

## Disability Inclusion Helpdesk Report No. 72

Query title	<b>Disability Inclusion in the Solomon Islands</b>
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Date	<b>21 December 2021</b>
Query	<ol style="list-style-type: none"><li>1. What is the context of disability inclusion and rights in the Solomon Islands/Pacific Islands?</li><li>2. What progress has been made in recent years and what gaps remain?</li><li>3. What is the evidence on disability inclusion in 3 key sectors in the Solomon Islands/Pacific Islands [e.g. education, employment/social protection, access to services]?</li></ol>
Enquirer	<b>British High Commission, Solomon Islands</b>

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For any further request or enquiry, contact [enquiries@disabilityinclusion.org.uk](mailto:enquiries@disabilityinclusion.org.uk)

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## 1. Key facts on disability in the Solomon Islands

- > **Around 16% of men and 17% of women in the Solomon Islands have a disability** (Solomon Islands National Statistical Office, 2017). This is in line with the global average of 15% of the global population (WHO 2020).
- > **Half of people aged sixty and over have a disability** (Solomon Islands National Statistical Office, 2017).
- > **The Solomon Islands has not yet ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**. It signed the CRPD in 2008.
- > **Social attitudes** towards disability, such as the notion that disability is a form of punishment or curse, have hindered progress towards inclusion of people with disabilities (Gartrell et al., 2016).
- > **Only 2% of children with disabilities attend primary school** (PWDSI, 2015), compared to 66% of children overall (Solomon Islands National Statistical Office, 2017).
- > In the Solomon Islands, the **Government's spending on persons with disabilities as a share of GDP is below 0.05%** (PWDSI, 2020), below the regional average of 0.15% (Pacific Disability Forum, 2018).

## 2. Defining Disability

**People with disabilities are:** *'...those 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.'* (Article 1, UN Convention on the Rights of Persons with Disabilities)

**Impairments (e.g. physical, cognitive or sensory) become disabling when they interact with prevailing attitudes, behaviours and policies or physical spaces to effectively bar the individual(s) from participating fully and on an equal basis in society.** For example, inaccessible signage or footpaths are environmental barriers that deny access to markets or workplaces for individuals with visual or physical impairments. Other types of barriers include attitudinal barriers such as stigma and discrimination, and institutional barriers such as discriminatory laws and policies. Impairments can also combine with other key factors and characteristics to compound the level of marginalisation, for example characteristics based on age, gender, ethnicity, socio-economic background, rural versus urban locations. People may also experience different levels of discrimination based on whether their impairments are visible or not. The experience of disability varies widely, with at least as much variation amongst people with disabilities as there is amongst those without disabilities.

## 3. Models of Disability

The United Nations Convention on the Rights of Persons with Disabilities' (UNCRPD) human rights-based approach to disability inclusion places an emphasis on the accountability of governments, the private sector, and civil society for removing barriers that make impairments disabling. This factsheet is framed according to this approach. In contrast, a 'medical model' approach to disability focuses upon 'fixing' the individual, not upon removing barriers external to the individual. A 'charity model' approach to disability typically positions people with disabilities as separate to mainstream society, with their needs met by others (e.g. housing people with disabilities within institutions).

**Traditional attitudes in the region towards people with disability incorporate a 'charity' or 'welfare' approach.** Beliefs that persons with disabilities 'cannot be expected to take a full and active part in community life and should be cared for by others' are resulting in the exclusion of people with disabilities, and a prevention towards full participation in employment and education, and hindered access to healthcare and services (Equal Rights Trust, 2016; Gartrell et al., 2016). Furthermore, there is no one word for "disability" because of the large number of language dialects (Saemane et al., 2016).

**Discrimination and marginalisation have hindered progress on disability inclusion in the Solomon Islands.** Cultural beliefs surrounding disability, such as the notion that disability is a form of punishment or curse (Gartrell et al., 2016) have hindered progress towards inclusion of people with disabilities, leading to the isolation of people with disabilities and their families who may care for them with little to no outside support (Pillay et al., 2015). The 2005 national disability survey found that persons with disabilities in Solomon Islands are very marginalised and face discrimination in many forms, including not being respected, being denied their rights to food, clean water and clothing, decent housing, education, employment and health, as well as their right to take part in community activities (UNICEF, 2017).

**A Community-based rehabilitation (CBR) approach has defined approaches to disability inclusion and rehabilitation in the Solomon Islands, but there have been recent initiatives to transition to a Community Based Inclusive Development (CBID) model.** In 2018, Solomon Islands representatives to the CBR Forum, along with counterparts from governments, OPDs, educational institutions and development partners from across the Pacific, endorsed a shift from CBR to a CBID model. This transition was also explored by through a partnership between the University of Sydney, the Solomon Islands National University (SINU) Community Based Inclusion, The Pacific Way project as well as with organisations of persons with disabilities (OPDs) and Government Ministries (Pacific Disability Forum, 2018).

#### 4. Disability prevalence in the Solomon Islands

**An estimated 16% of women and 15% of men in the Solomon Islands have a disability** according to the Solomon Islands Demographic and Health Survey 2015 (Solomon Islands National Statistical Office, 2017). The questions on disability were adapted from the Washington Group questions. Following dialogue between OPDs and the national statistical office, the Solomon Islands agreed to include the Washington Group Short Set of Questions on Disability in the 2019 census (Pacific Disability Forum, 2018). Difficulties in seeing were most commonly reported at 10% of all people aged 5 years and older, followed by remembering or concentrating (8%), climbing (7%), walking (6%), hearing (6%), self-care (4%) and communication (3%). Disability prevalence was higher among older age groups – half of people aged 60 and older have a disability – and in rural areas where 17% of people have a disability compared to 15% of people in urban areas (ibid). There is a lower disability prevalence among people living in the richest wealth quintile households.

**An estimated 7.7% of 5–17-year-olds have a disability** according to the 2015 survey (Solomon Islands National Statistical Office, 2017). Prevalence is higher amongst 5–9-year-olds at 9.3% compared to 6.4% and 6.3% of 10-14- and 15–19-year-olds respectively. Pillay et al. (2015) suggest that there is likely over-reporting of disability in young children due to their developmental stage.

**Limited data was found on people with hidden disabilities.** Not all disabilities are visible, some disabilities may not be immediately apparent. Hidden, or invisible, disabilities can include: autism, chronic pain, learning disabilities, mental health conditions, mobility impairments, speech impairments, sensory impairments, respiratory conditions, chronic conditions such as diabetes, and sleep disorders that significantly impact daily life. People with hidden disabilities often experience unique barriers to social inclusion, for example a lack of understanding and negative attitudes. According to the 2005 national disability survey, of the 14,403 people with disabilities, 5.3% had an intellectual disability, 3.5% had dementia, 2.8% had a psychiatric disorder and 3.9% had epilepsy (MHMS, 2006).

#### 5. Policy and legislation context

**The Solomon Islands became signatory to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008 but has not yet ratified the CRPD.** The national Government launched the National Health Strategic plan 2016 to 2020 has referenced the rights of Persons with Disability and ratification of the CRPD. A ratification consultation by UNESCAP and the Pacific Disability

Forum was undertaken in 2017 to support the Ministry of Health and Medical Services in its effort to push forth ratification (PWDSI, 2020).

**Regionally, there are strong commitments by leaders of the Pacific Island Countries towards inclusion of people with disabilities.** This includes endorsement of regional policies such as the Pacific Regional Strategy on Disability (2010-2015), Pacific Framework for the Rights of Persons with Disabilities (2016-2025) and the Incheon Strategy to Make the Right Real for Persons With Disabilities in Asia and the Pacific (2013-2022). Empowering persons with disabilities has also been incorporated as a key issue requiring action in the 2017 Roadmap for Sustainable Development (Pacific Disability Forum, 2018).

**In the Solomon Islands, the Government's spending on persons with disabilities as a share of GDP is below 0.05%, below the regional average of 0.15%** (PWDSI, 2020). Despite these commitments leading to some tangible actions, resource allocation for the inclusion of people with disabilities is still usually below 0.15% of GDP for most countries (Pacific Disability Forum, 2018). The Pacific Disability Forum (ibid) reported that 'only small steps towards comprehensive regulatory changes, service deployment, and public resource allocations needed to ensure full and effective participation of people with disabilities.'

**Disability inclusion is yet to be mainstreamed across sectoral spending and has not yet been adopted as a whole-of-government approach.** Expenditure is still largely concentrated in the education, social protection and health sectors, as well as disability-specific funding concentrated on support to OPDs. Very little to no spending is dedicated to disability inclusion in the sectors of economic development, infrastructure or transport. Spending on disability inclusion is also heavily dependent on Overseas Development Aid, with most countries only allocating below 0.15% of GDP for this purpose (Pacific Disability Forum, 2018).

**The legislative protections for persons with disabilities remains underdeveloped.** Chapter II of the Constitution does not prohibit discrimination on the grounds of disability. The Equal Opportunities, Protection of Rights and Full Participation Bill, focusing on disability issues, was drafted in 2006 but has not been enacted. A 2013–18 National Disability Inclusive Development Policy was formulated but was not endorsed by the Cabinet (UNESCO, 2021; UNICEF, 2017). The National Policy on Eliminating Violence Against Women (EVAW) mentions that women with disabilities are more vulnerable but does not refer to the CRPD. OPDs such as the People With Disability Solomon Islands (PWDSI) are calling on the government to endorse and implement policies developed (PWDSI, 2020).

## **6. Disability-inclusive education in the Solomon Islands**

**Only 2% of children with disabilities attend primary school** (PWDSI, 2015), **compared to 66% of children overall** (Solomon Islands National Statistical Office, 2017). Regionally, in 2009 it was estimated that less than 10% of children with disabilities had access to any form of education (PIFS, 2009). The 2015 household survey found that 54% of people with disabilities have a primary education and 6% have more than a secondary education (Solomon Islands National Statistical Office, 2017). Of those classified as having a 'severe' disability, 54% have no education and only 3% have more than a secondary education.

**Long distances and physical barriers to accessing schools, transport and clinics prevent children with disabilities from accessing education** (UNICEF, 2017). This intersects with existing barriers to attendance for children, such as teacher absence; poor quality teaching and discipline; poverty and gender discrimination (Tavola, 2010; Pillay et al., 2015).

**Discrimination, cultural attitudes, and lack of public information also play a role in keeping children with disabilities out of school.** For example, there are still perceptions in the country that having a child with disabilities is a punishment or a curse; or that children with disabilities are incapable, meaning they are not encouraged to seek education or learn skills to live independently. Parents of children with disabilities often keep their children out of school to protect them from ridicule or teasing (UNICEF, 2017).

**A number of national policies and instruments acknowledge the need for disability inclusive education.** The Ministry of Education and Human Resources Development (MEHRD) has drafted a National Disability and Inclusive Education Policy. The National Disability Policy (2005-2010), Education Strategic Framework (2007-2015) and National Education Action Plan (2013-2015) all recognise the rights of Solomon Islanders with disabilities to access a quality education. All policies highlight the need for a needs analysis to determine the current educational services and demands for people with disabilities to inform policy for special and inclusive education and for teacher training (Pillay et al., 2015). The 2013–15 National Education Action Plan emphasizes the need to enhance school infrastructure and to create an inclusive learning environment for all (UNESCO, 2021).

**In general, there is an acute lack of specialised services for children with disabilities.** The Ministry of Health and Medical Services (MHMSO) uses a CBR model that aims to provide home-based rehabilitation and disability support services for children. However there are only 18 CBR workers, with limited resources and reach, operating across the country, who conduct exercise therapy, issue mobility devices, assist families with children with disabilities and raise community awareness around disability (UNICEF, 2017).

**There are reported to be six special education schools in the Solomon Islands.** This includes three facilities are found in Honiara (Guadalcanal province), and a further three located in the Western, Makira and Isabel provinces. However, the exact number of institutions is debated (Pillay et al., 2015). The majority of special education services are vocational rehabilitation-based and staffed by rehabilitation workers rather than teachers (Walji & Palmer, 2012).

**Disability-inclusive education in the Solomon Islands is hindered by challenges with funding, resources, teacher capacity and the stigmatisation of persons with disabilities.** This compounded by a lack of an inclusive education policy for the nation, meaning schools are unsure how to implement inclusive policies and whether it will be funded (Pillay et al., 2015).

**While information on disability inclusive teaching is limited, available information indicates a lack of training, resources, capacity, and support** (Pillay et al., 2015). An initiative by the MEHRD to address this includes correspondence with the Solomon Islands National University to integrate courses and curriculums for children with disabilities through a teacher training programmes (UNICEF, 2017).

**A set of indicators for measuring progress towards disability-inclusive education across the region have been developed,** called the Pacific Indicators for Disability-Inclusive Education (Pacific-INDIE). Four countries (Fiji, Samoa, Solomon Islands, Vanuatu) were involved in developing and trialling these indicators. These indicators are intended to support decision-makers with a valuable tool for undertaking appropriate data collection that will inform policy development as well as the monitoring of progress towards disability-inclusive education (Sharma et al., 2016). The indicators have been designed in a participatory and collaborative way with ministry staff, OPDs, school leaders, parents, teachers, professionals, students, local communities and with international partners (ibid). The goal has been to ensure the indicators are culturally relevant the people in the region (Saemane et al., 2016).

## **7. Disability-inclusive employment in the Solomon Islands**

**Regionally, people with disabilities are largely excluded from the labour market.** For example, data from Palau, Kiribati and Samoa shows that people with disabilities are much less likely to be economically active than people without disabilities (Pacific Disability Forum, 2018). Issues such as general accessibility, the barriers persons with disabilities face to access education, vocational rehabilitation, assistive devices and support services all contribute to them having fewer opportunities to participate in the labour market and to economic exclusion. These physical barriers are compounded by attitudinal barriers; people with disabilities are often stigmatised and stereotyped as being helpless, weak and unable to work. The resulting discrimination affects how employers hire and recruit persons with disabilities. Regional data also suggests that women with disabilities are more likely to be unemployed than men with disabilities, and other women (CARE, 2020).

**There are no statistics on the number of persons with disabilities in employment in Solomon Islands**, as the government does not yet collect this data. However, given the overall lack of secure employment in the country, particularly in rural areas, combined with a lack of laws requiring reasonable accommodation, means that most people with disabilities are unable to find work outside of family structures (Equal Rights Trust, 2016).

## **8. Disability-inclusive services and access the Solomon Islands**

**People with disabilities are disproportionately impacted by poor sanitation in the Solomon Islands.** 58% of households (predominately rural) have no toilet facilities of any kind (Solomon Islands National Statistical Office, 2017). Not only is this leading to poor health outcomes overall, but the subsequent high rates of open defecation can pose a significant risk of sexual violence for women and girls, particularly those with disabilities (CARE, 2020).

**The geography and population dispersion of the Solomon Islands poses logistical and financial challenges related to providing services and resources for people with disabilities.** This has been reported to be a specific challenge for people with disabilities and those with chronic health issues, who may require repeated visits to specialist healthcare providers. This issue is further compounded by a lack of adequate and accessible facilities overall (CARE, 2020; Equal Rights Trust, 2016).

**Regionally, while there are successful pockets of access to Assistive Technology (AT), significant gaps remain “with regards to availability, accessibility, affordability and quality”** (Pacific Disability Forum, 2018). Regionally, a 2019 study into Assistive Technology procurement in the Pacific found that there were low levels of awareness of AT amongst people using services, service personnel and policy makers; that there was minimal representation from those who need and use AT in the planning, service delivery and evaluation of AT initiatives; significant variance in the availability of AT depending on the type of device; that children, older people, those living furthest from services and with less resources are less likely to access AT than others; and that where people have accessed AT, they are unlikely to have all the AT they need (Mines et al, 2019).

**Locally developed solutions and multi-stakeholder partnerships, as well as a supportive policy environment, are essential to improving access for persons with disabilities in the region.** The aforementioned study identified a set of actions to better promote access to AT in the region. These steps included developing a supportive policy framework and political commitment; genuine multi-stakeholder partnership and quality collaboration between OPDs, people who use AT and their families, service providers, government, development partners and donors; building awareness; utilising context appropriate and affordable AT, training approaches, service and data systems; and embedding AT services within the existing health system (Mines et al, 2019).

## **9. Women and girls with disabilities in the Solomon Islands**

**Gendered household and community roles in the Solomon Islands can limit the roles of people with disabilities.** Traditional, religious, and colonial systems have normalised a perception of men as decision makers and women as subordinate in the private and public spheres. In addition, beliefs that people with disabilities cannot be expected to take a full and active part in home or community life and should be cared for by others can further limit opportunities for women with disabilities to fully participate in public and private life.

**Women and girls with disabilities experience high levels of violence.** Almost half (59%) of the women with disabilities interviewed in a 2013 study in the Solomon Islands had experienced sexual violence at some point in their lives (UNFPA). Women with disabilities, particularly women with intellectual disabilities, appear to be much more likely to be raped by a stranger than women without disabilities. Physical violence perpetrated by close family members was also reported.

**Gender Based Violence (GBV) can enforce gendered and ableist norms.** For example, 19% of men and 32% of women believe that a husband is justified in hitting or beating his wife for perceived failures in

household and caring work. In the 2015 Demographic and Health Survey, 77% of women (compared to 57% of men) identified at least one type of perceived misdeed that they believed justified a husband hitting or beating his wife.

**Women with disabilities report forced contraceptive use and sterilisation in violation of their human rights.** UNFPA (2013) found that female family members and medical professionals believed that women with disabilities, particularly women with intellectual disabilities, were at high risk of sexual violence and needed contraception but would be unable to understand to consent.

**Widows and people with disabilities experience the most marginalisation in relation to access to and control of resources** (Strongim Bisnis & Oxfam, 2018). Land, for example, is one of the most critical productive assets influencing economic empowerment. Yet in a context where landownership and patterns of descent result in vulnerability as a result of gender, disability compounds the economic and social insecurity inherent to living on land for which one has a secondary claim (ibid; Gartrell et al., 2016).

According to the National Disability survey in 2005, 45% of the 14403 persons with disabilities were women with disabilities (MHMS, 2006). However, women with disabilities in the Solomon Islands continue to face discrimination through a lack of access to education, justice, health services – especially SRHR services, and employment.

## 10. Key stakeholders and OPDs

- > **People With Disability Solomon Islands (PWDSI)** - is the National Disabled Peoples' Organization in Solomon Islands. It is a registered organization under the Charitable Act. The organization's mission is to promote and advocate the rights of persons with disabilities. PWDSI is a founding member of the Pacific Disability Forum (PDF). PWDSI has also established Self Help Groups in six provinces; youth committee is also active in the awareness raising and advocacy work.
- > **Disabled Peoples' Association of Solomon Islands** - To expand CRPD awareness by conducting outreach and workshops in rural areas of Honiara, Guadalcanal, and Malaita; and to build partnerships with organizations working with persons with disabilities.
- > **Pacific Disability Forum (PDF)** – is a constituency of 71 organisations of & for persons with disabilities and individual members representing diverse groups of persons with disabilities and their supporters in 22 Pacific Island countries and territories.
- > **Solomon Islands Deaf Association (SIDA)**

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