2006
Tonga National
Disability Identification Survey

Conducted through the Tonga Red Cross Society on behalf of DACTION, the Tonga Disability Action Committee.

Funded by NZAID, Inclusion International—Asia/Pacific (NZAID), the Australian High Commission (Tonga) and the British High Commission (Tonga).

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Government Stakeholders:

- Ministry of Education
- Ministry of Finance
  - Statistics Department
  - Central Planning Department
- Ministry of Health
  - Public Health Nursing Division

  - ENT Division
  - Health Promotion Unit
  - Ophthalmology Division
  - Paediatric Division
  - Physiotherapy Division
  - Psychiatric Division
- Ministry of Works
- Prime Ministers Office
  - Town Officer Division
  - Women's Development Unit

Non-government Stakeholders:

- National Centre for Women and Children
- Human Rights and Democracy Movement (HRDM)
- Langafonua
- Mango Tree Respite Centre
- Naunau 'o e 'Alamaite Tonga Association (NATA)
- Paralympic Committee
- People with disabilities and their families
- Tonga Red Cross Society
  - 'Ofa Tui 'Amanaki Centre for Special Education
  - Hearing and Speech Impaired Unit
  - Alonga Residential Centre
- Tongan Amateur Sports Association and National Olympic Committee (TASANOC)
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List of Acronyms

- ADB – Asian Development Bank
- BMF – Biwako Millennium Framework
- CBR – Community Based Rehabilitation
- CEDAW – Convention on the Elimination of All forms of Discrimination Against Women
- CPD – Central Planning Department
- CRC – Convention on the Rights of the Child
- DACTION – Disability Action Committee (Survey Advisory Body)
- DAP – Development Assistance Program (Australian High Commission)
- EFA – Education For All
- ENT – Ear, Nose and Throat
- FBEAP – Forum Basic Education Action Plan
- GPS – Government Primary School
- H&S Unit – Hearing and Speech Impaired Unit
- HRDM – Human Rights and Democracy Movement
- ICF – International Classification of Functioning, Disability and Health
- ICRC – International Committee of the Red Cross
- ICT – Information and Communication Technology
- IMCI – Integrated Management of Childhood Illnesses
- MDG – United Nations Millennium Development Goals
- MOE – Ministry of Education
- MOH – Ministry of Health
- MOP – Ministry of Police
- MOW – Ministry of Works
- NATA – Naunau ‘o e ‘Alamaite Tonga Association Inc. (Tongan Disability Self-Advocacy Organisation)
- NCD – Non-Communicable Disease
- NCCD – National Coordinating Council on Disability
- NDIS – National Disability Identification Survey
- NGO – Non-Government Organisation
- NNCDC – National Non-Communicable Disease Committee
- NPC – National Paralympic Committee
- NZAID – New Zealand Aid Program
- OTA Centre– ‘Ofa Tui ‘Amanaki Centre for Special Education
- PIC – Pacific Island Country
- PMO – Prime Ministers Office
- PRIDE – Pacific Regional Initiatives in the Development of Education
- SDP8 – Strategic Development Plan 8
- SRH – Sexual and Reproductive Health
- STI – Sexually Transmitted Infection
- TASANOC – Tongan Amateur Sports Association and National Olympic Committee
- TESP – Tongan Education Strategic Plan
- TFH – Tonga Family Health
- TNYC – Tongan National Youth Congress
- TRCS – Tonga Red Cross Society
- WHO – World Health Organisation

Executive Summary – English

The Tonga Red Cross Society has in partnership with the Disability Advisory Committee (DACTION), completed the National Disability Identification Survey, in the Kingdom of Tonga. This survey was aimed at identifying the prevalence of disability, major causes of disability, the level of involvement of people with disabilities in the community, educational and employment sectors, and the needs of people with disabilities in Tonga.

This survey has identified 2782 people with disabilities in Tonga, which represents approximately 2.8% of the total population. This is significantly lower than the disability figures of 10% of total populations estimated by the United Nations (UN) and the World Health Organisation (WHO). This discrepancy is partly because the survey did not include people with mild impairments. This is also due to the social stigma attached to having a disability in Tonga which prevented some people taking part in the survey. Because of this, the given results should be read as a conservative estimate of the actual number of people with disabilities in Tonga.

The most common types of disabilities identified in the survey were physical disabilities (36% of disabilities) followed by visual impairments (24%), and intellectual and learning disabilities (11% combined).

53% of people with disabilities experienced more than one disability (eg: physical disability and visual impairment), which has a compounding effect on the level of functioning of a person, the type of support they require and social stigma they experience.

The prevalence of disability was shown to increase dramatically with increasing age, 52% of people with disabilities were over the age of 61 years. The remaining disability population breakdown is as follows; working age (27%), youth (9%), primary school age (9%) and infants (1%).

The most significant cause of disability is the non-communicable diseases of diabetes, heart disease and high blood pressure (810 disabilities combined). 95% of people with a disability caused by non-communicable diseases were over the age of 40 years. These conditions often result in physical disabilities (80%) such as strokes (20%) and amputations (12%), as well as vision impairments (63%).

The aging process was the second most common cause of disability (767 disabilities) which often results in physical disabilities (70%), vision impairments (66%) and hearing impairments (28%), often experienced together (11%).

The onset of disability was most commonly over the age of 31 years (55%), with 30% of disabilities starting after the age of 61 years.

An early age of disability onset (15 years or below) was shown to dramatically reduce a persons access to educational opportunities, marriage prospects and increased the likelihood of the person being a single parent.

Many children with disabilities do not receive compulsory primary education, despite the Ministry of Educations claim of full primary education for 100% of Tongan children. This is because they either do not attend school at all (76 children), they are not given the support they require at school (up to 14% of children attending Government Primary Schools), or

they attend Tonga Red Cross Society's Special Educational Facilities that are not recognised by the government as providing a formal education as they do not have trained teachers or a formal curriculum (24 children between the ages of 5-14 years).

Of the 2460 people with disabilities over the age of 15 years there are few in formal employment (3%). This is more than thirteen times less than the national formal employment rate of 39%. Many of these people are unemployed (33%). This is more than double the national unemployment rate of 13.3%. This is despite the fact that 37% of these people are independent in self-care, mobility and communication.

People with disabilities are up to twenty three times more likely to be living below recognised poverty indicators, as compared to the rest of the Tongan population.

People with disabilities have a great need for technical aids such as wheelchairs (813 people) and other mobility aids (587 people), and glasses (718 people). There is a great identified need for health care such as medical advice (1133 people), and access to therapy services (745 people). There is also a great need for wheelchair access to public built environments (671 people) as well as in people's private homes (583 people).

The greatest identified need was for improvements in attitudes towards and the inclusion of people with disabilities in to mainstream society (1608 people).

There are many ways in which different sectors in Tonga can work together to create a more inclusive society and address the needs of people with disabilities. These issues can be addressed by individuals, Government Ministries, non-government and international organisations.

Some of the most significant steps that Tonga needs to take in becoming a more inclusive society include:

- Developing a National Disability Coordinating Committee, composed of people with disabilities, government and non-government stakeholders, under the government to promote inclusive practices throughout Tonga;
- Consulting people with disabilities in any decisions that will directly affect them. This should be done through consultation with the disability self advocacy organisation, Naunau 'o e 'Alamaite Tonga Association (NATA);
- Creating an inclusive education system;
- Ensuring that people with disabilities have access to public built environments and public transport;
- Increasing the level of health care and community support available to people with disabilities;
- Improving the employment and income generation opportunities of people with disabilities; and most importantly by
- Improving the attitudes of society towards people with disabilities.

There are many models of inclusion, several of which can be found in other Pacific Island Countries. The potential benefits of an inclusive society are not only to people with disabilities and their families, but to Tonga as a whole through improved economic and social development, and strengthened international partnerships.

Executive Summary – Tongan

Koe Fakama'opo'opo Fakalukufua 'oe Savea 'oe Kakai Faingata'a'ia

Kuo kakato 'ae Savea na'e fakahoko 'e he Sosieti Kolosi Kula 'a Tonga 'i he malumalu 'oe fale'i 'ae Komiti Fakafonua ma'ae Kau Faingatata'a'ia (DACTION). Koe Savea ko'eni, na'e fakataumu'a ia ke vakai'i 'ae ngaahi fiema'u 'ae kakai 'oku faingata'a'ia 'i Tonga ni, ngaahi fa'ahinga 'oe faingata'a'ia tupu'anga 'oe faingata'a'ia, moe tu'unga 'o hono fakakau 'oe kakai 'oku faingata'a'ia 'i he sosieti, ako, moe faingamalie ngaue totongi.

Kuo lava 'o fakatokanga'i heni ha kakai 'e toko uaafe, fitungeau valungofulu ma ua (2782) 'oku faingata'a'ia 'i Tonga ni, 'aia 'oku ne fakafofonga'i 'ae peseta 'e 2.8 pe ofi kiai 'oe fika fakakatoa 'oe tokolahi 'o Tonga ni. 'Oku ki'i ma'ulalo pe eni 'i he 10% 'oe tokolahi 'oe kakai faingata'a'ia 'i he UN pe ofi kiai moe fika 'ae Kautaha Mo'ui 'a Mamani (WHO) foki. Koe faikehekehe ko'eni ko hono 'uhinga koe konga koe ni'ihi na'e 'ikai kau koe kakai 'oku nau mo'ua 'i ha fa'ahinga fanga ki'i faingata'a'ia ikiiki pe. Ko hono 'uhinga lahi koe lahi hono luma'i 'oe kau faingata'a'ia pea 'ikai tau'ataina ai ae kakai tokolahi ke nau kau 'i he savea. Tu'unga 'i he'ene pehe leva, koe ola ko'eni kuo ma'u, koe konga pe ia oe tokolahi kotoa 'oe kakai faingata'a'ia 'o Tonga ni.

Koe tokolahi taha ne ma'u, koe kau faingata'a'ia fakasino pe 'aia koe 36% pe ia 'oe kau faingata'a'ia, kau kiai moe 24% koe ni'ihi 'oku uesia 'e nau vakai, moe 11% 'oe kakai koe uesia faka'atamai, pe 'atamai tuai.

Koe 53% 'oe kau faingata'a'ia, 'oku nau mo'ua kinautolu 'o laka hake 'i he faingata'a'ia 'e taha pe 'o hange koe (faingata'a'ia fakasino mo toe uesia 'e nau vakai), 'aia 'oku lahi ange 'ae uesia 'oku hoko ki he fa'ahinga koia, moe tokoni 'oku nau fiema'u pehe foki ki he ngaahi ongo fakama kuo nau fetaulaki moia.

Koe ola 'oe tokolahi 'oe kau faingata'a'ia na'e ha ai 'ae tupu fakautuutu 'oe ngaahi faingata'a'ia 'i he kakai matu'outu'a ange 'aia koe 52% 'oe kakai 'oku laka honau ta'u motu'a 'i he ta'u 61. Koe toenga leva 'oe tokolahi 'oe kakai na'e vahevahe pehe ni ia. Ko kinautolu 'oku kei lava ngaue koe 27%, kau talavou koe 9%, koe fanau ta'u Lautohi Puleanga koe 9% pea koe longa'I fanau koe 1%.

Koe tefito 'oe tupu'anga 'oe ngaahi faingata'a'ia koe ngaahi mahaki 'oku 'ikai pipki pe koe mahaki suka, mahaki mafu fakataha moe toto ma'olunga aia koe took 810 fakakatoa, tautautefito ki he ta'u 40, koe 95%. Koe ngaahi tukunga ko'eni 'oku fa'a hoko ai 'ae faingata'a'ia fakasino koe 80% 'o kau kiai moe pakalava koe 20% moe konga he nim ape koe va'e koe 12% 'o kau kiai moe faingata'a'ia 'oe mamata/vakai koe 63%.

Koe holo pe a'ua'u koe tupu'anga ia hono ua 'oe ngaahi faingata'a'ia 'aia koe toko 767 'aia 'oku toe a'u aipe ki he'enau mo'ua 'i he faingata'a'ia fakasino, aia koe 70%, uesia e vakai koe 66%, uesia 'ae fanongo koe 28%, pea ko kinautolu ne mo'ua 'i he ngaahi faingata'a'ia ni kotoa koe 11%.

Koe uhouhonga 'oe faingata'a'ia na'e meimei 'i he ta'u 31 koe 55% pea moe ngaahi faingata'a'ia kehekehe pe 'o kamata mei he ta'u 61 koe 30%.

Koe tu'unga 'oe faingata'a'ia, 'i he fanauiiki koe ta'u 15 pe si'i ai 'oku ha ai 'ae mole 'ae faingamalie ako 'oe tokolahi pea moe faingamalie ke mali pea toe tupu fakatuutu aipe moe ngaahi matu'a taautaha.

Koe fanau faingata'a'ia tokolahi 'oku 'ikai ke fakamalohi'i 'enau kau ki he ako neongo ai e lau 'ae Potungaue Ako ki hono fakamalohi'i 'oe ako 'ae fanau Tonga. Ko hono 'uhinga koe 'ikai pe ke nau ako 'aia koe toko 76, 'ikai ke 'oange 'ae poupou ke ako laka he 14% 'ae fanau 'oku hu ki he Lautohi pe ko 'enau ako 'i he Apiako makehe 'ae Kautaha Kolosi Kula 'a Tonga 'ae 'oku pehe 'e he Potungaue Ako, 'oku 'oange ai 'ae ako mavahe koe'uhi 'oku 'ikai malava ke ako'i 'e he kau faiako pe silapa, 'aia koe took 24 mei he ta'u 5 ki he ta'u 15.

Koe toko 2460 'oe kakai faingata'a'ia 'oku laka hake honau ta'u motu'a, 'i he ta'u 15, ko honau tokosi'i pe 'oku ma'u ha'anau ngaue totongi aia koe 3%. 'Oku laka hake 'ihe liunga 13 si'isi'iange ia 'i he angamaheni 'oe tuunga 'oe ngaue fakapuleanga pe koe 39% pe. Koe kakai ta'e ma'ungaue koe 33%. 'Oku ma'olungaange 'ae tu'unga ta'ema'ungaue heni 'i hono liunga ua hono fakahoa ki he tu'unga 'oe taema'ungaue totonu aia koe 13.3%. Ko hono 'uhinga pe he koe 37% pe 'oe kakai ko'eni 'oku nau tau'ataina ke tokanga'i kinautolu, fononga holo 'iate kinautolu mo fetu'utaki lelei.

'Oku toe fu'u ma'olunga ange 'ae tokolahi 'o kinautolu 'oku nau nofo 'i he tu'unga tukuhausia 'i hono fakahoa ki he toenga 'oe tokolahi 'o Tonga ni aia 'oku liunga 23 nai kotoa hono fakafuofua.

Koe kakai faingaga'a'ia 'oku iai 'enau ngaahi fiema'u tokoni fakatekinikale 'o hange koe ngaahi sea teketeke aia koe kakai 'e toko 813. Koe fa'ahinga 'e ni'ihi koe ngaahi naunau tokoni ki he 'e nau 'alu aia koe toko 587, pea koe toko 718 'oku nau fiema'u matasioata lautohi. 'Oku 'iai foki moe fu'u fiema'u lahi 'oe fale'i fakafaito'o aia 'oku 'i he toko 1133 pea moe fiema'u fakamalohisino fotofota koe toko 745.

'Oku iai foki moe fiema'u ki he fakafaingamalie'i 'oe ngaahi sea-teketeke ke 'alu hoko 'i he ngaahi fale lalahi 'i he fonua 'ae 'oku ngaue'aki 'e he kakai aia koe toko 671 pehe pe ke langa ha ngaahi naunau fakafaingofua ki he fononga 'ae kau faingata'a'ia 'i honau tukui 'api foki, aia na'e toko 583.

Koe taha 'oe ngaahi fiema'u vivili taha 'ae kakai faingata'a'ia koe faka'amu ke fakalakalaka pe liliu 'ae to'onga 'ulunganga 'oe kakai kehe kiate kinautolu, pea mo fakakau kinautolu ki he ngaahi polokalama kehekehe 'ae sosieti aia koe toko 1608.

'Oku lahi 'aupito 'ae ngaahi founga 'i he ngaahi sekitoa kehekehe 'i Tonga ni, e malava ke nau ngaue fakataha ke fa'ufa'u ha Sosieti fekau'aki pea fakatokanga'i ai 'ae ngaahi fiema'u 'ae kakai faingata'a'ia. Koe ngaahi fiema'u ko'eni 'e lava pe ke ngaue fekau'aki ha falukunga kakai, ngaahi Potungaue 'ae Pule'anga, ngaahi Potungaue ta'efaka-Pule'anga mo fakavaha'a Pule'anga foki.

Koe ngahi sitepu eni 'oku fu'u fiema'u 'aupito 'i Tonga ni ke fakakau 'i ha Sosieti fekau'aki:

- Ke fokotu'u ha Komiti Fetu'utaki Fakafonua mei he kakai Faingata'a'ia, ngaahi 'ulu 'oe ngaahi Potungaue Fakapule'anga moe FakaPule'anga 'i he Pule'anga ke fakalakalaka 'ae ngaue fekau'aki 'i Tonga ni katoa;
- Fokotu'utu'u he founga fakaako fekau'aki;
- Langa ha ngaahi naunau fakafaingamalie ma'ae kakai faingata'a'ia ke nau lava 'o fononga holo 'i he ngahi feitu'u faka-Pule'anga moe ngahi me'alele 'oku ngaue'aki 'e he kakai;

- Fakalakalaka hono tokanga'i e mo'ui lelei 'ae kakai faingata'a'ia moe ngaahi tokoni kehekehe pe 'i he 'atakai;
- Fakalakalaka 'a hono fakangaue'i moe 'oange he faingamalie ke ma'u ha pa'anga me'ae kakai faingata'a'ia pea tumu'aki hake ai 'a hono faka'apa'apa'i kinautolu.

'Oku 'iai foki 'ae ngaahi sipinga lelei 'oe fekau'aki 'aia koe lahi 'oe ngaahi sipinga ko'eni, 'oku 'iloa ia 'i he 'Otumotu Pasifiki. Koe faingamalie 'oe Sosieti fekau'aki 'oku 'ikai ngata pe 'ene lelei ki he kakai faingata'a'ia mo honau ngaahi famili, ka ki Tonga ni kotoa ke fakalakalaka aipe 'ae 'ikonomika moe fakasosiale pehe foki ki hono fakamalohi'i 'oe ngaahi fekau'aki fakavaha'a Pule'anga.

Introduction

People with disabilities in developing countries are among the poorest of the poor and are often living in vulnerable situations due to being excluded from education, employment and health care systems[1]. Because of the lack of statistical information on the status of people with disabilities in Tonga, their vulnerabilities and needs have become invisible and have not been adequately addressed in development initiatives.

Tonga has traditionally placed most of the responsibility upon families to care for and support people with disabilities. Whilst a significant number of people with disabilities are potential and willing contributors to family and national economic activity, they are often relegated to the margins of society where they may be perceived as a burden. The result can be devastating, both to the individual, and to the social and economic development of the country[2].

The inclusion of people with disabilities into the mainstream of society has been recognised as an essential aspect of appropriate and sustainable development[3]. Many Pacific Island Countries (PICs), such as Fiji and Samoa, have already taken great measures to ensure that people with disabilities are included in education, healthcare, employment, politics, community and family life such as the enactment of disability specific legislation, establishment of National Disability Committees and the development of strong disability advocacy movements.

The benefits of this shift towards a more inclusive society in these countries has been realised not only by the individuals with disabilities and their families, but by the community and society as a whole. Benefits include:

- Improved education for ALL children through the adoption of inclusive educational practices;
- Accessible design features to improve access for all people with limited mobility, including disabled people, pregnant women, injured people, people carrying baggage, the elderly and others[4];
- Increased economic and non-economic activity that contributes to improvements in the economic status of the country;
- Decreased burden on individual carers and families as understanding and support is provided from a broader network of community, non-government and government sources;
- Increased household and community productivity as people with disabilities are involved in household and community activities; and
- Increased community understanding and acceptance of diversity.

[1] World Bank, 2006, 'Disability and Development, accessed on April 14, 2006, from web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY
[2] Wolfensohn, J.D., 2002, 'Poor, Disabled and Shut Out', Published in the Washington Post on December 3rd, 2002, accessed on April 14, 2006, from www.globalpolicy.org/socecon/develop/2002/1203disabled.htm
[3] Ibid.
[4] Ibid.

An essential first step to building an inclusive society is the collection of information regarding the population of people with disabilities[5]. Currently the only formal data Tonga has on this sector of the population comes from a single question asked in the 1996 census regarding reasons why people are economically inactive. This information states that there were 545 people in Tonga who were economically inactive due to disability, but this data does not provide the information necessary to plan and direct disability support services and also categorises disability as having an unvalued place in society.

The National Disability Identification Survey (NDIS) Project was initiated to collect necessary data and information to enable stakeholders to be more supportive and inclusive of people with disabilities in Tonga. Detailed disability identification surveys have also been conducted recently in other PICs such as; Samoa[6], Vanuatu[7], the Solomon Islands[8] and Kiribati[9]. The results from these surveys have allowed government and non-government organisations of these countries to improve the level of support they provide to include people with disabilities in society.

[5] World Bank,2005, 'Disability and Development and the World Bank', a Briefing Summary on February 2nd, 2005
[6] Lene, D., 2003, 'Samoa Adult 15+ Disability Identification Census Report and Key Recommendations'.
[7] Jones, D., 2005, 'Tafea Pilot Disability Survey Project: Findings and recommendations".
[8] Baker, S., 2005, "Solomon Islands Pilot Disability Survey Project, Report Number 2 of 2, Findings and Recommendations".
[9] Kiribati National Disability Survey Advisory Committee, 2005, 'Kiribati National Disability Survey Report, May 2005'.

PART 1: Methodology

1.1 Background to the National Disability Identification Survey Project

The idea for the NDIS Project was instigated by an Inclusion International[10] representative, Donna Lene, in November 2003. This visit consisted of discussions with various government and non-government agencies, disability service providers and people with disabilities which led to the formation of the Disability Action Committee, DACTION, and Tonga's Disability Self Advocacy Organisation, Naunau 'o e 'Alamaite Tonga Association (NATA)[11].

DACTION was formed to provide a coordinated approach to disability issues and consisted of Government and non-government representatives including:

- Alonga Residential Centre.
- Hearing and Speech Impaired Unit;
- Human Rights and Democracy Movement;
- Inclusion International;
- Mango Tree Respite Centre;
- Ministry of Education;
- Ministry of Health;
- NATA;
- 'Ofa Tui Amanaki Centre for Special Education;
- Parents of children with disabilities.
- Tonga Amateur Sports Association;
- Tongan National Youth Congress; and
- Tonga Red Cross Society;

The initial focus of DACTION was planning for the NDIS Project. DACTION, as the advisory committee for the survey project worked together with other stakeholders to;

- Decide on the aims and objectives of the NDIS Project;
- Develop the survey instrument;
- Seek funding from various donors;
- Ensure that appropriate government and non-government networks were established, maintained and frequently consulted; and
- Ensure the survey was conducted effectively.

1.2 Aims and objectives of the NDIS Project

1. To identify and report on:
   - the prevalence of disability in Tonga;
   - major causes of disability in Tonga;
   - the level of involvement of people with disabilities in areas such as education, employment, sport, church and village activities; and
   - the individual needs of people with disabilities.

[10] Inclusion International is a Disability Advocacy Organisation which was set up by NZAID. They have supported similar disability identification surveys in other Pacific Island Countries.
[11] For more information on NATA, please refer to their web site, www.onefunky.com/nata

2. To educate:
   - people with disabilities and their families about current support services available and basic stimulatory techniques for self and assisted development;
   - government and non-government employees about the participatory, rights based approach to disability; and
   - the general public about disability issues.

Participants in the Niuafo'ou Disability Awareness Workshop, March 2006.

3. To provide recommendations for government, non-government and international stakeholders to help guide policy development, planning and service provision that is more supportive and inclusive of people with disabilities.

4. To be the first stage of outreach to people with disabilities and their families to assist follow up of direct service delivery in the future.

1.3 Development of the survey tool

Development of the survey questionnaire consisted of extensive consultation with the coordinators and advisory bodies of disability identification surveys in other PICs[12]. Further consultation was undertaken with other stakeholders in Tonga including people with disabilities, disability service providers, and health care professionals.

Several extra questions were included to aid the collection of particular data. This included the addition of a question that would aid the direct referral of people with particular vision impairments to appropriate treatment sources, and an alternative Tongan description for a certain type of mental illness (*avanga* or psychosis) that would aid people's identification with the condition.

Once the questionnaire had been finalised, translation into the Tongan language commenced. Advice as to appropriate translations was sought through consultation and cross checking with people with disabilities and other stakeholders. This process was to ensure that translations were sufficiently descriptive, as well as respectful and appropriate.

Challenges were faced with some translations due to different cultural understandings of disability and inclusion. Terms of particular difficulty were explained in depth to the survey teams during the training to ensure they were thoroughly understood.

Particular translation challenges included:
- Finding terms to describe and differentiate between intellectual disability *('atamai tuai*), learning disability (*faingata'a'ia e ako*) and mental illness *('uesia 'atamai*);
- A term to respectfully describe epilepsy (*hamu,* as apposed to *mahaki moa* or 'the chicken illness'); and
- A term to accurately describe spinal cord injury (*palopalema filosi liva*).

The final questions and translations were discussed in depth, trialled and agreed upon by the DACTION committee.

[12] See Appendix 5 for the Final Survey Questionnaire that was used.

1.4 Pilot Survey

'Eua was chosen as the most appropriate island in which to conduct the Pilot Survey because:

- of it's relatively small population (approximately 5000 people);
- it is a single land mass; and
- it is located close to the main island of Tongatapu.

The Pilot Survey being conducted with a family in 'Eua, March 2005.

The Pilot Survey was conducted in 'Eua during March 2004[13], with the assistance of the Acting Government Representative.

This survey utilised the WHO International Classification of Functioning, Disability, and Health (ICF) approach to disability measurement. It surveyed 666 people, or approximately 13% of the 'Eua's total population.

Some alterations to the surveying technique[14], the survey form[15], and the approach to disability measurement utilised[16] were made after the Pilot Survey, however, it was deemed appropriate by the DACTION Committee that the information from the Pilot Survey should be included in the main results.

1.5 Main Survey

The Prime Minister's Office initiated contact with Town Officers of all island groups requesting that they identify people with disabilities in their village[17].

The completed lists were returned to DACTION for the preparation of target lists for survey teams.

Appropriate contact points for the survey teams were identified in each island group, including:

- Tongatapu – DACTION;
- Vava'u – Vava'u Red Cross Branch Manager and the Vava'u Youth Congress;
- Ha'apai – Ha'apai Red Cross Branch Manager;
- Niuatoputapu – Government Representative; and
- Niuafo'ou – Acting Government Representative.

The Ha'apai Red Cross Branch Manager making contact with a Town Officer on Ha'ano Island.

These contacts arranged for local volunteers to be involved in the survey teams, and for other requirements such as arrangement of a training venue, accommodation and transport. They also liaised with and updated town officers on the status of survey teams.

[13] Taylor, D., 2005, 'TRCS Report – Tongan Disability Identification Survey, 'Eua'.
[14] Stronger supervision of survey teams would be adopted for the main survey.
[15] Alterations to the form included the correction of some minor translation and spelling mistakes, and the addition of a question that would allow for the direct referral of people with certain vision impairments to medical assistance.
[16] The ICF approach to disability measurement was not used for the main survey, and as a result individuals with mild disabilities were not further identified (see Data Limitations section for more explanation).
[17] Town Officers were asked to identify anyone who have difficulty seeing, hearing, moving, or learning, had epilepsy or a mental illness.

Two facilitators from DACTION arrived in each island group to conduct a two day training program for the selected volunteers. This training program covered:

- Background to the NDIS Project;
- Overview of disability in Tonga;
- Disability awareness training; and
- Detailed information and practice on how to conduct the survey and complete the survey form according to the requirements of DACTION.

The survey teams then travelled from village to village to conduct the survey. Upon arriving in the village, survey teams made contact with the Town Officer to discuss the list of people they had identified as having a disability.

Using this list, members of the survey team, working in pairs, would then conduct surveys in the village. If the person with the disability was unable to answer the questions, a member of their family was asked to assist. To supplement the list provided by the Town Officer, survey teams asked the people who were interviewed to help identify other people who would be appropriate to be involved in the survey.

The survey teams were supervised by facilitators to provide support and ensure compliance with DACTION requirements. This supervision included:

- Observing interview sessions of the different survey teams on a rotational basis, and providing feedback as required; and
- Checking survey forms at the end of each day, and providing feedback to survey teams as required.

1.6 Data processing

A database was produced in Excel by staff of the Statistics Department in conjunction with the project coordinator. The data entry was carried out by Information Technology students of the Tongan Institute of Higher Education, and some staff of the OTA Centre. The completed database was then screened and cleaned by the NDIS Project Coordinator. Data analysis was conducted by the NDIS Project Coordinator with assistance from the staff of the Statistics Department.

Rhema Misser, Chairperson of NATA, presenting at the National Disability Conference.

1.7 Educational Activities

To fulfill the educational aims of the NDIS Project, educational activities were carried out including:

- Conducting disability awareness workshops with community groups and schools;
- Distributing information sheets to participants of the survey on different disabilities and how to assist the development of people with disabilities [18];
- Distribution of brochures explaining the objectives of NATA[19];

[18] To read and or print copies of the information sheets in English or Tongan, please visit www.onefunky.com/nata.
[19] To read or print a copy of the brochure, in English or Tonga, please visit www.onefunky.com/nata.

- Conducting the National Disability Conference with speakers from different areas of the disability sector who presented information and facilitated discussions on:
    - A National Approach to Disability Issues;
    - Participatory and Rights Based Approaches to Disability;
    - Inclusive Education; and
    - Sport for People with Disabilities.
- Public awareness events to celebrate the United Nations International Day for people with disabilities on December 3rd, 2005;
- A seminar with staff and students of the Tongan Institute of Education (TIOE) on "*Educational for ALL Children in Tonga*"; and
- A comprehensive media campaign consisting of;
    - Television and radio panel discussions with participants including;
        - People with disabilities,
        - Families of people with disabilities,
        - Disability service providers,
        - Mainstream organisations who are inclusive of people with disabilities, and
        - Employees of government departments.
    - Media releases to local newspapers, radio and television on events relating to the NDIS Project,
    - Interviews with women with disabilities in *Tongan Woman M*agazine[20]*,*
    - Interviews for local radio and television news programs, and
    - International radio programs, donor newsletters and newspaper articles.

> *"Before this training I thought that all the responsibility for the caring of people with disabilities lay with their parents and immediate family, but now I realise that all of us in the community share the responsibility to care for and include people with disabilities."*
>
> Viliami 'Epinisa,
> Church Assistant, Hahake Village, Niuafo'ou

[20] Tongan Woman Magazine, July – August 2005, 'Call Me by My Name', and September - October 2005, 'One Day at A Time'.

PART 2: Results

2.1 Limitations of the data

The United Nations often cites a prevalence rate of disability in populations of about 10%; however, many developing countries report very low rates of disability – often 1% or 2%.[21] This survey identified approximately 2.8% of the total Tongan population having one or more disabilities.

Although the methodology was designed to identify as many people with disabilities as possible, there are people with disabilities living in Tonga who were not interviewed as part of this survey. These people include those who were asked but did not want to be interviewed (between 50 and 100 people), and those who were 'invisible' for reasons that have been identified by the United Nations and WHO as being endemic to disability data collection in developing countries, including:

- Cultural stigma attached to disability resulting in people with disabilities being 'hidden' by their families due to reasons such as shame or embarrassment;
- Reduced community cohesion in more urban areas which means that people are less known to their neighbours and community; and
- Low levels of understanding of disability in the general community meaning that some disabilities, such as mental illness and learning disabilities are not readily recognized.

To address these problems the WHO have adopted the International Classification of Functioning, Disability, and Health (ICF) approach to disability measurement. Using this approach, developing countries have recorded disability prevalence rates of around 10% to 20%[22].

The pilot survey conducted in 'Eua utilised the ICF approach to disability measurement. This survey identified 13% of this population as having one or more disabilities.

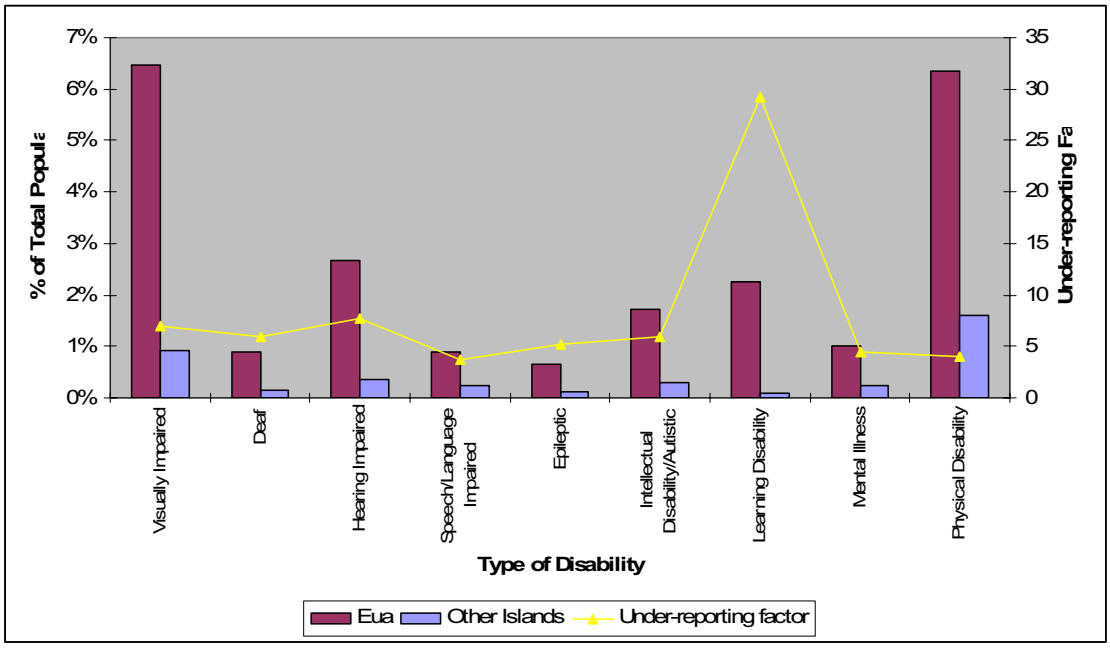
For a number of reasons, including budgetary and time restraints, the TRCS Executive Committee directed that the ICF approach to disability measurement could not be sustained for the main survey and as a result, individuals with mild disabilities were not further identified.

In light of these data limitations, the results of the pilot survey and current international trends, the data presented below should be read as an extremely conservative estimate of the actual number of people with disabilities in Tonga. As is described in the following section, the figures collected by the NDIS Project could be multiplied by a factor of between 4 to 30 to give a more accurate description of the people and issues associated with disabilities in Tonga.

[21] World Bank, 2005, 'Disability and Development and the World Bank – A Briefing Summary'. Accessed online: web.worldbank.org 14 April 2006.
[22] Ibid.

2.1.1 Illustration of Under-Reporting of Disability

Figure 1: Description of under-reporting of disability prevalence when not using the ICF approach



- The above graph compares the data collected during the Pilot survey in 'Eua, which utilised the ICF approach to disability identification, to the data collected in all the other island groups, which did not use this approach.

- The columns in the graph above illustrate the difference in the disabilities identified as a proportion of the total population. For example, people with physical disabilities made up 6% of the total population of 'Eua, but only 2% of the total population of all the other island groups.
    - All disabilities made up a higher proportion of the total population of 'Eua compared to all the other islands.

- The line on the graph above shows the factor by which each disability was under-reported in all other island groups as compared to 'Eua.
    - Most disabilities were under-reported by an average factor of 5 times
    - Learning disabilities were under-reported by a factor of 30 times.

- This indicates that the prevalence of most identified disabilities reported should be multiplied by a factor of between 4 and 8 to give a more accurate description of disability prevalence in Tonga.
    - Learning disability could be multiplied by a factor of 30 to give a more accurate description of prevalence.

- This also indicates that most of the needs of people with disabilities should also be multiplied by a factor approximately 5 to give a more accurate description.
    - Educational needs, which are the greatest need for people with learning disabilities, could be multiplied by a factor of approximately 30 to give a more accurate description.

2.2 Totals and Genders

- A **total of 2782 people with disabilities** were interviewed as part of the NDIS, which is approximately 2.8% of the total population of Tonga.
    - There are more females (51.5%) than males (48.1%) with disabilities.
    - 0.3% of people with disabilities are transgender.

Comment – Gender, Disability and Discrimination
Women and transgender individuals with disabilities are often multiply disadvantaged and discriminated against.

In addition to the social, educational and employment disadvantages usually experienced by people with disabilities in developing nations, women in Tonga are also disadvantaged by heavy familial and cultural obligations, male-dominated social and power structures, patrilineal inheritance laws and are often the victims of domestic and sexual violence.

Trans-gender people are even further disadvantaged by being outside accepted gender roles and suffer ongoing discrimination and abuse.

2.3 Type of Disability

People were asked to report all the disabilities they are currently experiencing. This means that one person may report more than one disability, i.e. they may be vision impaired and have a physical disability. People reported between 1 and 7 different disabilities. As a result, the number of disabilities is greater then the number of people with disabilities.

Figure 2: Types of disability by age brackets

Type of Disability	Infants	Primary Aged	Working Age			Retirement Age	Unknown Age	Total	%
	0-4 years	5-14 years	15-24 years (Youth)	25-60 years	Total (15-60 years)	61+ years			
Blind	1	4	3	17	20	35	2	**62**	**1%**
Visually Impaired	3	18	24	235	259	868	12	**1160**	**24%**
Deaf	0	19	20	52	72	88	2	**181**	**4%**
Hearing Impaired	8	30	17	50	67	329	7	**441**	**9%**
Deaf and Blind	0	4	0	1	1	4	0	**9**	**0%**
Speech Impaired	9	71	44	76	120	56	5	**261**	**5%**
Epilepsy	3	27	33	59	92	18	2	**142**	**3%**
Intellectual Disability	3	58	66	126	192	87	4	**344**	**7%**
Learning Disability	1	78	68	27	95	6		**180**	**4%**
Mental Illness	1	32	37	134	171	48	4	**256**	**5%**
Physical Disability	22	72	86	432	518	1120	18	**1750**	**36%**
No answer/refused	0	4	5	0	5	7	0	**16**	**0%**
Totals	**51**	**417**	**403**	**1209**	**1612**	**2666**	**56**	**4802**	**100%**
%	**1%**	**9%**	**8%**	**25%**	**34%**	**56%**	**1%**	**100%**	

Click here to return to Education Section

- A total of **4803 disabilities** were identified.

- The most common disabilities were **physical disabilities** (36%) with a total of 1753 people identified.
    - 56% of these physical disabilities were found in people of retirement age, however 34% were found in people of working age (15-60 years).

- Of these physical disabilities:
    - 79% were the result of **other physical disabilities** such as cerebral palsy, paralysis, and age related physical disabilities;
    - 12% were the result of **strokes**;
    - 7% were **amputations**; and
    - 3% were **spinal cord injuries**.

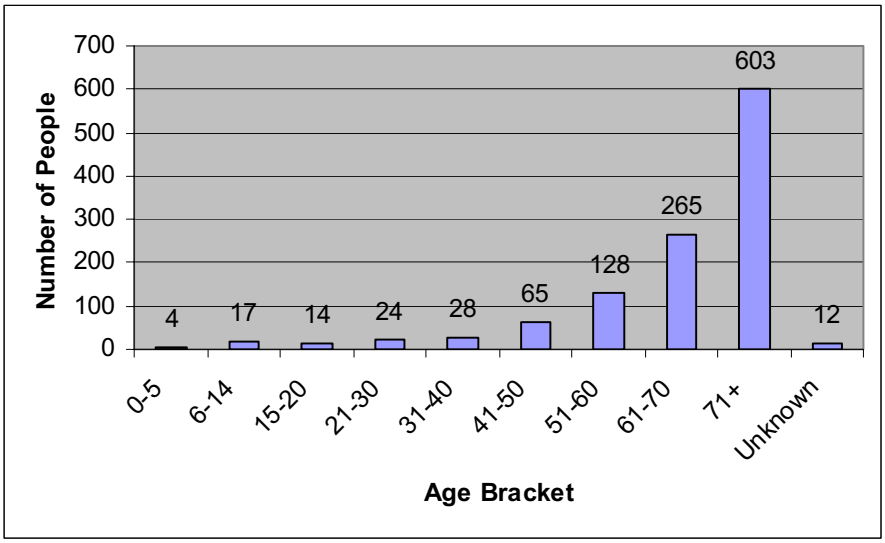
- The number of amputations and strokes were both particularly high in the working age and retirement age groups with significantly more occurring after the age of 40 (see Appendix 1).

- 66% of amputations were caused by diabetes.

- The majority of physical disabilities are caused by the NCDs of diabetes (often resulting in amputations) and high blood pressure and heart disease (often resulting in strokes).

- The second most common type of disability identified was **vision impairment** (24%) which affects 1160 individuals.
    - As can be seen in figure 2 below, the prevalence of vision impairment increases significantly with age.
    - This trend can be explained by the normal tendency of reduced eyesight in people over the age of 40, increasing further with age, and is compounded further in Tonga by the effects of diabetes.

Figure 3: Vision Impairment with increasing age.



- Those who consider themselves to be **blind** account for 1% (62 individuals) of the people interviewed, with the greatest prevalence being in people over 71 years (28 individuals).

- **Intellectual and learning disabilities combined** (11%), is the next most prevalent type of disability, and is experienced by 525 individuals; however, intellectual disability is almost twice as prevalent as learning disability.
    - 134 primary school aged children (5-14 years) were identified with intellectual and learning disabilities. These figures represent only the more profound disabilities that were recognized by general community members rather than all children with learning disabilities.
    - A more in-depth survey was done of some primary schools which can be seen in the Adjunct Primary Schools Survey Section of this report.

- **Hearing impairment** affects 9% (441 individuals).
    - The prevalence of hearing impairment increases with age (see Appendix 1).

- **Deafness** affects 4% (181 individuals).
    - Of these individuals:
        - 88 are of retirement age;
        - 52 are of working age (25-60 years);
        - 20 are youth; and
        - 19 are of primary school age.

- There are zero (0) infants between the age of 0-4 that are deaf compared to 19 between the age of 5-14 years.
    - This discrepancy might indicate difficulty in the early detection of deafness.

Comment – Early Detection of Deafness

This very significant increase in identification of deafness after 4 years of age indicates that there is very little early detection of hearing loss in infants. This prevents any early intervention for the child to learn skills to communicate and interact with people in a meaningful way.

Early detection programs for hearing loss could be easily incorporated into public health nursing baby clinics.

- **Speech and/or language impairment** affects 5% (261 individuals).
    - Of these individuals, 120 are in the working aged bracket (15-60 years) while 71 are in the primary school aged bracket.
    - 35 of these individuals are also deaf, and a further 35 are hearing impaired.

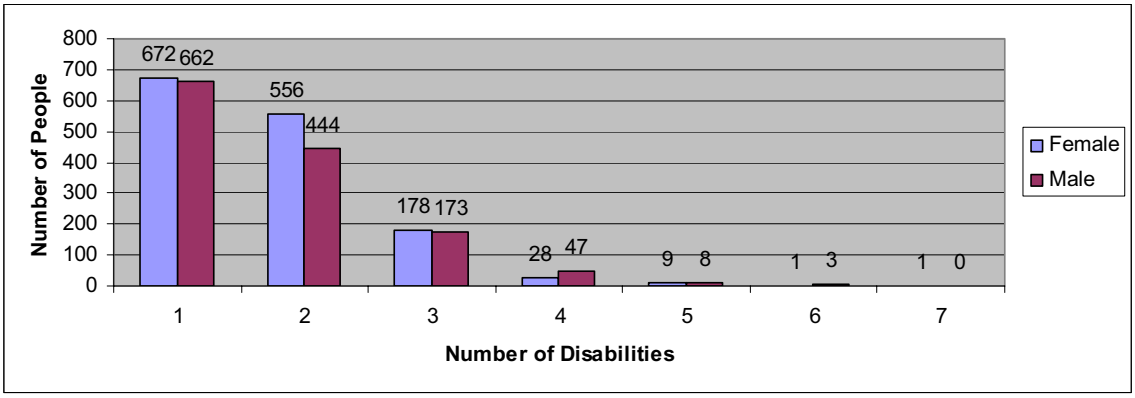
- **Epilepsy** affects 3% (142 individuals).

- **Deaf/Blind** was the least common recorded disability at 0.2% (9 individuals).

2.4 Multiple Disabilities

Additional disabilities have a compounding effect on the level of functioning of a person as well as the type of support required and the level of social stigma experienced.

Figure 4: Increasing number of disabilities by gender

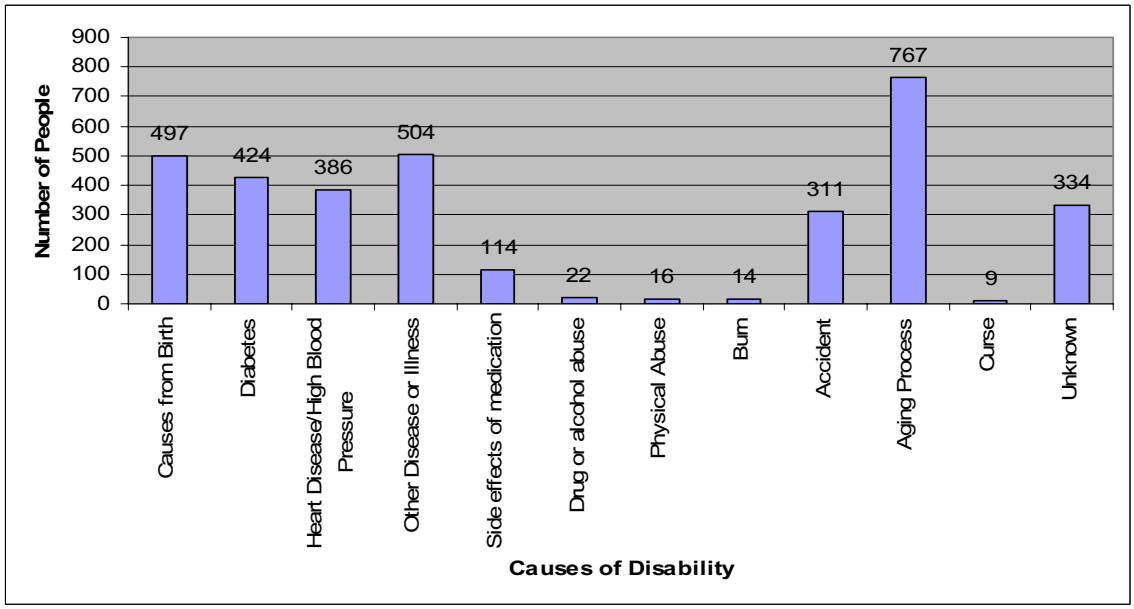


- 53% of people (1488 individuals) were identified with more than 1 disability.
  - There are more females with multiple disabilities (1445) than males (1337).
  - People are seen to have between 1 and 7 different disabilities.

2.5 Causes of Disability

People were asked to report what they thought was the cause of their disability. As this information is mostly anecdotal, the data given should be interpreted with some caution. It is not diagnostic but does provide useful indications that will be useful to guide preventative measures.

Figure 5: Causes of disability



- The **ageing process** was the most common single cause of disability, recorded in 767 cases.
    - This category largely included people who experience deterioration in their eyesight, hearing, physical ability and intellectual ability as part of the natural process of aging.

- **Diseases and illness** (other than diabetes, high blood pressure or heart diseases) is the second most common cause of disability, recorded in 504 cases.

Comment – Disease and illness as a cause of disability

Anecdotally many disabilities have been caused by not seeking medical advice and treatment early in the onset of a disease or illness. This is due to:

- A tradition of not seeking medical assistance until the illness or disease is quite severe and advanced. This is especially the case for illnesses such as meningitis which can cause intellectual disabilities, epilepsy and cerebral palsy[23];
- Living large distances from medical assistance; and
- Fear and distrust of the medical system by many people[24].

- **Causes from birth** were the third most common cause of disabilities, recorded in 497 cases.
    - These causes included illness or complications during pregnancy or the birthing process as well as hereditary and genetic conditions.
    - This demonstrates the need for improved pre-natal information and care to pregnant women and to ensure they have access to adequate birthing facilities and assistance.

- Of the people who have had their disability since birth:
    - 332 (68%) were born in hospital;
    - 105 (22%) were born at home with a midwife; and
    - 33 (7%) were born at home without a midwife.

- The NCDs of **diabetes** (424 individuals), and **heart disease and high blood pressure** (386 individuals) were the fourth and fifth most common causes of disability.
    - Of the 424 people with diabetes resulting in disability:
        - 96% were over the age of 40 years;
        - 65% had a visual impairment;
        - 56% had a physical disability; and
        - 28% required amputations.

- Heart disease and high blood pressure was by far the most common cause of disability amongst people with strokes (52%).
    - Of the 386 people who had a disability caused by heart disease or high blood pressure:
        - 93% were over the age of 40 years;
        - 62% had a physical disability; and
        - 52% had strokes.

[23] Morton, Helen., 1996, 'Becoming Tongan: An ethnography of Tonga', University of Hawaii Press.
[24] Ibid.

- The sixth most common cause of disability (311 individuals) was **accidents**. Of these:
  - 39% were **accidents at home**;
  - 20% were **accidents during recreational or sporting activities**;
  - 19% were **motor vehicle accidents**; and
  - 12% were **work place accidents**.

Comment – Accidents as a cause of disability
Most of these disabilities could be avoided through a combination of:
- Improved training of sports coaches;
- Development and enforcement of laws regarding speeding, seatbelt usage and drink driving; and
- Improved occupational health and safety measures in the workplace.

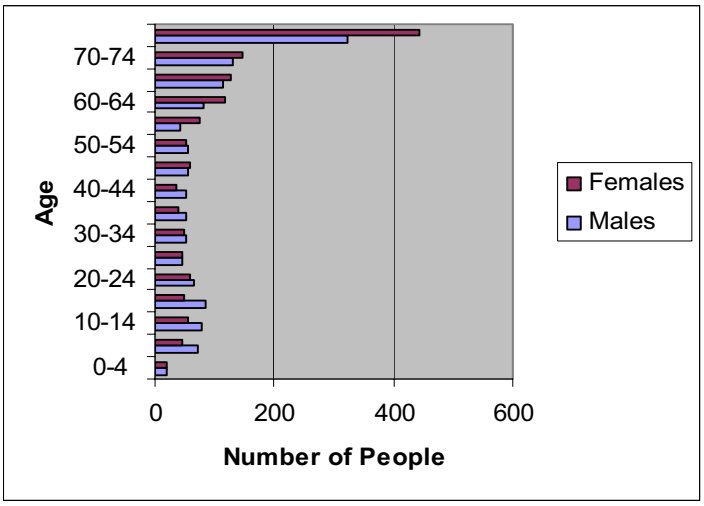
- The least common cause of disability was believed to be a result of a **curse** which was only reported in 9 cases.
  - People who believed their disability was caused by curse ranged in age from 29 to 92, indicating that it is not only older people who still hold these beliefs.
  - The disabilities these people reported were; physical disabilities, mental illness, visual, hearing and language impairments, intellectual disability and spinal cord injuries.

Comment – Curse as a cause of Disability
This data regarding curse as a cause of disability should be interpreted with caution as anecdotally it has been observed that many more people than formally identified in the survey believe that their disability, or the disability of their family member, was the result of a curse. This under reporting is believed to be due to the reluctance of family members to formally report on the presence of a family curse.

- 12% (334 individuals) **did not know the cause** of their disability, which reflects the lack of general awareness about disability and its causes.

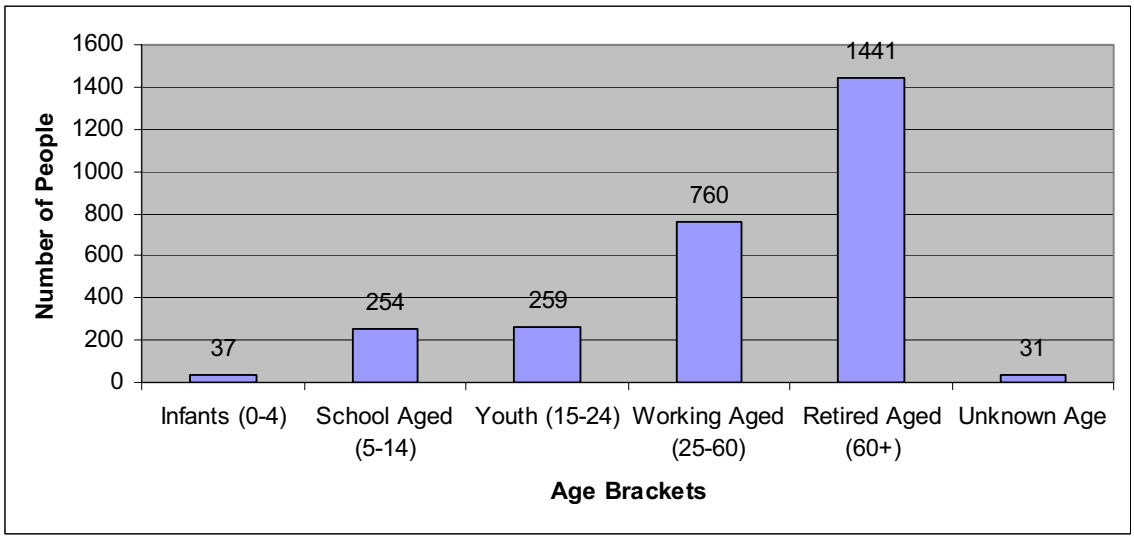
2.6 Age Groups of People with Disabilities

Figure 6: Population graph for people with disabilities



- Prevalence of disability increases significantly with increasing age due to the compounding effect of disability.
- This trend is almost a complete reverse of the population pyramid for Tonga's total population. This would indicate that the population of people with disabilities will increase dramatically as the large young population age and acquire disabilities.

Figure 7: People with disabilities in different age brackets



- 52% of people with disabilities (1441 individuals) were in the retired age bracket (61+).

Comment – Aged Care
Aged people are cared for by their families as there are no aged care facilities available in Tonga. This indicates the strength of Tonga's traditionally communal culture.

Care for the elderly is traditionally the responsibility of the family.

- 34% of people with disabilities (760 individuals) were in the working age bracket (15-60 years).
  - The most common disabilities in this age bracket were physical disabilities, vision impairments, intellectual disabilities, and mental illness.
- 9% of people with disabilities (259 individuals) were in the youth bracket (15-24 years).
  - The most common disabilities in this age bracket were physical disabilities, learning disabilities and intellectual disabilities.
- 9% of people with disabilities (254 individuals) were in the Primary School age bracket (5-14 years).
  - The most common disabilities in this age bracket were intellectual or learning disabilities, and physical disability.

- 1% of people with disabilities (37 individuals) were in the Infant age bracket (0-4 years).
    - The most common disabilities in this age bracket were physical disabilities.

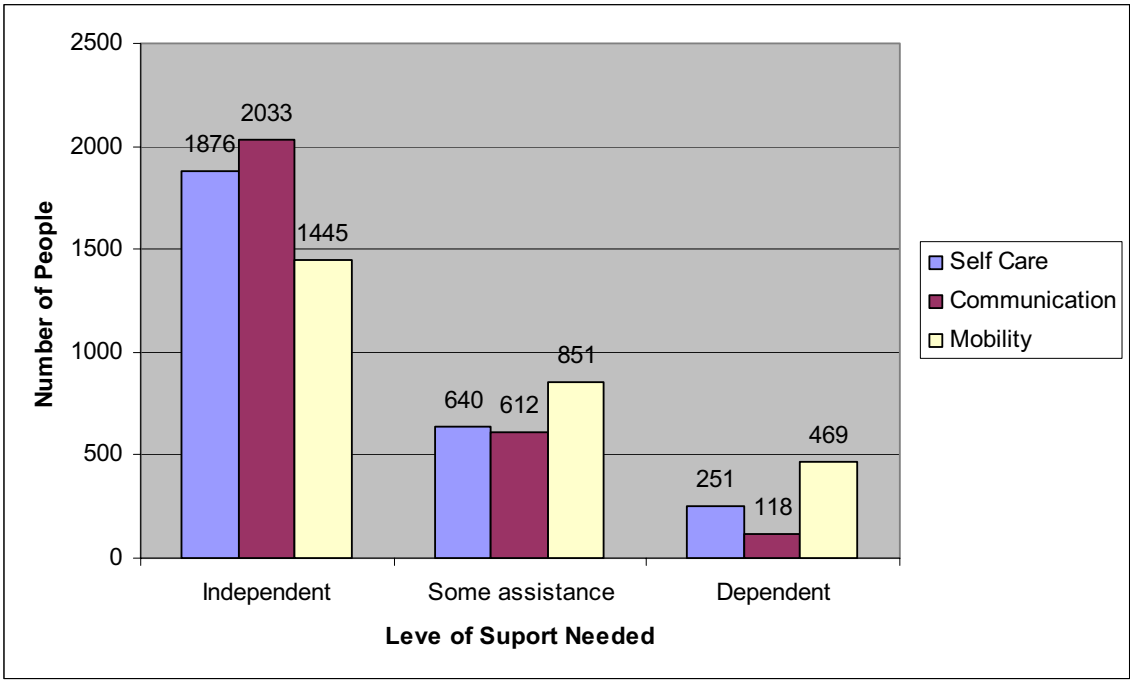
Comment – Early Intervention
The only early intervention service available for infants with disabilities is a 3 hour program every week during school terms at the OTA Centre. At the time of writing this report there are 15 clients enrolled in this service.

A parent of child with a disability learning Early Intervention techniques at the 'Ofa Tui 'Amanaki centre for Special Education.

- People under the age of 25 make up 20% of the population of people with disabilities.

2.7 Level of Support Needs

Figure 8: Level of self-care, communication and mobility support needs for people with disabilities.



- People with disabilities have varying needs in regards to assistance with their self care, communication and mobility.
    - 38% are **independent** in their self care, communication and mobility.
    - 41% require **some assistance** either for self care, communication or mobility.
    - 20% are **dependent** in either self care, communication or mobility needs.
    - 2% are **dependent** for their self care, communication and mobility needs.

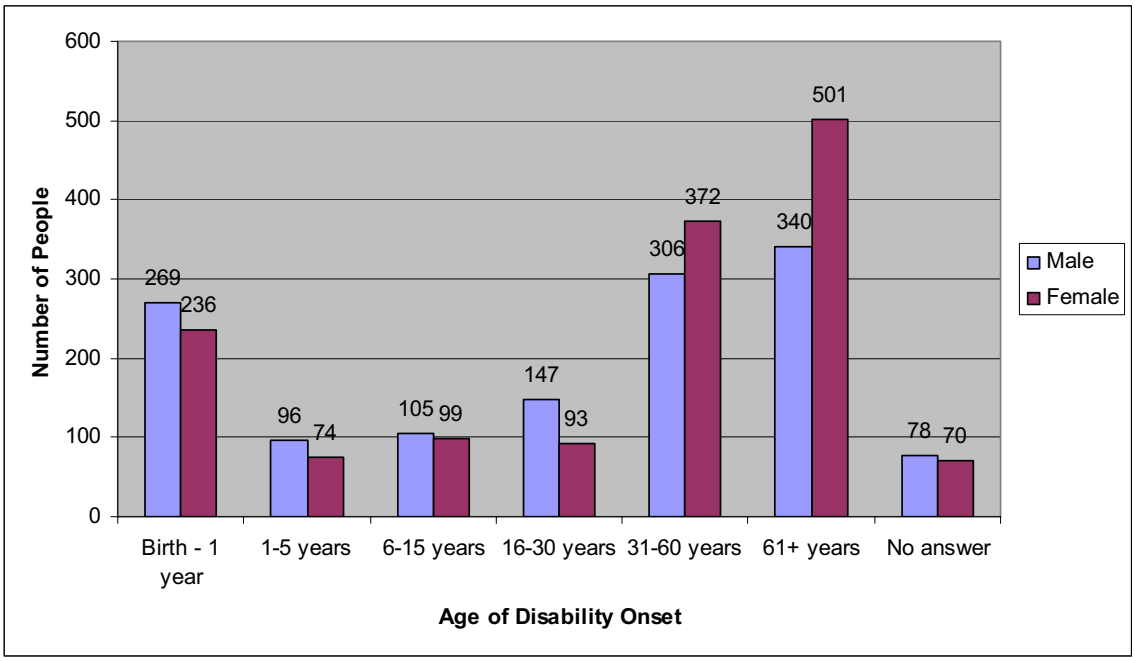
Comment – Support for people with disabilities
Support for people with disabilities is generally provided by the family of the person with a disability. This is often perceived to restrict the ability of the carer to seek employment, educational or social opportunities.

Therefore, improving the level of independence of people with disabilities is not only beneficial for the person with the disability, but also for their family, and society as a whole.

2.8 Age of Onset of Disabilities

A person can acquire a disability at any stage in their life. People were asked to identify when their disabilities first began. As some people experience multiple disabilities with multiple causes, these people may also have different ages of disability onset. For example, if an individual has been blind from birth and developed a physical disability from an accident when they were 17, this person will have 2 different ages of onset of disability.

Figure 9: Age of onset of disability by gender



- 55% of disabilities start when people are over 31 years.

- 30% start after the age of 61 years.
  - 59% of these disabilities are the result of the aging process.
  - 64% are physical disabilities.
  - 61% are visual impairments.
  - 26% are hearing impairments.

- Most disabilities caused by sport/recreational activity accidents, as well as drug and alcohol abuse happen between the ages 16-30 years.
    - This is consistent with this age bracket being more active risk takers in sports and other activities.

'Aholova Fa'ase'e acquired a spinal cord injury whilst playing rugby when he was 19 years old. He was studying at the Tonga Maritime College at the time. He now uses a wheelchair for his mobility needs.

Since his accident he has been married, held a regular job, undergone computer training at the University of the South Pacific (USP), competed at the National Disability Games. He is now the secretary of NATA and is helping to initiate community based rehabilitation in his district.

'Aholova proves that having a disability does not have to prevent living a full life.

Comment - Impact of age of onset of disability

The age of onset of a disability has significant effect on a persons:

- Access to education;
- Communication, self care and mobility abilities;
- Level of social stigma experienced;
- Involvement in community activities;
- Access to employment opportunities;
- Income generation opportunities;
- Marriage and child bearing opportunities; and
- Requirements for specific support needs.

For example a person who acquires a physical disability through the aging process would have been able to access education, earn an income, marry, raise children of his/her own and participate in community life. Since the onset of disability he/she would need a different type of support from the family. This support could encompass financial, emotional and health issues. These needs are quite different when compared to a young child who is born with a physical disability. This young person needs a different form of support to enable them to access education, be included in community life, address health issues and to minimise perceived general negative attitudes that they may experience on a daily basis.

Figure 10: Proportion of people by age of onset of disability and their marital status

		Single	Married	Divorced / Separated	Widowed	Defacto
Birth - 1 year	**M**	48%	8%	0%	1%	0%
	F	52%	11%	0%	3%	1%
1-5 years	**M**	38%	24%	0%	2%	0%
	F	38%	23%	0%	4%	4%
6-15 years	**M**	43%	25%	1%	1%	0%
	F	35%	36%	0%	3%	0%
16-30 years	**M**	41%	50%	3%	3%	1%
	F	29%	58%	0%	11%	2%
31-60 years	**M**	14%	71%	2%	12%	1%
	F	8%	68%	1%	22%	0%
61+ years	**M**	6%	68%	0%	24%	1%
	F	8%	52%	1%	39%	0%

- People who acquired their disability before the age of 15 years are 6 times less likely to be or have been married than people who acquired their disability after the age of 15 years.

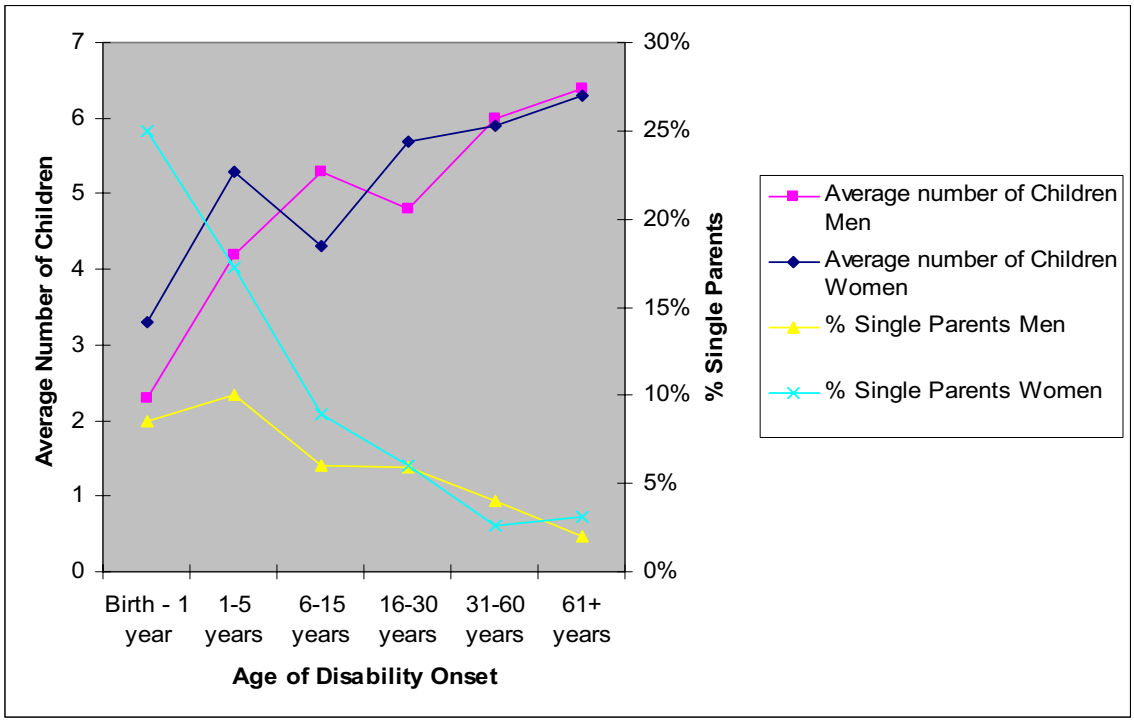
"Before I was married my biggest concern was that I would not be able to find a husband. I was so surprised when the man who is now my husband asked me to marry him.

Now that we are married and we have children I barely feel like I have a disability at all."

Talafaiva Lotolua
Grade 3 Revenue Officer
Inland Revenue Department

Photo: Talafaiva competing in the women's Shot putt at the Tonga vs. Samoa Disability Games, 2004.

Figure 11: Age of Disability onset and child bearing



- The younger the age of disability onset:
  - The less children a person is likely to have; and
  - The higher the chance of being a single parent.
    - Women with an early age of disability onset are up to 3 times more likely to be single parents than men.
    - Women with a disability onset age of less than 5 years are more likely to be single mothers than the national average of single mothers of 17%.

- People with disabilities have on average 5.8 children, compared to the national average of 3.6.

Comment – Sexual and Reproductive Health for people with disabilities

The higher proportions of single parents amongst people with an early age of disability onset is likely to reflect their lack of education about sexual and reproductive health, be that education formal (eg in schools) or informal (eg passed on from parents or other sources). This can result in a lack of awareness of issues such as pregnancy and contraception.

This issue is often not addressed due to a general lack of understanding of the sexuality of people with disabilities by their families, as well as their partners and potential partners.

This lack of education is also likely to result in the prevalence of sexually transmitted infections (STIs) being disproportionately higher among people with disabilities with an early age of disability onset. This indicates that people with disabilities should be a target group for STI as well as HIV/AIDS education and awareness campaigns.

The high proportions of single parents might also reflect sexual abuse cases resulting in unwanted pregnancies among people with disabilities with a low age of disability onset.

These statistics as well as reported cases of sexual abuse on people with disabilities[25] illustrate the importance of educating and empowering people with disabilities about reproduction and sexuality.

The Tonga Family Health Association (TFH) has started a 'Disability and Sexual and Reproductive Health' education and awareness campaign titled '*The Untold Desire of People with Disabilities'*. This program is aimed at educating people with disabilities, their families, carers and teachers about issues relating to the sexuality of people with disabilities.

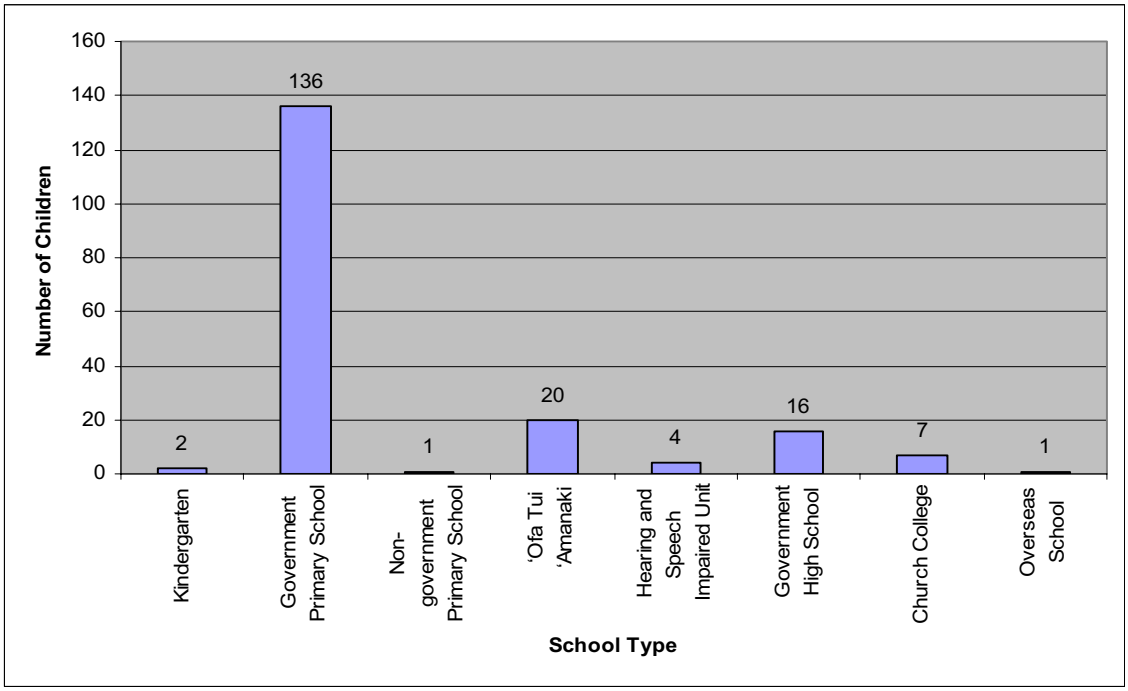
One of the specific aims of this program is to dispel myths such as:

- That people with disabilities do not or should not have sex; and
- People with disabilities do not have sexual desire or the ability to fall pregnant like people without disabilities.

As women are more likely to be single parents than men, these education and awareness campaigns should particularly target women, especially women who have had their disability from an early age.

2.9 Education

Figure 12: The schools which children with disabilities are currently attending



[25] Rex v Faupula [2003] TOSC 46; CR 145 2002 and Rex v Filihia [2003] TOSC 57; CR 51 2000

- There are 254 children between the ages of 5-14 years who were identified as having disabilities. (5-14 years is the age bracket of children that Education For All (EFA) states should be receiving a full primary school education.)
    - Of these children 169 are currently attending school, where as 76 are not.
    - Of these 169 children, 20 are attending the OTA Centre and 4 are attending the H & S Unit at the TRCS.

Comment – Children with disabilities in the mainstream education system

Government Primary Schools are already enrolling high numbers of children with disabilities. This number should be noted with the fact that there is no component at the Tongan Institute of Education (TIOE) that addresses teaching children of different abilities or special educational needs. This raises the concern that teachers of these children may not have the expertise or tools required to teach children of different learning abilities and hence are unable to provide these children with a full primary education.

"My son was so excited about starting to school. At the beginning of the school year when he was five years old he put on his uniform, packed his bag and ran off to school with all the other kids.

When he got there the principal chased him away saying that children like him has no place in that school. He came home to me in tears."

Mother of a deaf boy in Vava'u

Comment – Special Education in Tonga

The TRCS has the only facilities available in Tonga for educating children with disabilities; the OTA Centre and the H&S Unit.

The students attending these facilities are not receiving a full primary school education because the government does not recognise these facilities as formal education providers because:

- They do not have any teachers with formal teacher training;
- The facilities do not follow any set curriculum; and
- The students of the OTA centre only attend for 2 days per week each.

"The MOE statistics show that all children in Tonga are receiving a full primary education. But from my observations and discussions with people with disabilities and their families it is only children WITHOUT DISABILITIES that are receiving a full primary education."

Lita Liutai
Administrator of the TRCS 'Ofa Tui 'Amanaki Centre for Special Education

- Combining the total of 76 children not attending school and the 24 who are attending the TRCS Special Education Centres, **there are at least 100 children with disabilities between the ages of 5-14 years who are not receiving a full primary education.**

- The types of disabilities that these school aged children have can be seen in figure 1.
    - Of these children:
        - 78 have a learning disability;
        - 72 have a physical disability (of which 27 either have or need a wheelchair);
        - 58 have an intellectual disability;
        - 44 are speech and/or language impaired;
        - 33 have epilepsy;
        - 32 have a mental illness;
        - 17 are deaf and 17 are hearing impaired; and
        - 4 are blind, and 24 are vision impaired.

Comment – Wheelchair access and education

Except for the OTA Centre, there are no wheelchair accessible schools in Tonga. This includes the many new government primary schools that have recently been built with the financial and architectural assistance of overseas donors. This not only prevents children using wheelchairs from attending school but also restricts access for teachers and family members who also use wheelchairs.

Ideally, every school should be accessible to people who use wheelchairs. This issue could be addressed with a smaller budget by creating schools within each district that have the infrastructure that allows access for children, teachers and families with physical disabilities, as well as incorporating universal designs into all new schools that are built to comply with the MOW National Building Code.

Comment – Vision and Hearing Impaired Children

Currently there are no regular screenings in school of children's vision and hearing. Many teachers do not realise that some of their students may be vision or hearing impaired. As a result of these impairments children often find learning in the classroom very difficult because:

- They can't hear what the teacher or other students are saying;
- They cannot see the black board; and/or
- They cannot read the materials handed out in class.

Because of these difficulties these children often become bored and restless, which can be disruptive to the rest of the class. Furthermore, as teachers do not always recognise the reasons for the child's learning difficulties and behaviour, they often assume the child is just naughty, and they are punished accordingly (refer to comment box below).

Teachers would be able to implement simple strategies to assist the learning and interest levels of these children if they were taught to recognise when a child might be experiencing a hearing or visual impairment.

Simple strategies to assist children with hearing and vision impairments include:

- Making sure teachers face the class when they are talking;
- Teachers ensuring they are talking clearly and with adequate volume;
- Sitting children with visual and hearing impairments closer to the front of the class; and
- Writing blackboard and printed material slightly larger.

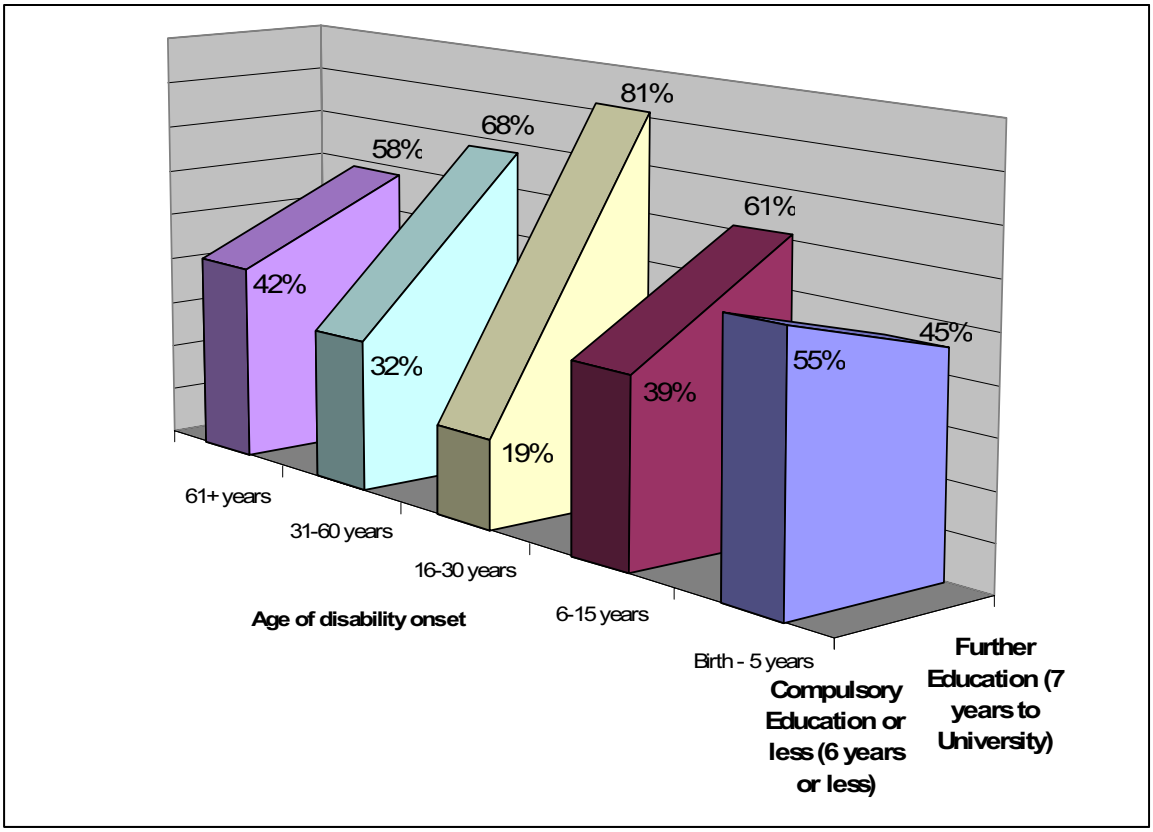
Comment – Corporal Punishment and Children with Learning Disabilities

Preliminary results of a study of corporal punishment of children in Tongan schools indicates that children with learning disabilities are often targets of corporal punishment from teachers[26].

This corporal punishment further disadvantages children with learning disabilities by:

- Humiliating the child and reducing their motivation and enthusiasm to learn; and
- Resulting in these children missing days of school due to injuries or fear of punishment.

Figure 13: Proportion of people by age of disability onset and levels of education completed



- People who acquired their disability under the age of 5 represent the:
  - Highest proportion of people who have only achieved a compulsory education or less;
  - Lowest proportion of people who have achieved further education.
- The results show an inverse of this trend for all other groups of people who acquired their disability at a later age. This shows that disability acquired at a young age is a critical factor limiting access to educational opportunities.
- People who achieved their disability between the ages 16 and 30 had the highest percentage of people who had achieved a higher education.

[26] McLean, G., 2006, unpublished study on the physical punishment of children in the home and school environment in Tona.

- Of the 57 people who acquired their disability in the first year of their life and had completed more than 13 years of education, 63% of them had received at least some education at the OTA Centre, and 25% had received at least some education at the Alonga Centre.

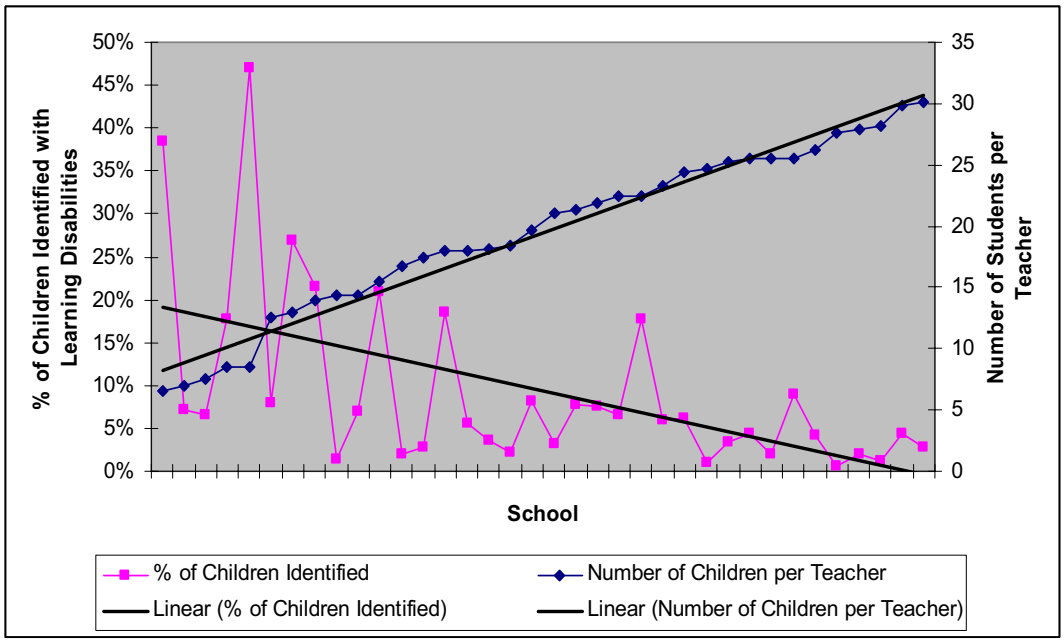
2.9.1 Adjunct Primary Schools Survey

In conjunction with the Ministry of Education an adjunct survey of selected primary schools was conducted alongside the NDIS. In this survey the teachers of selected schools were asked to give the basic details (name, village, class, and parent's names) of all the children in their class that they perceived as having some kind of disability that impeded their ability to learn.

36 schools were involved in this survey, which identified 251 students with learning disabilities. The sizes of these schools ranged from major urban GPSs, such as Neiafu GPS in Vava'u, to small outer island GPSs, such as Tungua GPS in Ha'apai.

Figures presented from this survey should be considered a conservative estimate as in some schools principals and head teachers filled out the form on behalf of the whole school. This survey technique is more likely to have provided an estimate, rather than the real figures which may be better identified by class room teachers.

Figure 14: Student /Teacher Ratios and % of Children Identified with Learning Disabilities



- This adjunct survey revealed that:
  - Between 1% and 47% of students at these schools were identified by teachers as having some kind of disability that is affecting their learning;
  - The average number of children with learning disabilities identified in these schools was 9% of the total school population;
  - Teacher/Child ratios in these schools varied from 1:7 to 1:30;
  - The average teacher child ratio for these schools was 1:19.

- Figure 14 above shows distinctly that the higher the teacher/child ratio, the lower the identification of children with learning disabilities.
    - Larger classes (with teacher/student ratios greater than 1:20) averaged 5% identification of children with learning disabilities.
    - Smaller classes (with teacher/student ratios less than or equal to 1:20) averaged 14% identification of children with learning disabilities.

Comment – Identifying and Teaching Children with Learning Disabilities

The data indicates that children with learning disabilities are not being identified in larger classes. An average of 14% of children with learning disabilities were identified in smaller classes, and hence this is likely to represent a more accurate proportion of children with learning disabilities.

Anecdotally, it is not only the students having difficulty in these situations, but teachers have also stated that they were having difficultly teaching these children. Teachers qualifying through the TIOE are not provided with any training or strategies in how to teach children with different learning abilities and needs, and it was often remarked by teachers that they do not know how to provide quality education to all the students in their classes.

Several teachers have reported instances of children reaching class 6 without the ability to read. This would challenge the claim that 99% of Tongan adults are literate[27].

Extrapolation of this adjunct survey may suggest that there are many children attending mainstream schools who are not receiving a full primary education. Proportionally this could indicate that as many as **14% of children between the ages of 5-14 years are not receiving a full primary education.** Of the population of children aged 5-14 years in the 1996 census (11, 642)[28], 14% would represent 1,630 children.

The MOE has taken an essential step to start to address this issue by seeking funding for an Inclusive Education Officer through the PRIDE Project. Other ways in which this situation could be addressed by the MOE, are discussed in the recommendations section of this report.

"There are no children with learning disabilities, only teachers who have not yet learnt how to find all the talents of all their children."

Falaviene Patolo
Head Teacher, Vaipoa GPS, Niuatoputapu

2.9.2 Educational Needs

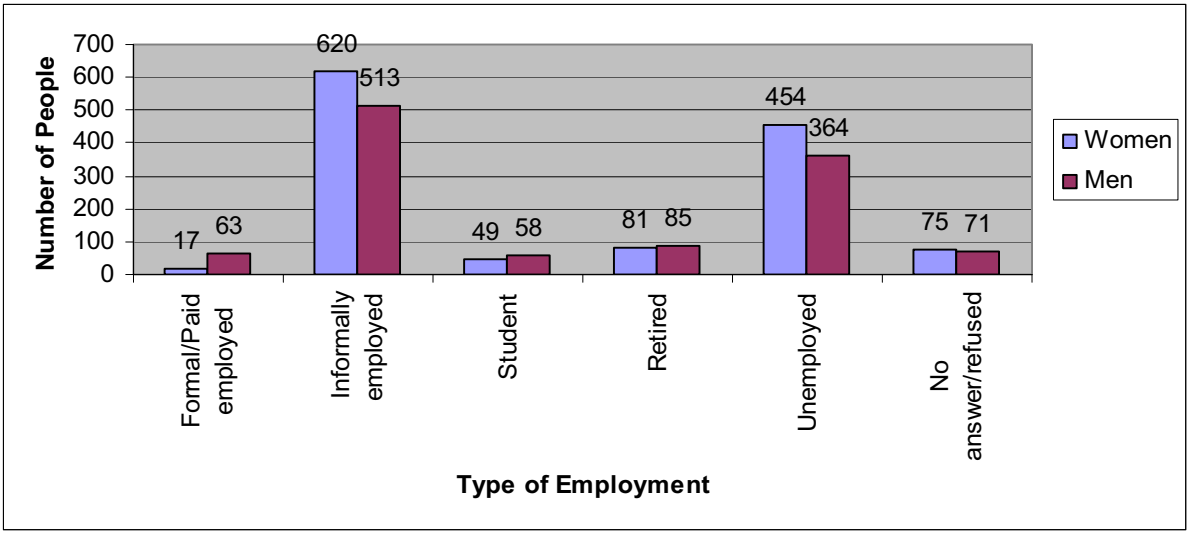
- 21% (596 individuals) of people with disabilities stated that they need some kind of support to access educational opportunities.

- Of these people:
    - 423 need assistance with basic schooling;
    - 164 need support in vocational training;
    - 9 need support with university education.

[27] UNESCO Institute for Statistics.
[28] Statistics Department, 'Tongan Household Census, 1996.'

2.10 Employment (15+ years)

Figure 15: Employment status by gender



- Only 3% of people with disabilities (82 individuals) are formally employed.
  - This is more than thirteen (13) times less than the national formal employment rate of 39%[29].
  - Only 21% of these people (17 individuals) who are formally employed are women.

- 33% of people with disabilities (820 individuals) are unemployed.
  - This is more than double the national unemployment rate of 13.3%[30].
  - This figure is 1.5 times greater than the population of people not economically active due to disability as reported by the 1996 census[31].

- 46% of people with disabilities are informally employed, including house duties and family work.
  - This is similar to the national informal employment rate of 47.7%[32].

- Women with disabilities are 10% more likely than men with disabilities to be unemployed or informally employed.

A man from the Eastern District of Tongatapu not letting his disability stop him from earning a living.

- Men with disabilities are 10% more likely to be students than women with disabilities.
  - These increased educational opportunities for education also increase their opportunities for employment.

[29] Abbott, D., 2003, 'Tonga Hardship and Poverty Status Discussion Paper.', Asian Development Bank.
[30] Ibid.
[31] Statistics Department, 1996, 'Tongan Household Census, 1996'.
[32] Abbott, D., 2003, 'Tonga Hardship and Poverty Status Discussion Paper.', Asian Development Bank.

"I think one of the hardest things about having a disability in Tonga would be not being able to find work. I think we should help people with disabilities so that they can find work."

Disability Awareness Workshop Participant
Niuatoputapu.

Figure 16: Age of onset of disability and employment status

	Employment Status		
Age of Onset of Disability	**Formal/Paid Employment**	**Informal Employment**	**Unemployed**
Birth - 15 years	5%	48%	26%
16-30 years	8%	51%	30%
31-60 years	3%	55%	30%

- Formal/paid employment, informal employment and unemployment rates are fairly similar regardless of the age of onset of the disability.

Comment – Employment and people with disabilities

The disproportionately high unemployment rate of people with disabilities highlights the need to provide more employment opportunities to people with disabilities, especially women.

Improving the employment status of people with disabilities is not only a benefit for these individuals, but also benefits the families of those people, both through increased household income, and increased informal employment activities, such as housework, agricultural work, and child care.

This problem could be addressed by improving:

- Educational opportunities for people with disabilities (at both a schooling and further study level);
- Physical rehabilitation programs, including Community Based Rehabilitation (CBR);
- Physical access to public built environments and public transport;
- Provision of appropriate technical aids;
- Community awareness and understanding of disability issues; and
- Equal opportunity employment awareness programs for government staff responsible for recruitment.

2.11 Financial Status

In order to estimate per capita income respondents were asked to report their total average household monthly income and the number of people living in the household. In this estimation they were asked to include; wages and salaries, remittances from overseas, sales of own produce, bank loans, and any other income sources[33].

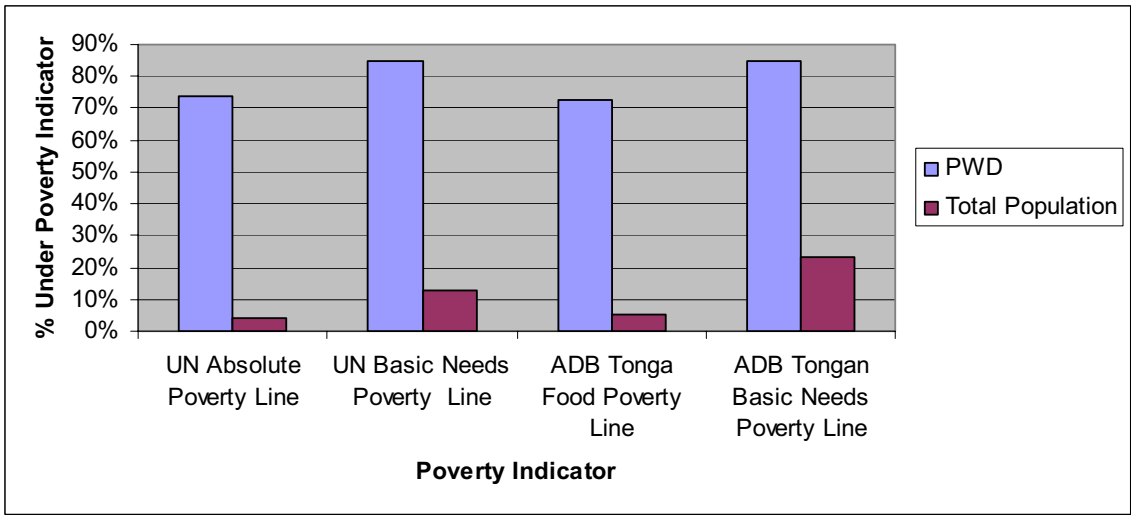
[33] This was the same criteria as used in the Household Income Survey conducted by the Statistics Department in 1996.

This information allowed assessment of the percentage of people living in households earning less than the poverty indicators estimated by the UN and the Asian Development Bank (ADB), including:

- UN Absolute Poverty Line, estimated at less that US$1 daily per capita;
- UN Basic Needs Poverty Line, estimated at less than US$2 daily per capita;
- ADB Tongan Basic Needs Poverty Line, estimated at less than T$28.18 per capita per week[34]; and
- ADB Tongan Food Poverty Line, estimated at less than T$13.52 per capita per week[35].

People who are living below the ADB estimated poverty lines are classified as having insufficient funds on a day-to-day basis to meet their average expenditure commitments for a basic diet plus the cost of other essential non-food items. They are likely to have to make difficult daily choices about expenditure priorities such as whether to buy food, pay for school fees, meet social and community obligations, or pay power and communications bills[36].

Figure 17: People with disabilities living in poverty



- 81% of people interviewed (2240 individuals) were living below the UN Basic Needs Poverty Line.
  - This is 20 times higher than the national prediction of 4%[37].
- 72% of people (2009 individuals) were living below the UN Absolute Poverty Line.
  - This is more than 5 times the national prediction of 12.6%[38].
- 29% of people (798 individuals) are living below the ADB Tongan Food Poverty Line.
  - This is nearly six times the national prediction of 5%[39].
- 52% of people (1457 individuals) are living below the ADB Tongan Basic Needs Poverty Line.
  - This is more than double the national prediction of 23%[40].

[34] Abbott, D., 2003, 'Tonga Hardship and Poverty Status Discussion Paper', Asian Development Bank.
[35] Ibid.
[36] Ibid.
[37] Ibid.
[38] Ibid.
[39] Ibid.
[40] Ibid

Comment – Disability and Poverty

Poor people with disabilities are caught in a vicious cycle of poverty and disability, each being both a cause and a consequence of the other as limited access to education and employment opportunities lead to economic and social exclusion[41].

As many as 50% of disabilities are preventable and are directly linked to poverty[42].

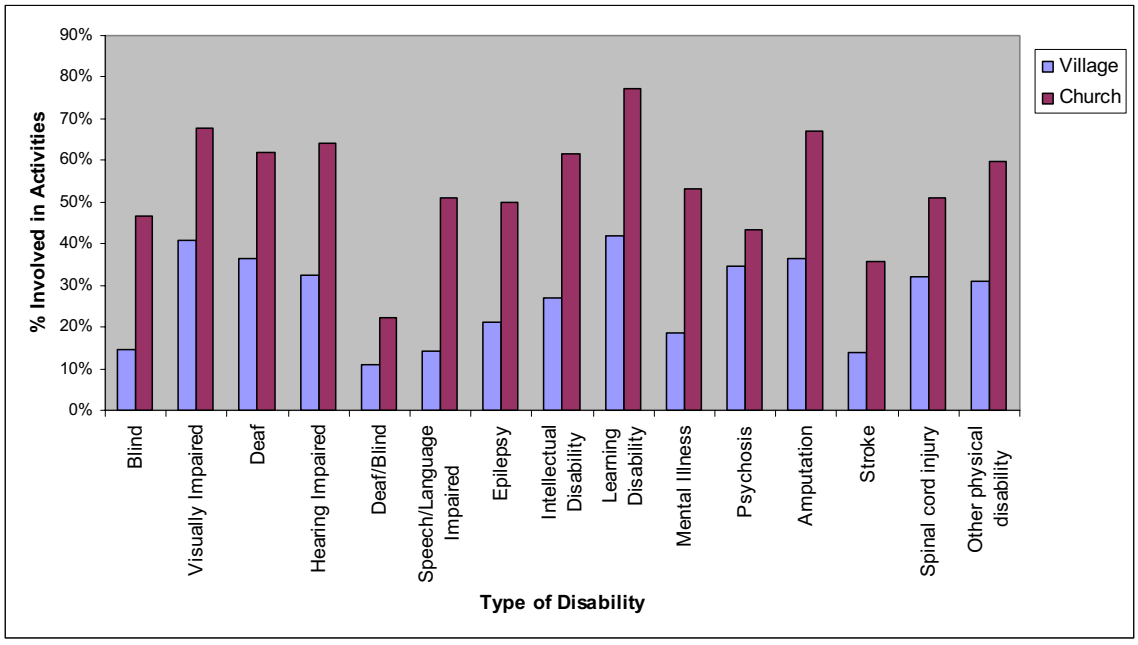
Therefore, eliminating poverty is unlikely to be achieved unless the rights and needs of people with disabilities are also taken into account[43]. This means that people with disabilities and their families must be targeted in any poverty alleviation strategies if Tonga is going to successfully achieve the target set out in the Millennium Development Goals (MDGs) of halving the amount of people living on less than US$1 per day, particularly those targeting the poorest of the poor.

"Addressing disability is a significant part of reducing poverty. Bringing disabled people out of the corners and back alleys of society, and empowering them to thrive in the bustling centre of national life, will do much to improve the lives of many from among the poorest of the poor around the world. "

James D. Wolfensohn, World Bank.

2.12 Community Involvement

Figure 18: Proportion of people from each disability group who are involved in village and church activities



- The disability groups with proportionally the lowest involvement in village activities are:

[41] UK Department for International Development, 2000, 'Disability, Poverty and Development', written for the International Hospital Federation.
[42] Ibid.
[43] Ibid.

- Deaf/Blind (11%);
- Stroke (14%);
- Speech/Language Impaired (14%);
- Blind (15%);
- Mental Illness (20%);
- Epilepsy (21%); and
- Intellectual Disability (27%).

- The disability groups with proportionally the lowest involvement in church activities are:
  - Deaf/Blind (22%);
  - Stroke (36%);
  - Blind (47%);
  - Epilepsy (50%);
  - Speech/Language Impaired (51%);
  - Spinal Cord Injuries (51%); and
  - Mental Illness (52%).

- The disability groups that appear on both of these lists are:
  - Deaf/Blind;
  - Blind;
  - Stroke;
  - Speech/Language Impaired;
  - Mental Illness; and
  - Epilepsy.

A woman with an intellectual disability joining in the Catholic *'Katoanga 'Ofa'* Festival with her family in Niuatoputapu, February 2006.

Comment – Community Involvement

The disability groups that appear on both of these lists suggest that there are certain groups that have more difficulty than others becoming involved in the community. This could be explained by increased stigma associated with particular disability groups (eg speech/language impairments, mental illness and epilepsy).

This lack of involvement could also be explained by the difficulty people with disabilities face in accessing training in the skills that would allow them to participate in the community, such as:

- Communication skills for people who are deaf, deaf/blind and speech/language impaired;
- Orientation and mobility skills for people who are blind or deaf/blind; and
- Physical access (eg wheelchair access), mobility equipment and skills for people who have physical disabilities as a result of strokes.

Comment – Epilepsy and community involvement

The common term for epilepsy in the Tonga language is *mahaki moa* or *'the chicken illness'* (For the purposes of the survey the term *hamu* or *'fit'* was used.) This term is very degrading to the person with epilepsy. Because the condition is not very well understood among the general population, people with epilepsy are often ridiculed and feared, and may be a cause of perceived shame to the family.

For these reasons, people with epilepsy may be prevented from becoming involved in the community, which is unfortunate for a condition that can be so easily managed.

Comment - Mental Illness and community involvement

There are various views regarding mental illness in Tonga, however most of these views are associated with fear and shame. That is, fear of shame by the family of the person with the mental illness, as well as general fear of people with mental illness by people in the community. This fear may be because of international news articles and films depicting people with mental illness who are violent.

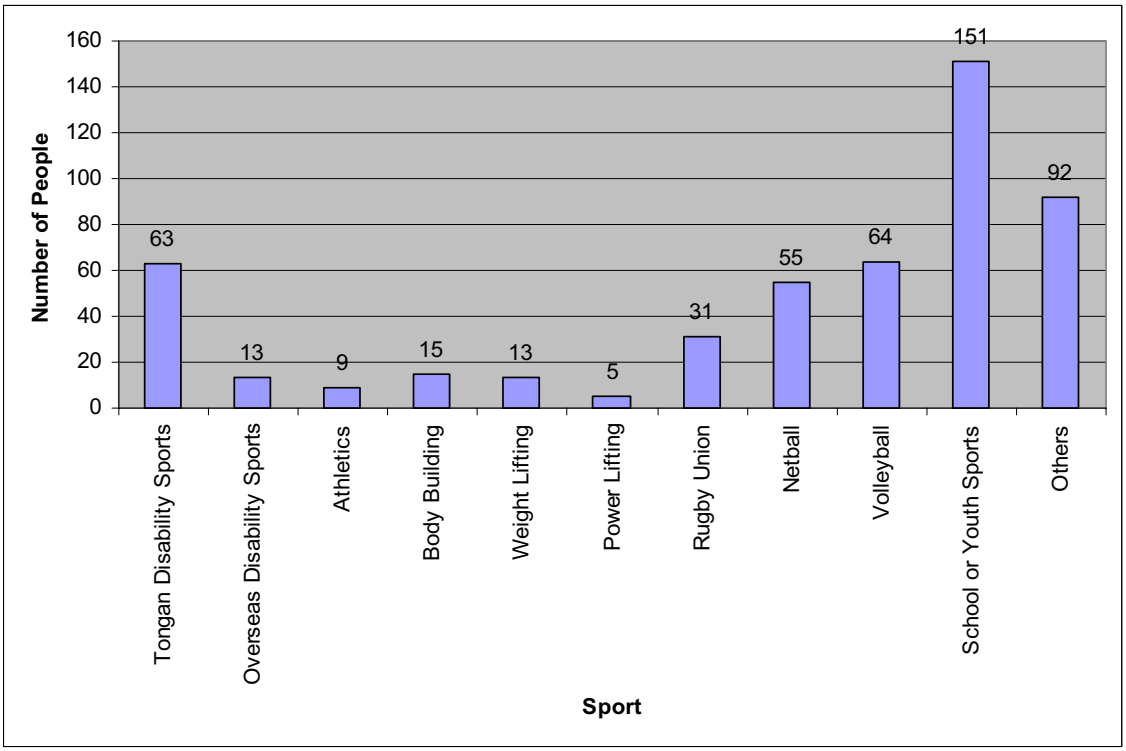
Some forms of mental illness however are more accepted than others. For example *avanga* which is often described as spiritually induced psychosis is believed to be the result of dead ancestors placing a 'dark shadow' or *mala* on the person for reasons such as:

- They are jealous of their beauty;
- They miss them and wished they had died together; or
- They have done something to offend them.

As these conditions can be seen to disappear after some time, and often respond to Tongan herbal and spiritual medicinal techniques, they are generally less feared and hence less excluded from the community than people with other mental illness.

2.1 Sport Involvement

Figure 19: Sports in which people with disabilities are currently involved.



- 15% of people with disabilities are currently involved in sports.
- The most common sports are youth or school sports, with 151 participants.
- Volleyball and Netball are also common sports with 64 and 55 participants respectively.

- There are 63 people currently involved in the Tongan disability sports programs and competitions.

- There are 13 people who have competed in overseas disability sports competitions.

- There are 227 people who stated they would like to be involved in sporting activities that are inclusive of people with disabilities.
    - 65% of these are not currently involved in sport.

19 year old Felisiano marching with the Tongan flag at the opening ceremony for the FESPIC Youth Games in Hong Kong in 2004.

Comment – Disability Sport in Tonga

Current opportunities for people with disabilities to be involved in sport include;

- The TASANOC 'Inclusive Sports Program' demonstrates sporting activities that children and adults with and without disabilities can participate in together in a meaningful and enjoyable way for all participants.
- The 'Disability Sports Program' is run jointly by TASANOC, the OTA Centre, the H & S Centre and the Alonga Centre.
- The 'Elite Disabled Athletes Program', run through TASANOC prepares disabled athletes for local and international sporting competitions.

Sporting competitions that people with disabilities have been involved in include:

National:
- The Annual National Disability Sports Competition; and
- 2 relay teams of people with disabilities which competed at the 2004 and 2005 National Inter-College Sports Carnival.

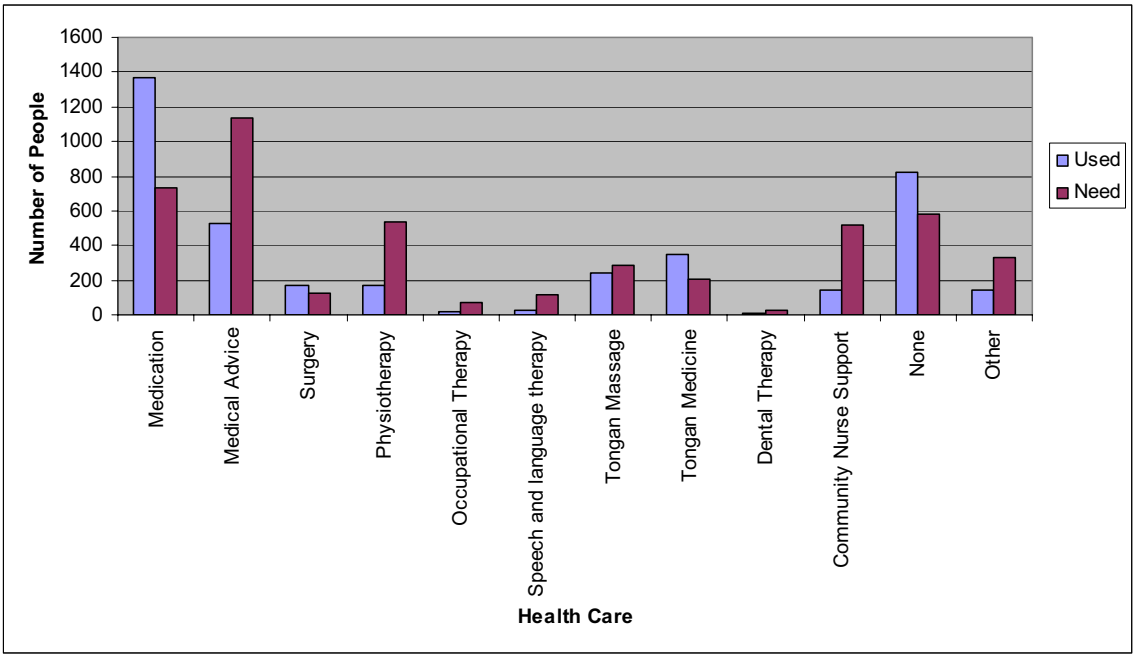
International:
- Paralympic Games in Athens, 2004, and Sydney, 2000;
- Tonga vs. Samoa Disability Games, held in Tonga in November 2004; and
- FESPIC Games and FESPIC Youth Games.

Women with disabilities competing in the 100m sprint at the Tonga vs. Samoa Disability Games in November 2004.

2.14 Unmet Need

2.14.1 Health Care Needs

Figure 20: Health care used and needed by people with disabilities



- **Medical advice** was the most common type of health care that people with disabilities needed, followed by **medication**.
  - 41% of people stated that they needed medical advice, which is more than double the people who have already received medical advice for their disability.

Comment – Medical Advice for people with disabilities
Many people stated that they had never received a diagnosis or an assessment of their disability by a health professional but wanted advice because they were unsure if medical treatment could improve or cure their condition.

- 20% people stated they needed the services of a **physiotherapist** to assist their condition, which is very high compared to only 6% of people who stated they had received physiotherapy.

- 19% of people required **community nurse support**.
  - 86% of these people were living in island groups other than Tongatapu.

Kato learning to stand while playing in a standing frame designed by a physiotherapist and the staff of the 'Ofa Tui 'Amanaki Centre for Special Education.

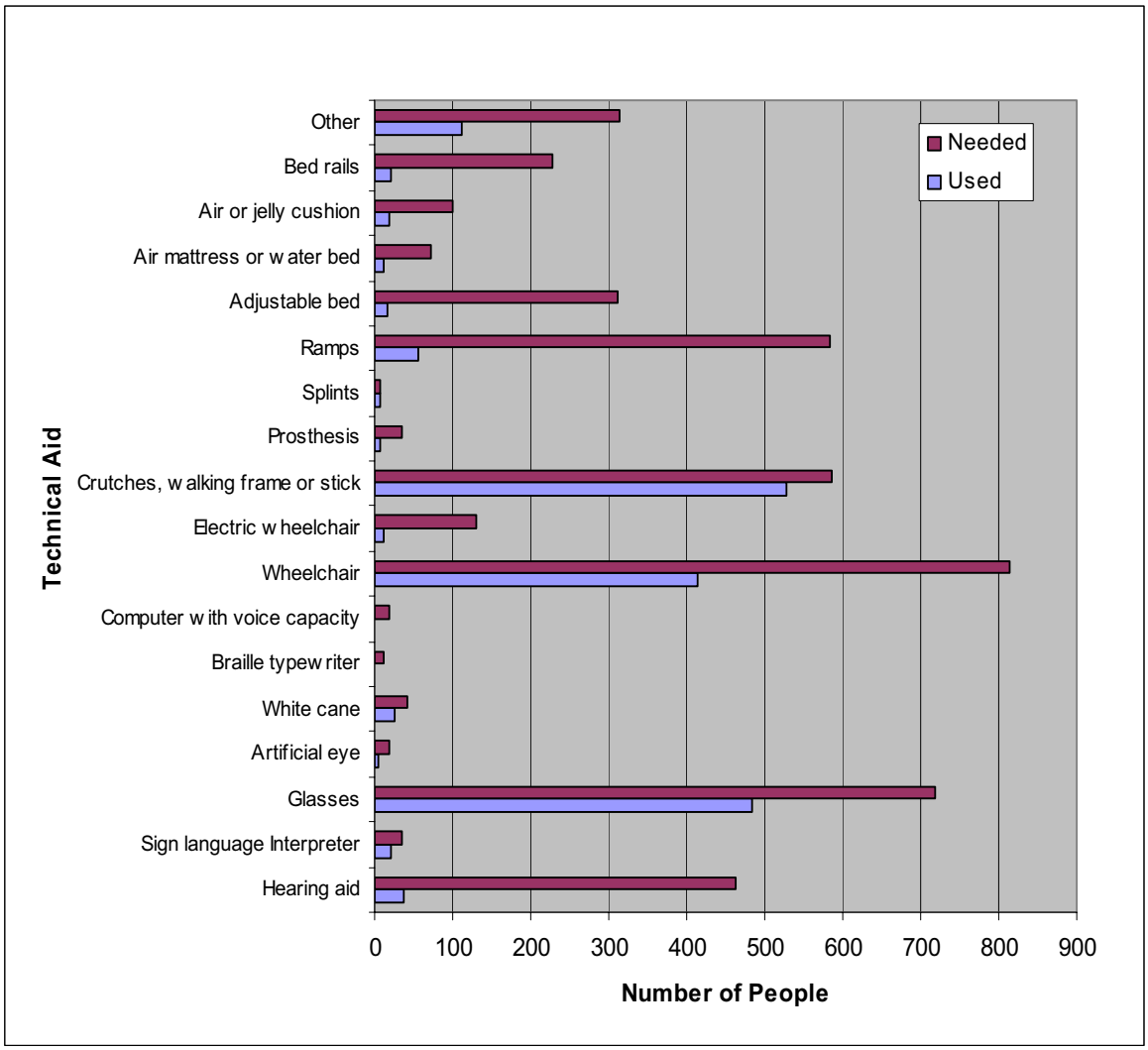
Comment – Therapy Services
The relatively low reported need for **Occupational Therapy and Speech and Language Therapy** Services is due to there being none of these therapy services available in Tonga and therefore many people are unaware of the existence of these professions and how they are able to assist people with disabilities.

There also appears to be a low level awareness of **physiotherapy** services. There is currently only one Physiotherapist employed in Tonga who provides inpatient and outpatient care at Vaiola Hospital. This position has been supported in recent years by a Japanese Volunteer Physiotherapist.

Of the people who stated they had used physiotherapy, many had not seen a qualified physiotherapist but had done physical exercises to help improve their level of functioning.

2.14.2 Technical Aids Needs

Figure 21: Technical aids used and needed by people with disabilities



- The greatest need for technical aids was for **wheelchairs,** which are required by 30% of people (813 individuals).

Comment – Provision of Wheelchairs

Although the need for wheelchairs is partly being met by donations from sources such as the Church of the Latter Day Saints and the Free Wheelchair Mission, these chairs are not made to suit the individual needs of the person with a disability receiving the chair, i.e. the persons body may need to be supported in a specific way or the person may need to use their wheelchair on rough terrain or to be close to the ground to fulfil their daily activities as part of the household.

Also, as these chairs are given out without assessment by a therapist they are often given to people who could be independently mobile with the use of a walking frame or another mobility device. This can have the undesirable effect of reducing the level of mobility and independence of the person receiving the wheelchair.

This issue could be addressed by the establishment of a technical aids workshop that could make modifications and repairs to wheelchairs and other aids to suit the specific needs of people with disabilities.

- The second greatest need was for **glasses** which are required by 26% of people (718 individuals).
- The third greatest need is for **mobility aids such as walking frames, crutches and walking sticks** (587 individuals).

The wheelchair Vaiola has been provided with does not properly fit his needs. He requires extra supports to allow him to sit in his chair in a more functional position.

Comment – Availability of Mobility Aids

- These aids are not readily available from any source in Tonga.
- These aids allow people to remain independently mobile for much longer than would be possible without them.
- These aids are easy to make to suit the specific needs of the person with a disability from low cost local materials.
- This area of need could be addressed by the establishment of a technical aids workshop.

- **Wheelchair ramps** were required by 583 people.
  - Only 14% of people who currently have a wheelchair have ramps to access their home.
- The real need for wheelchair ramps is likely to be around 1137, which is the total number of people who either have or need a wheelchair.

An example of a simple design for wheelchair accessibility to buildings.

Comment – Wheelchair Accessibility

The low incidence of reporting of the need for wheelchair ramps may be due to people, particularly those in the outer islands, not frequently being exposed to wheelchair ramps and hence being unaware of the benefits they bring. Although many people are now currently being supplied with wheelchairs through donations, very few of these people are able to increase their mobility status due to a lack of accessibility in their homes and public places.

Hearing Aids are required by 462 people.

- Only 8% of people (37 individuals) with hearing impairments have a hearing aid.
- Of the 37 people who already have a hearing aid, 31 of them stated they required another one. This indicates the lack of services available to get hearing aids fixed, and fitted to the specific needs of the person with the hearing impairment.

Comment – Hearing Aids
Currently hearing aids are only available locally through the TRCS. The hearing aids provided through this service are low quality and are not provided with any hearing test so as they can be matched to the specific hearing needs of the person with the hearing impairment.

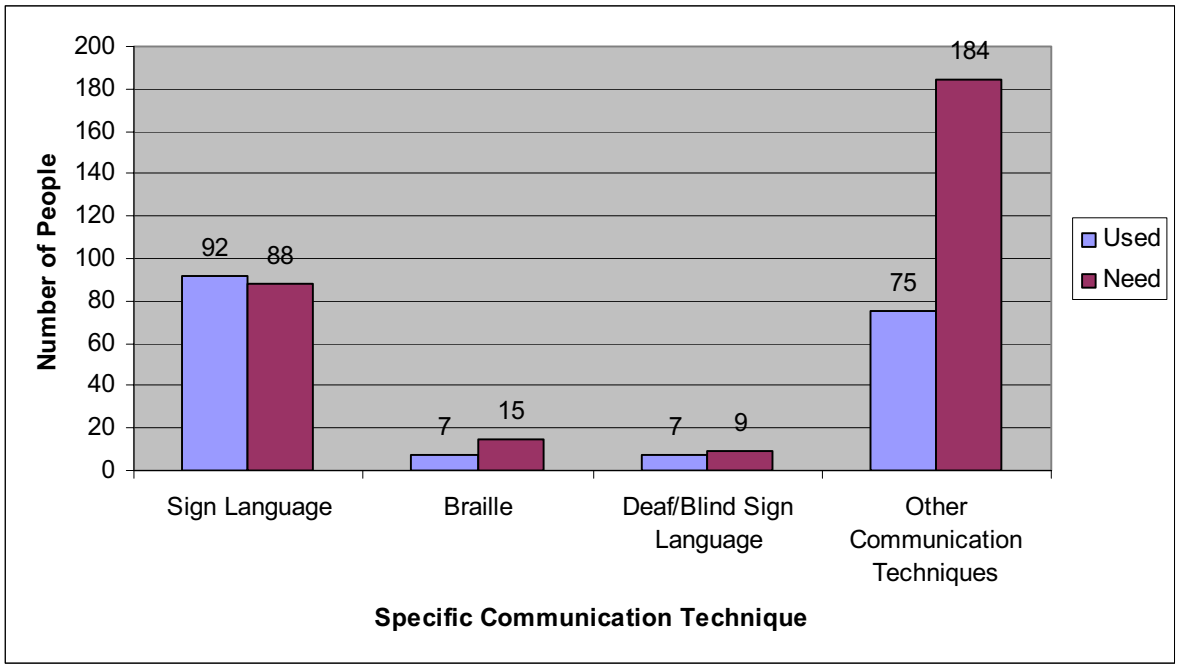
Even Hon. Prince Mailefihi can't access prosthetic services in Tonga.

- A **prosthetic limb** is required by 36 people in Tonga.
  - Only 8 people with amputations currently have a prosthetic limb.

Comment – Prosthetic Limbs
There are no prosthetic limb services available in Tonga. People who require prosthesis must travel overseas at their own expense.

2.14.3 Specific Communication Techniques Used and Needed

Figure 22: Specific Communication Techniques used and required by people with disabilities



- 88 people stated that they needed to learn **sign language** to aid their communication.
    - Of the 92 people who already use sign language only 16 had ever attended the H & S Unit at the TRCS.

Comment – Sign Language in Tonga

Sign language is currently only taught at the TRCS H & S Unit which does not have any community outreach programs to teach the families how to communicate with the students. Most deaf people and people with profound hearing impairments that have not been taught at the H & S Unit are likely to communicate via a made up sign language and lip reading, which would only cover the basic essentials of communication.

Sign language taught at the H & S Unit is based on AUSLAN Sign language. There is no formal Tongan Sign Language which in some circumstances prevents the language from being appropriate to the Tongan context. (As a Tongan Sign Language would be based on AUSLAN Sign Language, people using this sign language would still be able to communicate effectively via sign language with other people who understand Sign Languages based on AUSLAN, as is the case in most other PICs.)

- **Braille** is only known by 7 people in Tonga, and there are 15 people who need to learn Braille.
    - This is very low reporting compared to the 62 people identified as being blind.

Comment – Braille in Tonga

This low reporting of the need for Braille is likely to reflect the lack of knowledge about Braille as it is assumed by most people that a blind person could never learn to read or write.

Currently there are no means by which blind people can learn Braille in Tonga, however there are plans for a school for the blind to be established in Tonga by a blind person, which would be part of a mainstream school. This school would aim to be a transitional learning facility to facilitate the inclusion of blind students into the mainstream educational system.

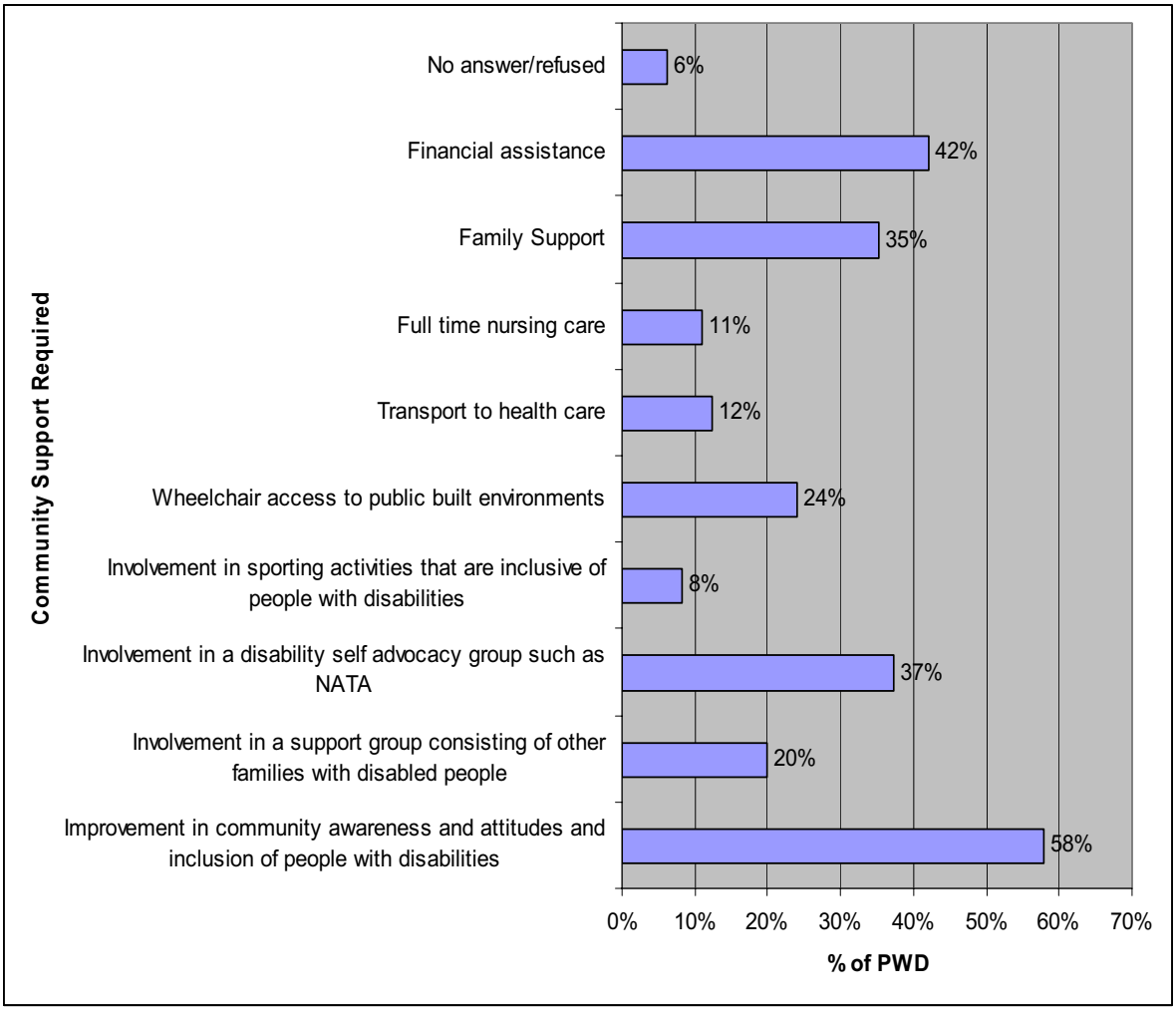
- **Other communication techniques** are currently used by 75 people and needed by 184 people.

Comment – Other communication techniques

- These communication techniques might include lip reading, as well as augmentative and alternative communication techniques such as communication boards.
- Augmentative and alternative communication techniques are best taught by a Speech and Language Therapist.
- Currently there is no Speech and Language Therapist in Tonga.

2.14.4 Community Support Needs

Figure 23: Community Support Needs for people with disabilities



- **Improvements in community awareness of, attitudes towards and inclusion of people with disabilities** was required by more than half of people with disabilities and their families.

"People without disabilities consider us people with disabilities like dead people.

The only difference they see is that we are still breathing."

Rhema Misser
Chairperson of NATA

Comment – Attitudes as a Disability

Attitudes from the community are often the greatest disability faced by people with disabilities. It is the attitudes of people in the community, not the person's actual disability that is often the reason that people with disabilities do not:

- Get an education;
- Have meaningful employment;
- Play sport; or
- Get involved in village, church or community activities.

Examples of attitudes in the community that restrict people with disabilities include:

- The belief that people with disabilities can not learn;
- Over protection of people with disabilities; and
- Assumptions being made about the ability (or the lack of ability) of a person with a disability rather than a focus on providing opportunities for people with disabilities and modifying the environment or situation as required.

Tonga as a whole has a charitable view of disability which assumes that people with disabilities need only to be cared for by others, and not encouraged to gain greater independence and take a more empowered position in society.

Most countries in the Pacific Region are now addressing disability issues from a rights based, participatory approach.

"If I had a disability I would want to be able to take part in society like people without disabilities. I think this is one of the hardest things for people with disabilities to do at the moment."

Disability Awareness Workshop Participant, Niuafo'ou

- **Financial assistance** was the second greatest community support need for people with disabilities and their families, required by 42%.

Comment – Financial Assistance

The need for financial support can arise from:

- People with disabilities not having viable education and employment opportunities;
- People with disabilities becoming dependent on other family members as they are not provided with opportunities to improve their level of independence. This results in other members of the family also being prevented from employment opportunities that would improve the financial situation of the family; and
- The cost of specialized equipment and supports that are often required by people with disabilities, but are not provided by the Government.

Financial assistance could be provided via measures such as:

- Allowing people with disabilities to travel cheaper or free on public transport;
- Subsidising taxi usage for people with disabilities;
- Subsidising education and health care for people with disabilities; and
- Subsidising the provision of mobility and other technical aids.

Implementation of these systems could be aided by the introduction of a disability identification card that would entitle holders to nominated benefits.

- 37% of people need to be involved in a **disability self advocacy organisation** such as NATA.

Comment – Disability Self Advocacy Organisations

- Disability self advocacy organisations have been established in most countries across the Pacific as part of the international move towards a rights based, participatory approach to disability.
- NATA became registered as a non-government organisation (NGO) in Tonga in November 2004 and since this time has been working to promote awareness of disability issues in Tonga.

- There are 671 people who stated they needed **wheelchair access to public built environments.**

'Accessibility is not the concern of a specific social group but is an essential prerequisite for the advancement of all'

United Nations, 2005

Comment – Wheelchair Access to Public Built Environments

As with wheelchair ramps in homes, the number of people in need of wheelchair access to public buildings should be read as a conservative estimate of real need in this area as people in Tonga are not frequently exposed to wheelchair ramps and hence are unaware of the benefits they bring.

Building accessible environments also improves access for all people with limited mobility, not just people with disabilities[44].

The Ministry of Works passed the Building Control Standards Regulations 2005, in July 2005. This law states that all new buildings that require public access should comply with the National Building Code. This building Code has disability accessibility requirements based on New Zealand standards, however, the Code is yet to be passed by Cabinet as it is waiting to be translated in to the Tongan language.

This building code needs to be passed as well as extended to specify that modifications within reason should be made to all existing buildings that require public access to ensure they are accessible to people with disabilities.

- 553 people stated they need **involvement in a support group consisting of other families with disabled people.**

Comment – Family Support Groups

Groups such as these can provide emotional and practical support to people with disabilities and their families, who often feel isolated in the community. These groups also have the potential to help establish **Community Based Rehabilitation (CBR)[45]**, which can be one of the most efficient, effective and appropriate means of delivering rehabilitative services in an inclusive setting.

[44] Wolfensohn, J.D., 2002, 'Poor, Disabled and Shut Out', Published in the Washington Post on December 3rd, 2002, accessed on April 14, 2006, from www.globalpolicy.org/socecon/develop/2002/1203disabled.htm

[45] Community Based Rehabilitation is explained in the ILO, UNESCO, et al (2000). 'Community Based Rehabilitation with and for People with Disabilities: Joint Position Paper', available at: http://www.aifo.it/languages/cbr/Joint%20Position%20paper%20Final%20Document.pdf

PART 3: Recommendations

3.1 Government Policy and Direction

3.1.1 National Plan of Action (Five years) On Disability

a) As was agreed in the BMF[46], the Tongan Government should develop, in collaboration with organisations of persons with disabilities (such as NATA) and other non-government organisations (such as the TRCS and their associated special education facilities), a five-year comprehensive national plan of action to implement the targets and strategies of the BMF.

b) The national plan should have inclusive policies and programmes for integrating persons with disabilities into mainstream development plans and programmes.

c) Aspects that should be incorporated into the plan are discussed below.

3.1.2 Government Statement of Commitment to the Rights of People with Disabilities

a) A Government Statement of Commitment to the Rights of People with Disabilities needs to be made by the Tongan Government.

3.1.3 National Coordination Council on Disability (NCCD)

a) A National Coordination Council on Disability (NCCD) needs to be established as a central focal point for disability under the auspice of the government.

b) The NCCD should consist of government and non-government representation specifically including prominent representation from people with disabilities.

c) The first task of the NCCD would be to oversee the development of the National Disability Strategy and assist with its implementation.

d) Essential Government Ministries and Departments that should consult with the NCCD include:
- MOE;
- MOH;
- MOW Building Standards Division;
- Women's Development Unit; and
- Employment Sectors.

e) A further task for the NCCD could be a cost/benefit analysis of the use of intervention systems and programs including the provision of therapy and technical aids, soon after the onset of a persons disability.

[46] The Biwako Millennium Framework for Action was signed by the Prime Minister in 2002. Key aspects of the BMF are highlighted in Appendix 5. A full copy of the BMF can be obtained from http://www.worldenable.net/bangkok2003/biwako1.htm.

3.1.4 National and Ministerial/Departmental Strategic Plans

a) All governmental strategic plans, including the Strategic Development Plan 8 (SDP8), should be inclusive of the needs of people with disabilities by reflecting the BMF[47].

b) This should be done in consultation with disability organisations such as NATA, as well as the NCCD.

3.1.5 Data Collection

a) The Tongan Government should increase and improve the collection and analysis of data on people with disabilities in key sectors, especially sectors which address poverty alleviation and equal opportunities.

b) This data analysis should be used to influence policy and planning processes.

c) Areas where this data could be collected includes:
- The Education System;
- The Health System;
- Employment Sectors; and
- The Women's Development Unit.

3.1.6 Welfare support for people with disabilities

a) Specific consideration needs to be given to the establishment of a welfare support system for people with disabilities and their carers. This system needs to specifically address the needs of individuals.

b) This system may incorporate the establishment of a recognised disability identification card that entitles holders to such benefits as subsidised access to:
- Public transport;
- Taxi usage;
- Education; and
- Health facilities.

3.1.7 Accessible Information

a) Accessible information exchange systems need to be established that explicitly consider and address the needs of various disability groups. This would increase the integration of people with disabilities into society and the national development process.

b) These systems should include:
- Documents written in plain language for people with intellectual disabilities;
- Sign language for people who are deaf;
- Braille reports for people who are blind;
- Audio reports for people who are blind and cannot read Braille; and
- Visual representation for people with disabilities who may not be fully literate.

[47] The 'Biwako Millennium Framework for Action towards an Inclusive, Barrier-Free And Rights-Based Society For Persons With Disabilities In Asia And The Pacific (BMF)', was signed by the Tonga's Prime Minister and Minister of Education in 2002. Key aspects of the BMF are highlighted in Appendix 5. A full copy of the BMF can be obtained from http://www.worldenable.net/bangkok2003/biwako1.htm.

3.1.8 Information and Communication Technology Standards and Guidelines

a) General guidelines and standards for access to Information and Communication Technology (ICT) need to be established and implemented.

b) These developments need to ensure equal access opportunities for people with disabilities to ICT by including:
   - ICT training for people with disabilities; and
   - Disability awareness-raising training for ICT-related positions such as ICT policy makers, representatives and technical personnel of private ICT companies.

A student of the 'Ofa Tui 'Amanaki Centre using ICT.

3.2 Legislation

a) Clauses of the Tongan Constitution which discriminate against people with disabilities should be repealed or amended, eg:
   - Clause 64 – 'Qualification of Electors', which states that people who are 'insane' or 'imbecile' do not have the right to vote.

b) Archaic and denigrating language such as 'insane' or 'imbecile' needs to be removed from all legislation and replaced with appropriate terminology.
   - Language that might be considered could be taken from the Australian *Electoral Act 1918* at Section 93 (8) which states that: "A person, by reason of being of unsound mind, is incapable of understanding the nature and significance of enrolment and voting, is not entitled to have his or her name placed on or retained on any Roll or to vote."
   - Income Tax Act [Cap 68] section 2 which refers to people with disabilities as "dependent children" for the purpose of tax laws. This section should be amended to define dependent people with disabilities, as "dependants" rather than "dependent children".

c) Active non-discrimination and positive discrimination laws need to be developed and implemented, such as anti-discrimination legislation for key areas such as transport, employment, education and health. This type of legislation is increasingly prevalent throughout other jurisdictions in the Pacific Region, such as the *Human Rights Act 1999* (Fiji).

d) The NCCD should be responsible for monitoring the implementation of and compliance with this type of legislation.

3.3 Statistics Department

Comment – Disability Census questions

The UN *Principles and Recommendations for Population and Housing Censuses* finds that censuses are an essential tool for assisting in the collection of disability related data, particularly in relation to prevalence and type of disability.

In order to collect relevant data, questions must focus directly on disability rather than the use of indirect questions as indicators of disability, as has been used in previous Tongan censuses, eg disability as a reason for being economically inactive.

Questions that directly ask about people with disabilities have been included in the censuses of several other PICs such as Fiji, the Solomon Islands and Samoa, and the information collected in these censuses has been of great assistance to both government and non-government organisations in directing programs to facilitate the inclusion of people with disabilities into the mainstream of society.

a) All future censuses of Tonga should include questions directly relating to people with disabilities.
   - Definitions of disability should be taken from accepted world standards such as the ICF as developed by the World Health Organisation.
   - Questions should relate to:
     - Overall numbers of people with disabilities;
     - Types of disabilities experienced;
     - Causes of disability;
     - Educational, workforce and community involvement of people with disabilities; and
     - Needs of people with disabilities.
   - Appropriate questions to include in the census have been provided to the Statistics Department (see Appendix 2).

b) The Statistics Department needs to collect further disability specific data and include disability specific questions in other data collection projects and surveys.
   - For this to be most effective, enumerators should be specifically trained in the collection of disability statistics.

It doesn't really take Superman to teach children with disabilities how to read.

3.4 Ministry of Education

3.4.1 Inclusive Education

a) The Inclusive Education Officer position funded through the PRIDE Program should be permanently incorporated into senior management levels of the MOE.

b) The Inclusive Education Officer should:
   - Have direct and thorough consultation with the TRCS Special Education Centres, NATA and DACTION to identify deficiencies in the provision of education, and direct curriculum developments that address the needs of all children in Tonga;

- Establish a permanent Inclusive Education Sector within the MOE;
- Prioritise scholarships in the area of inclusive education teaching;
- Ensure that all curriculum developments throughout the MOE and all schools in Tonga are inclusive of children with different educational needs;
- Establish Inclusive Education Units with trained Inclusive Education Advisors in every district of Tonga; and
- Ensure that every TIOE course has a compulsory Inclusive Education subject.

3.4.2 Special Education

a) The TRCS Special Education Centres should be recognised by the MOE as formal educational facilities under the primary school division with support for the development of appropriate and formalised curriculum's and teaching systems.

b) The MOE should support the education of teachers at the TRCS Special Education Centres to ensure they have the relevant TIOE training and further inclusive education training required to teach children with disabilities.

c) All teaching staff of the TRCS Special Education Centres should have access to professional development opportunities that are currently available to regular primary school teachers.

d) Financial support should be given to TRCS Special Education Centres to help support the educational services provided by these centres. This should be in accordance with support given per child to mainstream educational facilities.

3.4.3 Vocational and adult education

a) People with disabilities should be given preference for placements at vocational training facilities.
   - For example, at least one position in each vocational training class should be allocated to be filled by a person with a disability.

b) Adult education and second chance learning should be provided through vocational training centres with a particular focus being made on people with disabilities who have not been able to access mainstream educational settings due to their disability.

3.4.4 Education for the Blind

a) A specialised educational facility catering for the full educational needs of students who are blind (including Braille, as well as orientation and mobility instruction) should be established.
   - Ideally this facility would be incorporated into a mainstream educational centre.

b) This facility should aim to be a transitionary education system that facilitates blind children and adults learning blind specific skills to enable them to be integrated into the mainstream education system.

c) Blind people who have good blind specific skills should be prioritised as teaching staff for these facilities.

3.4.5 Short Term training for carers of people with disabilities

a) Short term training courses for carers of people with disabilities need to be established to facilitate education and awareness of the needs of and systems available to people with disabilities to aid better inclusion in home and community environments.
    - These courses need to be general as well as disability specific.

3.4.6 Accessibility

a) All new educational facilities, including schools, vocational training centres and universities, should be built in compliance with the MOW accessibility standards

b) All existing schools should be modified within reason to allow access for people with disabilities.

3.4.7 Curriculum development and reform

a) The production of technical aids for people with disabilities could be incorporated into MOH curriculum's through technical workshop programs in mainstream schools and vocational training centres.
    - This program would aim at incorporating the development of problem solving skills in students by connecting projects to real life situations such as accessibility and mobility issues for people with disabilities in the community.

b) The curriculum reform that is planned to be a part of the Tongan Education Strategic Plan (TESP) should ensure that the review of the language and literacy policy includes:
    - Development of diagnostic tools for the early detection of children with literacy and numeracy difficulties; and
    - Development of educational tools to assist the education of children with literacy and numeracy difficulties that are of an inclusive design, rather than the segregated design of the current Reading Recovery Program.

3.4.8 Secondary education for children with disabilities

a) Particular attention should be given to developing strategies and targets to increase the continuation rate of children with disabilities from primary school to secondary school. An inclusive model of education should help achieve this.

3.4.9 Hearing and vision screenings

a) The MOE should collaborate with the MOH to conduct regular hearing and vision screenings in all schools, with priority being given to early primary school aged children.

b) Hearing and vision problems identified in these screenings should be followed up with appropriate consultations with relevant health professionals who should prescribe and provide the appropriate treatment and/or technical aids required (eg glasses or hearing aids).

3.4.10 Violence in schools

a) The MOE should enforce laws that ban corporal punishment in schools.

b) Enforcement of this law should include public awareness campaigns and education campaigns aimed at teachers and parents on alternative discipline techniques.

3.5 Ministry of Health

3.5.1 Disability Support Officer

a) An appropriate person within the MOH should be identified to take on responsibility for mainstreaming disability health issues.

b) This person should be provided with training in social models of disability to ensure the provision of a holistic approach to disability support.

c) This person would facilitate the communication and development of health care systems that specifically address the needs of people with disabilities, suggestions for which are presented in this report.

d) This person should act as a liaison point for consultation with other government departments and organisations such as the TRCS, NATA and DACTION.

3.5.2 Early Intervention

a) Strong referral systems should be established between the MOH and existing non-government programs that support early intervention for children with disabilities such as the:
   - OTA Early Intervention Group;
   - OTA Home Visitation Program; and
   - Other support organisations.

b) MOH District Nurses could assist with the provision of early intervention services to children with disabilities in their districts. This should incorporate educating families about the importance of stimulatory interactions and play, and could specifically be introduced through the Integrated Management of Childhood Illness (IMCI) Program (see WHO Section).
   - This would help fulfil aims established in the FBEAP[48] and BMF[49].

Simple techniques used to improve a child's development provided through the Early Intervention Program at the 'Ofa Tui 'Amanaki Centre.

3.5.3 Hearing Health

a) The MOH should conduct a thorough annual hearing screening of all primary school children with commitment to addressing the needs identified in such a screening.

b) Communication with mainstream schools should be improved to ensure that students that are identified by teachers as having hearing impairments are referred to ear clinics for further assessment.

[48] Forum Basic Education Action Plan (FBEAP) was established by the Pacific Forum Secretariat in 2001, and has subsequently been reviewed in 2002 and 2004. An outline of some of the main points of the FBEAP can be viewed in Appendix 4. The full version can be obtained from the Pacific Forum Secretariat website, www.forumse.org.fj.

[49] The Biwako Millennium Framework for Action was signed by the Prime minister in 2002. Key aspects of the BMF are highlighted in Appendix 5. A full copy of the BMF can be obtained from http://www.worldenable.net/bangkok2003/biwako1.htm.

c) The ENT Department at Vaiola Hospital should undertake an annual hearing assessment of all people attending the TRCS Disability Services, including the OTA Centre, the H & S Unit, and the Alonga Centre.

d) The MOH should provide extensive services to people with hearing loss including:
   - Provision of high quality, appropriately fitted and calibrated hearing aids;
   - Surgical procedures such as 'grommet' implants, for appropriate people with hearing disabilities; and
   - Primary care programs aimed at reducing the incidence and extent of hearing loss.

e) These services could be supported through the prioritisation of scholarships for Audiologists, and ENT Surgeons.

f) In the short term these programs could be developed through the appointment of an audiology technician who could receive on the job training from an international volunteer/consultant who would work as a counterpart.

3.5.4 Vision Health

a) The Eye Clinic at Vaiola Hospital should undertake an annual vision assessment of all people attending the TRCS Disability Services, including the OTA Centre, the H&S Unit, and the Alonga Centre.

b) Communication with mainstream schools should be improved to ensure that students that are identified by teachers as having vision impairments are referred to appropriate eye clinics for further assessment.

c) Any potential donations of glasses being made to Tonga should be discussed in advance with the Ophthalmologist at Vaiola Hospital to assist in the donation of glasses that are appropriate for the needs of Tonga.

d) Any glasses that are donated to Tonga should be received by the Eye Clinic at Vaiola Hospital to ensure they are appropriately distributed to people with vision impairments.

3.5.5 Prosthetics

a) Prosthetic services could be sought from international or regional prosthetic clinics who could be requested to provide week or month long clinics in Tonga. This could be provided on a regional level with the Prosthetic Teams travelling to several other PICs.
   - This clinic should provide on-the-job training to any local workshops that provide aids for people with disabilities to assist in the maintenance and repairs of prosthesis.

3.5.6 Wheelchair and mobility aids clinic

a) A wheelchair and mobility aids clinic could be established with relevant and qualified staff including a wheelchair and mobility aid technician and a physiotherapist. Such a clinic should have the ability to provide services to people in all island groups of Tonga.
   - This workshop should be developed in collaboration with the TRCS.

A wheelchair being constructed in 'Eueiki.

b) Prioritisation for the training of a wheelchair and mobility aids technician should be given to a wheelchair user as they are likely to provide more thorough care for their patients.

c) This training could be obtained by:
   - Identifying training opportunities to develop wheelchair and mobility aid technician skills;
   - Linking with other wheelchair and mobility aids clinics in the region for training exchange programs; and/or
   - Seeking the assistance of a trained wheelchair and mobility aids technician to work as a counterpart to a training local technician. This counterpart training could be sought through the various volunteer programs available to Tonga.

3.5.7 Nursing

a) MOH nursing staff need to be provided with regular in-service training in best practice for stump care of recent amputees. This will increase the amount of people with amputations who would be able to receive prosthesis if available.

b) MOH nursing staff need to be provided with regular in-service training in best practice of acute care and preliminary rehabilitation of spinal cord injury and stroke patients. This will assist the patient to achieve their greatest level of independence post discharge from hospital.

3.5.8 Allied Health

a) Priority needs to be given to scholarships in the areas of physiotherapy, occupational therapy, speech therapy and social work.

b) Physiotherapy services need to be extended to provide for inpatient, out patient, rehabilitation and community services in all island groups.

c) Occupational Therapy, Speech Therapy and Social Work services need to be established to provide inpatient, out patient, rehabilitation and community services in all island groups

3.5.9 Health Promotion

a) The Health Promotion Unit should be supported to further increase levels of public education and awareness on disability prevention and minimisation strategies for NCDs such as diabetes, heart disease and high blood pressure.
   - These education programs should specifically incorporate awareness about:
     - The importance of good diet and exercise; and
     - The importance of good foot care and early treatment of foot lesions for people with diabetes.

b) The Health Promotion Unit should conduct an awareness campaign on the early detection of disabilities.
   - This program should be aimed at community awareness but also at education of midwives and community nurses.

Comment – Early Detection of Disability
Early detection of disability will help to reduce disability prevalence and severity. It will help infants with disabilities to be introduced to early intervention programs at a younger age. This will aid the child being able to achieve a greater level of independence and hence increase their ability to access education, employment and community opportunities in the future.

Early detection of meningitis and deafness is particularly important. Early detection of meningitis can significantly reduce the morbidity and mortality rate of this condition, as well as the severity of disability that can result from the disability. Early detection of deafness can assist families to establish appropriate forms of communication with their child which will aid the overall development of the child.

c) The Health Promotion Unit should collaborate with disability service providers, such as the TRCS, and advocacy organisations such as NATA, to incorporate disability issues into media programs being conducted by the Health Promotion Unit.
   - This would help fulfil aims established in the FBEAP[50].

3.5.10 Mental Health

a) The MOH needs to fully implement all provisions of the Mental Health Act.

b) A transitional care facility needs to be established in Tonga to provide support for people with mental illness in a community setting.

c) The Psychiatric Unit at Vaiola Hospital needs the support of a greater range of Allied Health Staff including an Occupational Therapist.

d) Community awareness campaigns about mental illness need to be expanded to help reduce the stigma attached to mental illness.

3.6 Ministry of Works

a) The Building Control and Standards Regulations 2005 should be amended to explicitly include disability access requirements for:
   - Schools and other educational facilities;
   - Public parks and recreational facilities; as well as
   - Public foot paths.

b) The National Building Code including the section 'Access for People with Disabilities' should be approved by parliament, gazetted and enforced.

c) Accessibility standards should be extended to ensure disability access (including bathroom access) to all existing built environments that require public access. These changes should be made in consultation with organisations such as NATA.

[50] Forum Basic Education Action Plan (FBEAP) was established by the Pacific Forum Secretariat in 2001, and has subsequently been reviewed in 2002 and 2004. An outline of some of the main points of the FBEAP can be viewed in Appendix 4. The full version can be obtained from the Pacific Forum Secretariat website, www.forumse.org.fj.

3.7 Women's Development Unit

a) The Women's Development Unit needs to take a leading role in promoting the inclusion of women with disabilities in all their programs and policies by ensuring direct consultation with women with disabilities, through collaboration with NATA.

3.8 Public Transportation

a) Transport operators should be supported in the development of accessible transport systems such as:
   - All taxi companies having at least one taxi that is able to safely transport people using a wheelchair;
   - All buses installing mechanisms that provide access for people using a wheelchair; and
   - All international and domestic flights utilising safe wheelchair transfer systems.

b) People with disabilities should be able to access public transport at a lower or free rate. This could be facilitated by people with disabilities being issued with an official photo identification card (see 'Welfare Support for people with disabilities' under the Government Policies Section).

A vehicle converted to accommodate a wheelchair using simple technology.

c) Airline and shipping companies should allow for the free transport of technical aids for people with disabilities to the outer islands.

3.9 World Health Organisation (WHO)

a) Continue to work in the areas of:
   - Improving responses to epidemics;
   - Surveillance, and management of NCDs through collaboration with and support of the MOH and the National NCD Committee (NNCDC); and
   - Mental health and substance abuse, through community awareness and education programs and support provided to the strengthening of community care of people affected by mental illness.

b) Work to develop and expand work in the areas of:
   - Making pregnancy safer by using indicators of disability rates as a result of illness or complications during pregnancy; and
   - Child and adolescent health, with extra focus being placed on the promotion of early stimulatory activities, as is described in the Integrated Management of Childhood Illness (IMCI) Program[51].

[51] World Health Organisation, 'IMCI Care for Development', accessed from www.who.int/child-adolescent-health on May 27th, 2006.

c) Assist with the introduction of in-country Integrated Management of Childhood Illness Program.
    - This program should explicitly incorporate early stimulatory programs for children to assist in their physical and intellectual development. This would further assist to incorporate early intervention programs for children with disabilities into mainstream child health programs.

3.10 Ministry of Police

a) To reduce the incidence of disability caused by motor vehicle accidents the MOP should:
    - Proceed with the planned introduction of laws regarding seat belt usage;
    - Conduct drink driving, speeding and seat belt education and awareness campaigns; and
    - Increase their level of enforcement of road safety laws.

b) The MOP should ensure they implement policy changes and training requirements developed through the Pacific Regional Policing Initiative that address how to deal with people with disabilities in the justice system, either as victims, perpetrators or witnesses.
    - Particular attention in these developments should be placed on dealing with people with mental illness and people with intellectual disabilities.
    - These developments should include strong consultation with NATA.

3.11 Disability Self-Advocacy and Empowerment

a) Disability self-advocacy organisations, such as NATA, need to ensure that they are fully representational of all people with disabilities, including:
    - Women with disabilities;
    - Children with disabilities;
    - Older people with disabilities;
    - People with intellectual disabilities;
    - People with mental illness;
    - People who are deaf and hearing impaired;
    - People who are blind and vision impaired; and
    - People with physical disabilities.

Members of the Naunau ‘o e ‘Alamaite Tonga Association (NATA) Disability Self-Advocacy Organisation.

b) Disability self advocacy organisations need to be well resourced to ensure they are able to carry out their advocacy campaigns. These resources need to be in the form of:
    - Funds;
    - Equipment;
    - Training opportunities; and
    - Consultation opportunities.

3.12 Red Cross

3.12.1 Equipment Provision, Production and Maintenance

a) The TRCS should seek funding for a follow up project to the NDIS whereby Occupational Therapists work with local organisations in different island groups to provide assessment and basic support and equipment to people identified through the survey project.
    - This follow up project should be aimed at training local people in each island group in basic assessment techniques and equipment prescription, preferably made from local materials.

b) The TRCS should seek means to establish vocational training programs for people with disabilities aimed at the production and maintenance of assistive devices, including mobility aids and seating equipment.
    - This facility should also ensure that wheelchairs that are provided can be modified to suit the specific needs of the individual.
    - The production and maintenance should have heavy involvement from people with disabilities at every stage.
    - This facility should be linked with the MOH to ensure that people with disabilities requiring aids are referred to the service when required.
    - This project could be established with assistance from the ICRC Special Fund for the Disabled[52].

c) The TRCS should ensure that they are the focal point for wheelchair distribution campaigns conducted by external donors. This distribution should be accompanied by assessment of the mobility needs of the recipients so as not to compromise their mobility status. This should limit the number of cases that people rely on a wheelchair when a mobility aid such as a walking frame would enable the person better mobility and independence.

3.12.2 OTA Centre

a) The OTA Centre should seek assistance from the MOE to be recognised as a formal educational facility.

b) Efforts should be made, with assistance from the MOE, to ensure that teaching staff at the centre receive formal teacher training, and specific training in the education of children with special needs.

A class underway at the 'Ofa Tui 'Amanaki Centre for Special Education.

c) The OTA Centre should consult with the MOE in the development of an Inclusive Education System.

d) The Home Visitation Program should aim to assist the development of Community Based Rehabilitation (CBR) throughout Tonga.
    - Initially this should be done through the facilitation of parent groups who could facilitate the development and direction of CBR in their region.

[52] For the 2005 Annual Report of the ICRC Special Fund for the Disabled see http://www.icrc.org/web/eng/siteeng0.nsf/html/special-fund-disabled-report-311205?opendocument

3.12.3 Hearing and Speech Impaired Unit

Happy students of the Hearing and Speech Impaired Unit.

a) The H&S Unit should endeavour to develop a Tongan Sign Language. This sign language should be based on AUSLAN Sign Language so as to be compatible with similar systems in the Pacific Region.

b) Opportunities for sign language training should be extended to include:
   - Families and friends of deaf people;
   - Potential educators and employers of deaf people; and
   - The general community.

c) The H & S Unit should aim to become a transitional educational facility that facilitates deaf and hearing impaired children to be educated in mainstream educational facilities.

3.12.4 Alonga Centre

a) The Alonga Centre should endeavour to re-establish vocational training programs, adult education and second chance learning programs for the residents of the Alonga Centre and people with disabilities in the community.

b) The Alonga Centre should initiate effective working relationships with other organisations aimed at empowering people with disabilities in the community.

c) To maximise fundraising and service development opportunities, the Alonga Centre should forge stronger links with the TRCS.

3.13 DACTION

a) DACTION should continue to provide collaborative support to promote the development of appropriate disability programs and initiatives.

b) DACTION should ensure it maintains broad representation of government and non-government stakeholders that affect the lives of people with disabilities in Tonga.

c) DACTION should aim to assist the process of developing a National Coordination Council on Disability (NCCD) under the auspice of the government (see Government Section).

3.14 Donor Agencies and Funding Bodies

a) Donor agencies should ensure that any proposed new buildings funded by their agency incorporates disability access standards in line with the National Building Code.

b) All proposals made to donor agencies should include a question relating to how the proposed project will benefit people with disabilities, similar to many existing questions

regarding the benefits to youth and women. This is particularly important in development projects aimed at education, poverty reduction, income generation and community awareness.

c) Donor agencies should prioritise projects that directly and indirectly assist people with disabilities.

3.15 The Human Rights and Democracy Movement

a) The HRDM should mainstream disability as a human rights issue in Tonga.

b) The HRDM should ensure that all general reports on Human Rights incorporate disability issues.
   - This includes reports made for UN Conventions such as CEDAW and CRC.

c) The HRDM should conduct workshops that incorporate education about the rights of people with disabilities.

d) These developments should be made in close consultation with NATA.

'Akanete Lauti, Director of the HRDM, making the address as the Guest of Honour at the National Disability Conference, December 2005.

3.16 Volunteer Organisations

a) Both national and international volunteer organisations should broaden the involvement of volunteers working in the disability sector.

b) Volunteer positions that could be considered currently include:
   - NATA;
     - Disability Advocacy Officer
   - MOH;
     - Audiologist
     - Wheelchair Technician
   - MOE;
     - Inclusive Education Officer
   - TRCS;
     - Special School Management Adviser
     - Community Based Rehabilitation Facilitator – Vava'u
     - Community Based Rehabilitation Facilitator – Ha'apai
   - Niuafo'ou Disability Committee;
     - Community Based Rehabilitation Facilitator
   - Niuatoputapu Prime Ministers Office;
     - Community Based Rehabilitation Facilitator

3.17 Tonga Family Health Association

a) The Tonga Family Health Association (TFH) should continue to develop and expand their current Sexual and Reproductive Health (SRH) Program for people with disabilities.
    - Current programs that target families and teachers of people with disabilities and the community should be extended to specifically address and educate people with disabilities themselves.
    - Particular attention should be given to women with disabilities.

3.18 Churches

a) All Churches should work to ensure inclusion of people with disabilities into all church programs and daily church activities.

b) Any new churches built should comply with the disability accessibility standards set out in the National Building Code.

c) Existing church buildings should be modified within reason to allow for the access of people with disabilities.

3.19 Tongan National Youth Congress (TNYC)

a) TNYC should continue to proactively increase the involvement of people with disabilities into training, media and public awareness programs.

b) TNYC should establish a mentoring system whereby leaders of the youth provide mentorship to youth with disabilities who are leaders or potential leaders.

3.20 Women's Organisations

a) Women with disabilities should be encouraged to be involved in women's organisations to promote disability issues, monitor inclusive practices and contribute to all community-based programs.

b) Existing and future women's organisations should ensure the proactive inclusion and consultation of women with disabilities into the development of their policies and programs.

3.21 Future CEDAW Reporting Committee

Comment - CEDAW in Tonga
The Tongan Government had not ratified CEDAW at the time of writing this report, however, there are indications that ratification will occur. Therefore, these recommendations are written in anticipation of ratification of this convention.

a) Any CEDAW reports should include detailed information about the situation being faced by women with disabilities, and ways in which their issues are being addressed.

b) Information about women with disabilities presented in these reports should include:
- Access to employment opportunities;
- Access to education and vocational training opportunities;
- Access to health care, rehabilitation and early intervention;
- Access to built environments and public transport;
- Access to information and the media;
- Access to recreational opportunities;
- Community involvement and social integration; and
- Financial status of women with disabilities and their families.

3.22 National Coordinating Committee for Children (NCCC)

a) Any CRC reports should include detailed information about the situation being faced by children with disabilities, and ways in which their issues are being addressed.

b) Information about children with disabilities presented in these reports should include:
- Access to employment opportunities;
- Access to education and vocational training opportunities;
- Access to health care, rehabilitation and early intervention;
- Access to built environments and public transport;
- Access to information and the media;
- Access to recreational opportunities;
- Community involvement and social integration; and
- Financial status of children with disabilities and their families.

3.23 Media

a) All television media outlets should develop and implement policy that ensues that all notices written on the television screen (eg nightly programs) should be accompanied by a spoken explanation to inform people who are blind, vision impaired or illiterate.

b) Locally produced television programs should be accompanied by subtitles or a signed translation of what is being spoken to accommodate people who are deaf or hearing impaired.
   - In programs with a short production time (eg the nightly news) these subtitles could be summary captions of each article rather than a full description.

Rhema Misser, Chairperson of NATA being interviewed by TV Tonga as part of the celebrations for International Day for People with Disabilities, December 3, 2005.

c) Local media programs should endeavour to use plain language so as not to exclude people with intellectual disabilities or who have had limited educational opportunities from their informative services.

d) Local media broadcasts should continue to proactively cover disability related events and developments and promote the achievements of people with disabilities.

3.24 Sport

Final for the 100m wheelchair race at the Tonga vs. Samoa Disability Games, November 2004

a) All major athletics carnivals (including the Inter-College Athletics Carnival, Primary Schools Athletics Carnival, Women in Sports Carnivals, and National Sports Carnivals) should include events for people with disabilities.

b) The TASANOC Disability Sports Development Officer should be extended to become a full time position, and be supported to further develop, implement and promote disability sports programs.

c) The National Paralympics Committee (NPC) should ensure strong communication with all disability sport programs and facilitate the organisation of representation of disabled athletes from Tonga at international disability sporting events.

d) Mainstream sport programs should endeavour to be inclusive of people with disabilities. This could include involvement in competition, refereeing and umpiring, training and coaching, sport development and promotional activities.

e) The inclusive sports program should be developed and expanded in all major districts throughout Tonga, with the aim of making local communities self-sustainable in inclusive sports programs.

f) People with disabilities involved in TRCS disability support services, and living in the community, should have access to organised disability sport programs.

g) Sport facilities (such as gymnasiums and stadiums) should be modified to be fully accessible to people with disabilities.

h) An elite disabled sports program should be run regularly with good access to quality coaching and equipment, and local and international competitions and skills development programs.

i) The National Disabled Sports Carnival should continue to be held on an annual basis, with broad representation from people with disabilities living in the community, including those not involved in the TRCS disability support services.

PART 4: Conclusion

This report has highlighted that people with disabilities in Tonga are highly vulnerable in terms of reduced access to:

- Educational opportunities;
- Employment opportunities,
- Income generation opportunities;
- Built environments and public transport;
- Community involvement;
- Sexual and reproductive health information; but most importantly
- Positive attitudes.

Tonga has taken some important steps to becoming a more inclusive society by:

- Signing International Policies with provisions for people with disabilities (see Appendix 4);
- Developing National Policies with provisions for people with disabilities (see Appendix 3);
- Establishing a disability self advocacy organisation, NATA; and
- Requesting an Inclusive Education Officer through PRIDE,

There is still, however, many more steps that individuals, NGOs, Government Ministries, church and community groups can take to ensure they are being inclusive of all people in society, including people with disabilities.

The most important step for Tonga in becoming a more inclusive society is the development of positive, inclusive attitudes towards people with disabilities by individuals, society and Government Ministries, as poor attitudes are the greatest barriers that people with disabilities encounter in their attempts to participate in any aspect of life.

The benefits of a more inclusive society will not only be realised by people with disabilities and their families, but also by society as a whole, through increased economic efficiency, the facilitation of beneficial international partnerships, and the overall social development of Tonga.

PART 5: Appendices

Appendix 1: Types of disability by increasing age

Figure 24: Types of disabilities and age

Type of Disability	0-5	6-14	15-20	21-30	31-40	41-50	51-60	61-70	71+	? Age	Totals	%
Blind	1	4	0	3	3	4	10	7	28	2	**62**	**1%**
Visually Impaired	4	17	14	24	28	65	128	265	603	12	**1160**	**24%**
Deaf	0	19	10	16	21	9	16	23	65	2	**181**	**4%**
Hearing Impaired	9	29	15	9	12	9	22	56	273	7	**441**	**9%**
Deaf and Blind	1	3	0	0	1	0	0	0	4	0	**9**	**0%**
Speech/Language Impaired	16	64	29	35	32	14	10	21	35	5	**261**	**5%**
Epileptic	3	27	23	32	20	14	3	6	12	2	**142**	**3%**
Intellectual Disability/Autistic	6	55	41	59	57	25	10	25	62	4	**344**	**7%**
Learning Disability	6	73	53	24	11	6	1	5	1	1	**181**	**4%**
Mental Illness	1	32	21	44	45	33	15	16	22	4	**233**	**5%**
Psychosis	0	0	1	3	2	4	3	4	6	0	**23**	**0%**
Amputee	1	1	1	11	8	20	22	28	25	1	**118**	**2%**
Stroke	1	0	2	5	3	10	24	52	110	1	**208**	**4%**
Spinal cord injury	2	1	3	5	4	8	3	6	15	0	**47**	**1%**
Other physical disability	30	58	38	70	67	86	128	267	617	16	**1377**	**29%**
No answer/refused	0	4	2	3	0	0	0	1	6	0	**16**	**0%**
Totals	**81**	**387**	**253**	**343**	**314**	**307**	**395**	**782**	**1884**	**57**	**4803**	**100%**
%	**2%**	**8%**	**5%**	**7%**	**7%**	**6%**	**8%**	**16%**	**39%**	**1%**	**100%**	

Appendix 2: Recommended questions for household census

a) How many people in this household have difficulty seeing, hearing, talking, moving, gripping, learning, thinking, have epilepsy or have a mental illness?

b) How many of these people have difficulty with the following?

Seeing	
Hearing	
Talking	
Moving	
Gripping	
Learning	
Thinking	
Epilepsy	
Mental Illness	

Appendix 3: National Policies with provisions for people with disabilities

MOE - Tonga Education Strategic Planning – Section 5: Special Education
Aim: - For Tonga to have an educational system that ensures equal access to education and training for those children and adults with special learning needs.

Strategies:
- Conduct a baseline survey to ascertain the nature, number and extent of children with special needs (including those children currently attending schools, and those whose needs are too acute and who do not attend school)
- Establish a central database with detailed information about those people (adults and children) who have special learning needs, having due regard to privacy considerations

MOE - National Education for All (EFA) Plan
- *Goal Priority 1*- Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

- *Goal Priority 2* - Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programs

- *Goal Priority 3* - Improving all aspects of the quality of education and ensuring excellence of all so that recognised and measurable learning outcomes are achieved by all, especially in literacy numeracy and essential life skills

- *Goal Priority 4* - Ensuring that by the year 2015, all children particularly girls, children in difficult circumstances, and those belonging to ethnic minorities, have access to a completely free and compulsory primary education.

- *Goal Priority 5* - Achieving a 50% improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.

Ministry of Works
The Building Control and Standards Regulations 2005, which were passed by the Tongan Government in July of 2005,[53] make reference to the National Building Code which has a section concerning 'Access for People with Disabilities'. This section is based on New Zealand Building Standards[54]. This National Building Code, however, has not yet been approved by the Tongan Government, so as it stands, there are no laws governing the standards or requirements of access to public buildings for people with disabilities in Tonga.

The National Building Code, however, is currently being used as a guide by the Ministry of Works Building Standards Division; however, not all public buildings are being subject to the standards and regulations that have been set out.

[53] Fusitu'a 2005, 'Building Control and Standards Regulations 2005', letter of approval of *His Majesty's Cabinet Decision No. 712*, Government of Tonga.
[54] Ministry of Works 2005, 'National Building Code', Government of Tonga.

Appendix 4: International Documents Signed by the Tongan Government with provisions for people with disabilities

Tonga has participated in the development of and agreed to uphold and promote the following international policies and programs.

Pacific Island Forum Secretariat - Forum Basic Education Plan 2002

- Aim for a target of 75% of children with disabilities to complete a full course of primary school by 2010.
- Comprehensive data collection on children with disabilities
- Ministries of Health to establish early detection and intervention services
- Partnerships with NGOs at national and local levels to conduct public awareness campaigns

Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and rights based society for persons with disabilities in Asia and the Pacific (international Document on disability ratified by the Prime Minister in New Zealand, 2002)

Agreed goals:

- Promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asia and Pacific region in the twenty-first century.
    - Target 5 – children and youth with disabilities will be an integral part of the population targeted by Millennium Development Goal target 3 (see below).
    - Target 6 – at least 75% of children and youth with disabilities will by 2010 be able to complete a full course of primary schooling.
    - Target 7 – By 2012 all infants and young children (0-6 years) will have access to and receive community-based early intervention, with support and training for their families.

United Nations Millennium Development Goals

Goal 1 – Eradicate extreme poverty and hunger

- Target 1 – Halve, between 1990 and 2015, the proportion of people whose income is less than $1 per day
    - Indicator 1a – Poverty headcount ratio (percentage of population below national poverty line)

Goal 3 – Achieve Universal Primary Education

- Target 3 - Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
    - Indicator 6 - Net enrolment rate in primary education.
    - Indicator 7a – Proportion of pupils starting grade 1 who reach grade 5.
    - Indicator 7b – Primary completion rate.

Goal 5 – Improve maternal health

- Target 6 – Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate.
    - Indicator 17 – Proportion of births attended by skilled health personnel.

Goal 6 – Combat HIV/AIDS, malaria, and other diseases

- Target 7 – Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

Goal 8 – Develop a global partnership for development

- Target 16 – In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.
  - Unemployment rate of 15 – 24 year olds, male and female and total.

United Nations Declaration of Human Rights (1948)

- Article 25 – Everyone has the right to work, and, without discrimination, has the right to equal pay for equal work.
- Article 26 – Everyone has the right to education and elementary education shall be compulsory.
- Article 27 – Everyone has the right freely to participate in the cultural life of the community.

United Nations Convention of the Rights of the Child (Acceded to by Tonga in 1995)

States *inter alia*:

- Article 2 "States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's… disability, birth or other status"

- Article 4 "States Parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognised in the Convention."

- Article 23(1) "States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community."

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

The Jomtien Declaration of Education for All (1990)

- See goals of Dakar Framework below.

The Dakar Framework for Action on Education for All (2000)

- *Goal 2* – *Universal Primary Education*: ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good standards

- *Goal 4 – Adult literacy*: achieving a 50% improvement in levels of adult literacy by 2015, especially for woman, and equitable access to basic and continuing education for all adults.
    - *Action 2* – Promote EFA policies within a sustainable and well-integrated sector framework clearly linked to poverty elimination and development strategies.

UN ESCAP – Asia Pacific Proclamation on the Full Participation and Equality of People with Disabilities

- To enable 75% of all children and adults with disabilities to participate in formal education programs, with appropriate support services

Appendix 5: Survey Form

Tongan Disability Identification Survey

Ko e Savea mo e Fekumi ki he Kau Faingata'a'ia 'o Tonga

Interviewer/s name / Kau Faka'eke'eke: _____

Date / 'Aho _____/ _____/ _____
Day Month Year

Consent / Loto fiemalie:

The general statistical information collected in this survey will be used to identify need and plan future services. Do you consent to take part in this survey?

Koe ngaahi fakamatala 'e ma'u mei he Savea ni 'e ngaue'aki ia ke fakamahino'i 'ae ngaahi fiema'u moe palani ki he ngaahi ngaue 'i he kaha'u. 'Oku ke loto fiemalie ke ke kau 'i he Savea?

☐ **Yes / 'Io** ☐ **No / 'Ikai**

Q1. FIRST name / Hingoa 'Uluaki Tokotaha Faingata'a'ia_____

Q2. LAST name / Hingoa Fakafamili Tokotaha Faingata'a'ia _____

Q3. Head of household, 'Ulu 'o e Famili Tokotaha Faingata'a'ia _____

Q4. Where in Tonga are you currently living? Ko e fe 'oku ke lolotonga nofo ai?

a) Division, Fonua:

1 ☐ Tongatapu **2** ☐ Vava'u **3** ☐ Ha'apai **4** ☐ 'Eua **5** ☐ Niuafo'ou **6** ☐ Niuatoputapu

b) Village, Kolo …… ……

Q5. Who will be answering the questions? Ko hai 'oku tali fehu'i?

☐ The person with a disability. Tokotaha faingata'a'ia

☐ A carer or family member of the person with a disability. Tokotaha tauhi pe famili.

Check list of information given:	Tick/Faka'ilonga'i
NATA Brochure	
Helping my child to use his hands Tokoni ke ngaue'aki 'e he pepee hono nima	
Helping my child to see Ke tokoni'i 'eku tama ke sio	
Why is my child different? Ko e ha 'oku faikehe ai 'eku ki'i tama?	

SECTION 1:

PERSONAL INFORMATION OF THE RESPONDENT
FAKAIKIIKI FAKATAAUTAHA

Q101	Date of birth 'Aho fa'ele'i? *(Tokotaha faingata'a'ia)*	Day/Month/Year 'Aho/Mahina/Ta'u	|__|__| / |__|__| / |__|__|__|__|

Q102	Gender Tangata, fefine pe leiti *(Tokotaha faingata'a'ia*	Male, Tangata	01
		Female, Fefine	02
		Transgender, Leiti	03
		No answer/refused, 'Ikai ha tali	04

Q103	Where were you born? Fa'ele'i 'i fe? *(Tokotaha faingata'a'ia)*	At home with Midwife 'I 'api mo ma'uli pe Neesi	01
		At home without Midwife, 'I 'api mo ha taha pe	02
		Hospital, Falemahaki	03
		Unknown, 'Ikai 'ilo	04
		No answer/refused, 'Ikai ha tali	05

Q104	Marital Status Tu'unga Fakamali *(Tokotaha faingata'a'ia)*	Single, Te'eki mali	01
		Married, 'Osi mali	02
		Divorced/Separated, Vete/takitaha ma'ana	03
		Widowed, Uitou	04
		Defacto, Nofo Fakamali	05
		No answer/refused 'Ikai ha tali	06

Q105	Number of children 'Oku toko fiha ho'o fanau? *(Tokotaha faingata'a'ia)*	Write number, Tohi mataifika 'I he puha	|__|__|

Q106	Church/ Religion Siasi 'oku ke kau ki ai. *(Tokotaha faingata'a'ia)*	Wesleyan, Uesiliana	01
		Catholic, Katolika	02
		Church of Tonga, Siasi 'o Tonga	03
		Constitutional Church of Tonga, Tonga Konsititutone	04
		Free Church of Tonga,Tonga Tau'ataina	05
		Latter day Saints, Mamonga	06
		Seventh Day Adventist, 'Aho fitu	07
		Assembly of God/Pentecostal, AOG/Penitekosi	08
		Anglican, 'Ingilani	09
		Jehovah Witness, Siasi Fakamo'oni 'o Sihova	10
		Bahai'i, Pahai	11
		Other or no religion, Ha siasi pe, pe 'ikai ha siasi	12
		No answer/refused 'Ikai ha tali	13

Q107	Are you involved in church activities? 'Oku ke kau 'i ha fa'ahinga polokalama fakasiasi? *(Tokotaha faingata'a'ia)*	Yes, 'Io	
		No, 'Ikai	

Q108	Have you ever attended school? Na'a ke 'ako? *(Tokotaha faingata'a'ia)*	Yes, 'Io	→ **Q109**
		No, 'Ikai	→ **Q112**

Q109	Are you currently attending school? 'Oku ke lolotonga 'ako? *(Tokotaha faingata'a'ia)*	Yes, 'Io	
		No, 'Ikai	

Q110	Which school/ education setting did you attend or are you currently attending? Na'a ke ako 'i fe o a'u mai ki he lolotonga ni? *(Faka'ilonga'i kotoa 'a e ngaahi me'a 'oku fiema'u)* *(Kataki lau kotoa 'ae fehu'i)*	Kindergarten, Kinitakateni	01
		GPS, Lautohi Pule'anga	02
		Non-government primary school, 'Akoteu pe 'ako si'i	03
		'Ofa Tui 'Amanaki	04
		Hearing and Speech Impaired Unit, Apiako Tuli mo e Noa	05
		Government High School, Apiako Ma'olunga 'ae Pule'anga	06
		Church College, 'Apiako Ma'olunga Siasi	07
		Overseas School, 'Ako'anga 'i tu'apule'anga	08
		Vocational Training Centre, 'Apiako ngaue	09
		Alonga and/or Petesaita Vocational Training Centre Alonga pe Petesaita	10
		Local University, 'Univesiti fakalotofonua	11
		Overseas University, 'Univesiti 'i Tu'apule'anga	12
		No answer/refused 'Ikai ha tali	13

Q111	Durational of total attendance. Ko hono fuoloa 'o e taimi na'a ke 'ako ai.	Less than 1 year, Ako ta'u taha pe si'i hifo	01
		Ako ta'u 1-3 years	02
		Ako ta'u 4-6 years	03
		Ako ta'u 7-9 years	04
		Ako ta'u 10-13 years	05
		'Ako ta'u 13+	06
		Completed Vocational Training, Lava lelei 'ako fakangaue	07
		Completed Tertiary Education, Lava lelei ha fa'ahinga 'ako ma'olunga	08
		No answer/refused 'Ikai ha tali	09

Q112	Are you involved in sport? 'Oku ke kau ki ha fa'ahinga sipoti pe ko ha fa'ahinga fakamalohisino pe?	Yes, 'Io	→ **Q109**
		No, 'Ikai	→ **Q110**

Q113	Which sports are you involved in? Fa'ahinga sipoti 'oku ke kau ki ai? *(Faka'ilonga'i kotoa 'a e ngaahi me'a 'oku fiema'u)* *(Kataki lau kotoa 'ae fehu'i)*	Tongan Disability Sports Programs or competitions, Polokalama pe feauhi Sipoti kau faingata'a'ia 'i Tonga ni	01
		Overseas Disability Sports Competitions Feauhi sipoti kau faingata'a'ia 'i muli	02
		Athletics, 'Atelita	03
		Body Building, Fakahahasino	04
		Weight lifting, Hiki me'a mamafa	05
		Power lifting, Hiki mamafa	06
		Rugby Union, 'Akapulu tautau toko 15	07
		Netball, Netipolo (Pasiketipolo)	08
		Volleyball, Volipolo	09
		School or youth sports, Polokalama Sipoti ako pe toutupu	10
		Others, Ha toe sipoti kehe	11
		No answer/refused, 'Ikai ha tali	12

Q114	Are you involved in any village or community activities (excluding church related activities) e.g. Youth Activities, Village meeting, Bush Group, Kava Club, Women's Development Group, Tapa making group, Weaving Group, Cultural Activities, or other village activities? 'Oku ke kau ki ha ngaue fakakolo, tuku kehe 'a e ngaue fakasiasi, hange koe Kulupu To'utupu, Fono, Kautaha, Kalapu Kava-Tonga, Kulupu Fakalakalaka 'a Fafine, Toulanganga, Toulalanga, Kulupu Fakafonua?	Yes, 'Io No, 'Ikai

Q115	Do you live in a group facility (e.g. Alonga or Vaiola Psychiatric Ward)? 'Oku ke nofo 'iha 'apitanga tokolahi (e.g Alonga pe Saiki 'i falemahaki)?	Yes, 'Io	→ **Q118**
		No, 'Ikai	→ **Q116**

Q116	What is the total average **monthly** income for this **household** (including wages and salaries, remittances from overseas, sales of own produce, bank loans, and any other income sources)? Ko e ha 'a e 'avalisi **fakamahina** 'a e pa'anga hu mai **homou famili** (hange vahenge, pa'anga mei muli, fakatau atu ha koloa, no he pangike, moha toe me'a 'oku ma'u mei ai ha seniti)?	TOP$

Q117	How many people usually live in this household? Toko fiha 'oku nofo he 'api ni?	Write number, Tohi mataifiki 'i he puha	|__|__|

Q118	What kind of work or employment do you do? Ko e ha founga ngaue 'oku ke ngaue ai? *(Tokotaha faingata'a'ia)* *(Faka'ilonga'i pe 'ai taha)*	Formal/Paid employed, Ngaue totongi	01
		Informally employed (eg House or family worker, Volunteer, Missionary Work) Ngaue faka'api, ngaue famili, ngaue 'ofa pe ngaue faka misionali	02
		Student, Fakaako	03
		Retired, Penisoni	04
		Unemployed,'Ikai ha ngaue	05
		No answer/refused 'Ikai ha tali	06

SECTION 2: PERSON'S DISABILITY / KO HO FAINGATA'A'IA

Q201	What is your disability? Ko e ha ho faingata'a'ia? *(Faka'ilonga'a kotoa 'ai ngaahi me'a 'oku fiema'u)* *(Kataki lau kotoa 'ae fehu'i)*	Blind, Fofonga po'uli	01
		Vision Impaired, Paloplema e vakai	02
		Deaf, Tuli pe 'ikai ongo	03
		Hearing Impaired, Faingata'a'ia e fanonga	04
		Deaf and Blind, Malu mo po'uli	05
		Speech/Language Impaired, Faingata'a'ia e lea	06
		Epileptic, 'Epilepisi (Hamu)	07
		Intellectual Disability/Autistic, 'Atamai tuai	08
		Learning Disability, Faingata'a e ako'i	09
		Mental Illness, Uesia faka'atamai	10
		Psychosis, Avanga	11
		Amputee, Ve'e mutu pe nima mutu	12
		Stroke, Pakalava	13
		Spinal cord injury, Palopalema filosi liva	14
		Other physical disability, Faingata'a'ia fakasino kehekehe	15

Q201a	If you have a visual impairment, what do you have trouble seeing? 'Oku pau 'oku uesia ho'o vakai, koeha e uuni me'a 'oku 'ikai malava ke ke mamata kiai?	Things up close eg reading, sewing Ngaahi me'a t eke 'ohake ofi k eke vakai kiai. Ko ho'o lautohi, tuitui	01
		Things far away eg someone across the street Ngaahi me'a 'oku mama'o 'o hange ko ha taha 'I he loto hala.	02
		Both things close and far away Nhaagi me'a ofi mai mo mama'o foki	03
		No answer/refused, 'Ikai ha tali	04

Q202	What was the cause of your disability? Koe ha e tupu'anga ho faingata'a'ia ? *(Faka'ilonga 'i pe 'ai taha)* *(Kataki lau kotoa 'ae fehu'i)*	Rubella during pregnancy, Meisele Siamone lolotonga feitama		01
		Other illness of complication during pregnancy Ha fa'ahinga puke pe faingata'a lolotonga feitama		02
		Birth complications or illness, Faingata'a lolotonga fa'ele		03
		Other causes from birth, Tupu'anga kehekehe mei hono fa'ele'i		04
		Diabetes, Suka		05
		Heart disease or High Blood Pressure, Mahaki Mafu pe Toto ma'olunga		06
		Other disease of illness, Mahaki pe puke kehekehe		07
		Side effects of medication for another illness, Fehalaaki fakafaito'o 'oe puke kehekehe		08
		Drug or alcohol abuse, Faiti'okonatapu pe kavamalohi		09
		Physical Abuse, Pa'usi'i		10
		Burn, Vela		11
		Accident, Fakatu'utamaki	Motor vehicle, 'I ha me'alele	12
			Sea vessel, 'I tahi	13
			Aircraft, 'I ha vakapuna	14
			Work place, 'I ha ngaue'anga	15
			At home, 'I 'api	16
			Recreation/Sport Injury, 'I ha sipoti pe fa'ahinga va'inga	17
		Aging Process, Toulekeleke pe		18
		Curse, Talatuki'i		19
		Unknown, 'Ikai 'ilo'i		20
		No answer/refused, 'Ikai ha tali		21

Q203	When did your disability begin? Na'e hoko e faingata'a'ia 'ane fe? *(Faka'ilonga'a kotoa 'ai ngaahi me'a 'oku fiema'u)*	Birth, Lolotonga fa'ele	01
		Ta'u 0-1 years	02
		Ta'u 1-5 years	03
		Ta'u 6-15 years	04
		Ta'u 16-30 years	05
		Ta'u 31-60 years	06
		Ta'u 61+ years	07
		No answer/refused, 'Ikai ha tali	08

SECTION 3:

PERSON'S ABILITIES
KO HO TU'UNGA LAVA ME'A

Q301	Self care skills (dressing, showering, and eating) Ko hono tokanga'i ho sino (teuteu, kaukau, kai)	Independent – I need no assistance to look after myself. Lava lelei pe 'ikai fiema'u ha tokoni	01
		Some assistance – I need some assistance to help me with these tasks. Fiema'u tokoni mei ha taha	02
		Dependent – I need someone to do these things for me. Fiema'u 'aupito ha taha ke fakahoko e ngaahi me'a ni	03
		No answer/refused 'Ikai ha tali	04

Q302	Communication skills. Anga ho'o fetu'utaki.	Independent – I can communicate easily with everyone. Lava lelei pe fetu'utaki	01
		Some assistance – Not everyone can understand my communication and/or I don't always understand others when they communicate. 'Ikai mahino 'eku fetu'utaki ki he kakai kehe pea taimi 'e ni'ihi 'oku 'ikai mahino 'enau fetu'utaki mai	02
		Dependent – I have great trouble expressing my needs. Faingata'a 'aupito ke u fakaha 'eku fiema'u	03
		No answer/refused, 'Ikai ha tali	04

Q303	Mobility Founga fefononga'aki	Independent –I can get around my home and village on my own, Lava lelei pe 'alu holo 'i 'api pea moe kolo 'iate au pe	01
		Some assistance – I can get around my home or village using a wheelchair, walking frame, crutches, or a white cane etc, 'Oku lava pe 'a e fe fongongo'aki 'i 'api mo e kolo ka 'oku ou ngaue 'aki 'a e saliote, tokotoko moe ngaahi tokoni kehe	02
		Dependent – I cannot move around my home without someone helping me and/or someone has to help me when I go out of the house, 'Oku 'ikai teu lava 'o fononga'aki 'iate au pe pea 'oku fiema'u ha taha ia ke tokoni	03
		No answer/refused, 'Ikai ha tali	04

SECTION 4:

PERSON'S NEEDS / FIEMA'U FAKAFO'ITUITUI

Q401	What Health Care have you ever received or are currently using for your disability? Ko e ha ha founga faka-faito'o na'a ke / pe lolotonga ngaue'aki ki ho faingata'a'ia? *(Faka'ilonga'i kotoa 'ai ngaahi me'a 'oku fiema'u)* *(Kataki lau kotoa 'ae fehu'i)*	Medication, Folo fo'i'akau	01
		Medical Advice, Fale'i fale faito'o	02
		Surgery, Tafa	03
		Physiotherapy, Fakamalohisino 'oe uoua	04
		Occupational Therapy, Ako ki he poto'i ngaue	05
		Speech and language therapy, Tokoni makehe ki ho'o ako lea	06
		Tongan Massage, Fotofota	07
		Tongan Medicine, Faito'o faka-Tonga	08
		Dental Therapy, Tokoni makehe ki he nifo	09
		Community Nurse Support Tokoni mei he neesi fakakolo	10
		None, 'Ikai ha me'a	11
		Other , Me'a kehekehe	12
		No answer/refused, 'Ikai ha tali	13

Q402	What health care do you need? Ko e ha ha tokoni fakafaito'o 'oku ke fiema'u ki ho faingata'a'ia? *(Faka'ilonga'i kotoa 'ai ngaahi me'a 'oku fiema'u)* *(Kataki lau kotoa 'ae fehu'i)*	Medication, Folo fo'i'akau	01
		Medical Advice, Fale'i fale faito'o	02
		Surgery, Tafa	03
		Physiotherapy, Fakamalohisino 'oe uoua	04
		Occupational Therapy, Ako ki he poto'i ngaue	05
		Speech and language therapy, Tokoni makehe kiho'o ako lea	06
		Tongan Massage, Fotofota	07
		Tongan Medicine, Faito'o faka-Tonga	08
		Dental Therapy, Tokoni makehe ki he nifo	09
		Community Nurse Support Tokoni mei he neesi fakakolo	10
		None, 'Ikai fiema'u ha tokoni	11
		Other, me'a kehekehe	12
		No answer/refused, 'Ikai ha tali	13

Q403	What aides do you have? Ko e ha ha Naunau tokoni 'oku ke ngaue'aki ki ho faingata'a'ia? *(Faka'ilonga'i kotoa 'ai ngaahi me'a 'oku fiema'u)* *(Kataki lau kotoa 'ae fehu'i)*	Hearing aid, Me'a fanongo	01
		Sign language Interpreter, Tokotaha fakatonu lea a talonoa nima	02
		Glasses, Mata sio'ata vaivai	03
		Artificial eye, Mata loi	04
		White cane, Tokotoko 'a e kui	05
		Braille typewriter, Taipe 'a e kui	06
		Computer with voice capacity, Misini komipiuta 'oku lea	07
		Wheelchair, Saliote teketeke	08
		Electric wheelchair, Saliote faka'uhila	09
		Crutches, walking frame or walking stick, 'Akau 'alu pe uoka pe tokotoko	10
		Prosthesis, Va'e pe nima loi	11
		Splints, Ha'i 'akau	12
		Ramps, Hake'anga mo hifo'anga saliote teketeke	13
		Adjustable bed, Mohenga 'oku lava 'o tuku hake pe tuku hifo	14
		Air mattress or water bed, Mohenga vai pe 'ea	15
		Air or jelly cushion, Fakamolu 'ea	16
		Bed rails, Me'a piki he tafa'aki mohenga	17
		Other, Me'a kehekehe	18
		None, 'Ikai he me'a	19
		No answer/refused, 'Ikai ha tali	20

Q404	What aides do you need? Ko e ha ha fa'ahinga tokoni 'oku ke fiema'u ki ho faingata'a'ia? *(Faka'ilonga'i kotoa 'ai ngaahi me'a 'oku fiema'u)* *(Kataki lau kotoa 'ae fehu'i)*	Hearing aid, Me'a fanongo	01
		Sign language Interpreter, Tokotaha fakatonu lea a talonoa nima	02
		Glasses, Mata sio'ata vaivai	03
		Artificial eye, Mata loi	04
		White cane, Tokotoko 'a e kui	05
		Braille typewriter, Taipe 'a e kui	06
		Computer with voice capacity, Misini komipiuta 'oku lea	07
		Wheelchair, Saliote teketeke	08
		Electric wheelchair, Saliote faka'uhila	09
		Crutches, walking frame or walking stick, 'Akau 'alu pe uoka pe tokotoko	10
		Prosthesis, Va'e pe nima loi	11
		Splints, Ha'i 'akau	12
		Ramps, Hake'anga mo hifo'anga saliote teketeke	13
		Adjustable bed, Mohenga 'oku lava 'o tuku hake pe tuku hifo	14
		Air mattress or water bed, Mohenga vai pe 'ea	15
		Air or jelly cushion, Fakamolu 'ea	16
		Bed rails, Me'a piki he tafa'aki mohenga	17
		Other, Me'a kehekehe	18
		None, 'Ikai he me'a	19
		No answer/refused, 'Ikai ha tali	20

Q405	What kind of specialized communication techniques do you know? Ko e ha fa'ahinga founga fetu'utaki makehe 'oku ke anga maheni mo ia?	Sign language, Talanoa nima	01
		Braille, Taipe faka kui	02
		Deaf/Blind Sign language Talanoa fakanoa mo e kui	03
		Other, Ha toe founga	04
		None, 'Ikai he me'a	05
		No answer/refused, 'Ikai ha tali	06

Q406	What kind of specialized communication techniques do you need? Ko e ha 'a e fa'ahinga tokoni fakafetu'utaki makehe 'oku ke fiema'u? *(Faka'ilonga'i kotoa 'ai ngaahi me'a 'oku fiema'u)*	Sign language, Talanoa nima	01
		Braille, Taipe faka kui	02
		Deaf/Blind Sign language Talanoa fakanoa mo e kui	03
		Other, Ha toe founga	04
		None, 'Ikai he me'a	05
		No answer/refused, 'Ikai ha tali	06

Q407	Do you need education or training? 'Oku ke fiema'u tokoni ha ako?	Yes, 'Io	→ **Q408**
		No, 'Ikai	→ **Q409**

Q408	Please specify? Kataki 'o fakapaupau'i?	School, Fakaako	01
		Vocational, Fakangaue	02
		University, 'Univesiti	03
		No answer/refused, 'Ikai ha tali	04

Q409	What kind of family and community support do you need? Ko e ha ha tokoni 'a e famili mo e kolo 'oku ke fiema'u? *(Faka'ilonga'i kotoa 'ai ngaahi me'a 'oku fiema'u)* *(Kataki lau kotoa 'ae fehu'i)*	Access to educational support, Tokoni fakaako'i	01
		Improvement in community awareness and attitudes and inclusion of people with disabilities, Fakalakalaka 'a hono ulunganga pe tokangaekina 'o e kakai faingata'a'ia 'i he Sosaieti a Tonga ni	02
		Involvement in a support group consisting of other families with disabled people, Ke kau ki ha Kulupu fetokoni'aki mo he kau faingata'a'ia kehe	03
		Involvement in a support group for disabled people such as NATA, Tokoni ha kulupu 'o e kau faingata'a'ia 'o hange, 'oku lolotonga fakalele NATA	04
		Involvement in sporting activities that are inclusive of people with disabilities, Kau ki ha fa'ahinga sipoti 'oku malava ke kau ai ha kakai faingata'a'ia	05
		Wheelchair access to public buildings, Lava 'ae 'u saliote 'alu 'o ngaue'aki 'i he feitu'u-fakapule'anga	06
		Transport to health care, Faka fefononga'aki	07
		Full time nursing care, Tokoni fakaneesi kakato	08
		Respite care, Tokoni fakanonga pe	09
		Financial assistance, Fakapa'anga	10
		No answer/refused, 'Ikai ha tali	11

Q6. Consent / Loto fiemalie

Do you consent to the personal information collected in this survey being used by Ministries and other disability organisations?

Te ke loto fiemalie pe kapau 'e ngaue'aki 'ae ngaahi fakamatala 'oku mau 'i he Savea ni 'e he ngaahi Potungaue 'ae Pule'anga, ngaahi ako'anga ae kau faingata'a'ia.

☐ **Yes / 'Io** ☐ **No / 'Ikai**

- END – 'OSI -

PART 6: Access to information collected

Information collected by the NDIS Project, including information about individuals with disabilities who have given their consent, will be available, at the discretion of the DACTION committee, to individuals and organisations who seek to use the information to assist people with disabilities.

For further information please contact:

Tonga Red Cross Society
T: (+676) 21360
E: redcross@kalianet.to

or

Dimity Taylor
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E: dimitytaylor@hotmail.com.

Up-to-date information on disability in Tonga can be obtained from the NATA website www.onefunky.com/nata.