VISION 2030 JAMAICA NATIONAL DEVELOPMENT PLAN

PERSONS WITH DISABILITIES DRAFT SECTOR PLAN

June 2009

VISION 2030 JAMAICA

PERSONS WITH DISABILITIES

SECTOR PLAN
2009 – 2030

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List of Acronyms

BSJ – Bureau of Standards Jamaica

CBOs – Community-Based Organizations

CBR - Community-based rehabilitaiotn

CDA – Combined Disabilities Association

CWD – Children with Disabilities

ECC – Early Childhood Commission

EOJ – Electoral Office of Jamaica

GOJ – Government of Jamaica

JAD – Jamaica Association of the Deaf

JCPD – Jamaica Council for Persons with Disabilities

MFPS – Ministry of Finance and the Public Service

MICYS – Ministry of Information, Youth, Culture and Sports

MLSS – Ministry of Labour and Social Security

MOHE – Ministry of Health and Environment

MOE – Ministry of Education

MOJ – Ministry of Justice

MNS – Ministry of National Security

MTW – Ministry of Transport and Works

NEPA – National Environment and Planning Agency

NGOs – Non-Governmental Organizations

PIOJ – Planning Institute of Jamaica

PWD – Persons with Disabilities

RSCD – Rural Services for Children with Disabilities

STATIN – Statistical Institute of Jamaica

UCJ – University Council of Jamaica

1.0 INTRODUCTION

The Planning Institute of Jamaica (PIOJ) was mandated to spearhead the development of a National Development Plan, Vision 2030 Jamaica that would guide Jamaica into achieving developed country status by 2030. A succinct and yet broad vision was crafted – *Jamaica the place of choice to live, work, raise families and do business* – as the ideal around which the plan would be developed. To support this objective, the PIOJ identified a number of thematic areas that should be addressed by the Plan and established Task Forces to develop sector plans under each of the thematic areas. Although disability was identified as a vulnerability that falls within the remit of the Social Welfare and Vulnerable Groups Task Force, it was agreed that a separate Task Force -Persons with Disabilities Task Force- be formed to look at these issues. It also is one of the themes addressed in public policy under the broad umbrella of Social Protection. The Persons with Disabilities Sector Plan contributes to National Outcome 3, *"Effective social Protection" which falls under Goal # 1: "Jamaicans are empowered to achieve their fullest potential"*.

The Persons with Disabilities Sector Plan presents a comprehensive, yet concise, overview of the sector. This is reflected in the Situational and SWOT analyses. The Plan is presented in three sections. The first, the Strategic Plan, gives a broad outline of the general direction for development. It includes a Vision, Goals, Outcomes and Indicators and Targets. The next section, the Action Plan, builds on this framework down to the Action level. The third section identifies some priority strategies and actions to be implemented in the short term (within 3 years). A Monitoring and Evaluation Matrix (including indicators) is also presented here. The Plan recognizes the need to address the barriers that hinder persons with disabilities from achieving their full potential, while promoting personal responsibility among PWDs.

Definition of Disability

Various definitions of disability are used in Jamaica depending on the policy or purpose for which disability is being defined. The National Policy for Persons with Disabilities and the Population Census use the same definition. In both these documents a disability is defined as *"any restriction or lack of ability to perform an activity in the manner or the range considered normal for a human being. Such restriction or lack of ability must be as a result of impairment"*.

The UN Convention on the Rights of Persons with Disabilities states that:
"Persons with disabilities include 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".

Population with Disabilities

Identifying the total population of persons with disability (PWD) is a major point of interest for people with disabilities and policy-makers alike. The 2001 Census of the Jamaican population recorded a total population of 2.6 million. The census taken in 1991 recorded a population of 2.4 million. The 1991 and 2001 censuses attempted to identify the number of people with disabilities. In 2001, the census recorded 163,206 persons with disabilities, comprising 6.3 per cent of the population. In comparison, the 1991 census recorded a total of 111,114 persons with disabilities, comprising 4.7 per cent of the population. The foregoing shows that whereas the wider population grew by approximately 8.3 per cent, the population of people with disabilities grew by over 49 per cent. It is not clear what proportion of this increase was due to better identification of PWDs or better recording. Table 1 illustrates the composition of the population with disabilities in Jamaica.

When the 2001 census data were disaggregated by demographic characteristics, the results were as follows. Just over a half of the population with disabilities (83,019) were females. Some 32,207 (20 per cent) were children in the 0-14 age group (52.5 per cent males) while youth (15-24 years) accounted for 12.6 per cent (20,617). The elderly (60 years and over) represented 29.5 per cent of persons with disabilities (48 190), of which 56.3 per cent were female. Of the total population 62,529 persons (38.3 per cent) specified their disability types. These included visual, hearing and speech impairment, physical and learning disabilities, mental retardation and mental illness. The disability type most frequently reported was visual impairment, representing 35.9 per

cent (22,425) with 57.4 per cent of the distribution being. Visual impairment was most common among the elderly. The number of persons reported as having multiple disabilities was 2,416.

Table 1:   Population Totals in 1991 and 2001

	Total Population 1991	Population with Disabilities 1991	% of Total	Total Population 2001	Population with Disabilities 2001	% of Total
Total	2,380,667	111,114	4.7	2,607,600	163,206	6.3
Males	1,167,496	50,966	4.4	1,283,500	80,187	6.2
Females	1,213,171	60,148	5.0	1,324,100	83,019	6.3

Statistical Institute of Jamaica, Population Census 2001

The Census data understates the actual population figures for persons with disabilities, because the method of data collection leaves room for certain types of disabilities and some PWDs to be overlooked. The World Health Organization's estimate, that an average of 10 per cent of the world's population is comprised of persons with disabilities, is congruent with the United Nations Children's Fund (UNICEF) estimate for children. The United Nations Educational Scientific and Cultural Organization (UNESCO) puts it even higher at 17-20 per cent if learning disabilities are included.

Another source which identifies the population with disabilities is the annual Jamaica Survey of Living Conditions (JSLC). The survey is conducted jointly by the Statistical Institute of Jamaica and the Planning Institute of Jamaica. Questions on disabilities have been included in the health module of three of the surveys conducted since 2000.   The module aims to determine if individuals have either physical and/or mental disabilities and how long they have had those disabilities. The results have never been published because the numbers of persons identified with disabilities in the samples have been too small to allow for wider extrapolation.

As indicated in Table 1, there has been a steady increase in the number of persons identified with disabilities. This gradual increase is likely to have been largely the result of better reporting and public awareness. There have also been noticeable changes in the nature of some disabilities reported. For instance, in cases recorded by the Jamaica Association for the Deaf in the 1960s, there were more persons with severe to profound hearing disabilities compared with more recent cases (the last two decades) in which more persons have been reported with mild to moderate hearing disabilities. But these figures might be skewed because figures derived from agencies

serving a particular disability may be biased by the fact that only the more severe cases tend to be reported to them.

An International Epidemiological Study on Childhood Disability in 1992 showed that disability prevalence increases with age, but the overall prevalence in the 2-9 year old age group is approximately 9 per cent. Cognitive disability is the most common (see Table 2).

TABLE 2: Health indices for Jamaican children 0-8 years (1989-2001)

Index	Year	Age	Rate /1000	Source
IMR	2001	0-1	24	MOH
PNMR	"	0	31	"
NNMR	"	0	14.5	"
Foetal death rate	"	0	18.8	"
Seizures	1989	2-9	2	IESCD
Oral disease	1995	6-8	371.1	
Behav. disorders		No rate		
Developmental delays	1989	2-9	150	IESCD
Cognitive disability	1989	2-9	81.4	"
Speech disability	"	"	13.5	"
Hearing disability	"	"	10.6	"
Visual disability	"	"	8.8	"
Motor disability	"	"	3.8	"

Key: IMR—Infant mortality rate, PMR—Perinatal mortality rate, NNMR—neonatal mortality rate. No similar figures are available for adults.
IESCD — International Epidemiological Study on Childhood Disability, MOH-Ministry of Health.

Attitudes towards PWDs

Generally speaking, attitudes towards persons with disabilities remain negative though they have improved over the last 20 years because of more publicity being given to this subject. Several studies have been conducted on general attitudes, attitudes of parents, of health care workers and neighbours of children with disabilities.

The "Draft National Survey on Public Attitudes toward Persons with Intellectual Disability" revealed that while there are some positive attitudes towards these individuals, some negative perceptions remain. For example, of the sample of 650 persons, 88 per cent believed that persons

with intellectual disabilities were somewhat capable of playing on a sports team for persons with intellectual disabilities only. Forty one per cent did not think that they were capable of playing on a team with persons who do not have an intellectual disability. There was a general opinion that a mixed team (with persons with intellectual disabilities and persons without intellectual disabilities) would be likely to result in *"more injuries to the other players", "decrease the team's ability to win" and "make the public regard the team as second rate."* Thus, based on the public's response mixed teams should be avoided. A significant proportion of the sample also believed that persons with intellectual disabilities are incapable of raising children and only 2.2 per cent believe that adults with intellectual disability should live independently.

Such studies have confirmed the wider belief but perhaps they are not as negative as previously thought. Certainly there is room for improvement in beliefs and practices, attitudes towards rights, perceptions about what people are capable of, and beliefs about the sexuality of people with disabilities. More needs to be done in this area.

Institutional Framework, Legislation, Disability Rights and Provisions for PWDs

The Jamaica Council for persons with disabilities, JCPD, (under the Ministry of Labour and Social Security) is the mandated government agency with the responsibility for implementing government policies and programmes for persons with disabilities. The Council also provides vocational training for and creates public awareness on issues relating to persons with disabilities. The JCPD benefits from a multi-sectoral National Advisory Council on Disability appointed by the Cabinet.

Legal Protection
Jamaica has signed and ratified several international human rights agreements. These include the Convention on the Rights of the Child (1989) and the International Covenant on Civil and Political Rights (1966). Jamaica is also signatory to the 'Bill of Electoral Rights for People with Disabilities,' a project of the International Foundation for Election Systems (IFES).

Jamaica contributed to and signed (March 31, 2007) the Convention on the Protection of the Rights of Persons with Disabilities. Jamaica voted in favour of such a convention when it was initially proposed by Mexico in 2001. Jamaica also participated actively in the United Nations Ad Hoc committee meetings in 2001 and 2002.

Policy positions that might affect persons with disabilities are included in the Jamaican Constitution, the National Policy on Disability, and various specific legal provisions. The Jamaican Constitution guarantees certain basic rights for all persons in society, although it does not specifically mention persons with disabilities. In 1999, Parliament convened a committee to make recommendations on the amendment of the Jamaican Constitution.

The National Policy for persons with disabilities was passed by Parliament in November 1999. It was based on the requirements of the U.N. Standard Rules. This policy provides guidelines for cooperation between government and civil society in addressing the equalization of opportunities for persons with disabilities. The National Policy on Disability, however, is not enforceable as it lacks legal sanctions.

Much work has been done to try to introduce additional legal rights for persons with disabilities. At present the government is in the process of developing a National Disability Act, which was initially scheduled for completion during the 2008 legislative year. The new government (which took office in 2007) has endorsed the National Disability Act.

In addition to the National Policy for Persons with Disabilities, there are several laws that protect people with disabilities. For example, persons with disabilities are recognized and protected under the social protection system. In 1992, income tax concessions were introduced for persons with disabilities. However few people are able to benefit due to the fact that many are unemployed or fall below the income tax threshold. Additional provisions include education policies, health policies, and reduced bus fares.

In cases of violations of their rights, the primary mechanisms for recourse for persons with disabilities are civil lawsuits, criminal prosecutions, and intervention from an independent human rights organization.

Legal Barriers
Legal exclusions remain for some people with mental disabilities. The Constitution states that people who are *"certified to be insane or otherwise adjudged to be of unsound mind"* are declared *"incapable of being registered as electors and disqualified from voting at an election and shall not be so registered or vote at an election."* The electoral section of the Constitution similarly restricts such persons from being *"appointed as a Senator or elected as a member of the House of Representatives."*

Section 15 of the Constitution specifies that a person who is "reasonably suspected to be of unsound mind," may be deprived of personal liberty. While Section 20 allows for the provision of a court interpreter for those who do not understand English, it does not specify whether the assistance of an interpreter is required if the accused is a person with a speech or hearing impairment.

Civic Participation

Under the Constitution of Jamaica, all citizens have the right to vote. The law also provides for a voter who is blind to be assisted in casting his or her ballot, either by an acquaintance of his or her choosing or by the presiding officer at the polling station.

The Electoral Office is responsible for establishing polling stations. Although consideration is taken for the elderly and people with mobility limitations, there is no actual guarantee that access will be provided to all citizens.

Communication

The National Library has an audio-visual section that is updated regularly through donations and purchases. It is not specifically intended for persons with hearing or visual impairments, but special accommodations can be made upon request. None of the libraries had material in Braille nor do they provide interpreter service for persons who are deaf or hearing impaired.

The government does not communicate its activities in alternative formats. However, sign language interpretation can be provided for major national events. One local television station – CVM TV – is developing a captioning system for its primary newscast. In the past, Television Jamaica (TVJ) provided on-screen sign language interpretation for some programmes but the service was discontinued due to lack of sponsorship.

Sign language interpreters are available in the courts for victims of abuse and other criminal acts. The Jamaica Association for the Deaf (JAD) provides the interpreters as part of their Social Services Programme. With only one staff member coordinating services and assigning personnel to the courts, the extent of the programme is limited. In conjunction with JAD, the court offers sign language training at the Justice Training Institute for staff members who are interested. The JAD also offers additional, independent courses in sign language interpretation and is seeking to

build partnerships with churches and other NGOs to offer training courses.

Early detection and early intervention
Early detection is not yet carried out systematically by the Ministry of Health and Environment, though there are plans in place for this. An early intervention programme, the Early Stimulation Programme, a programme of the Jamaica Council for Persons with Disabilities, which is an agency under the Ministry of Labour and Social Security provides these services in Kingston. Outside Kingston they are carried out by community-based rehabilitation programmes provided by three NGOs that receive some funding from the Ministry of Labour and Social Security and the Ministry of Education. These are 3D Projects, Rural Services for Children with Disabilities (RSCD), the Clarendon Group for the Disabled.   These three entities are in the process of merging. Table 3 shows the number of children with disabilities identified through these various intervention programmes.

Table 3: Number of Children with Disabilities Identified through Early Intervention, 2001

Agency	No. of Offices	No. of Children
Early Stimulation Project, Kingston	1	155
3D Projects (4 parishes)	6	300
Clarendon Group for the Disabled	1	202
RSCD. (6 parishes)	3 independent offices, services through health centres	650
McCam Centre Kingston	1	7
TOTAL	**9**	**1,304**

Thorburn, M.J. Draft Situational Analysis, 6th Draft, Ministry of Health and UNICEF

Education
There are no recent data available from the Ministry of Education regarding the number of school aged children with disabilities. Based on British and American standards, the Ministry works from the assumption that approximately 25 per cent of the population requires special education.   There has been considerable development in the area of special education since

1975. Special education was largely provided by private voluntary organization until 1978. At that time, the government took responsibility for all on-going operating costs.

Despite the lack of statistics on children with disabilities, the Ministry of Education, Youth and Culture reports that since coming under the control of the government, more children with disabilities have gained access to school-based special education programmes. Home and community-based rehabilitation programmes (CBR) have also improved the opportunities for children with mental/intellectual disabilities. Some vocational training is available at the School of Hope and the Abilities Foundation.

Data on the 2007/2008 academic year[1] indicate that there were 412 teachers employed in Special Education schools. The teacher complement comprises Graduate-trained and College-trained special educators, as well as those who are untrained in the area of special education. The data also shows that 4,115 students with special needs were enrolled in schools. The reported figures include students with: (a) Autism, (b) Attention Deficit/Hyperactivity Disorder (ADHD); (c) Learning Disabilities, (d) Mental Retardation/Intellectual Challenge; (e) Multiple Disabilities; (f) Speech/Language Disorders; (g) Physical Disabilities; those who are (h) Blind or Visually Impaired, and (i) Deaf or Hard of Hearing; as well as others with unspecified disabilities.

Students are served in approximately 44 independent and government facilities at the pre-school, primary and secondary levels across the island. There is one post-secondary vocational training facility serving youth and adults with special needs. Despite the educational provisions at present, the demand for special education services far outweighs the current system's ability to provide for the myriad of administrative, instructional, corrective, therapeutic, and professional needs presented within the subpopulation of students with special needs and practitioners in the field.

A Ministry of Education and Youth report which provided an assessment of educational provisions and services for persons with disabilities, states that *"despite these initiatives and the increase in coverage and quality, the Special Education programme continues to suffer from the lack of sufficient numbers of trained teachers, inadequate facilities and equipment and irregularity in student attendance"*. There is a notable difference between both rural and urban personnel and facilities. New facilities are required to be furnished with accessible classrooms.

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[1] Planning Unit, Ministry of Education

Inclusive education is being encouraged in government schools and by the CBR programmes. The latter enables basic schools to accept children with disabilities. The Ministry of Education trained teachers from some 29 primary schools. It is not known whether inclusive education is still going on at that level. The Ministry has a draft policy on special education.

All teachers must complete training on "exceptionalities" during their certification. In addition, two teachers' training colleges - Mico and Sam Sharpe - offer special education programmes for those who wish to specialize in the subject. Teachers are also provided with in-service training for working with students with disabilities at their school of employment .At the post-graduate level courses are offered through the University of the West Indies and Nova University offshore.

In order to provide widespread services, agencies cover different areas of the country. Prior to 1985, services were centred in Kingston, resulting in a large number of rural children who were not being served. Programmes offered by the agencies provide on-going training for rural health workers and in-home training for parents. All these programmes teach parents how to develop their children. In the last few years, sexual and reproductive health programmes have been introduced.

Assessment

Teachers and parents may refer children to the Mico Teachers' College CARE Centre, the School of Hope, the Child and Family Clinic at the University Hospital of the West Indies or the Jamaica Association for Children with Learning Disabilities (JACLD) for testing. Some detection is also provided in grade school, though these tests are intended to evaluate education competency. Disability detection is largely incidental. The Jamaica Association for the Deaf provides audiology services and hearing aids.

Employment

The majority of adults with disabilities in Jamaica are unable to find gainful employment. Factors that prohibit their inclusion in the workforce are poor education, discrimination, inaccessible workplaces, and the low levels of experience. The government is an employer of persons with disabilities; however, it fails to meet the National Policy on Disabilities' recommendation that a minimum of five percent of government jobs should be filled by persons with disabilities.

Some vocational training and job placement programmes are offered by the government through the Abilities Foundation, the JCPD, and various NGOs. The JCPD offers a placement service designed to help persons with disabilities find suitable jobs. According to the JCPD, *"the training is effective, however the socio-economic conditions in Jamaica makes it difficult to obtain jobs for the disabled clientele, also the negative attitude of employers towards disability"*. Some employers accept applicants with disabilities reluctantly and will only offer temporary employment. The JCPD also provides grants to assist persons with disabilities in establishing and managing viable businesses.

Health Services
Health care for persons with disabilities is provided by the Ministry of Health in clinics. A medical rehabilitation service is provided by the Ministry of Health at the Sir John Golding Rehabilitation Centre, which offers long-term rehabilitation services, and eleven public hospitals that provide acute care.

Assistive devices are available at the Sir John Golding Rehabilitation Centre on a subsidized basis. These can also be obtained from NGOs such as Jamaica Society for the Blind, Jamaica Society for the Deaf, Paradof, and 3D Projects as well as commercial entities such as Rehab Plus.

Primary care physicians, nurses, physician assistants, and rural health workers have access to training programmes that focus on the provisions of services to people with disabilities. These are only sporadic and are provided by NGOs. The Ministry of Health was unable to provide information on the percentage of health professionals that have received training to provide services to people with disabilities.

Housing
The National Housing Trust (NHT), a government-funded agency, has a special benefit programme to assist people with disabilities in purchasing or building homes. Mortgage loans are offered to people with disabilities at two percent below the market interest rate. A percentage of all houses built by the NHT are reserved for persons with disabilities. Eligibility is dependent on a person's ability to meet the required income criteria and finance the mortgage. Once a house is assigned to a person with a mobility disability, the NHT adapts the home to

accommodate him or her. The housing units available through this programme are moderately priced, as the target market is a low/middle income consumer.

Institutionalization

There are various institutions, which provide long and short-term care for people with severe disabilities. Persons with disabilities are typically admitted in situations of risk; when they are abandoned, or when their families are unable to care for them. Institutions for people with disabilities offer care but very little counselling and rehabilitation. Individuals have the right to refuse treatment. In cases when the individual is deemed unable to decide for him or herself, medical officers are responsible for deciding the length of stay and appropriate type of institution for the person's treatment. The children's homes and Places of Safety come under the Child Development Agency in the Ministry of Health, but they are very short staffed and most officers do not have training in disability. Similarly, indigent or homeless disabled adults are provided for by the infirmaries situated in each parish. These come under the Ministry of Local Government. As with the Children's Homes, little stimulation or rehabilitation are provided.

The Jamaicans for Justice and the Independent Jamaican Council for Human Rights (IJCHR) monitor cases of abuse in institutions, including an investigation into the treatment of children with disabilities who live in institutions while awaiting adoption. That investigation resulted from the case of a child whose behaviour after being adopted, suggested that the child had been abused while in institutional care. The Jamaica Council for Persons with Disabilities also investigates reported cases of abuse. The Council does not keep records of past cases so no information was available for this report.

Additionally, the IJCHR actively monitors the treatment of people with mental disabilities who are incarcerated in prison without being convicted of a criminal offence. After being deemed unfit to plead to the charges against them, they cannot advocate for themselves and become lost in the prison system, sometimes for many years. One case publicized by the IJCHR included a man who, after having broken a window, was never tried but remained imprisoned for 29 years. Through the advocacy of the IJCHR some persons have been released and reunited with their families, while provisions were made to care for others through compensation from the State.

The National Building Code was amended to address access for persons with disabilities. The amendment's guidelines are part of a policy rather than a law and, thus, are not enforceable. The

revised building code is consulted for new building projects, but is rarely used to modify existing buildings. The Government of Jamaica Employees Occupational Safety and Health Policy and Guidelines 2002 addressed the issue of access to government buildings. The guidelines discuss the provision and maintenance of ramps for the entry into the buildings but do not extend to access of other facilities within the building.

Leaders of disability organizations such as the Combined Disabilities Association (CDA) estimate that around ten percent of all public buildings are at least partially accessible to people with mobility disabilities. Some buildings that have entrance ramps lack interior design features to allow accessibility beyond the ground floor. Although the main post office is accessible to persons who use wheelchairs, there are not curb cuts to gain entry to the sidewalk. In Kingston many post offices are fully accessible, but in other parts of the island is limited. At this time, there are no courses in universal design available to architects in Jamaica.

The regular bus system in the capital city, Kingston, is not wheelchair accessible. However, four buses were designated the Jamaica Urban Transit Company (JUTC) specifically for people with disabilities and the elderly. These buses run heavily travelled routes and connect places such as hospitals, schools, the main shopping areas, and local residential communities. In October, two additional buses were added to the fleet. The JUTC acts in collaboration with the JCPD and the CDA train the drivers and conductors who operate the service. The Montego Transit Company provides a similar service in Montego Bay. Reduced fares are offered to elderly and people with disabilities travelling on public transportation.

Culture, Sports and Recreation
The disability movement began in Jamaica in 1981 with the formation of the Combined Disabilities Association (CDA), a cross-disability organization. The Jamaica Society for the Blind advocated for representation on the Board of the CDA, which was originally comprised of non-disabled persons. The main role of the association, both then and now, is to advocate for persons with disabilities. Many of the policy changes are a result of their lobbying efforts.

Despite these efforts, a lack of coordination between government and civil society remains. Moreover, there is continued need for more public education on the policies and programmes directed towards inclusion and the protection of the rights of persons with disabilities.

Information about disability rights is fragmented and, often, people with disabilities are unaware of the possibilities available to them.

Data Collection

Although some of the disability agencies have their own figures, no consistent effort has been made to collect reliable data. Most of the available data is as a result of surveys or special investigations and these are limited and not current.

Human Resources

This is one of the main areas of weakness. The only tertiary training programme in any disability sub-sector is in special education. Recently the UWI has commenced a psychology programme and advanced degrees in special education can be obtained.

The UWI Social Work Programme includes a number of sessions on disability and the Jamaica Theology Seminary offers a module on disability. The ODPEM has also included PWD in their Disaster Preparedness Programme and has partnered with CDA in training disaster preparedness personnel across the island.

An effort is now being made at the University of Technology to start a programme in Community Rehabilitation and Disability Studies. This is projected to start in 2009. One of the reasons for the difficulty in getting such a programme established is that there are very few job opportunities for rehabilitation professionals. Rehabilitation is not a recognised profession and there are no such categories of worker in the government service. This is a serious barrier that needs to be rectified early, as Jamaica pursues its goal to become a first world country by the year 2030.

Public Education

Public Education Initiatives include the following:

1. GOJ/EC/UNFPA Joint Programme in Sexual and Reproductive Health
2. Public Health nurses and midwives are currently (2008) being trained in collaboration with the National Family Planning Board in the areas of Understanding Disabilities, Communicating with PWDs, and Disabilities and Sexual and Reproductive Health Issues. This project also facilitates the training of Community-based workers, Social Workers and Guidance Counsellors in contraceptive counselling for adolescents with disabilities.
3. Quarterly Public Education Sessions with professionals and paraprofessionals on the National Disability Act and other disabilities issues

4. Introduction to Disability Studies at the Jamaica Theological Seminary
5. Training of trainers in institutions (such as nursing schools) in disabilities issues
6. Public education sessions and preparation of a manual on disability for the Jamaica Baptist Union
7. Training of service providers who work with parents of adolescents with disabilities in understanding disabilities, communicating with children with disabilities, social skills and relationship building.

3.0 Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Table 3: SWOT

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
1.Government that is relatively responsive to the needs of persons with disabilities (PWD) 2.Relatively strong NGO community 3.National Policy for Persons with Disabilities 4.Early intervention programmes island-wide 5.Special Education Infrastructure islandwide 6.Community Based Rehabilitation Programme 7. Increasingly responsive and positive public 8.More organisations incorporating policies on disability in their operations 9.Friendly City Project	1.Slow development of existing programmes such as Special Education, Early Intervention Programme and Adult Rehabilitation (island-wide, the programmes do not give adequate coverage) 2.Limited Resources (finance, human and physical) 3.Absence of adequate legislation 4.Lack of an accepted and known definition of disability 5.Lack of awareness of the types of disabilities and the issues affecting PWD 6.Absence of current and accurate data on PWD 7.Inadequate infrastructure to accommodate PWD 8.Lack of knowledge of services available to PWD 9. Lack of awareness (service providers, public and policy	1.UN Convention on the Rights of PWD 2.Draft National Disabilities Act 3.Draft revisions of the National Building Code 4. Draft Plan for the Development of the National Screening, Referral and Early Intervention System 5.Successful advocacy opening opportunities 6.Availability of tried and tested model of using community workers to provide service for PWD in the communities	1. Negative attitudes and misconceptions 2.Inability to access adequate funding 3.HIV/AIDS 4.Competing policy priorities

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
	makers) of appropriate responses to PWD		
	10. Absence of adequate facilities and services to cater to the needs of PWD, especially in rural areas		
	11. Inadequate access to mainstream facilities and services		
	12. Inadequate linkages between ministries and agencies that are concerned with PWD		
	13. The absence of modern rehabilitation facilities for individuals with spinal injuries, diabetes, strokes and similar conditions		
	14. Inadequate number of trained professionals to deal with disabilities		
	15. Weak transitions between pre-school and primary education, primary and post-primary, and vocational programmes		
	16. Mandate of the JCPD inadequate to meet the needs		

4.0 Strategic Vision and Planning Framework for Persons with Disabilities

The long-term process of planning for persons with disabilities (PWDs) is guided by a Vision that describes an environment for PWDs that is desirable that can be achieved through their own efforts within a realistic time frame. The Sector Plan contains an overall Vision for PWDs, that reflects the contributions of the stakeholders represented on the Disabilities Task Force and at stakeholder consultations held during the Vision 2030 Jamaica planning process.

Vision Statement

The Vision Statement for PWDs for Vision 2030 Jamaica is:

"A society that is inclusive, accessible, provides opportunities for all and recognizes the rights, freedoms and responsibilities of persons with disabilities in the process of nation building"

Strategic Planning Framework

The plan for PWDs focuses on creating an environment that will allow PWDs to function optimally in all spheres of human activities and be accorded all rights to which the society may be entitled. It also seeks to minimise the extent to which individuals may acquire disabilities through preventable mishaps. The starting point is to build awareness among individuals who liaise with the public on how to enable PWDs. This will facilitate the integration of PWDs into mainstream society and improve their chances of finding gainful employment.

The plan addresses three main concerns. These are:

1. Ensuring that the physical and social environments are enabling
2. Ensuring that public service personnel are aware of appropriate responses to PWDs and
3. Ensuring that the society is protected from preventable injuries that could be disabling.

The Table below shows at a glance how the goals and desired outcomes support the focus outlined above. This is followed by the proposed sector Indicators (to be agreed upon along with the targets).

Goals	Outcomes
1. Person with Disabilities are guaranteed all Human Rights of the Society	1.1 Persons with disabilities are treated with respect and dignity at all levels of the society
2. A Society that fosters inclusion of PWD in all Spheres of life	2.1 High levels of participation of PWDs in social, cultural and governance activities 2.2 A society in which PWDs have access to services and goods
3. Disabilities are prevented	3.1 An environment in which the risk of acquired disabilities is minimized

Sector Indicators and Targets

The proposed indicators and targets for the Disabilities Plan over the period 2009 -2030 are presented in Table 4, below.

Table 4: Persons with Disabilities Sector Plan – Indicators and Targets

Sector Indicators	Baseline	Targets			Comments
	2007 or Most Current	2012	2015	2030	
1. % of PWDs who feel that the populace has improved towards them					**To be collected in the SLC**
2. # of incidents in which PWDs report being treated disrespectfully					**To be collected by JCPD**
3. # of breaches of the Disabilities Act					
4					

5.0 Implementation Framework and Action Plan for the Persons with Disabilities Sector Plan

Implementation Framework

The implementation of the Persons with Disabilities Sector Plan is an essential component of the implementation, monitoring and evaluation framework for the Vision 2030 Jamaica – National Development Plan (see Textbox). The Plan is implemented at the sectoral level by ministries, departments and agencies (MDAs) of Government as well as non-state stakeholders including the private sector, NGOs and CBOs. The involvement of stakeholders is fundamental to the successful implementation of the National Development Plan and the Persons with Disabilities Sector Plan.

Components of Vision 2030 Jamaica

The Vision 2030 Jamaica National Development Plan has three (3) components:

1. Integrated National Development Plan:

    The integrated National Development Plan presents the overall plan for Vision 2030 Jamaica, integrating all 31 sector plans into a single comprehensive plan for long-term national development. The integrated National Development Plan presents the National Vision, the four National Goals, fifteen National Outcomes, and the National Strategies required to achieve the National Goals and Outcomes.

2. Medium Term Socio-Economic Policy Framework (MTF):

    The Medium Term Socio-Economic Policy Framework (MTF), is a 3-yearly plan which summarizes the national priorities and targets for the country and identifies the key actions to achieve those targets over each 3-year period from FY2009/2010 to FY2029/2030.

3. Thirty-one (31) Sector Plans:

    At the sectoral level Vision 2030 Jamaica will be implemented through the strategic frameworks and action plans for each sector as contained in the respective sector plans. Vision 2030 Jamaica includes a total of thirty-one (31) sector plans covering the main economic, social, environmental and governance sectors relevant to national development.

Accountability for Implementation and Coordination

The Cabinet, as the principal body with responsibility for policy and the direction of the Government, has ultimate responsibility for implementation of the National Development Plan. Each ministry and agency will be accountable for implementing the National Development Plan (NDP) through various policies, programmes and interventions that are aligned with the strategies and actions of the NDP and the sector plans. A robust results-based monitoring and evaluation system will be established to ensure that goals and outcomes of the Plan are achieved. This system will build on existing national and sectoral monitoring and evaluation frameworks and will be highly participatory.

Resource Allocation for Implementation

Vision 2030 Jamaica places great emphasis on ensuring that resource allocation mechanisms are successfully aligned and integrated with the implementation phase of the National Development Plan and sector plans. The requirements to ensure resource allocation for implementation will include alignment of organizational plans in the public sector, private sector and civil society with the National Development Plan, MTF and sector plans; coherence between the various agency plans with the National Budget; rationalization of the prioritisation process for public sector expenditure; and increased coordination between corporate planners, project managers and financial officers across ministries and agencies.

Action Plan

The Action Plan represents the main framework for the implementation of the Persons with Disabilities Sector Plan for Vision 2030 Jamaica. The tracking of implementation of the Sector Plan will take place through the Action Plan as well as the framework of sector indicators and targets.

The Action Plan contains the following elements:
  i.   Sector Goals
  ii.   Sector Outcomes
  iii. Sector Strategies
  iv.   Sector Actions
  v.   Responsible Agencies
  vi.   Timeframe

GOAL 1: Persons with disabilities are guaranteed all human rights of the society

Outcome 1.1: Persons with disabilities are treated with respect and dignity at all levels of the society

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
1.1.1. Mobilize public support for the rights of PWDs	1.1.1.1 Develop a public education programme, through a multifaceted approach using all accessible media – including positive images of PWD, exposing their abilities and needs, including both government and non-government partners.	Design and approval 09/10 Implementation 09/10 and beyond	**Ministry of Labour and Social Security (MLSS)** in collaboration with **NGOs** **Jamaica Council for Persons with disabilities (JCPD)**	Development and implementation costs
	1.1.1.2 Organize public fora, fairs and other functions (including those organized by PWDs) to educate communities and other bodies on the rights of PWDs	Commencing in 09 and continuing	**MLSS /JCPD**	Development and implementation costs
	1.1.1.3 Include PWDs and/ or their representatives on public and private bodies	08 and ongoing	**MLSS /JCPD**	
1.1.2 Improve the policy, regulatory, and institutional framework to support the	1.1.2.1 Broaden the mandate, increase the autonomy and professional capability of the JCPD and CDA	2009	**MLSS**	

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
enforcement of the rights of PWDs				
	1.1.2.2 Finalize and Ensure enactment and enforcement of the National Disability Act	2008/09	**MLSS**	
	1.1.2.3 Develop implementation plan for the National Disability Act	2008/09	**MLSS**	
	1.1.2.4 Establish a monitoring body/framework to ensure compliance with the Act and UN Convention on the Rights of Persons with Disabilities	09/10	**MLSS and Disability NGOs**	
	1.1.2.5 Build the Capacity of the Court System/legal fraternity to support PWDs. Eg. i) training of legal personnel ii) inclusion of support personnel such as interpreters iii) inclusion of training on disabilities in the legal framework of the law schools	2012/13	UWI Law School?	
	1.1.2.6 Establish a legal unit within the JCPD for ongoing evaluation of legislation and other legal	2009/10 – 2013/14	**MLSS** **JCPD**	Legal officer and support staff

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	matters relating to PWDs			
1.1.3 Strengthen capacity of service providers to adequately interact with PWDs by improving their knowledge, attitudes and practices (KAP)	1.1.3.1 Increase government support (Technical and Financial) to training/educational programmes at all levels for persons interfacing with PWDs (eg. UTECH CRDS, HEART/NTA, etc.) – consider	2010/11	**Min of Education (MOE) / MLSS** Educational/Training Institutions/Oversight bodies	Projected costs to be added (oversight body, assessment and evaluation costs, programmes in various institutions)
	1.1.3.2 Improve capacity within existing institutions e.g. HEART/NTA, Colleges and universities etc.) to offer disability related education and training	2009/10 and to be ongoing	**MOE/United College in Jamaica (UCJ)/MLSS Ministry of Finance and the Public Service (MFPS) Others: Ministry of National Security (MNS) /Ministry of Justice (MOJ)**	
	1.1.3..3 Include an orientation programme on disability in curricula at all levels of the education and training institutions	Promotion for 1 year (09/10) Implementation by 2011/12	All education/training institutions **MOE JCPD**	**Development and implementation costs**
	1.1.3.4 Mandate compulsory training on disabilities for all human service personnel in the public sector to engage appropriately with PWD *(see also strategy 2.2.4)*	Approval and design to commence in 2009/10 Implementation by 2012/13	**GOJ** All government institutions Private sector umbrella organizations **NGOs**	

GOAL 2: A SOCIETY THAT FOSTERS INCLUSION OF PWD IN ALL SPHERES OF LIFE

Outcome 2.1: High levels of participation of PWDs in social, cultural and governance activities

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
2.1.1Promote the participation of PWDS in political and public life *(Article 29-UN Convention)*	2.1.1.1 Assess the electoral system to ensure that voting procedures, facilities and materials are appropriate and accessible	2011/12	**Electoral Office of Jamaica (EOJ), MLSS**	
	2.1.1.2 Develop and implement Programmes to encourage and facilitate membership and participation in NGOs and organizations concerned with public and political life	2009/10 and onwards	**MLSS/JCPD/ Disability NGOs, Ministry of Information, Culture Youth and Sports (MICYS)**	
	2.1.1.3 Plan sensitization programmes targeting major political representatives and other interested groups (eg. Media, JEF, PSOJ)	2008 and to be ongoing	**MLSS (JCPD) and Disability NGOs**	
2.1.2 Promote participation in cultural life, recreation, leisure and sports *(Article 30-UN Convention)*	2.1.2.1 Expand the range and accessibility of sporting and cultural activities and venues in which PWDS can participate	2009/10 and onwards	**MLSS, JCPD, MICYS**	
	2.1.2.2 Review recreational spaces in schools and communities to ensure that children with disabilities are able to participate	2010/11 and to be ongoing	**MLSS, JCPD, MICYS**	

Outcome 2.2: PWD have access to services and goods

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
2.2.1. Ensure adequate information to support the development of policies and programmes for PWDs)	2.2.1.1 Establish definition and criteria for determining different types and degrees of disabilities	By 2010/11	**MLSS** **JCPD** **Local Authorities**	Technical Assistance and Training
	2.2.1.2 Conduct comprehensive studies (national surveys/census) at 5-year intervals to determine numbers, demographic, socio-economic characteristics and needs of PWDs	Planning – 2009/10 Implementation by 2010/11	**PIOJ, STATIN, and JCPD, MLSS should collaborate in doing research on PWD issues**	
	2.2.1.3 Establish (and update) comprehensives national database/registry on PWDs	2010/11	**MLSS/JCPD**	
	2.2.1.4 Update Inventory and analyse existing services, with a view to identifying gaps	2009/10 – 2012/13	**MLSS/ JCPD/PIOJ**	
	2.2.1.5 Design a national integrated system of identification and referral of PWD	2010/11	**MOH/MLSS/JCPD/MO E and NGOs**	
2.2.2 Develop physical infrastructure in the public and private spheres to ensure accessibility (phased	2.2.2.1 Implement the National Building Code	2009/10	**JCPD** Bureau of Standards Jamaica (BSJ) Parish Councils Master Builders Association Jamaica Institute of	

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
implementation)			Engineers Disability Stakeholders	
	2.2.2.2 Implement a programme to Educate and sensitize the public on the Building Code (targeting: developers, KSAC, architects etc.)	Over 5 years starting 2009/10	**JCPD** **CDA**	
	2.2.2.3 Establish mechanisms for monitoring compliance with the building code(re the implementation of the building code)	By 2010	**JCPD** **CDA**	
2.2.3 Ensure that all public information is available and accessible to all PWDS (appropriate formats e.g. Braille, audio etc.)	2.2.3.1 Review and update the Directory of Services for PWDs and make it available through various media	By 2009/10	**JCPD**	
	2.2.3.2 Review the copyright law to facilitate reprinting in alternative formats	By 2010/11	**JSB/CDA/JIPO**	
	2.2.3.3 Review and modify as appropriate regulations relating to the provision of public information to ensure access in various formats	2010/11	**JCPD**	
2.2.4 Ensure adequate provision of and access to essential specialized and	2.2.4.1 **ED&TRAINING** Develop and strengthen existing skills training programmes to accommodate PWDs	2009 and ongoing	**MOE** **HEART Trust/NTA**	

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
inclusive services/facilities (taking into account gender, age, area of residence and range of disabilities) (make first action)	(including HEART/Trust NTA)			
	2.2.4.2 Develop modules on disability for inclusion in all human service training programmes	2009/10 - 2010/11	**All Ministries**	
	2.2.4.3 Develop generic disability tertiary-level programmes that cover all disabilities types and age-groups of PWDs	2009/10 - 2010/11	**Universities/UCJ/ College boards**	
	2.2.4.4 Train all teachers in inclusive education	2012/13	**MOE**	
	2.2.4.5 Expand community early intervention programmes to prepare/accommodate CWDs in the regular schools.	2009/10	**MOE**	
	2.2.4.6 Develop regulations in the Disability Act to: a) ensure adequate institutional capacity in all Early Childhood Institutions (ECIs) to accommodate CWDs; and b) mandate all ECIs to accept CWDs			
	2.2.4.7 Expand team of Special Education Coordinators to monitor CWDs in regular schools (at all levels of the education system)	2012/13	**MOE**	

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	2.2.4.8 Recognize sign language as a language option to be taught in schools	2015/16	**MOE**	
	HEALTH 2.2.4.9 Strengthen existing tertiary/specialized programmes to provide better quality services (e.g. expand the capacity of regional 2.2.4.10 Hospitals and Community-Based Rehabilitation (CBR) programmes to provide rehabilitative and after care services).	Starting 2009/10 and to be ongoing	**MOHE**	
	2.2.4.11 Expand medical rehabilitation facilities to include all levels of care, including building new rehabilitation centres and upgrading existing facilities.	2012/13 and onwards	**MOHE**	
	2.2.4.12 Expand the number of positions for specialised therapists in government hospitals and special schools	2012/13 onwards	MOH	
	EMPLOYMENT 2.2.4.13 Educate Trade Unions and employers on needs and potential of PWDs	2009/10	**MLSS/CDA**	

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	2.2.4.14 Build partnerships with businesses and other groups to empower persons with disabilities	Starting 2009/10 and ongoing	**MLSS**	
	2.2.4.15 Create new categories for workers at non-professional and professional levels to provide appropriate staff for disability programmes	2009/12 – 2011/12	**MLSS/MFPS/ MOHE/MOE**	
	TRANSPORTATION 2.2.4.16 Retrofit existing public transportation, and related facilities to meet the needs of PWDs	2015/16	**Ministry of Transport and Works (MTW)**	
	ASSISTIVE AIDS, EQUIPMENT, AND TECHNOLOGIES 2.2.4.17 Give waivers or concessions for the importation of all assistive aids, equipment, and technological devices.	By 2010/11	**MOFPS/JCPD**	
2.2.5 Strengthen linkages between agencies that serve the needs of PWDs (cooperation between ministries, NGOs	2.2.5.1 Re-establish inter-ministerial committee on disability	Begin 2009/10	**MLSS**	

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
sectors, and other relevant organisations to prevent overlaps and omissions in the provision of services)	2.2.5.2 Re-establish the Coalition on Disabilities (Agencies of and for PWDs)	Begin 2009/10	**MLSS**	
	2.2.5.3 Mobilize resources (especially financial) for the development and expansion of NGOs and government programmes providing appropriate services	By 2013/14	**MLSS**	
2.2.6. Increase provisions for and access to Social Assistance	2.2.6.1 Provide grants and or Care Assistants to eligible PWDs	2009/10 (Phase in by age groups)	**MLSS, MOHE**	To be estimated in relation to the number of such persons in the society, feasibility studies, survey to estimate size of disabled population, development costs (training of individuals etc.)
	2.2.6.2 Increase access to social assistance funds through mobile disbursement units and electronic transfer	2010/11	**MLSS**	Purchase of mobile units, employment and training of staff, administrative costs (banking and otherwise), maintenance costs
	2.2.6.3 Increase the capacity (physical facilities, personnel etc.)	2009/10 – 2013/14	Oversight by MSS All day and residential care centres must have at	Building, employment and training of staff,

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	and quality of care within institutions to care for PWDs.		least one person with a degree or NCTVET level 2 qualification in caring for PWDs	additional maintenance and equipment and furnishing costs
	2.2.6.4 Establish and enforce minimum standards of care for institutions (day and residential)	2009/10 and to be ongoing	MLSS/JCPD Early Childhood Commission (ECC) Child Development Agency Local Authorities	
	2.2.6.5 Conduct public education campaign on social assistance programmes and services available to PWDs	2009/10 and to be ongoing	**MLSS/JCPD**	
2.2.7 Encourage and strengthen the potential and achievement of Persons with Disabilities	2.2.7.1 Develop a central data collecting facility that includes education and skills of persons with disabilities *(refer to strategy on comprehensive database)*	2010/11	**JCPD/CDA**	
	2.2.7.2 Establish a Committee to identify and provide incentives to outstanding PWDs at all levels	2012/13	**MLSS/JCPD**	
	2.2.7.3 Promote a culture of personal responsibility and achievement among PWD (through the school curricular/system and other media)	2009/10 and to be ongoing	**MLSS/JCPD/MOE**	

GOAL 3: DISABILITIES ARE PREVENTED

Outcome 3.1: An environment in which the risk of acquired disabilities is minimized

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
3.1.1: Build awareness of preventable conditions that lead to disabilities	3.1.1.1 Develop a campaign of awareness building to target all levels of the educational system and organisations such as churches and umbrella groups such as the PSOJ, JEF etc.	2010/11	**MLSS, JIS, MOH, MOE, Ministry of Land and Environment (collaboration with CBOs, FBOs etc.)**	
	3.1.1.2 Strengthen the Healthy Lifestyle programme to prevent and control the incidence of chronic illnesses that might result in disabilities	2009/10 and to be ongoing	**MOHE, MLSS**	
	3.1.1.3 Establish an inter-ministerial Committee on Disability Prevention to include the Ministry of Health, NEPA, Ministry of National Security and National Road Safety Council	2013/14	**MLSS**	
3.1.2: Ensure that high risk environments and conditions are identified and modified	3.1.2.1 Create safety manuals and campaigns for all environments including homes, schools, work, recreational areas and public spaces	By 2013/14	**MLSS (OESH Dept.), MOE, Ministry of Transport, Ministry of National Security (Road Safety Council)**	

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	3.1.2.2 Undertake a GIS mapping of the country to identify high risk environments	2009/10 – 20010/11	**Ministry of Land and Environment (NEPA), MLSS, MOH**	
	3.1.2.3 Design and implement an ongoing programme of research to determine levels and areas of risk and appropriate responses	2011/12	**PIOJ, STATIN, MLSS**	
	3.1.2.4 Introduce a mobile clinic to screen for and ameliorate the effects of chronic illnesses	By 2013/14	**MOHE, MLSS**	
	3.1.2.5 Support and strengthen screening services for early detection of disabilities in children (starting from birth to six) (include on immunization card)	2009/10 and to be ongoing	**MOHE, MOE, MLSS**	
	3.1.2.6 Develop and implement methodologies for risk reduction including: Airbags, seat belts, vaccines, violence reduction programmes, improved parenting and creation of safe public walkways etc.)	2009/10 and to be ongoing	**MLSS (OESH Dept.), MOE, Ministry of Transport, Ministry of National Security (Road Safety Council)**	
	3.1.2.7 Develop policies/ programmes at the national and local levels to allow for easy access to goods and services for the	2010/11	**MLSS Ministry of Industry, Commerce and Investment**	

STRATEGIES	SPECIFIC ACTIONS	TIMEFRAME	RESPONSIBILITY	ESTIMATED COSTS
	prevention of secondary and tertiary disabilities			

Priority Sector Strategies and Actions (Short Term)

Identification of Priority Strategies (Ranking)

Goals	Strategies	Priority (Timeframe)
Goal 1	Mobilize public support for the rights of PWDs	5
	Improve the policy, regulatory, and institutional framework to support the enforcement of the rights of PWDs	1
	Strengthen capacity of service providers to adequately interact with PWDs by Improving their Knowledge, Attitude and Practice (KAP)	2
Goal 2	Promote the participation of PWDS in political and public life (Article 29-UN Convention)	
	Promote participation in cultural life, recreation, leisure and sports (Article 30-UN Convention)	
	Ensure adequate information to support the development of policies and programmes for PWDs	
	Develop physical infrastructure in the public and private spheres to ensure accessibility (phased implementation)	
	Ensure that all public information is available and accessible to all PWDs (appropriate formats e.g. Braille,	

Goals	Strategies	Priority (Timeframe)
	audio etc.)	
	Review existing laws and provide legal support for PWD	
	Ensure adequate provision of and access to essential specialized or inclusive services/facilities (taking into account gender, age, area of residence and range of disabilities)	3
	Strengthen linkages between agencies that serve the needs of PWDS (cooperation between ministries, NGOs sectors, and other relevant organisations to prevent overlaps and omissions in the provision of services)	4
	Increase provisions for and access to Social Assistance	
	Encourage and strengthen the potential and achievement of Persons with Disabilities	
GOAL 3	Build awareness of preventable conditions that lead to disabilities	ongoing
	Ensure that high risk environments and conditions are identified and modified	ongoing

PRIORITY SECTOR STRATEGIES AND ACTIONS MATRIX
Short Term

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
GOAL 1: **Outcome 1.1.: Persons with disabilities are treated with respect and dignity at all levels of the society**	**Strategy 1.1.2:** Improve the policy, regulatory, and institutional framework to support the enforcement of the rights of PWDs	Broaden the mandate, increase the autonomy and professional capability of the JCPD and CDA Mandate compulsory training on disabilities for all human service personnel in the public sector to engage appropriately with PWD	**MLSS**
		Finalize and Ensure enactment and enforcement of National Disability Act	**MLSS**
		Develop implementation plan for the National Disability Act	**MLSS**

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
		Establish a monitoring body/framework to ensure compliance with the Act and UN Convention on the Rights of Persons with Disabilities	**MLSS and Disability NGOs**
		Establish a legal unit within the JCPD for ongoing evaluation of legislation and other legal matters relating to PWDs	**MLSS/JCPD**
	Strategy 1.1.1: Mobilize public support for the rights of PWDs	Develop Pub. Ed. Programme, (including positive images of PWD, exposing their abilities and needs) through a multifaceted approach – (government and nongovernment) using all accessible media	**MLSS** in collaboration with **NGOs** and govt (min of Soc Sec) **JCPD**
	Strategy 1.1.3: Strengthen capacity of service providers to adequately interact with PWDs by improving their knowledge, attitudes and practices (KAP)	Improve capacity within existing institutions eg HEART/NTA, Colleges and universities etc.) to offer disability related education and training	**MOE/UCJ/MLSS MFPS** **Others:** **MNS/MOJ**

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
		Include an orientation programme on disability in curriculum at all levels of the education and training institutions	All education/training institutions **Ministry of Education** **JCPD**
Goal 2: **Outcome 2.2:** **A society in which PWD have access to services and goods**	**Strategy 2.2.4:** Ensure adequate provision of and access to essential specialized or inclusive services/facilities (taking into account gender, age, area of residence and range of disabilities)	EDUCATION & TRAINING Expand community early intervention programmes to prepare/accommodate CWDs in the regular schools.	**MOE**
		EMPLOYMENT Build partnerships with businesses and other groups to empower persons with disabilities	**JCPD**
		Create new categories for workers at non-professional and professional levels to provide appropriate staff for disability programmes	**MLSS/MFPS/MOH/MOE**

SECTOR OUTCOMES	PRIORITY SECTOR STRATEGIES FOR YEARS 1- 3	KEY ACTIONS FOR YEARS 1- 3	RESPONSIBLE AGENCIES
	Strategy 2.2.5: Strengthen cooperation between ministries, NGOs sectors, and other relevant organisations to prevent overlaps and omissions in the provision of services	Re-establish inter-ministerial committee on disability	**MLSS**
		Re-establish the Coalition on Disabilities (Agencies of and for PWDs)	**MLSS**

6.0 Monitoring & Evaluation Framework for the Persons with Disabilities Sector Plan

Monitoring and Evaluation Framework

Institutional Arrangements

A number of institutions and agencies, including the following, will be involved in the monitoring and evaluation framework for the National Development Plan and the Persons with Disabilities Sector Plan:

1. **Parliament**: The Vision 2030 Jamaica Annual Progress Report will be presented to the Parliament for deliberations and discussion.

2. The **Economic Development Committee (EDC)** is a committee of Cabinet chaired by the Prime Minister. The EDC will review progress and emerging policy implications on the implementation of Vision 2030 Jamaica and the relevant sector plans.

3. The **Vision 2030 Jamaica Technical Monitoring Committee (TMC)**, or Steering Committee, is to be chaired by the Office of the Prime Minister and will provide oversight for the technical coordination and monitoring of the Plan and reporting on the progress of implementation.

4. The **Vision 2030 Jamaica Technical Secretariat** to be institutionalized within the PIOJ will play a leading role in coordinating implementation, analyzing social and economic data and information, consolidating sectoral information into comprehensive reports on Vision 2030 Jamaica's achievements and results, maintaining liaisons with sectoral focal points in MDAs, and supporting the establishment and operation of Thematic Working Groups.

5. **Ministries, Departments and Agencies (MDAs)** represent very important bodies within the implementation, monitoring and evaluation system. They are the Sectoral Focal Points that will provide data/information on a timely basis on the selected sector indicators and action plans, and be responsible for the timely preparation of sector reports that will feed into the Vision 2030 Jamaica Annual Progress Report. For the Persons with Disabilities Sector Plan, the main MDAs comprising the relevant Sectoral Focal Point will include the Ministry of Labour and Social Security and the Jamaica Council for Persons with Disabilities.

6. **Thematic Working Groups are** consultative bodies aimed at providing multi-stakeholder participation in improving the coordination, planning, implementation and monitoring of programmes and projects relevant to the NDP and sector plans, including the Persons with Disabilities Sector Plan. TWGs will be chaired by Permanent Secretaries or senior Government officials and shall comprise technical representatives of MDAs, National Focal Points, the private sector, Civil Society Organizations and International Development Partners. TWGs will meet a minimum of twice annually.

Indicator Framework and Data Sources

Appropriate indicators are the basic building blocks of monitoring and evaluation systems. A series of results-based monitoring policy matrices will be used to monitor and track progress towards achieving the targets for the NDP and sector plans, including the Persons with Disabilities Sector Plan. The performance monitoring and evaluation framework will be heavily dependent on line/sector ministries for quality and timely sectoral data and monitoring progress.

The results-based performance matrices at the national and sector levels comprise:
- At the national level, 60 proposed indicators aligned to the 15 National Outcomes
- At the sector level, a range of proposed indicators aligned to the sector goals and outcomes
- Baseline values for 2007 or the most recent past year

- Targets which outline the proposed values for the national and sector indicators for the years 2012, 2015 and 2030
- Data sources which identify the MDAs or institutions that are primarily responsible for the collection of data to measure and report on national and sector indicators
- Sources of targets
- Links to existing local and international monitoring frameworks such as the MDGs

Some gaps still exist within the performance matrix and a process of review to validate the proposed indicators and targets is being undertaken. This process is very technical and time consuming and requires significant cooperation and support from stakeholders and partners. The performance monitoring and evaluation framework will be heavily dependent on ministries for quality and timely sectoral data and monitoring progress. The system will benefit from our existing and relatively large and reliable statistical databases within the Statistical Institute of Jamaica (STATIN) and the PIOJ.

Reporting

The timely preparation and submission of progress reports and other monitoring and evaluation outputs form an integral part of the monitoring process.

The main reports/outputs of the performance monitoring system are listed below.

1. **The Vision 2030 Jamaica Annual Progress Report** will be the main output of the performance monitoring and evaluation system.

2. **The annual sectoral reports** compiled by the Sectoral Focal Points for submission to the Vision 2030 Jamaica Technical Monitoring Committee. These will be integrated into the Annual Progress Report.

3. **Other products** of the performance monitoring system include issues/sector briefs and research reports.

Capacity Development

There is recognition that building and strengthening technical and institutional capacity for the effective implementation, monitoring and evaluation of the NDP and the Persons with Disabilities Sector Plan is critical for success. This calls for substantial resources, partnership and long-term commitment to training MDA staff. Training needs will have to be identified at all levels of the system; a reorientation of work processes, instruments, procedures and systems development will have to be undertaken; and staffing and institutional arrangements will need to be put in place. Partnership with the Management Institute for National Development (MIND) and other institutions will also be required to provide training in critical areas such as results-based project management and analysis, monitoring and evaluation, and data management to public sector staff and others.

Monitoring and Evaluation Framework

Sector Area: Persons with Disabilities

Issues from Task Force Report	Comments

Access to Basic Rights and Opportunities
1. Poor attitude among populace towards persons with disabilities
2. Inadequate provisions for social assistance
3. Poor access to goods and services: justice system, economic opportunities,
 	
    reproductive health care, training etc.
4. Public infrastructure not sensitive to needs of PWDs- access to buildings
 	
    use of sidewalks
5. Limited access to recreational activities and facilities
6. Range of specialized services for persons with disabilities needs to be expanded
7. Slow development of existing programmes
8. Insufficient coverage of programmes
9. High cost of technology to support PWD
10. Ineffectiveness of method of service delivery to PWDs
 	
11 Low social, cultural, political and economic participation	

Institutional & Monitoring Capacity 1. Institutions usually NGOs delivering services to PWD are under funded 2. NGOS offering service to the disabled often excluded from government planning 3. Need for increase number of persons trained to deal with disabilities 4. Weak transition between varying levels of education- No link between the various levels such as pre-school to primary to post primary and vocational 5. Inadequate links between ministries and agencies concerned with PWD 6. *Need to integrate issues of concern to PWD in all development plans* 7. Service providers lack awareness to deal with PWD 8. Need to strengthen data collection and dissemination on PWD and respective issues 9. Ineffective legislative framework (Disability Act in progress) 10. Weak sanctions in existing national policy 11. Unclear definition of disability and general awareness of types of disabilities 12. Policies and legislations to be informed by research	

Prevention of Disabilities	Comments
Existence of high risk environments that need to be modified Inadequate mechanisms to identify and minimize high risk factors and environs Low public awareness levels of preventable conditions that lead to disability	

Managing For Results Framework- Using Taskforce reports as Source

Issues from Reports	Sector Goals	Outcome Statements and Outcome Indicators	Strategies
Poor attitude among populace towards persons with disabilities	**1. Persons with disabilities are guaranteed all human rights of the society**	**1.1. Persons with disabilities are treated with respect and dignity at all levels of the society** **Indicators:** a) % of PWD who feel that attitude of the populace towards them has improved (Consult STATIN and PIOJ to use mechanisms such as SLC) b) Number of incidents in which PWD are treated disrespectfully (JCPD- to collect reports)	**1.1.1** Mobilize public support for the rights of PWDs **1.1.2.** Improve the policy, regulatory, and institutional framework to support the enforcement of the rights of PWDs **1.1.3.** Strengthen capacity of service providers to adequately interact with PWDs by improving their Knowledge, Attitude and Practice (KAP)

Issues from Reports	Sector Goals	Outcome Statements and Outcome Indicators	Strategies
		c) Incidence of PWD as victims of crime and violence (JCPD to collect information from JCF – ensure that data is disaggregated by relevant categories) d) No. of incidents in which PWDs are denied a right (JCPD- to collect reports) e) No. reported breaches of the National Disabilities Act (to be collected by JCPD from courts and tribunal) Possible Output indicators *No. of public education programmes implemented, (media, community level).* *Production and distribution of Handbook prepared for documenting definition and guidelines for identifying types of disabilities.*	

Issues from Reports	Sector Goals	Outcome Statements and Outcome Indicators	Strategies
		<u>Possible Output indicators Cont'd.</u> *No of human service personnel trained* *No. of trained personnel available in at service distribution level.* *No. of institutions offering training on disability issues.* *Establishment of an office of Disability/Ombudsman to address human rights issues pertaining to PWD.* *Establishment of monitoring unit in the JCPD.* *No of social programmes available for PWD.*	

Issues from Reports	Sector Goals	Outcome Statements and Outcome Indicators	Strategies
		Possible Output indicators Cont'd. *Appointment of a ministry to coordinate the activities pertaining to PWD and the extent to which agencies/ministries network to deliver services and share information.* *Increased No. of communities involved in disability rights promotion.* *Inc No. of persons benefiting in social programmes.* *Data on numbers of PWD disaggregated by disability and their needs available on website*	

Managing For Results Framework- Using Taskforce reports as Source

Issues from Reports	Sector Goals & Impact Level	Outcome Statements and Outcome Indicators	Strategies
Low social, cultural and political and economic participation	**2. A society that fosters inclusion of PWD in all spheres of life.**	**2.1. High levels of participation of PWDs in social, cultural and governance activities** **Indicators:** a) Percentage of PWD who are in public life (e.g. membership in public organisations such as political parties, private umbrella organizations such as PSOJ, KIWANIS etc.) b) *Insert indicator on cultural participation* c) *Indicator on Family Life to be determined*	**2.1.1.** Promote the participation of PWDS in political and public life *(Article 29-UN Convention)* **2.1.2.** Promote participation in cultural life, recreation, leisure and sports *(Article 30-UN Convention)*

Managing For Results Framework- Using Taskforce reports as Source

Issues from Reports	Sector Goals & Impact Level Indicators Long term. 5-25 years Development Issues	Outcome Statements and Outcome Indicators	Strategies
Poor access to goods and generic services: schools, health care, justice system, economic opportunities etc. Weak transition between various levels of education system. Weak institutional framework; inadequacy of data to support policy development and monitoring of disabled population. Policies to be guided by research Inadequate provisions for social assistance Inadequate access to information	**2. A society that fosters inclusion of PWD in all spheres of life Cont'd**	**2.2. A society in which PWD have access to services and goods.** **Out come Indicators:** a) increase and improvement in reliable research data available for planning purposes b) Research data available on the internet c) Survey assessing frequency of barriers shows more places accessible d) Percentage of PWDs with access to public information in alternative formats	**2.2.1.** Ensure adequate information to support the development of policies and programmes for PWDs **2.2.2.** Development of physical infrastructure in the public and private spheres to ensure accessibility **2.2.3.** Ensure that all public information is available and accessible to all PWDS (appropriate formats e.g. Braille, audio etc.) **2.2.4.** Ensure adequate provision of and access to essential specialized and inclusive services/facilities (taking into account gender, age, area of residence and range of disabilities)

Issues from Reports	Sector Goals & Impact Level Indicators Long term. 5-25 years Development Issues	Outcome Statements and Outcome Indicators	Strategies
Inadequate access to services, especially in rural areas Lack of appropriate technology in public areas to accommodate PWD. Public infrastructure not sensitive to needs of PWDs- access to buildings Lack of awareness among service providers of appropriate responses to PWD. Lack of knowledge of services available to PWD. High cost of technology to support PWD		e) Percentage of PWDs accessing public services and facilities f) Percentage of public edifices are disability friendly g) Increased access to Information Communication Technology (ICT) and assistive devices h) Percentage of children with disabilities who have access to educational institutions that meet their needs i) Percentage of children with disabilities enrolled in schools (STATIN census data - NB data inaccurate) j) Percentage of children in regular schools who have a disability (Ministry of Education)	**2.2.5.** Strengthen cooperation between ministries, NGOs sectors, and other relevant organisations to prevent overlaps and omissions in the provision of services **2.2.6.** Increase provisions for and access to Social Assistance **2.2.7.** Encourage and strengthen the potential and achievement of Persons with Disabilities

Issues from Reports	Sector Goals & Impact Level Indicators Long term. 5-25 years Development Issues	Outcome Statements and Outcome Indicators	Strategies
Range of specialized services for PWD needs to be expanded Slow development of existing programmes Insufficient coverage of PWDs in programmes Fragmentation of services		k) Distribution of persons with disabilities by level of education (STATIN, PIOJ -SLC) l) Distribution of disabled labour force by Occupational groups (STATIN Labour Force Survey) m) Court cases of PWDs are facilitated by trained personnel n) All children at risk for disabilities are recognized and referred for assessment and intervention from early intervention programmes by age 6 o) Identified individuals (n above) move easily to referral and	

Issues from Reports	Sector Goals & Impact Level Indicators Long term. 5-25 years Development Issues	Outcome Statements and Outcome Indicators	Strategies
		intervention programmes p) PWDs have access to special services in tertiary health care at a regional level e.g. rehabilitation services q) Recognition of multi-disciplinary rehabilitation professionals by government and private programmes r) Increased number of multi-disciplinary professionals in Government programmes s) Percentage of qualified persons in receipt of social assistance	

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Issues from Reports	Sector Goals & Impact Level Indicators Long term. 5-25 years Development Issues	Outcome Statements and Outcome Indicators	Strategies
Existence of high risk environments that need to be modified Inadequate mechanisms to identify and minimize high risk factors and environment Low public awareness levels of preventable conditions that lead to disabilities	**3.0. Prevention of Disabilities**	**3.1. An environment in which the risk of acquired disabilities is minimized.** **Indicators:** a) Incidence of injury from motor vehicle accidents. b) Number of acquired disabilities by age group c) Number of persons reporting absence from work as a result of injuries d) Increased mass public education on conditions that lead to disabilities	**3.1.1.** Build awareness of preventable conditions that lead to disabilities **3.1.2.** Ensure that high risk environments and conditions are identified and modified

APPENDIX 1

LIST OF TASK FORCE MEMBERS

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APPENDIX 2

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