



Samoa National Policy on Disability

2011 - 2016

Ministry of Women, Community and Social Development,
Government of Samoa,
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Acknowledgements

This policy would not have been possible without the commitment shown by all those who took the time to participate in the consultation meetings held around Upolu and Savaii over November 2008.

The policy development and consultation process has been managed throughout by the Disability Taskforce established by Cabinet minute of 1st October 2008. The Taskforce was chaired by the Chief Executive Officer of the Ministry of Women, Community and Social Development. The Ministry provided all secretariat support to the Taskforce and facilitated the consultation process.

Acronyms

BMF	Biwako Millennium Framework for Action Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific
CBOs	Community Based Organizations
CBR	Community Based Rehabilitation
CRC	Convention on the Rights of the Child
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRPD	Convention on the Rights of Persons with Disabilities
DMO	Disaster Management Office
DPO	Disabled Persons Organisation
ESCAP	Economic and Social Commission for Asia and the Pacific, United Nations.
HRM	Human Resource Management
ICHHS	Integrated Community Health Services
IHC	Western Samoa Society for the Intellectual Handicapped
ILO	International Labour Organisation
LTS	Loto Taumafai Society
LTSEIP	Loto Taumafai Society Early Intervention Program
NOLA	Nuanua O Le Alofa Inc. (National Disability Advocacy Organisation)
MCIL	Ministry of Commerce, Industry and Labour
MESC	Ministry of Education, Sports and Culture
MOH	Ministry of Health
MNREM	Ministry of Natural Resources, Environment and Meteorology
MWCSD	Ministry of Women, Community and Social Development
MWTI	Ministry of Works, Transport and Infrastructure
SASNOC	Samoa Association of Sport and National Olympic Committee
SPC	Samoa Paralympic Committee
SUNGO	Samoa Umbrella Nongovernmental Organisation

Policy Summary

Definition

Disability results from the association between a person with physical, mental and intellectual aspects and the environmental and attitudinal barriers she/he may face in villages and the wider society.

(Suggestion has been made by MESC that NOLA should have brought an alternative as a substitute to the above change)

Vision

Equality and quality life for all persons with disabilities.

Mission

In order to achieve the vision the policy calls for stakeholders to work together to ...

Create a human rights based, inclusive and barrier free society which advocates for and empowers people with disabilities.

Core Outcome areas:

The *Mission* will be achieved through addressing seven strategic core outcome areas:

1. Advocacy and awareness;
2. Early detection and intervention;
3. Independent living and economic development;
4. Provision of support, health services and assistive devices;
5. Education (training/sports/recreation);
6. Access (information/transport/built environment);
7. Women with disabilities;

1. Advocacy and awareness

Objectives:

- a. Empower people with disabilities to promote and advocate for their human rights.

Strategies

1. Advocacy on human rights and inclusion.
2. Research and awareness on the prevalence of disability.
3. Strengthen coordination between NGOs and government to protect all persons with disabilities from abuse or potential abuse.

- b. Strengthen collaboration, networking and partnership with government and other key stakeholders.

Strategies

1. Strengthen coordination and collaboration between service providers.

2. Early detection and intervention

Objectives

- a. Strengthen community based early detection, intervention and support services.

Strategies

1. Develop a joint strategy between key service providers to address improved early detection and intervention measures;
2. Develop or strengthen disability prevention programmes;
3. Improve access to information of causes of disability and early intervention measures;
4. Develop a Community Based Rehabilitation Strategy.

- b. Promote and enhance awareness of the need for early detection and intervention.

Strategies

1. Outreach and awareness programmes to rural and urban areas

3. Independent living and economic development.

Objectives:

- a. To improve livelihood opportunities and develop lifeskills;

Strategies

1. Increase the number of people with disabilities employed in the formal economy;
2. Access to vocational training opportunities;
3. Access to credit for people with disabilities;
4. Life skills training;
5. Disaster Preparedness.

4. Provision of support services and assistive devices.

Objectives:

- a. Strengthen community based rehabilitation programme.

Strategies

1. Improve the provision of assistive devices (e.g. wheel chairs, crutches, Braille etc) and rehabilitation services;
2. Develop and improve access to interpreting information, speech therapy, occupational therapy, sign language;

- b. Accessible, quality and affordable health service for urban and rural based people with disabilities and their families.

Strategies

1. Improve access to health services, medication and reproductive health services for rural people with disabilities;
2. Develop a strategy to address and provide more support for mental health and related disabilities;
3. Develop an outreach programme for people with severe disabilities in rural and urban areas;

- c. Support parents of children with disabilities.

Strategies

1. Parents support groups;
2. Financial support to parents and care givers;
3. Human rights awareness programme for parents and care givers of children with disabilities.

5. Education (training/sports/recreation).

Objectives:

- a. Strengthened inclusive and special education programmes;

Strategies

1. Greater classroom support for children with disabilities in all schools, need in the promotion of inclusive sport activities and improve awareness for Paralympics and Special Olympics.
2. Support expansion of inclusive education in the curriculum and materials division of MESCC;
3. Upskilling of staff;
4. Review of current exam/test-based 'push-out' system in the light of its impact on children with disabilities.

- b. Increase the number of people with disabilities participating in sporting activities.

Strategies

1. Provide for appropriate sporting activities, facilities and equipment for both competitive and social/recreational sports.

6. Access (information/transport/built environment).

Objectives:

- a. Ensure national construction standards providing access for people with disabilities are fully implemented.

Strategies

1. Review provisions for accessibility of land/sea/aviation systems.

- b. Improve access to information and communications technologies.

Strategies

1. Review existing policies with the view to improving accessibility of information and communications technologies.

7. Women with disabilities.

Objectives:

- a. Enhance awareness of economic, social, and cultural issues for women with disabilities.

Strategies

1. Develop awareness raising and communication materials and resources on the special case and vulnerability of girls and women with disabilities;

Monitoring and Review

The Taskforce on Disability will be responsible for monitoring and reporting on the implementation of the National Disability Policy. The Taskforce will report annually to the Minister for Women, Community and Social Development on policy achievements and implementation constraints.

A mid point review of the policy should be carried out in 2010 to assess the overall impact of the policy and where constraints have inhibited implementation. This review should make recommendations to the Minister on how constraints can be overcome and where improvements to the overall policy can be made to strengthen effectiveness and address changing priorities.

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Introduction

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

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

Background

Based on international research conducted in a number of developed and developing countries, the United Nations estimates that up to 10% of a national population will have a disability. If 10% of the population in Samoa had a disability this would give a population of approximately 18,000 people with disabilities. However, when this is considered alongside increasing incidences of heart disease, diabetes, Vitamin A deficiency, and an increasing number of road accidents, then we can assume that the incidence of disability in Samoa's population is likely to be higher than the United Nations' 10% figure. It is very difficult to measure the number of people with disabilities in a population as they tend to be hidden from view; however, research has been conducted which gives an indication of the prevalence of disability in Samoa.

The 2002 Adult Disability Identification Census of people with disabilities 15 years of age and over found that 3% of this age group lived with a disability(s). A total of 2,874 persons with disabilities were identified of which 47% were males (1,358) and 53% (1,516) females. Although the vast majority (80% or 2,398 people) lived in rural areas and 17% (476) lived in the Apia urban area, nearly all services and schools for people with disabilities are concentrated in the urban area only (see table 1 below).

Table 1: Persons with disabilities 15 years and older by sex, rural and urban areas.

Location	Male	%	Female	%	Total	%
Urban	232	17.1	244	16.1	476	16.6
Rural	1,126	82.9	1,272	83.9	2,398	83.4
Total	1,358	100.0	1,516	100.0	2,874	100.0
Gender Mix	-	47.3%	-	52.7%	-	-

Source: *Source: Adult Disability Identification Census 2002*

In the year 2000, the Department of Education conducted a nationwide survey for children with disabilities from 0 – 14 years of age and identified 1,188 children with disabilities, or 1.7% of the total population of this age group (see table 2 below). Following the survey the Ministry of Education, Sports and Culture established Special Education Units in selected schools, a Special Education course for all pre-service teachers at the National University of Samoa, appointed a Special Education Coordinator within the Curriculum Development Unit and a database for Children with Disabilities 0 – 14 years of age.

The Compulsory Education Act 1992 makes provision for inclusive education for children with disabilities. In 1998 a Special Needs Education Advisory Committee was established to provide advice to the Ministry on the needs of children and their families in regards to Special Needs and Special Education. In 2000 the first group of student teachers majoring in Special Needs Education graduated from the National University of Samoa, and since then every student enrolled at the Faculty of Education is required to take the core course, “Inclusive Education”. In 2001, the “Special Needs Education Coordinator” post was established within the Ministry to provide support and advice in the development of a national system to increase access, opportunities and quality of education for children with disabilities, and provide advice on the development of the Ministry’s policies to ensure special needs education issues are included. A major achievement of the Ministry was the completion of the “Samoa Sports Ability workshop” conducted by the Australia Pacific Programme which resulted in the establishment of the Samoa Sports Advisory Committee with members from special needs schools and organizations.

Table 2: Number of people 15 years and over with a disability by attendance at an educational institution

	Male	%	Female	%	Total	%
Primary Education	589	43.4	720	47.5	1,309	45.5
Government Secondary Education	229	16.9	223	14.7	452	15.7
Private/Mission Secondary Education	270	19.9	286	18.9	556	19.3
Loto Taumafai (Special Needs)	60	4.4	33	2.2	93	3.2
Fiamalamalama (Special Needs)	21	1.5	22	1.5	43	1.5
Marist Center-Palauli Savaii	3	0.2	6	0.4	9	0.3
PREB School	2	0.1	4	0.3	6	0.2
Overseas	12	0.9	12	0.8	24	0.8
Samoa Polytechnic School	7	0.5	3	0.2	10	0.3
Other Polytechnic School	3	0.2	2	0.1	5	0.2
National University	3	0.2	4	0.3	7	0.2
Overseas University	7	0.5	4	0.3	11	0.4
Mission Informal School (Aoga Faifeau)	54	4.0	81	5.3	135	4.7
Never Attended School	98	7.2	116	7.7	214	7.4
Total	1,358	100.0	1,516	100.0	2,874	100.0

Source: Adult Disability Identification Census 2002

A common assumption is that unemployment and underemployment of people with disabilities is directly related to, and an unavoidable consequences of, the physical and intellectual disabilities of the persons concerned. It is now recognized that many of the disadvantages they face resulting in exclusion are not due to the individual disabilities, but rather a function of the reaction (attitude) of society to that disability plus the physical (environment) and cultural (protective approach) barriers they live with and face in society.

According to people with disabilities, discrimination against them in their everyday lives is a common problem. Direct discrimination comes in the form of negative attitudes, often expressed intentionally and sometimes without knowledge. Indirect discrimination comes in the absence or enforcement of laws and policies that protect the rights and provide assistance to people with disabilities such as a building code which makes provision for the accessibility of buildings and public spaces.

The above surveys suggest that people with disabilities have limited access to education and employment opportunities (see table 3 below). At present, the Government of Samoa does not have any policies or national plan to address the needs of people with disabilities, except for the Ministry of Health (Mental Health Act 2007) and Ministry of Education, Sports and Culture (Ministry of Education Policies: 1992 Compulsory Education Act, Inclusive Education system), and the Special Education Training for teachers provided by the National University of Samoa. The government has recently

designated the Ministry of Women, Community and Social Development as the Government focal point for Disability. These recent initiatives represent important developments in addressing the needs of people with disabilities.

Table 3: Main work activity by people with disability by sex.

Type of Work Activity	Male	Female	Total	%
Paid Work	26	12	38	1.3
Income Earner	22	11	33	1.1
Assist Family Work Activities	647	757	1,404	48.9
Student	159	153	312	10.9
None	504	583	1,087	37.8
Total	1,358	1,516	2,874	100.0

Source: Adult Disability Identification Census 2002.

The Health Sector Plan 2008 – 2018, advocates a right-based approach to safeguard and promote human rights and values consistent with the focus of this policy which promotes moving away from the “welfare approach” to the “rights based approach” for people with disabilities. The Ministry of Health continues its role of assisting and referring new born babies and children detected with impairments to the Loto Taumafai Early Intervention programme. The programme is now supporting approximately 200 families of children with disabilities as part of its community based approach. The Health Sector Plan situational analysis identifies disability and non communicable diseases as two of its four crucial areas of health challenges upon which the sector will work.

“Partnership Commitment” is one of the six Key Strategies of the Health Sector Plan, and aims to strengthen networking and collaboration between the Ministry and all other Health Service Providers. The National Policy on Disability also promotes and supports partnerships between Government agencies as well as between Government agencies and the community sector.

As part of the Mental Health Act, the Health Sector Plan puts greater emphasis on building and continuing promotional programmes on mental health issues.

Addressing the needs of people with disabilities in times of national disaster particularly during a cyclone or tsunami is also important, as experience from the December 2006 Indonesian earthquake and tsunami suggests that an estimated 30% of the victims were people with disabilities.

The International Convention on the Rights of Persons with Disabilities calls for governments to take “all necessary measures to ensure protection and safety of persons with disabilities in ... humanitarian emergencies and the occurrence of natural disasters.” (Article 11)

The Samoan Constitution guarantees equality of all before the law in Section 15 which declares “All persons are equal before the law and entitled to equal protection under the

law”. Under Section 15 (3) (b) allows law to be made for the disadvantaged “Nothing shall prevent the making of any provision for the protection or advancement of women or children or of any socially or educationally retarded class of persons”.

Samoa also has an Office of the Ombudsman to whom complaints can be made by any persons including people with disabilities in regard to improper and discriminatory conduct within Governmental bodies.

Regional and International Commitments

Samoa became a member of the United Nations in 1976, signed the *Convention on the Rights of the Child* in 1994 and ratified the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) in 1992. Samoa is also a signatory (1998) to the Asian and Pacific Decade for the Disabled Person, 1993-2002, and the 2003-2012 Asian and Pacific Decade and Biwako Millennium Framework (see below).

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

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

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

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

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

The Forum also endorsed the recommendations of the Pacific Islands Forum Education Ministers who met in 2003 and made a number of recommendations concerning improving education for children with disabilities.

A national policy on disability provides the opportunity to bring together these various regional and international commitments, initiatives and activities under a single coherent and integrated national framework to address disability.

Policy Principles:

The policy is based on the following principles:

- Recognition of the equality of all people and their human rights;
- All should have access to buildings, public spaces and information;
- There should be no discrimination;
- All have the right to participation and inclusion in society;
- Respect for the human dignity of all people;
- Care and respect for all people.

Definition

This policy uses the word “disability” as it was broadly agreed that this word best captures the wider meaning and context of issues which the policy addresses. There was considerable debate about the term and definition which best reflects the language and culture of Samoa. In using the term ‘disability,’ however, the policy emphasises that any discussion about disability must put ‘people’ first rather than disability. Therefore, wherever possible the policy will use the term ‘people with disabilities.’ It was noted that the policy should discuss people in the context of their environment, their community and their family. This definition says that disability is not so much about the individual but more about how the physical and social environment limits what people can do. The overall intention of this policy is to shift the way people think about disability so that the focus is more on making the environment accessible by alterations that we can implement in individual homes, businesses and other public places. But the question is, how can we make the society inclusive? It is like we are asking the population to include people with disabilities in their lives. When we should be focusing on empowering people with disabilities as an intention to shift people’s perception of disability.

Disability results from the association between a person with an impairment and the environmental and attitudinal barriers she/he may face in villages and the wider society.

Impairment can refer to physical, social, sensory, psychological, and medical conditions. Environmental barriers can refer to limitations on a persons participation, expression of personal opinions in society, education; employment; religion; family life; human rights, freedom of movement and access to buildings and inclusion in decision making.

National Policy

Vision

Equality and quality life for all persons with disabilities.

Mission

In order to achieve the vision the policy calls for stakeholders to work together to ...

Create a human rights based, inclusive and barrier free society which advocates for and empowers people with disabilities.

Core Outcome areas:

The *Mission* will be achieved through addressing seven strategic core outcome areas:

1. Advocacy and awareness;
2. Early detection and intervention;
3. Independent living and economic development;
4. Provision of support services and assistive devices;
5. Education (training/sports/recreation);
6. Access (information/transport/built environment);
7. Women with disabilities;

Under each Core Outcome Area, the policy outlines objectives and strategies. The *implementation action plan* (attached) will outline specific actions to be undertaken under each set of objectives and strategies and achieved within a specified timeframe.

Outcome Areas, Objectives, Strategies and Actions

1. Advocacy and awareness.

Information empowers people and a better informed society will also lead to greater understanding, reduce discrimination and enhance tolerance and support for the full participation of people with disabilities within all aspects of community life. Disabled Peoples Organisations need information and data to assist with advocacy of human rights and communities need information on disability in order to increase awareness and understanding of disability concerns and issues. The Statistics Bureau has basic data on disability gathered from the national census (2006), however, there is a need to supplement this information and to use research data to inform policy and programme initiatives. The policy recognises that there are a number of welfare, health and education professionals in the community who are already gathering information on key social indicators. Where possible this information and data gathering should include disability. This may require additional support and capacity building to ensure that

accurate and relevant information is gathered, that it is coordinated and consolidated, and able to inform disability awareness programmes, policy and programme development.

Objectives:

- a. Empower people with disabilities to promote and advocate for their human rights.

Strategies

- 1. Advocacy on human rights and inclusion.
- 2. Research and awareness on the prevalence of disability.
- 3. Strengthen coordination between NGOs and government to protect children with disabilities from abuse or potential abuse.

- b. Strengthen collaboration, networking and partnership with government and other key stakeholders.

Strategies

- 1. Strengthen coordination and collaboration between service providers.

2. Loto Taumafai Early Intervention Program

Early detection and identification with support and training to parents and families will ensure the maximum development of the full potential of children with disabilities. Note that the Program is now supporting currently more than three hundred and fifty (350) families of children with disabilities. Failure to provide early detection, identification and intervention to infants and young children (birth to four years old), with disabilities and support to their parents and caretakers results in secondary disabling conditions which further limit their capacity to benefit from educational opportunities and increases health and welfare costs to the state in the long term. Recognising that early detection and intervention are already included in the education roles and responsibilities of nurses and midwives from Ante Natal Care, Child Health etc, this policy is seeking the provision of early intervention as a combined effort of the MWCSO, Ministry of Education, Sports and Culture (MESC) and Ministry of Health (MOH), particularly community health nurses and teachers. The MWCSO facilitates through village leadership and Village Women Representatives. There is also a need to ensure there is adequate coordination between MOH and MESC. Besides, early detection of any disability in the hospital which is a role played by the Tupua Tamasese Meaole Hospital, LTSEIP is the only other NGO who is providing this early intervention service for persons with disabilities in the community. Our role includes identification, assessment, rehabilitation, education of parents and families and referral for further assistance that is outside our scope.

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

Objectives:

- a. Strengthen community based early detection, intervention and support services.

Strategies

1. Develop a joint strategy between key service providers to address improved early detection and intervention measures.
2. Develop or strengthen disability prevention programmes;
3. Improve access to information of causes of disability and early intervention measures.
4. Develop a Community Based Rehabilitation Strategy

Objectives:

- b. Promote and enhance awareness of the need for early detection and intervention.

Strategies

1. Outreach and awareness programmes to rural and urban areas.

3. Independent living and economic development

People with disabilities have a right to participate in family and community decision making and community affairs at all levels including within the village and national government. People with disabilities also have a right to participate in the private sector and wider civil society, including churches and other non-governmental organisations and members of these organisations, agencies and societies need to address how they can include people with disabilities. People with disabilities require the same educational, vocational training, employment and business development opportunities available to all. Some may require specialized support services, assistive devices or job modifications, but these are small investments compared to lifetimes of productivity and economic independence.

Vocational training and employment issues must be considered within the context of the full participation of people with disabilities in community life. People with disabilities must also be regularly and actively involved in initiatives related to employment and training, not just as consumers but also as advocates, designers and providers of services. The Statistics Bureau has data on the economic status of persons with disabilities their carers and families. This data needs to be used to inform policy and programme initiatives in support of people with disabilities.

To ensure that livelihoods are protected nationally, the Disaster Management Office, together with families and the wider community, must take account of the particular needs and vulnerabilities of people with disabilities in times of national disaster particularly when cyclones, tsunamis and earthquakes occur.

Objectives:

- a. To improve livelihood opportunities and develop lifeskills.

Strategies

1. Increase the number of people with disabilities employed in the formal economy;
2. Access to vocational training opportunities.
3. Access to credit for people with disabilities.
4. Life skills training.
5. Disaster preparedness

4. Provision of support services and assistive devices

Community based rehabilitation is proving to be effective in Pacific island countries, particularly in rural areas. Community health workers, mid wives and traditional healers need to be trained in the early identification and referral of infants with.

Assistive devices are essential for improving the mobility of people, the overall quality of life and in ensuring greater independence. The greatest challenge in this area is in rural areas where mobility issues are most difficult to address and assistive devices are most difficult to deliver because of the lack of services and follow-up to train people in their uses. Strengthening the provision of community based services will be crucial to improving the lives of people with disabilities in Samoa and establishing community centres for repair and maintenance of assistive devices which could, at the same time, provide employment opportunities for people with disabilities could be explored.

Objectives:

- a. Develop a community based rehabilitation programme.

Strategies

1. Improve the provision of community based services including assistive devices (e.g. wheel chairs, crutches, Braille etc) and rehabilitation services.
2. Develop and improve access to interpreting information, audiologists, speech therapy, occupational therapy, sign language.

- b. Accessible, quality and affordable health service for urban and rural based people with disabilities and their families.

Strategies

1. Improve access to health services, medication and reproductive health services for rural people with disabilities;

2. Support existing mental health policy and action plan and ensure that this includes people with mental disabilities. .
 3. Develop an outreach programme for people with severe disabilities in rural and urban areas.
- c. Support parents of children with disabilities.

Strategies

1. Parents support groups.
2. Financial support to parents and care givers.
3. Human rights awareness programme for parents and care givers of children with disabilities.

5. Education (training/sports/recreation)

The national policy on disability endorses the initiatives already taken by the Ministry of Education Sports and Culture (MESCC) with respect to the development of “inclusive education” in Samoa.

The Ministry of Education, Sports and Culture Strategic Policies and Plan 2006 – 2015 aims at building upon the strength of the existing systems and programmes to improve outcomes of its Special Needs Education Strategic Policies & Plan statement.

MINISTRY OF EDUCATION POLICY STATEMENT

1. Facilitate the enrolment and participation of children with disabilities. Special attention will be given to girls and women with disabilities
2. Work in collaboration with Loto Taumafai Early Intervention Program and the Ministry of Health, to ensure sustainability of the early intervention program.
3. Develop sound knowledge of best practice for inclusive education.
4. Capacity building for Special Needs Education Advisory Committee.
5. Support awareness programs on inclusive education and people with disabilities, with particular emphasis on girls and women.
6. On-going support for Special Needs Teachers
7. Document, record and adopt appropriate models of good practice for educational and sporting provision.

Sports and recreation are an important part of everyday life throughout Samoa. People with disabilities have a right to participate without discrimination in sport and recreation. Such participation is an important part of being fully included in society, for social integration and for the psychological and physical well being of people with disabilities. It is also important to ensure that children with disabilities are able to participate in sport and recreational activities in schools, and that their participation is not limited.

Objectives:

- a. Strengthen inclusive and special education programmes.

Strategies

1. Greater classroom support for children with disabilities in all schools;
2. Support expansion of inclusive education in the curriculum and materials division of MESCS.
3. Upskilling of staff.
4. Review of current exam/test-based ‘push-out’ system in the light of its impact on children with disabilities.

- b. Increase the number of people with disabilities participating in sporting activities.

Strategies

1. Provide for appropriate sporting activities, facilities and equipment for both competitive and social/recreational sports.

Access (information/transport//built environment/health)

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

The National Building Code for Samoa (Part ND3.1) pertains to access for people with Disabilities to different class(s) of buildings through given building requirements. Access requirements in the code also includes continuous path from the boundary of the allotment, and from any car park space on the allotment whether within or outside the building, as well as from any other building on the allotment to which access for people with disabilities is required. Enforcing this provision for access of people with disabilities will be a challenge for this policy. Not only does the national building code need to be consistently applied, but it also may need to be reviewed to bring it into line with international best practice. For example, external access to buildings (i.e. ramps) should be visible and close to the main/common entrance of buildings/facilities and internal access provisions (i.e. door width and bathrooms etc) should also be considered.

The Planning and Urban Management Agency (“the Agency”), Ministry of Natural Resources and Environment (MNRE) developed the Parking Policy and Standards (“the

Policy”) which was approved by the Planning and Urban Management Board in July 2006 and the Disability Access Guideline (“the Guideline”) in 2008.

The Policy aims to provide minimum standard requirements for off-street parking provision in Samoa. It considers aspects such as landscaping, space demarcation, loading and unloading areas, safety and disability access in parking areas. The provision of appropriate parking that caters for the needs of people with mobility difficulties is addressed in the Policy document. The importance of taking into account the surrounding environment when designing car park areas is emphasized to adequately provide access and pedestrian movement around car parks. Special attention is paid to the requirement to provide access routes for disabled people and include suitable surfaces of car park areas to ensure their safe movement.

The Policy details that the parking area for the disabled shall contain one space for every calculation of 20 or less parking spaces and 1 space for every additional 20 spaces. For a calculation of greater than 100 spaces, the PUMA may use its discretion on parking requirement. All disability parking spaces must be located near building entrance and appropriately demarcated/marked. Exit and entry curbs must be provided in public parking areas and must be closer to disability parking spaces and at building entrance. Depending on the type and scale of proposed development, the PUMA may require the provision of additional car spaces for disabled parking. The Policy also details the minimum dimensions of disable parking space size – 5.4m x 3.8m.

The Guideline provides the details required for the provision of good access to public facilities not only for the benefit of people with disabilities but also others including parents with children in prams, people with temporary illness or injury, delivery, shoppers and older Samoans. Recognizing provision for disability access in planning and design stage of public facilities will alleviate extra costs and ensures safe and adequate access to public facilities by all. There are design standards and performance criteria described in the Guideline that shall be taken into account when constructing a new building, making renovations, alterations, additions and extensions and address the following: access to building; doors; car parking; kerb ramps; ramps; street furniture; pathways; signage; stairs; lifts; toilets; and showers.

Under the PUM Act 2004 (“the Act”), every development that takes place in Samoa requires a development consent. The Agency will undertake an assessment of actual and potential impacts of the development on the environment. If the Agency determines that the impacts are significant, a report is required to be prepared and submitted by the applicant to assess the environmental impacts of the project (e.g. Preliminary Environmental Assessment Report or Environmental Impact Assessment) as per the Planning and Urban Management (EIA) Regulations 2008 (“the Regulations”). If the impacts are assessed to be minor, a development consent will be granted subject to conditions. The provision of disabled parking spaces is made part of consent conditions and compliance will be monitored by Agency officers during and after the construction activities.

However, there is a challenge in ensuring consent holders comply with conditions of consent. Also, as most of the large developments occurred before 2004, their existing use rights limits the Agency’s powers in enforcing adherence to the Act, Policy and Guideline. There is a need for the Agency to undertake stricter enforcement of consent

conditions and review of current legislation to provide strong legal support to ensure compliance.

Objectives:

- a. Ensure national standards providing access for people with disabilities are fully implemented.

Strategies

- 1. Review provisions for accessibility of land/sea/aviation systems;
- b. Improve access to information and communications technologies.

Strategies

- 1. Review existing policies with the view to improving accessibility of information and communications technologies.

7. Women with disabilities

Women and girls need to have equal access to health care, education, vocational training, employment and income generation opportunities, and to be included in social and community activities.

Women and girls with disabilities encounter discrimination as they are exposed to greater risk of physical and sexual abuse and women with disabilities are often not given adequate sexual health advice and their families are often not giving them the same educational and employment opportunities as men and boys. Therefore, women with disabilities are often exposed to poverty more than men with disabilities and face discrimination within the family.

Objectives:

- a. Enhance awareness of economic, social, and cultural issues for women with disabilities

Strategies

- 1. Develop awareness raising and communication materials and resources on the special case and vulnerability of girls and women with disabilities.

Policy Monitoring and Review

The Taskforce on Disability will be responsible for monitoring and reporting on the implementation of the National Disability Policy. The Taskforce will report annually to the Minister for Women, Community and Social Development on policy achievements and implementation constraints.

A mid point review of the policy should be carried out in 2010 to assess the overall impact of the policy and where constraints have inhibited implementation. This review should make recommendations to the Minister on how constraints can be overcome and where improvements to the overall policy can be made to strengthen effectiveness and address changing priorities.

Conclusion

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

The Constitution of Samoa provides a clear framework and direction for addressing disability. There has been considerable development of disability concerns in many sectors, especially in education and there is delivery of services particularly by NGOs and church-based agencies. The policy provides the framework which will assist all disability stakeholders to work together in order to protect and promote human rights and develop a barrier-free and inclusive society.

Those involved in the policy consultation process identified a vision, mission, seven strategic outcome areas where intervention is necessary and agreed on a range of objectives, strategies and actions in order to achieve these outcomes. The policy vision, outcome areas, prioritised objectives, strategies and actions, key result indicators and the means of measuring these indicators plus the various risks associated with each element of the policy is outlined in the *policy implementation matrix* attached (below). The intention is that this initial implementation plan will be completed by 2012.

National Policy Implementation Plan, 2011-2016

Vision	Outcomes
<p><i>Equality and quality life for all persons with disabilities.</i></p>	<ul style="list-style-type: none"> • Advocacy and awareness; • Early detection and intervention; • Independent living and economic development; • Provision of support and health services and assistive devices; • Education (training/sports/recreation); • Access (information/transport/built environment); • Women with disabilities;
Mission	Strategies
<p><i>Create a human rights based, inclusive and barrier free society which advocates for and empowers people with disabilities.</i></p>	<ul style="list-style-type: none"> • Advocacy on human rights and inclusion • Research and awareness on the prevalence of disability • Strengthen coordination between NGOs and government to protect children with disabilities from abuse or potential abuse • Strengthen coordination and collaboration between service providers • Develop a joint strategy between key service providers to address improved early detection and intervention measures • Develop or strengthen disability prevention programmes • Improve access to information of causes of disability and early intervention measures • Develop a Community Based Rehabilitation Strategy • Outreach and awareness programmes to rural and urban areas • Increase the number of people with disabilities employed in the formal economy • Access to vocational training opportunities • Access to credit for people with disabilities • Life skills training • Disaster preparedness • Improve the provision of assistive devices (e.g. wheel chairs, crutches, Braille etc) and rehabilitation services • Develop and improve access to interpreting information, speech therapy, occupational therapy, sign language • Improve access to health services, medication and reproductive health services for rural people with disabilities • Develop a strategy to address and provide more support for mental health and related disabilities • Develop an outreach programme for people with severe disabilities in rural and urban areas • Parents support groups

	<ul style="list-style-type: none">• Financial support to parents and care givers• Human rights awareness programme for parents and care givers of children with disabilities• Greater classroom support for children with disabilities in all schools• Support expansion of inclusive education in the curriculum and materials division of MESC• Upskilling of staff• Review of current exam/test-based ‘push-out’ system in the light of its impact on children with disabilities• Provide for appropriate sporting activities, facilities and equipment for both competitive and social/recreational sports• Review provisions for accessibility of land/sea/aviation systems• Review existing policies with the view to improving accessibility of information and communications technologies• Develop awareness raising and communication materials and resources on the special case and vulnerability of girls and women with disabilities
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Objectives

Advocacy and awareness objectives	Key Result Indicators	Means of verification	Risks and Assumptions
1.1 Empower people with disabilities to promote and advocate for their human rights.	<p>Disability Rights awareness literature and public broadcast material produced.</p> <p>Disability research funded and completed.</p> <p>Child protection strategy completed with disability component.</p>	<p>NOLA annual report.</p> <p>MWCSD annual report.</p>	<ul style="list-style-type: none"> • Lack of awareness of human rights and the Convention on the Rights of persons With Disabilities in particular; • Lack of awareness of rights for children with disabilities as embodied in the CRC; • Lack of a forum to share information and learn; • Lack of information and data; • Lack of support for human rights in village councils; • Lack of acknowledgement of the rights of girls and women with disabilities.
1.2 Strengthen collaboration, networking and partnership with government and other key stakeholders.	<p>Review of early detection services completed.</p> <p>Awareness training of key personnel completed.</p>	<p>Cabinet minute.</p> <p>Taskforce minutes.</p>	<ul style="list-style-type: none"> • lack of a government focal point for discussing and coordinating disability issues and programmes; • lack of consultations amongst stakeholders; • lack of knowledge of programmes and projects for people with disabilities; • lack of inclusion of people with disabilities amongst stakeholders.
Early detection and intervention objectives	Key Result Indicators	Means of verification	Risks and Assumptions
2.1 Strengthen community based early detection, intervention and support services.	<p>Early intervention training provided for key health and education personnel.</p>	<p>MOH and MWCSD Reports.</p>	<ul style="list-style-type: none"> • Poor understanding of community services; • Lack of skills amongst community workers to address disability issues; • Lack of awareness of disability concerns amongst community workers; • Lack of support amongst village leaders; • Lack of acknowledgement of the importance of early intervention measures; • Lack of acknowledgement of the importance of disability prevention measures; • Lack of information on early intervention

			<ul style="list-style-type: none"> programmes and related measures; Lack of information of the causes of disability; Poor understanding of the causes of disabilities amongst community workers;
2.2 Promote and enhance awareness of the need for early detection and intervention.	Village based awareness programme developed	MOH reports.	<ul style="list-style-type: none"> Lack of awareness of the impact and benefits of early intervention measures in the wider community.
Independent living and economic development objectives	Key Result Indicators	Means of verification	Risks and Assumptions
3.1 To improve livelihood opportunities and develop lifeskills.	<p>Review of labour law and vocational training schemes completed.</p> <p>Data base of employed people with disabilities developed.</p> <p>Training programme on independent living developed.</p> <p>Strategy for protecting people with disabilities during natural disasters developed.</p>	<p>MCIL review report.</p> <p>DMO approved and published policies.</p>	<ul style="list-style-type: none"> Lack of information on the law, range and type of possible incentive schemes; Lack of role models to which people with disabilities can aspire; No vocational training programmes readily accessible; Credit and loans programmes are not available to people with disabilities; Lack of training and knowledge on lifeskills training opportunities; People with disabilities not protected when natural disasters occur.
Provision of support services and assistive devices objectives	Key Result Indicators	Means of verification	Risks and Assumptions
4.1 Strengthen community based rehabilitation programmes.	Partnership agreement between key service providers and community support and assistive devices strategy developed.	MOH reporting on distribution of assistive devices.	<ul style="list-style-type: none"> Limited resources not adequately coordinated; Rural villages miss out on resources; Lack of understanding of the importance of key interventions such as speech and occupational therapy; Lack of inter-agency coordination for referrals to key services. Key services not delivered to older children for ongoing training and educational opportunities.

4.2 Accessible, quality and affordable health service for urban and rural based people with disabilities and their families	Rural health services reviewed. Outreach programme for those with severe disabilities agreed between key stakeholders.	MOH published strategy.	<ul style="list-style-type: none"> • Lack of an overview of key health services; • Lack of a strategy to improve accessibility of health services; • Rural communities not targeted.
4.3 Support parents of children with disabilities	Parents support group established. Financial support options outlined.	NOLA annual report.	<ul style="list-style-type: none"> • Lack of a forum for parents and care givers; • Lack of parental and care giver support and recognition of the rights of children and adults with disabilities; • Lack of resources for parents to take good care of children with disabilities.
Education (training/sports/recreation) objectives	Key Result Indicators	Means of verification	Risks and Assumptions
5.1 Strengthened inclusive and special education programmes.	More parent involvement in schools and greater in-classroom support for teachers. Curriculum reviewed to strengthen inclusive education.	MESC reporting.	<ul style="list-style-type: none"> • Lack of parental engagement; • Lack of support for classroom teachers in mainstream schools; • Lack of support for Braille and sign language especially in key secondary schools; • Lack of in-service training; • Out of date teacher training; • School system fails to acknowledge children with special needs
5.2 Increase the number of people with disabilities participating in sporting activities.	Advocacy materials produced targeting sports administrators.	School roll reports.	<ul style="list-style-type: none"> • Lack of advocacy for inclusion in sporting activities; • Lack of coaching and administrative support; • Lack of funding.

Access (information/transport/built environment) objectives	Key Result Indicators	Means of verification	Risks and Assumptions
6.1 Ensure national construction standards providing access for people with disabilities are fully implemented.	Building code reviewed. Review completed of accessibility constraints on sea, land and air.	MWTI annual report.	<ul style="list-style-type: none"> • Building code does not meet best practice standards; • Lack of enforcement of building code; • Lack of information on standards and provisions in other codes (sea, land and air).
6.2 Improve access to information and communications technologies.	ICT policy developed on accessibility for people with disabilities.	MCIT reports.	<ul style="list-style-type: none"> • Lack of understanding of current provisions and policies;
Women with disabilities objectives	Key Result Indicators	Means of verification	Risks and Assumptions
7.2 Enhance awareness of economic, social, and cultural issues for women with disabilities.	Data gathered on the position of women and girls with disabilities in villages and urban areas. EEO policies reviewed. Skills data base developed of women with disabilities.	MWCSD, Women's Division annual report.	<ul style="list-style-type: none"> • Lack of acknowledgement of the vulnerability of women and girls with disabilities in the wider community; • Employment of women with disabilities not included within existing policy provisions; • Lack of knowledge of women with disabilities already employed and lack of information of skilled women with disabilities seeking employment.

Actions

Objective 1.1 Empower people with disabilities to promote and advocate for their human rights. .	Outputs
Actions	
1.1.1 MWCS D and all stakeholders conduct awareness programmes and consultations on the Convention on the Rights of Persons with Disabilities, relevant national Acts and the Constitution;	.Awareness literature developed and distributed; programmes broadcast on radio and television.
1.1.2 MESC and MOH in collaboration with stakeholders provide information on children with disabilities in schools and identify and disseminate resources and relevant information on the CRC and other relevant international conventions (e.g. Convention on the Elimination of All Forms of Discrimination Against Women);	Information on CRC and CRPD produced for schools.
1.1.3 NOLA in cooperation with SUNGO ensures regular networking and gatherings of DPOs and people with disabilities to share information on programmes and projects;	Networking meetings convened at least twice per year.
1.1.4 MWCS D with stakeholders seek funding support for research on the prevalence, types of disabilities as well as related community and social issues;	Research funded on prevalence of disability and issues affecting and concerning people with disabilities.
1.1.5 MWCS D and the Bureau of Statistics ensures research results and related data is made available to DPOs and NGOs;	Research data published and made accessible in Samoan language and used for public information.
1.1.6 MWCS D promote awareness of disability and human rights of people with disabilities with Village Councils and Government Women’s Representative;	MWCS D, Division of Internal Affairs in consultation with NOLA conducts programmes with Village mayors and councils.
1.1.7 MWCS D in collaboration with Ministry of Health, together with stakeholders develop a strategy to protect children with disabilities, especially girls with disabilities.	Child protection strategy developed by MOH and stakeholders that has a clear focus on children with disabilities.
Objective 1.2 Strengthen collaboration, networking and partnership with government and other key stakeholders.	Outputs
Actions	
1.2.1 MWCS D seeks to formalise Disability Taskforce as the Government coordination mechanism for disability programmes and projects;	Taskforce role and responsibilities clearly defined and endorsed by Government.
1.2.2 MWCS D conduct regular consultations with key stakeholders especially DPOs, NGOs, and CBOs to share information on programmes and projects affecting people with disabilities;	Consultation meeting held at least twice per year.
1.2.3 MWCS D develop a database of disability organisations and the range of services and support offered.	Database established.

Objective 2.1 Strengthen community based early detection, intervention and support services.	Outputs
Actions	
2.1.1 MWCSO in collaboration with MOH, MESC and stakeholders review existing early detection and intervention services and programmes;	Review of services completed.
2.1.2 MOH, in consultation with MWCSO ensures inclusion of early detection of disabilities in in-service -training of midwives, nurses, doctors, physiotherapist, other allied health professionals in line with MOH HRH Plan;	Training tool kit developed.
2.1.3 MWCSO in consultation with MOH develop disability awareness programs for traditional birth attendants (faatosaga faaleaganuu),, midwives and Government Representatives for Women;	Awareness programme developed and training sessions held.
2.1.4 Village mayors and Government Representatives for Women collaborate with traditional birth attendants (faatosaga faaleaganuu) to raise awareness of the need for early intervention measures for children with disabilities;	Training workshops held for community health workers and traditional healers.
2.1.5 MWCSO in collaboration with MOH, MESC and other stakeholders including community groups and NGOs to develop an awareness programme for parents and care givers on the needs of children with disabilities and the importance of early intervention;	Awareness programme developed.
2.1.6 MWCSO in collaboration with MOH, MESC, NOLA and other stakeholders to develop disability prevention strategy especially addressing preventable blindness, hearing impairments, NCDs and car accidents causing serious and long term injuries;	Disability prevention strategy developed focusing on key areas.
2.1.7 MWCSO in collaboration with MOH assess impact of immunisation programmes on the prevalence of disabilities with the view to strengthening these programmes where possible;	Strategy for strengthening immunisation programmes developed.
2.1.8 MWCSO will collaborate with MOH in ensuring availability of information on early intervention measures and causes of disability;	Schedule or database of early interventional programmes and related measures developed and published.
2.1.9 MWCSO in collaboration with MOH and stakeholders will develop a training and awareness programme for midwives, community health nurses, traditional healers and Government Representatives for Women on causes of disability and early intervention measures;	Training programme developed on disability prevention measures.
2.1.10 MWCSO in collaboration with MOH and stakeholders develop a strategy for CBR;	Strategy for CBR developed.
2.1.11 Accident Compensation Corporation, ACC assesses options to support rehabilitation for clients.	ACC strategy to support rehabilitation costs developed.

Objective 2.2 Promote and enhance awareness of the need for early detection and intervention.	Outputs
Actions	
2.2.1 Early intervention awareness programme for village communities developed by MOH in collaboration with MWCSD.	Awareness programme developed for villages.
Objective 3.1 To improve livelihood opportunities and develop lifeskills.	Outputs
Actions	
3.1.1 MCIL and PSC will review incentives schemes as well as promote and facilitate employment opportunities for people with disabilities (e.g. tax subsidies to encourage local businesses to employ people with disabilities);	Incentives scheme developed with inputs from key industry groups (unions, employers and government)
3.1.2 MCIL shall review the existing labour law to reflect the principles of ILO “Convention 159 on the employment of persons with disabilities”;	Labour law reviewed.
3.1.3 MCIL gives special recognition to people with disabilities who are employed in the formal economy;	People with disabilities who are employed are identified.
3.1.4 MCIL in collaboration with MESC, MWCSD and other stakeholders to review accessibility of vocational training programmes and assess the number of people with disabilities who have participated in these programmes in the last five years;	Vocational training programmes reviewed for accessibility and report published.
3.1.5 MCIL in collaboration with stakeholders make recommendations on how vocational training can be made more accessible;	Vocational training programmes include people with disabilities.
3.1.7 MCIL, SBEC, Women in Business and South Pacific Business Development (SPBD) in collaboration with MWCSD and other stakeholders to review accessibility of credit and other small loans programmes available to people with disabilities and assess the number of people with disabilities who have utilised such programmes in the last five years;	Review completed and published.
3.1.8 MCIL make recommendations on how credit and other small loans programmes can be made more accessible;	Credit and small loans schemes include people with disabilities.
3.1.9 NOLA and MWCSD in collaboration with stakeholders develop a lifeskills training programme on independent living for people with disabilities;	Training programme developed with involvement of key industry groups.
3.1.10 DMO [MNREM] in consultation with stakeholders develop a strategy for assisting people with disabilities and ensure safety procedures include providing the necessary assistance to people with disabilities, particularly those with mobility difficulties/limitations.	Strategy developed and published.

Objective 4.1 Develop a community based rehabilitation programmes.	Outputs
Actions	
4.1.1 MWCSD through a partnership arrangement with MESC and MOH and NGOs and other stakeholders facilitates the improvement of the supply of assistive devices;	Partnership agreement reached with key national and international NGOs and community groups.
4.1.2 MWCSD in collaboration with MOH target rural villages for the provision of assistive devices;	More assistive devices available in rural villages.
4.1.3 MWCSD works with MOH to facilitate development of a comprehensive CBR programme that is within the MWCSD strategic plan, and aligned to MOH sector plan and HRM plan;	Strategy developed in collaboration with stakeholders.
4.1.4 MOH ensures participation of community health workers in CBR train the trainers programme;	Community health workers aware of and trained in CBR programmes.
4.1.5 MOH together with stakeholders, including ACC, explore ways of supporting the provision of community based assistive devices;	Strategy developed in collaboration with stakeholders.
4.1.6 MWCSD will facilitate with stakeholders the development of a strategy for strengthening the provision of speech and occupational therapy;	Speech and occupational therapy strategy developed by MWCSD.
4.1.7 MESC develop a strategy for providing sign language and Braille in key secondary schools.	Sign language and Braille strategy developed for introducing these to secondary schools.
Objective 4.2 Accessible, quality and affordable health service for urban and rural based people with disabilities and their families.	Outputs
Actions	
4.2.1 MOH in consultation with stakeholders review services and costs of medications for people with disabilities;	Review completed.
4.2.2 MOH includes the MWCSD and other stakeholders in the development of the Mental Health Action Plan;	Health services made more accessible.
4.2.3 MWCSD collaborate with MOH on the provision of counselling and support services and where possible include within existing youth and women's programmes;	Outreach programme developed.
4.2.4 MWCSD & MOH ensure collaboration with and/or involvement of the Integrated Community Health Services (ICHS),NHS to ensure inclusion of people with severe or multiple disabilities and who are highly dependent,, in their outreach programme.	More people with severe disabilities included in ICHS.
Objective 4.3 Support parents of children with disabilities.	Outputs
Actions	
4.3.1 NOLA together with DPOs convene a parents support group;	Parents support group established.

4.3.2 MWCS D in collaboration with NOLA conduct awareness raising and education programmes for parents on human rights, and needs of people with disabilities;	Training programmes completed for parents and care givers.
4.3.3 MWCS D in collaboration with Ministry of Finance develop a strategy to provide financial support to parents and/or care givers;	Financial support options developed.
4.3.4 NOLA in collaboration with stakeholders develop human rights awareness programme.	Human Rights awareness programme developed and agreed by NOLA.
Objective 5.1 Strengthened inclusive and special education programmes	Outputs
Actions	
5.1.1 MESC support parent involvement and empowerment;	More parent involvement in schools.
5.1.2 MESC enhance classroom support for teaching staff;	More classroom support for teachers with children with disabilities in the classroom.
5.1.3 MESC together with DPOs and other disability stakeholders develop an awareness programme for teachers on disabilities and human rights;	Awareness programme completed.
5.1.4 MESC provides support for Samoan sign language and Braille in selected schools;	Increased support for sign language and Braille.
5.1.5 MESC in collaboration with MWCS D, NOLA and other stakeholders strengthens inclusive education in the curriculum;	Curriculum reviewed and strengthened for inclusive provisions.
5.1.6 MESC support the provision of in-service training especially in the rural areas;	In-service training provided.
5.1.7 National University of Samoa in consultation with stakeholders review the special education curriculum with the view to strengthening and/or expanding this programme;	Training reviewed.
5.1.8 MESC conduct an impact assessment study of testing and exams on children with disabilities.	Impact study completed.
Objective 5.2 Increase the number of people with disabilities participating in sporting activities.	Outputs
Actions	
5.2.1 NOLA and DPOs to advocate for equal opportunities for people with disabilities to participate in sports (pamphlets, brochures where relevant etc);	Advocacy materials produced.
5.2.2 MESC in collaboration with SPC (Samoa Paralympic Committee) and SASNOC, identify and train coaches, managers and other sporting personnel to work with people with disabilities on relevant sports skills and techniques;	Training completed.
5.2.3 NOLA to encourage the private sector to include people with disabilities in their sporting sponsorship packages.	More funding provided for inclusive of people with disabilities in sports and recreation activities.

Objective 6.1 Ensure national construction standards providing access for people with disabilities are fully implemented.	Outputs
Actions	
6.1.1 Review building code to align with international best practice on accessibility (refer to National Building Code 1992 Ministry of Works Transportation and Infrastructure (MWTI);	Building code reviewed.
6.1.2 Enforcement of building codes by designers and engineers under supervision of MWTI;	More buildings meet building code standards for accessibility.
6.1.3 MWTI, Land Transport Authority, Samoa Airport Authority, Samoa Shipping Corporation and Samoa Ports Authority review land, sea and aviation transport systems and consider provisions for people with disabilities;	Sea, land, air transport provisions reviewed for accessibility provisions.
6.1.4 Police should ensure enforcement of Public Parking Policy and impose appropriate fines for non compliance;	Prosecutions of those not adhering to the laws pertaining to the use of accessible parking.
6.1.5 MOH ensure that competent public/private physicians certify and issue Disability ID Cards.	Disability ID Cards issued to those with the greatest needs.
Objective 6.2 Improve access to information and communications technologies	Outputs
Actions	
6.2.1 MCIL and MWCSO in collaboration with stakeholders review relevant policies and existing communications and IT programmes for people with disabilities.	Policies reviewed and information disseminated.
Objective 7.1. Enhance awareness of economic, social, and cultural issues for women with disabilities.	Outputs
Actions	
7.1.1 MWCSO provide Government women's representatives and village mayors with information on the special case of women and girls with disabilities;	More information available on the vulnerability of girls and women with disabilities.
7.1.2 MCIL in collaboration with PSC and other stakeholders review equal employment opportunity policies to ensure that women with disabilities are included;	EEO policies reviewed.
7.1.3 MWCSO in collaboration with NOLA Develop a skills data base of women with disabilities to advocate for the provision of more employment opportunities for women with disabilities;	Data base developed.
7.1.4 MWCSO ensure women with disabilities are included in the implementation of the National Policy for Women.	Women with disabilities actively involved in implementation of the National Policy for Women.