministries are aware of their obligations to progress the human rights of citizens with disabilities and are contributing to the work to promote and protect those rights.