

**Republic of Nauru**

**Department of people with disability**

**Human rights responses on people living with disability**

**14 October 2022**

**A policy goals & principles**

1. **1) What are the primary principles & goals that govern the provision of services to people living with disabilities? Ans; government siloed approach to people living with disability (NSDS KPIs FY 22-23)**
2. **2) Have these. Principles & goals been modified to take explicit account of article-19 of the CRPD on the rights to live independently & be included in the community (e.g. personalization of services, personal & human support, assistive technology, accessible transport, access to housing,**

**expansion of community based services, emphasis on personal empowerment & choices).**

**Ans: to some degree yes.**

1. **3) Are these goals linked to Broader policy imperative to ensure people with disabilities can take meaningful advantage of being in the community-such as the opportunity for employment & education, access to health care, promotion of natural or unpaid supports or community assets available to citizens without disabilities, if so how?**
2. **Ans: yes, underway is the ADB funded & technical support for a 10-year road map on social protection.**

**B Service delivery.**

1. **4) Who primarily delivers services to people with disabilities (state, local, government, private providers commissioned by the state, religious organizations, other or a mix?) How do see this mix changing if at all as a result of the UNCRPD in your country?**
2. **1) Government of Nauru is the sole provider of services to PWD. 2) yes. The 1st model was medical care, the 2nd was the model based on welfare. The 3rd is trending towards an enabling envronment to move them to the model based on their rights. Currently duel model is in practice, the Welfare model & the model based on their rights. But with the latter to a lessor degree of preference. PWD preferred the Welfare model, where every services comes at no costs.**
3. **5) Who primarily pays for services to people with disabilities ( state, local, government, private providers commissioned by the state, religious, others, or a mix?) How do you see this mix changing if at all?**
4. **1) Government of Nauru funds existing PWD services.**
5. **6) Describe generally how community-based providers are paid for the services they deliver (e.g. through general grants, through per capita funding,**

**based on specific services rendered, other means?) What changes if any, are anticipated regarding the present payment methodology?**

**Ans: 1) Nauru has no community-based service providers for PWD. 2) cannot see any foresight to apply a community-based service provider for PWD. This is due largely to an inadequate vibrant private sector. The government & its entities are the biggest employer in Nauru.**

2. **7) In what ways are principles & services goals communicated to the service system (e.g. in laws, service standards, staff training, funding incentives, means for**

**compensating/penalizing service providers, & or for assessing the quality of services?) Please describe.**

**Ans: as government is the only service provider, the disability inclusive ACT 2022 & the Constitution of Nauru under article two on fundamental rights are two instruments that covers the existing government service system to PWD.**

2. **8) What new services, including those to support families having been added to the available service array to advance principles consistent with article 19? Ans: community discussion on PWD carers proposal to government to include them in**

**the funding benefits & parliamentary questions for government to provide funding benefits to principal carers. There is no government funding to families who carers for PWD on a permanent basis & without income.**

1. **9) What practices, if any, have been adopted/encouraged to promote greater use of technology to personalize support to persons with disabilities (e.g. telehealth, remote monitoring, adaptive communucation, artificial intelligence, etc)**
2. **Ans: none for PWD, let alone adequate availability of these smart technologies to people without**

**disability. Telehealth is available for the health sector, as for the other technologies, they are non-existence on the island.**

1. 10) **In what ways are caregivers (e.g. family members, other informal caregivers) recognized & supported? Ans: parliamentary questions to government members & high topic in PWD local forums to allow funding benefits under social welfare. They are recognized informally, without direct government assistance. Keeping in mind that government is the sole service provider for PWD & most of everything else.**

**11) Do you have a policy of personalizing/tailoring services to individual needs? How is the policy implemented (e.g. through individual planning requirements?) Ans: none, however perhaps it can be looked into provided there are models out there to emulate.**

1. **12) Describe how much control people with disability have regarding the services that they receive (eg choice of who provide support, choice of where they live & with whom they live, control over budgets)**
2. **Ans: to a little degree, PWD have control over their social benefits unless a PWD is a minor. Adults with**

**disability often resides with extended family. Challenge is shortages of housing which effects all classes of citizens.**

1. **13) In some disability support structures, service users or families have an allocated budget which is devolved so they have control over how the funds are used to purchase eligibility disability supports. Do you have or anticipated a policy of devolved budgets to the servicer user? Describe**
2. **Ans: government has control over budgetary measures & there is no preliminary or post discussion with PWD as to the adequacy of the funding**

**benefits.**

1. **14) If budgets are devolved to the user what kind of support are avaliable to assist them, how are the administrative tasks minimized & is the individual given a wide discretion on how the funds are spent?**
2. **Ans; answer to devolved budget is not available, however accessing funding through disability assessment requires minimum procedure & control over the benefits is fully up to the person with disability & incase of a minor, the carer has control over theirs. Although it is well known in the community that minors with disability can**

**be strong willed and usually gets what they demand.**

1. **15) Have you adopted any positive wealth accumulation strategies? (e.g. innovative trust funds) to compliment social provision? Describe.**
2. **Ans: government covers the future with a intergenerational trust fund that covers everyone.**

**C Monitoring & oversight**

1. **16) Describe the type of datas you keep on PWD receiving services (e.g. number of service users, types of disability, service utiluzation, costs per person, quality of life outcome, health outcomes, incidences of abuse,**

**neglect & exploitation). Are these data gathered & reported in aggregate only or may it be disaggregated perspective?**

**Ans: 1) Name, 2) type of disability, 3) if on welfare or not, 4) if or not received assisitve device, 5) if or not have received community housing program, (modifying existing homes to fit their need), 6) gender, 7) age. 8) degree of mobility. Datas are updated as necessary.**

**D Re-shaping the market/challenges & opportunities**

1. **17) How do you enforce standards as they apply to service delivery providers (laws, standards,**

**incentives)? What do these standards focus on in the main? How are they measured?**

**Ans: 1) as government is the sole service provider, laws, policies & an Annual operation plan at the beginning of a financial year are the means to provide & upgrade standard, 2) measuring standard is by submitting a report by the end of a financial year, indicating if the activities met it goals or not. If not to describe the challenges that prevented meeting its targets. And propose recommendations to overcome the challenges.**

1. **18) Do your compliance rules make it possible to disqualify these**

**providers in breach of the standards from competing for future state support?**

**Ans: as government is the sole service provider, the answer is no, but the department is required to report issues & if the issues are in breach of existing laws & or policies. It may that the HOD head of the department will be disciplined to a degree depending on the breaches.**

1. **19) Describe the major challenges you face in endeavouring to reform your system of services & support for PWD. Barriers might include workforce shortages, inadequate resources, lack of**

**knowledge & training, weak infrastructure &/ history of institutionalization.**

**Ans: to switch stereo type thinking of support from medical & or welfare model to the model based on rights.**

1. **20) How is the covid-19 pandemic & it's aftermath Reshaping the service delivery market? Explain in terms of changes in service expectations amongst service recipients & regarding impacts on the services available.**
2. **Ans: with the exception of education most other services are ongoing for existing government programs. Social gathering is limited to 3 persons with a**

**distancing between the three of 1.5m. Ministry of education provides literatures for home learning but this is not as effective as in school education. This response is referring to the special needs school.**

1. **21) Do you pro-actively seek out new kind of service providers with new business models that emphasizes on person-centred new providers to enter the market? Describe.**
2. **Ans: no.**

**E Process of reforms**

1. **22) Do you encourage service provider to adopt a business & human rights approach to their endeavours?**
2. **Ans: as government is the sole service providers, advocating the model based on their rights is done through ministerial statements & community outreach. (social media, radio talk show, peaceful marches) and as a direct response to this question, no.**
3. **23) How do you incentivize person-centered new providers to enter the market? Describe.**
4. **Ans: n/a**
5. **24) Do minimum wage laws apply in this sector? Is there a career advancement structure for workers in the sector? Ans: 1) to some degree, welfare benefits. Increase with government's wages increment but not as frequent as public service wage**

**increments, 2) n/a.**

1. **25) What lesson have you learned to build momentum, while minimizing resistance for systems change consisting with article-19?**
2. **Ans: the stereotype thinking from the medical fraternity is perhaps where the most difficult to apply change. The understanding of the convention CRPD could bring about changes to comply with the article 19.**
3. **26) Do you have an initiative to re-imagine services that includes service users (e.g. have you commissioned a task force?)**
4. **Ans: 1) no on both questions. Commissioning a taskforce is well worth looking into, it's objective will be the challenging focus, given that government is the only service provider.**
5. **27) In what ways do you solicit the PWD & family members in policy making, program oversight, strategic planning etc. (e.g. national advisory councils, regional/local forums, surveys, webinars, etc)**
6. **Ans: local forum, by invitation & a promise of refreshments provided**
7. **28) What are the two or three strategic objectives you have to enhance the quality, availability, & effectiveness to PWD in your state?**
8. **Ans: advocating to foster understanding of article 19 & implementing policies on 1) inclusiveness, 2) participation & 3) accessibility**