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Submission by:

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Transforming Communities for Inclusion

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Abbreviations

CRPD - Convention on the Rights of Persons with Disabilities

DRR - Disaster Risk Reduction

GMA - Greater Malé Area

HPSN - Home for People with Special Needs

HRCM - Human Rights Commission of the Maldives

INGO - International Non-Governmental Organisation

MoGFSS - Ministry of Gender, Family and Social Services

MPS - Maldives Police Service

NDR - National Disability Registry

NGO - Non-governmental Organisation

NDMA - National Disaster Management Authority of Maldives

NID - National Identity Document

NSPA - National Social Protection Agency

OPD - Organisation of Persons with Disabilities

PWDs – Persons with disabilities

SOE - State Owned Enterprise

WAI - Web Accessibility Initiative

Introduction

The report has been developed by the **Mental Health Support Group (MHSG)** in partnership with **Transforming Communities for Inclusion (TCI-Global),** supported by the **International Disability Alliance (IDA)**.

MHSG is a national Organization of Persons with Psychosocial Disabilities in Maldives. It is the first OPD in the Maldives founded and run by persons with psychosocial disabilities. MHSG began as a peer-support group in 2018 and expanded into a network of persons with psychosocial disabilities with diverse intersectional identities: persons living with chronic health conditions; persons with physical disabilities; survivors of domestic, sexual and gender-based violence; persons with lived experience of substance dependence; parents with disabilities; migrants and other marginalised groups in the Maldives. MHSG is a full member of Transforming Communities for Inclusion.

TCI is a membership based global Organization of Persons with Psychosocial Disabilities that works for the empowerment of national OPDs of persons with psychosocial disabilities in more than 50 countries. Empowered by the extraordinary vision and guidance of the CRPD, TCI's purpose is to situate ourselves at the centre of the cross-disability movements at the national, regional, and global levels, as a way to reclaim our dignity and autonomy, experience our independence and to realize our right to live in the community.

This report is endorsed by: **Maldives Association of Persons with Disabilities** and **Care Society.**

Maldives Association of Persons with Disabilities (MAPD) is an OPD established in 2013, with the objectives of protecting the rights of persons with disabilities (PWDs) and empowering them to become productive citizens. Working to protect the rights of PWDs, and inclusive communities, MAPD's mission is *"Empowering PWDs through education, training and employment"*, to become productive citizens. Additionally, MAPD advocates for equal opportunities in education, health, employment, accessibility, disability sports and training for them. MAPD's main mandate is to serve cross disabilities nationally and internationally. Hence, MAPD works in partnership with government and other OPDs and civil society organisations (CSOs) to serve and protect the rights of PWDs. Developing an inclusive community through the 2030 Agenda for Sustainable Development Goals (SDGs) requires the government and all stakeholders to work hand in hand.

Care Society is a non-government organization (NGO) founded in November 1998. The main aim under Care Society's mandate is to address the disability issues in the Maldives and to provide an open forum in the community, in which people with disabilities could participate, contribute to and benefit from. The vision of Care Society is *"An empowered community free of inequality"*. Care Society believes that it is vital to join hands at all levels to move towards an inclusive society, where people with disabilities are recognized as equal citizens of the community.

Methodology

The information herein is a combination of primary and secondary sources of data. The MHSG conducted interviews with rights holders, disability advocates, persons with lived experience, and subject matter experts (including disability, gender, substance dependence, Disaster Risk Reduction, legal and human rights). Additional consultations were carried out with OPDs and other civil society partners. Publications, statistical releases, media reports and other publicly available resources were used for further verification.

Articles 1 to 30

Article 1 – 4: General Principles and Obligations

With reference to paragraph 1 of the list of issues: The Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act (No. 8/2010)[1] which defines disability as per the CRPD – while containing progressive legal protections – falls short in implementation, enforcement, monitoring and accountability. Critical legislation, including Health, Employment, and the Family Act have not been harmonised with the CRPD and there is no interministerial approach to disability. Disability continues to be pathologized and the medical and charity model persistently applied, despite the aforementioned Disability Act embracing the social model.[2]

Guardianship and substituted decision-making are being used to circumvent legal protections of persons with disabilities[3]. In practice, perceptions towards persons with disabilities are paternalistic, bio-medical and focused on financial assistance and service provision, as opposed to a human rights model. As evidenced by the two key regulations under the Disability Act: Regulation on the determination and registry of persons with disabilities (2021/R-54), Regulation on the protection of the rights of persons with disabilities and providing financial assistance (2011/R-3). The mental health bill in the process of being drafted, is of an institutionalising and biomedical model, lacking adequate accountability provisions despite the existing mechanism for accountability of psychosocial service providers being defunct.

With reference to paragraph 2 of the list of issues: Inclusion of persons with disabilities and their representative organisations of persons with disabilities (OPDs) in the development of laws, policies and programmes is tokenistic. Even when participation takes place, OPDs are consulted during validation stages and input provided is not reflected in the final documents. Participation opportunities are limited to stakeholders in the Greater Malé Area (GMA). In addition to geographical disparity, persons with psychosocial and intellectual disabilities, and neurodiverse persons with disabilities are unlikely to be engaged.

[1] The Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act (No. 8/2010) is also referred to as the Disability Act.
[2] The Greater Malé Area comprises four islands: Malé (the capital), Hulhumalé, Villimalé, and Hulhulé (the airport island).
[3] See the section on Article 5: Equality and non-discrimination.

The Disability Council is not independent and operates under the purview of the Ministry of Gender, Family and Social Services (MoGFSS). The council does not have the authority, resources or technical capacity required to carry out its responsibilities. The seven-member council's composition reflects the medical model, requiring one member to be a medical doctor and one member to be a psychiatrist/psychologist. Only one member is required to be a person with a disability.

The diversity within the disability community is ignored in participation as a result of the persistent misconception that the inclusion of any persons with a disability is akin to meaningful representation. The deficiency in understanding disabilities and associated rights, by state institutions and society at large, has resulted in the exclusion of OPDs from consultations related to fundamental rights. As well as, failure to effectively institutionalise disability inclusion across state institutions.

Given a lack of acceptance of and ignorance surrounding psychosocial disabilities, OPDs working on this disability face comparatively greater exclusion, often not being recognised as disability organisations. There are currently no OPDs of persons with intellectual disabilities.

Universal design, inclusive service delivery and reasonable accommodation: instead of being considered legal obligations are perceived as additional or optional charitable considerations carried out at the benevolence of the provider.

Recommendations:

1. Amend the Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act to fully comply with the CRPD.
2. Remove all provisions in the legal framework relating to guardianship and substituted decision-making; and replace them with supported decision-making schemes that respects the person's will and preferences.

Article 5: Equality and non-discrimination

With reference to paragraph 3 of the list of issues: Article 20 of the constitution ensures equality for all persons before and under the law. While, article 17 ensures non-discrimination

regardless of race, national origin, colour, sex, age, mental or physical disability, political or other opinion, property, birth or other status, or native island. Discrimination against persons with disabilities in relation to specific rights areas is prohibited under several legislation, including the Disability Act (No. 8/2010), Child Rights Protection Act (No. 19/2019), and the Employment Act (2/2008).

Implementation and enforcement of constitutionally and legally ensured protections is weak, without comprehensive regulations and policies. Both in policy and practice, no systematic attention is given to the intersection of disability with other identities. The current framework fails to address compounded discrimination like the intersection of geographic disparity and gender.

Affirmative action is lacking and structural discrimination has not been adequately addressed. Persons with disabilities disproportionately suffer from denial of reproductive rights and right to family; inadequate living conditions; barriers to healthcare; and enjoy fewer education, training and employment opportunities.

Remedy mechanisms such as the Employment Tribunal and the Human Rights Commission of Maldives (HRCM) lack disability-specific expertise and resources. Resulting in the complaints mechanisms not being accessible. The Disability Council does not have the power to compel government agencies to provide information, conduct investigations, or implement recommendations. Thus, is unable to function as an accountability mechanism. Neither is the council an effective monitoring mechanism given the lack of authority, resources and technical capacity.

Recommendations:

1. Take affirmative action to address disability-based discrimination, including multiple and intersectional discrimination; and ensure reasonable accommodation.

Article 6: Women with disabilities

With reference to paragraph 4 of the list of issues: The inadequacy of both disability and gender policies to address intersectional rights of girls and women with disabilities is illustrated by the lived realities of this demographic. Article 29 of the Disability Act states that special protections and attention shall be given to women and children with disabilities. However, there

are no further clear indications about such protections in legislation or regulations nor stand-alone sections regarding women with disabilities. The Gender Equality Act (No. 18/2016) neither makes explicit reference to girls and women with disabilities nor contains provisions addressing their rights.

While the National Gender Equality Action Plan 2022–2026 contains strategies for the empowerment of women with disabilities, efforts to include this demographic in empowerment programs targeting women was minimal. The absence of quota systems specific to women with disabilities has resulted in men receiving the majority of opportunities – sports and other programs – provided for persons with disabilities.

Lack of empowerment: Labour force participation of women with disabilities is low at around 28%. The practice of excluding women with disabilities from economic opportunities under the guise of protection, perpetuates dependency and vulnerability. From amongst the diverse demographics within the disabled population, women have a greater likelihood of not being encouraged to live independently – often citing safety concerns – leaving them reliant on their families and vulnerable to abuse[4].

Reproductive rights and right to family: Involuntary and coerced sterilisation continue to happen frequently with families sterilising disabled girls and women upon their first menstruation cycle[5]. Inability of independent personal care, menstrual management, and pre-emptive prevention of pregnancy (especially pregnancy resulting from potential sexual abuse) are cited as justification for this violation of reproductive health and bodily autonomy[6]. Any restrictions on abortions and sterilisation within the Maldives are bypassed by carrying out the procedure abroad, mainly from India[7].

The failure of healthcare services to address reproductive rights in an inclusive and accessible manner results in women with disabilities being unable to access family planning information (especially women with hearing impairments) and decisions regarding reproductive rights being made without their consent (particularly women with intellectual and psychosocial disabilities).

[4] UNPRPD (2024), *Situational Analysis of the Rights of Persons with Disabilities in the Maldives.* Accessed at: https://maldives.un.org/en/286969-situational-analysis-rights-persons-disabilities-maldives
[5] Information provided by rights holders.
[6] Ibid.
[7] Ibid.

The number of women with disabilities who are married is ten percent less than men with disabilities (67%)[8]. The age at which women with disabilities procreate is much sooner than other women, on average getting pregnant with their first child within the first year of marriage[9]. A woman with a disability is less likely to have a spouse that does not have a disability, than a man with a disability[10]. Married women with disabilities are sometimes treated as unpaid household servants by in-laws, suffering psychological, physical and verbal abuse.

Violence against women with disabilities: Women with disabilities are at greater risk of violence, especially sexual violence, compared to men with disabilities. 62% of domestic violence cases against persons with disabilities, reported to the Family Protection Authority between January 2021 and August 2022, were against women with disabilities[11].

Access to justice: Despite this high vulnerability to violence, attitudinal and communication barriers, as well as institutional insensitivity make reporting mechanisms inaccessible for women with disabilities. The unavailability of interpreters and accessible communication creates serious barriers (delays in formalisation of marriage/ divorce and delayed justice).

Participation: Women are under-represented amongst OPDs, and are not adequately represented in the design, implementation and monitoring of policies concerning their rights. There have been no efforts by the state to promote the establishment of organisations of women with disabilities.

Recommendations:

1. Establish mechanisms to ensure the participation of women with disabilities in the design, implementation and monitoring of all laws and policies concerning their rights.

[8] National Bureau of Statistics (2019), *Disability In Maldives Household Income & Expenditure Survey 2019.* Accessed at: https://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2020/12/Disability-2019-HIES.pdf
[9] Ibid.
[10] Information provided by a rights holder.
[11] Human Rights Commission of Maldives (2022), *Maldives Human Rights Report 2022.* Accessed at: https://hrcm.org.mv/storage/uploads/24YE4Jwe/rthaxdaa.pdf

Article 7: Children with disabilities

The Constitution, Disability Act, Education Act (No. 9/2020) and Child Rights Protection Act (No. 19/2019) protects the rights of children with disabilities on equal basis with other children. However, the Child Rights Act fails to address significant rights and protections related to disability. Concerningly Article 96(a)(3 and 4) of the Child Rights Protection Act gives the state power to institutionalise children with disabilities in "alternative care facilities" in the event that: *1. A child with a "mental disability" cannot be cared for within the family and society as their illness has worsened to the point where the child is committing actions that are a danger to others or to themselves*; *2. Children with* disabilities *who have been abandoned by their parents or legal guardians.*

Similar to adults, children with disabilities face significant challenges resulting from attitudinal barriers, inaccessibility of the physical and digital environment, service provision, information, and communication.

Children with disabilities under state care – particularly children with psychosocial disabilities – are further disadvantaged, with no in-house psychosocial support or skill building opportunities and limited enrichment activities. The main institutions housing children under state-care are the children's shelter in Hulhumalé (Fiyavathi) and the smaller alternative care facilities across the country (called either Amaan Veshi or Amaan Hiyaa). Children are dispersed across these shelters with no regard for the original island of their birth or where their families are located. According to the state, the Amaan Veshi/Hiyaa initiative is an attempt to facilitate children under state care to be able to grow up within the community. Failure to sensitise the island communities where these shelters are located, has resulted in stigma and complaints from the community regarding the behaviour of these children. Thus, worsening the maladaptive behaviours of these neglected children. Mechanisms for reasonable accommodations have not been established within these institutions. Furthermore, workers are undertrained and overworked, increasing risk of negligence and abuse.

Medical model of support: Available forms of support for children with disabilities in the Maldives is dominated by the medical model. Children with intellectual and psychosocial disabilities are frequently medicated, often without therapeutic or habilitation services. The result of attitudinal barriers, lack of services, and unaffordability of the few available services which are concentrated

in the private sector. Children with disabilities in island communities (outside of the capital) have even less access to education, training, and other services.

A system designed around exclusion rather than inclusion is evidenced by the requirement for parents to advocate constantly for their children's rights.

With reference to paragraph 5 of the list of issues: Despite no legal restrictions on the right of children with disabilities to express their views in all matters that concern them, the lack of empowerment and facilitation of opportunities has resulted in barriers to this right. Attitudinal barriers result in the views of children with disabilities not being given due consideration on an equal basis with other children.

Mechanisms to facilitate child participation are missing in the design and implementation of laws and policies. The few participation opportunities have been one-off and tokenistic rather than systematic. In the absence of capacity building of children, mechanisms for parental consent, and other processes to facilitate child participation, children's voices are represented by child rights groups and other adult actors.

Children with disabilities face barriers accessing critical information due to the inaccessibility of awareness campaigns and sources of information targeting children. The campaign promoting the Child Helpline 1412 was not carried out in an accessible or inclusive manner. Thus, depriving children with disabilities from a critical reporting mechanism and avenue for assistance and protection.

The mechanisms established for children to report cases and complaints to the MoGFSS (Child Helpline, email and in person) is not accessible for children with disabilities.

The majority of cases of abuse against children with disabilities reported to the police within the last decade has been cases of sexual abuse. Many of the victims are between the ages of 5 and 15[12].

[12] PSM News (2023), *HRCM raises concerns over increased vulnerability of women to violence*. Accessed at: https://psmnews.mv/en/123603

Recommendations:

1. Make budgetary allocations and establish concrete mechanisms to facilitate participation of children with disabilities in the design and implementation of laws and policies that concern their rights.

Article 8: Awareness-raising

With reference to paragraph 6 of the list of issues: Consultations with persons with disabilities and OPDs in the development, planning and implementation of awareness-raising campaigns, programmes and policies is not representative of the diversity of disabilities. Neither is the feedback provided properly included in the resulting campaigns and documents. Even more detrimental is how the beneficiary group of campaigns have in some instances been left out of the design, implementation and monitoring process due to ignorance. Representatives of the hearing-impaired community were left out of the OPD consultation of a campaign aiming to sensitise the public regarding persons with hearing disabilities. The team from the state institution leading the initiative had failed to understand why the beneficiary needed to be involved in the process.

Awareness campaigns, activities and events – including celebration of the International Day of Persons with Disabilities – lack the human rights approach. As a consequence, the accessibility of these campaigns, activities and events for persons with disabilities is low. Inaccessible venues, absence of reasonable accommodations and activities like ‘walks’ illustrate the symbolic nature of such efforts driven by the medical model and paternalism, as well as the severe misunderstanding of disability rights. Additionally, the scope of awareness campaigns is narrow. The messaging is based on the medical approach and lacks understanding of the diversity of disabilities. Lack of financial resources are often used as an excuse for deprioritizing inclusive messaging in advocacy, and the accessibility of activities and events.

Derogatory and stigmatizing terminology is still the norm amongst the public, the state, media and other actors. Terminology that is paternalistic, and perpetuates negative stereotypes and the perception that disabled persons require taking care of. Framing (imagery, attitudes and language) used by the media in relation to persons with disabilities is biomedical, paternalistic and infantilising.

Inclusive terminology is absent in Dhivehi, the national language of the Maldives. The existing term for persons living with a psychosocial disability is "persons suffering from mental illnesses" (ނަފްސާނީ ބަލި ތަހައްމަލު ކުރާ މީހުން). Terminology connoting suffering and illness in relation to disabilities contributes to harmful attitudes, including the belief that aborting a disabled child is an act of mercy to prevent the suffering of the child should they be born.

While acceptance of the existence of psychosocial disabilities has improved, especially with regards to children, awareness of its diversity is at a surface level. Stemming from the absence of understanding of the nature of and resulting (emotional and behavioural) challenges of psychosocial disabilities, such individuals are viewed as persons with character flaws, faking their disabilities, incompetent, incapable and/or persons that need to be "taken care of".

Persons with lived experience of substance dependence: suffer the greatest stigma, especially girls and women. One-third of respondents to the National Drug Use Survey 2011/2012, with lived experience of substance dependence, reported living with a psychosocial disability. Seen as a moral failure, this demographic is treated as criminals to be punished. State policies; legislation; and attitudes of law enforcement, policy makers and judicial staff reflect this attitude.

Recommendations:

1. Implement awareness-raising actions based on a human rights approach targeting the media, employers, healthcare workers, education professionals, and families.

Article 9: Accessibility

Despite progressive provisions for accessibility in legislation and regulations (Disability Act, Minimum Standards for accessibility: 2013/R-557, Construction Act: Law no. 4/2017, Building Code of the Maldives: 2019/R-1020) the physical and digital environment; service provision; information; and communication remain largely inaccessible for persons with disabilities. De-prioritisation of service inclusion by the state has created a reality where the burden of facilitating accessibility falls on the person with disabilities. For example, finding and covering the cost of the sign language interpreter has to be undertaken by the individual with the hearing impairment.

With reference to paragraph 7 of the list of issues: Implementation, monitoring and enforcement of accessibility provisions in the Building Code and Minimum Standards for Accessibility is inadequate. Even though it is mandatory by law to ensure buildings are constructed in an accessible manner, new buildings (both private and public) do not meet basic accessibility requirements. Main entrances are stepped, most do not contain elevators, door security systems and elevator controls are increasingly of the touch screen variety.

Existing accessibility features are blocked, disabled or designated for alternative uses for the convenience of persons without disabilities. Ramps and dropped curbs are blocked off, audio cues in lifts are disabled, priority seating is occupied by persons without disabilities, and elevators for wheelchairs at social housing units are designated as cargo lifts.

The formulation of the building code did not include the participation of persons with psychosocial disabilities and other marginalised disabilities, and thus did not reflect the diversity of disabilities.

Application of accessible communication is neither consistent nor systematic. Utilisation of audio clips; sign language interpretation; and alternative text and image descriptions in social media posts, is limited to disability and mental health awareness content. Websites, social media content, and online applications of state and non-state actors fail to ensure accessibility, due to lack of awareness, willingness and sometimes resources. Barriers in access to information, from news and media to critical information such as laws and regulations have resulted in disabled persons unintentionally violating laws and rules.

Thaana[13] braille was introduced in 2015, but without sufficient promotion and training efforts, braille literacy and usage is low to non-existent. Likewise, the absence of state funding and effort for the development and promotion of a screen-reader application for Dhivehi creates significant barriers for persons with visual and other disabilities, including learning disabilities such as dyslexia. Thaana Mellow App, was a promising screen-reader for the Dhivehi language[14]. Launched in 2020, the Thaana Mellow has significant limitations and has fallen behind technological developments due to difficulties in securing sustainable funding and technical expertise.

[13] Thaana is the script used to write Dhivehi, which is the local language of the Maldives.
[14] UNDP Maldives (2020), *New App - a Game Changer in Accessibility for the Blind.* Accessed at: https://www.undp.org/maldives/press-releases/new-app-game-changer-accessibility-blind

The bulk of transportation modes do not cater to the needs of persons with disabilities. Only some of the public buses available in the GMA are accessible. While free of charge (for persons registered in the National Disability Registry) waiting times are long for the accessible buses, ramps are often damaged, priority seating is occupied by persons without disabilities, and lack accessible communication of information such as bus routes and stops. The inaccessibility of the main forms of transport between islands, private speedboats and the public Raajjé Transport Link (RTL) speedboat ferry system, prevent the independent movement of persons with disabilities. Transport vehicles, jetties, harbours, and information about transport schedules are not accessible for persons with disabilities. Limited awareness amongst staff and the public further hinder access to transport (land, sea and air), especially for persons with invisible disabilities.

Digitisation driven inaccessibility: Digital transformation initiatives are being carried out to the detriment of accessibility. The application processes for the National ID Card and Passport must now be undertaken online, through the eFaas portal which is devoid of accessibility features. Forcing persons with disabilities to rely on third parties (family members, friends, photo studios providing the service, other support persons) with whom they must share sensitive information (account login details, NID/Passport numbers, bio-data) to complete the process. Resulting in increased vulnerabilities and risk of exploitation.

Increasing digitisation of services, information and communication, with no regard for accessibility, not only limits accessibility but has also decreased it. Assistance provided by island and atoll councils in applications for passports and NIDs are no longer consistently provided since the introduction of the online system. In addition to accessing information, booking appointments at health care facilities as well as applications for banking, housing schemes and driving license renewals have all become more inaccessible with the move to online systems.

Recommendations:

1. Formulate a national accessibility plan to eliminate existing accessibility barriers; with measurable goals and progress indicators; and allocate adequate budgeting and resources for implementation.

Article 10: Right to life

The introduction of prenatal testing in Maldivian hospitals opens up the risk of eugenics. Colourful posters on social media and within hospitals advertise the availability of prenatal testing and ask the viewer *"Do you want to know if your [unborn] child could have genetic problems like down syndrome?"*[15]. Prenatal testing for Thalassaemia (a condition with extremely high prevalence in the Maldives) and abortion of foetuses that test positive is an open secret in the Maldives. These abortions are undertaken via medical establishments abroad, to circumvent abortion restrictions within Maldives. Given this reality, it is likely that disability-selective abortion is currently being practiced in the Maldives.

The general remedy mechanisms (the police, courts, HRCM) to submit complaints regarding threats or violations to the right to life are not accessible and absent of procedural accommodations. Additionally, these are institutions, which often fail to ensure justice stemming from a multitude of reasons, including mishandling of and/or lack of evidence, as well as procedural and documenting irregularities.

The Mental Health Bill being drafted, which does not ensure adequate accountability, is of particular concern. Provisions in the bill, including denial of legal capacity, substituted decision making, chemical and mechanical restraint, irreversible and invasive practices such as electroconvulsive therapy and psychosurgery, poses grave risk of violations of the right to life.

With reference to paragraph 8 of the list of issues: Procedural accommodations for persons with disabilities to ensure a fair trial process does not exist in practice, leaving persons with psychosocial and intellectual disabilities particularly vulnerable[16].

Recommendations:

1. Conduct an assessment to evaluate the prevalence of, and undertake measures to address the issue of disability-selective abortions in the Maldives.

[15] ADK Hospital (2024), Poster on ADK Hospital Facebook page advertising prenatal testing to identify whether the fetus has genetic "problems" like down syndrome. Accessed at: https://www.facebook.com/story.php?story_fbid=998252328994946&id=100064305654945&__rdr

[16] See Section on Article 12 and the case of Afiya and Ibthihal.

Article 11: Situations of risk and humanitarian emergencies

With reference to paragraph 9 of the list of issues: The COVID-19 response highlighted significant gaps in disability inclusion in disaster situations. Isolation facilities lacked accessibility and cases of negligence were reported involving persons of disabilities with limited access to support persons[17]. Efforts to ease access to necessities for the public did not include special provisions for persons with disabilities. Persons with psychosocial disabilities faced significant deterioration in psychosocial well-being compounded by lack of access to psychosocial health professionals; and timely and appropriate care[18].

Some persons with disabilities faced fines for unknowingly committing violations due to barriers to information and guidelines regarding COVID-19[19]. Although sign language interpretation was provided for news updates by the state via television, regarding COVID-19, accessible communication was not prioritised across state institutions. The result of lack of awareness amongst state institutions. As a consequence, some persons with disabilities were also hesitant to vaccinate and did not realise the gravity of the situation[20].

The Disaster Management Act (No. 28/2015) – formulated after the disability act (No. 8/2010) – does not contain specific provisions for persons with disabilities, even though the Disability Act includes provisions for disasters and humanitarian emergencies. Regardless of the absence of sufficient legal protections, the National Disaster Management Authority of Maldives (NDMA) has undertaken efforts for the inclusion of disabled persons' needs in their Disaster Risk Reduction (DRR) plans. Implementation, however, is hindered by the limitations in resources and the built environment (no specialized equipment for evacuations, thresholds and other inaccessible features at evacuation zones, absence of accessible alarm systems, inaccessible roads and infrastructure). Additionally, persons with psychosocial disabilities, as they are not generally recognized as persons with disabilities, are excluded from DRR plans and policies related to persons with disabilities.

[17] UNPRPD (2024), *Situational Analysis of the Rights of Persons with Disabilities in the Maldives.* Accessed at: https://maldives.un.org/en/286969-situational-analysis-rights-persons-disabilities-maldives
[18] Ibid.
[19] Ibid.
[20] Information provided by rights holders.

Persons with disabilities have been excluded from climate resilience and adaptation process as well as formulation of climate related policies, despite climate change being one of the greatest threats to the Maldives. Illustrative of this exclusion is the absence of disability inclusion in the Maldives Climate Change Policy Framework (2015 - 2025).

Emergency planning in social housing is poor, not being adequately designed for the evacuation of persons with disabilities despite the allocation of additional points for disability in social housing schemes. Similarly, new buildings (including public buildings) are constructed without accessibility features, hindering safe and timely evacuation of persons with disabilities.

Recommendations:

1. Ensure information relating to situations of risk and humanitarian emergencies are readily available in alternative modes of communication and information.

Article 12: Equal recognition before the law

With reference to paragraph 9 of the list of issues: The Constitution ensures equal recognition before the law for all individuals. However, legal capacity of persons with disabilities is denied through guardianship and substituted decision-making provisions within the legal framework. Guardianship of adults exists in a legal grey area without effective monitoring or accountability mechanisms. Guardians are vested with unchecked powers over decisions regarding the person with disabilities. From reproductive rights, medical decisions and institutionalisation to financial decisions and management of assets. For instance, Article 12(b) of Disability Regulation 2021/R-54, allows for the monthly disability allowance for those registered on the National Disability Registry to be deposited in the guardians account if the disabled person is deemed incapable of managing their own bank account. Such provisions disproportionately disadvantage persons with learning, intellectual, psychosocial and age-related disabilities.

Guardianship of children is governed by the Family Act (No. 4/2000). Whereas the exact legal framework governing the appointment of guardians for adults with disabilities is unclear. There is no clarity in the public domain regarding the criteria and process of appointing a guardian over a

person with a disability[21]. The absence of clear requirements and procedures regarding guardianship while guardians are given extensive powers over the life of a person with disabilities through the legal framework, is grounds for serious concern.

An emblematic case is that of a young woman who allegedly jumped to her death from a building in K.Malé in 2024. Following the tragic death of Vifaaq, Channel 13 released a documentary alleging her mother and step-father of forced institutionalisation. Vifaaq had also accused her step-father, Deputy Speaker of the Parliament Ahmed Nazim, of alleged sexual abuse and molestation. According to the documentary Vifaaq was institutionalised in a psychiatric institution in India without her consent to silence her. Her mother had allegedly circumvented her right to consent by submitting to the institution a legal guardianship document that was null and void, as it was only applicable until Vifaaq reached 18 years of age. Vifaaq was rescued from the institution by her father and returned to the Maldives where she was receiving psychiatric treatment and psychotherapy before her alleged suicide. Channel 13 accused the Maldives Police Service (MPS) of corruption while the police disputed the veracity of the documentary.

Substituted decision making is allowed in health care in the event of "incapacity" of the individual to make decisions[22]. The draft mental health bill includes supported decision making, however it also includes substituted decision making and provisions taking away legal capacity of persons with psychosocial disabilities. The criteria for involuntary treatment in the draft bill include: "*suffering from mental illness to the extent it requires treatment*", "*the individual is incapable of giving consent due to the nature of the illness*", "*if treatment is not given the individual could be a threat to themselves or others, and the deterioration of the illness affects daily life*".

"Being of sound mind" is a requirement for the application of multiple provisions within the Maldivian legal framework[23]. However, the lack of legal definition of what constitutes "sound mind" creates the risk of denial of the rights, protections and equal benefit of the law of persons with intellectual and psychosocial disabilities.

[21] Legal experts, disability advocates, independent institutions, and non-governmental organisations were consulted.
[22] Ministry of Health, *Good Medical Practice: A code of conduct for doctors in Maldives.* Accessed at: https://health.gov.mv/storage/uploads/eGw1NrYE/xun9ufyu.pdf
[23] These include but are not limited to: The Constitution, The Family Act, the Citizenship Act, and the Parliamentary Elections Act.

Recommendations

1. Repeal all provisions in the legal framework imbuing guardians with power over the rights of persons with disabilities.
2. Conduct an audit of the legal framework to identify all requirements of “being of sound mind” and repeal all such provisions to ensure equal enjoyment of rights for persons with intellectual and psychosocial disabilities.

Article 13: Access to justice

With reference to paragraph 11 of the list of issues: Barriers to justice faced by most demographics in the Maldives are particularly pronounced amongst persons with disabilities. The constitutionally and legally ensured right to accessibility, are absent in implementation throughout the stages of the justice system.

Procedural accommodations in legal proceedings, investigations and other stages of the justice system are lacking. Individuals employed in the administration of justice, from the MPS to the judiciary, lack awareness and training, often espousing stigmatising and discriminatory views of disabled persons. Low levels of awareness, and prevalence of stigma and misconceptions regarding psychosocial and intellectual disabilities further disadvantages these groups.

A high-profile case is that of Afiya Mohamed Manik who was sentenced to 20 years in prison for the murder of her three-year-old son (Mohamed Ibthihaal). Ibthihaal was born out of wedlock as a result of sexual abuse suffered by Afiya. She had initially pled guilty before withdrawing it and alleging that she had been coerced into a confession[24]. The judge in the case refused to accept the withdrawal of Afiya’s initial guilty plea and the state requested the highest possible punishment to be issued. The psychosocial assessment of Afiya was carried out by a psychologist with years of allegations of misconduct and client rights violations, who stated in the assessment that Afiya had murdered her son deliberately[25]. Members of the public raised concerns over whether Afiya received procedural accommodations and sufficient safeguards for a fair trial. Many were of the opinion that Afiya was a scapegoat amidst public uproar over the failure of the state to protect

[24] Raajje (2020), *Ibthihaal murder trial: state requests "highest punishment" for the mother.* Accessed at: https://raajje.mv/72059

[25] Avas (2020), *Mother sentenced to 20 years in prison for son's murder.* Accessed at: https://avas.mv/en/93491

Ibthihaal, and that she was punished disproportionately without holding the system accountable. A system that had failed both Ibthihaal and Afiya. Afiya is a survivor of sexual abuse at the hands of her mother, stepfather and other family members throughout her life[26]. She was also diagnosed with depression, anxiety and anger issues and receiving medication. Even the judge had noted how Afiya had not received justice for the abuse she had suffered despite the issue being reported to the authorities[27].

Corrupt relationships between some mental health practitioners and government officials have resulted in total impunity for violations – from alleged malpractice and abuse to violations of privacy. The mechanism responsible for accountability of mental health practitioners, the Maldives Allied Health Council, is defunct and has failed to exercise its mandate of accountability. Survivors that have attempted to pursue cases against psychosocial health professionals have faced harassment and retaliation forcing them to discontinue their efforts for justice.

Recommendations:

1. Assess the support required by Afiya Mohamed Manik and take steps to ensure that she receives the psychosocial support and reasonable accommodations needed for the duration of her sentence.
2. Conduct an accessibility audit of courtrooms, procedures and related information; and take measures to remedy gaps in accessibility.
3. Ensure the implementation of procedural accommodations for persons with disabilities – especially those with psychosocial or intellectual disabilities – in court proceedings and throughout the legal system.

Article 14: Liberty and security of person

With reference to paragraph 12 of the list of issues: Accessibility is not generally respected or complied with, and reasonable accommodations are not provided within the prison system or the Home for People with Special Needs (HPSN) located in K.Guraidhoo. Under the guise of care and protection, persons with psychosocial and intellectual disabilities are confined in the HPSN

[26] Ibid.
[27] Ibid.

without independent review mechanisms. Health care legislation and policies permit involuntary treatment and hospitalisation, while adequate safeguards for consent and autonomy do not exist.

The HPSN institutionalises persons who have been taken under state care for reasons of disability and social circumstances: the family and guardian are unable to safely care for them within society because of their disability, they do not have anyone to take care of them and are unable to live independently and meet basic needs. The HPSN which has a maximum capacity of 160 persons, was 21% over capacity in 2022[28]. Out of the 194 occupants, 158 were receiving treatment for psychosocial disabilities, including two children under 18. 36 individuals were elderly persons. Statistics from early 2025 show a total of 199 individuals institutionalised at the centre[29]. 123 are male and 76 are female, with 32 individuals over the age of 65. 167 out of the total number (199) of persons institutionalised at the centre are undergoing treatment for their psychosocial disabilities[30].

Prisons and detention facilities in the Maldives are often over-capacity with poor conditions. According to a report by the HRCM, in 2022 the Maafushi Prison had 117 inmates receiving care for “mental illnesses” (99 men and 11 women). Out of the 117 inmates, 41 were taking regular medication (3 were women). From those that had been diagnosed, 56% were diagnosed with depression. Other medical categories of diagnosis included anxiety, schizophrenia, and psychotic disorder, with many inmates suffering from psychotic disorder. Common symptoms amongst detainees include inability to sleep and increased anxiety. In the event of identification of symptoms, the general practitioner makes a referral to a psychiatrist which can take one to two weeks. Aside from medication, no therapeutic services are provided within the prison. Despite referrals for therapy by the psychiatrist, no mechanism is in place to facilitate such services. Procedures to deal with psychosocial emergencies of inmates are also not in place.

The absence of procedures addressing the treatment of cases of severe psychosocial disabilities, has led to the isolation of such inmates in separate cells. This isolation often worsens the

[28] Human Rights Commission of Maldives (2022), Right of access to health: Mental health 2022 HRCM Mental Health Research. Accessed at: https://hrcm.org.mv/dv/publications/ihee-idhumaithah-libigathumuge-ahuge-therein-nafsaanee-ihathu
[29] Maldives Media House (2025), *199 individuals receiving care at Guraidhoo Special Needs Centre.* Accessed at: https://en.mmtv.mv/3488
[30] Ibid.

psychosocial wellbeing of the inmate. Disciplinary measures are taken against inmates with no regard for their level of developmental, intellectual, or psychosocial disability.

Persons institutionalised in both the HPSN and the prison system are isolated with little to no contact with family and friends. Family members, NGOs, OPDs and INGOs are required to obtain prior permission from the government if they wish to visit the HPSN. The prison system is even more inaccessible and isolated. Coupled with the overcrowding, inadequate natural lighting, poor cross ventilation and other conditions, this has resulted in the deterioration of the psychosocial wellbeing of such persons.

The prohibition on arbitrary detention is violated by families that routinely confine persons with disabilities to homes citing safety. This practice remains invisible to oversight mechanisms with no systematic monitoring or alternatives provided.

Recommendations:

1. Ensure the provision of reasonable accommodation to persons with disabilities deprived of liberty.
2. Deinstitutionalise the Home for People with Special Needs; and implement habilitation and rehabilitation programming to facilitate the return of persons institutionalised at the HPSN back to society while ensuring their independence.

Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

With reference to paragraph 13 of the list of issues: A 2022 report by the Human Rights Commission of the Maldives raised concerns about human rights abuses and lack of basic services at the Home for People with Special Needs[31]. In addition to being 21% over capacity, neither rehabilitation and reintegration programming nor entertainment and other enrichment activities are provided for individuals institutionalised at the centre.

[31] Human Rights Commission of Maldives (2022), Right of access to health: Mental health 2022 HRCM Mental Health Research. Accessed at: https://hrcm.org.mv/dv/publications/ihee-idhumaithah-libigathumuge-ahuge-therein-nafsaanee-ihathu

Aside from medication, the 81% of residents at the institution undergoing psychiatric treatment do not receive counselling, therapy or any other rehabilitative programming. Medication is administered without regular check-ups or monitoring of changes in the situation of the individual. Given the adverse negative effects of sudden halts in medication, the delays and gaps in procurement of medications at the centre are all the more concerning. In 2014, a month prior to a 28-year-old male resident going missing from the institution, an employee stated to the media that "the people are suffering here…the management is not good".[32]

The agreement between the guardian and the MoGFSS covering the institutionalisation, contains provisions for consent on behalf of the persons institutionalised. Consent from persons with psychosocial disabilities is not required for the administration of medication following psychiatric consultations.

Use of chemical and physical restraints are part of the operating procedure. Although strait jackets were not an operational practice, patients' clothes have been used to restrain them by caregivers at the institution.

Recommendations:

1. Prohibit by law the use of restraints, isolation, forced medication, forced sterilization and electroconvulsive therapy against persons with disabilities; and recognise that these practices may amount to torture or cruel, inhuman, or degrading treatment or punishment.

Article 16: Freedom from exploitation, violence and abuse

With reference to paragraph 14 of the list of issues: Persons with disabilities are at high risk of violence, cruel and inhuman treatment, torture, harassment, abuse and exploitation, perpetrated by relatives, the state and the public. Little awareness regarding rights and reporting mechanisms, low trust in institutions and the inaccessibility of reporting processes of the MPS and the HRCM limit reporting by persons with disabilities. Adequate safeguards do not exist to

[32] Maldives Independent (2014), *Special needs patient still missing from Guraidhoo.* Accessed at: https://maldivesindependent.com/news-in-brief/special-needs-patient-still-missing-from-guraidhoo-91606

facilitate the reporting by girls and women with disabilities of acts of sexual violence without risk of retaliation.

The most commonly reported form of violence against persons with disabilities is sexual violence, followed by verbal abuse and emotional abuse. Additional forms of violence include non-consensual pornography, forced prostitution, cybercrimes, scams, drug trafficking and domestic violence. Low financial independence amongst women results in greater vulnerability to violence and exploitation.

The majority of the victims of cases of violence against children with disabilities, reported to the Maldives Police Service between 2014 and 2021, were girls[33]. 60% of cases of violence against children with disabilities were cases of sexual violence, with the majority of victims being girls with disabilities[34]. The second and third most reported forms of violence were physical and emotional abuse respectively[35]. Despite this high prevalence of violence towards children with disabilities, no systematic prevention or response mechanisms exist.

69% of cases of domestic violence against persons with disabilities reported to the Family Protection Authority, between 2014 and 2022 were against women.

Economic violence towards persons with disabilities include appropriation of disability allowances by families and care-givers, being charged excessive amounts by service providers and being paid below the minimum wage by employers.

Persons with intellectual and psychosocial disabilities, institutionalised at the HPSN have reported being subjected to verbal abuse and ill-treatment at the hands of care-givers at the institution. Independent institutions, OPDs, rights groups and other actors have been raising the alarm for years regarding human rights violations at the HPSN. However, the institution continues to operate without sufficient oversight or accountability. Funding and resource shortages have been cited as reasons for the failure to rectify the conditions and situation within the institution.

[33] Human Rights Commission of the Maldives (2023), *Submission to the UN Committee on the Rights of Persons with Disabilities by the Human Rights Commission of the Maldives.*
[34] Ibid.
[35] Ibid.

Recommendations:

1. Conduct an accessibility audit of mechanisms to report exploitation, violence and abuse (including the MPS and HRCM) and the mechanisms in place to support survivors of violence.

Article 17: Protecting the integrity of the person

With reference to paragraph 15 of the list of issues: In place of supporting persons with disabilities to make informed decisions, the healthcare system operates on the assumption of incapacity. In spite of guidelines governing sterilisation and abortion, families are conducting involuntary and coerced sterilisation of women and girls with disabilities by carrying out the procedure abroad. Namely in India. The right to consent to medical procedures is being circumvented through guardianship and substituted decision-making provisions. Illustrative of this point is how decisions about medical procedures such as cochlear implants are being carried out by hearing family members, and how persons with intellectual and psychosocial disabilities are being subjected to psychiatric treatments without their consent.

Information is unavailable in the public domain regarding the exact legal provisions, criteria or process of determining that an individual is “mentally unfit” or “incapable” of providing consent, or how service providers determine that a client has “the cognitive capacity or mental faculties to provide informed consent with full understanding”.

Recommendations:

1. Provide information regarding the exact legal provisions, criteria and process of determining that an individual is “mentally unfit” or “incapable” of providing consent.

Article 18: Liberty of movement and nationality

As per Article 2(a)(2) of the Citizenship Act (Act No. 4/69), “being of sound mind” is a prerequisite for becoming a naturalised Maldivian citizen[36]. Whereas, this stipulation does not apply for

[36] Maldives Citizenship Act (Act No. 4/69) Accessed at: https://majlis.gov.mv/storage/downloads/mgY85XIbTsaDhu0CXBF8Z8BpYozVOScwBJa7mFsW.pdf

Maldivian citizens by birth. This provision creates space for the denial of the right of naturalisation for persons with intellectual and psychosocial disabilities.

Structural and systematic barriers, from inaccessible transport and infrastructure to inaccessibility of the citizen documentation process, obstruct the right to liberty of movement and nationality. The online application system for passports and the National Identity Document (NID) is devoid of accessibility features. The photo requirements exclude persons with mobility limitations. While documentation standards ignore the realities of diverse disabilities. Persons with disabilities are vulnerable to exploitation as they cannot complete the applications independently.

Recommendations:

1. Amend the Citizenship Act and remove the prerequisite of “being of sound mind” for becoming a naturalised Maldivian citizen.

Article 19: Living independently and being included in the community

With reference to paragraph 17 of the list of issues: The independence and individual agency of many persons with disabilities are restricted by their families citing safety concerns, leaving them reliant on their families and guardians. The trend is more pronounced amongst women with disabilities and persons with intellectual and psychosocial disabilities. Persons with disabilities continue to be institutionalised at the HPSN against their choice and will, for reasons of disability and social circumstances. Most vulnerable are persons with intellectual and psychosocial disabilities.

A fundamental misunderstanding of autonomy and choice is reflected in the assumption that persons with disabilities will always live with family members. Social housing projects consistently lack accessibility features, and housing policies ignore the reality – and right – that persons with disabilities may want to live independently. Persons with disabilities have extremely limited housing options that fail to meet their needs, in a private rental market that actively discriminates against them.

Inaccessibility of the built environment and service provision further hinders independent living of persons with disabilities. Provision of banking and other services compromise accessibility for "safety and security" of the services. One such example, also illustrative of indirect infantilization, is the Bank of Maldives policy of releasing the bank card only to a support person instead of directly to the visually impaired person themselves. Even when the visually impaired person is physically present at the bank.

Mainstream services are inaccessible to persons with disabilities. There are neither state programs to facilitate accessible housing, nor services and support systems to facilitate independent living. Community support services – such as peer support, personal assistance, household assistants, crisis support – are non-existent. The limited assistive technology and mobility aids provided through the National Social Protection Agency (NSPA), are focused on physical disabilities.

Instead of deinstitutionalization, state policies are geared towards further institutionalisation. The mental health bill being drafted is one example. The planned international mental health hospital in Laamu Atoll is another[37]. Despite the alarm being raised repeatedly, there does not seem to be any political will to deinstitutionalize the HPSN. The institution does not conduct programming to deinstitutionalise or prepare those institutionalised to return to society and live independently. Instead reintegration attempts involve returning institutionalised individuals back to families. Since 2023, thirty-three individuals from the institution have been returned to their families[38].

Recommendations:

1. Adopt an action plan for deinstitutionalisation, with timeframes and measurable goals, in close consultation with persons with disabilities and OPDs.
2. Carry out mapping of support systems and services required for persons with disabilities, especially those with intellectual and psychosocial disabilities, in the Maldives to be able to live independently and be included in the community.

[37] PSM News (2024), *President plans to develop an international mental hospital.* Accessed at: https://psmnews.mv/en/135997

[38] Maldives Media House (2025), *199 individuals receiving care at Guraidhoo Special Needs Centre.* Accessed at: https://en.mmtv.mv/3488

Article 20: Personal mobility

Despite no legal restrictions on the personal mobility of persons with disabilities, this right is obstructed through inaccessible infrastructure and transportation, institutionalisation guardianship practices, discrimination and attitudinal barriers. These challenges greatly obstruct independence and participation in community life.

Individuals that are institutionalised at the HPSN and those that are confined to their homes by their families and guardians face the greatest deprivation of personal mobility. Families and guardians obstruct the mobility of persons with disabilities, fuelled by a combination of low expectations, belief of incapacity and misguided attempts at protection. Stigma, discrimination and low levels of community acceptance of persons with disabilities also influence the decisions of families to restrict mobility. Persons with age-related, intellectual and psychosocial disabilities and disabilities that limit mobility are particularly disadvantaged.

The application process for mobility aids through the NSPA is cumbersome and difficult to navigate. Currently the process requires the submission of three different quotations for the mobility aid being requested.

Business establishments selling mobility aids are not physically accessible. Disabled persons are unable to access such establishments in order to independently browse or test out the options available. Instead they are dependent on third parties (family, guardians, friends) to visit and purchase the aids on their behalf.

At the time of writing, a disability rights advocate with limited physical mobility has been confined to their home for several months, as they have been unable to procure the battery required for their motorised wheelchair.

Recommendations:

1. Establish mechanisms for persons with disabilities to be able to import adapted motor vehicles, wheelchairs, white canes, and other mobility aids at a subsidized price including through tax exemption.

Article 21: Freedom of expression and opinion, and access to information

With reference to paragraph 19 of the list of issues: Accessible formats – Braille, sign language, captioning, Easy Read, audio-description and tactile, augmentative and alternative means of communication – are not utilised when providing information to the general public. Captioning, sign language and audio-description are absent in information provided via electronic communication, television and internet websites. Plain language and Easy to Read Format have not been adopted, creating barriers for persons with intellectual and psychosocial disabilities.

Websites of the government do not comply with Web Accessibility Initiative (WAI) standards. However, the Information Commissioner's Office, created under the Right to Information Act, is working on redesigning their website according to WAI standards.

Despite legal protections of the right to freedom of expression and opinion for all under the constitution, persons with disabilities are hesitant to exercise this right. Attitudinal barriers, paternalism and lack of empowerment of disabled persons, have instilled beliefs in persons with disabilities that their views would not be accepted or given any importance.

Recommendations:

1. Take steps to ensure that information provided to the general public is available to persons with disabilities in accessible formats, including in plain language and Easy to Read format.
2. Make budgetary allocations for and update the websites of all state institutions to comply with the WAI standards.

Article 22: Respect for privacy

With reference to paragraph 20 of the list of issues: Article 24 of the Constitution ensures the right to privacy of disabled persons on an equal basis with others. Article 15(b) of the Disability Act protects the right of privacy of personal, medical and other information of disabled persons on an equal basis to others.

Despite these legal protections, gaps and weaknesses in implementation lead to regular violations of the right to privacy. Health service providers share personal information without consent and discuss the treatment and details with others, in front of the person with disabilities as if they cannot understand.

Medical history and other personal information regarding the client are accessible to those who use the Aasandha online system for prescriptions[39]. In addition to medical professionals, receptionists at hospitals and clinics, and staff at pharmacies have access to medical details of patients through the online system. The Aasandha system also requires a medical diagnosis to be included on the prescription for medication to be dispensed by the pharmacy.

The disability registration process requires invasive medical documentation that exceeds what is necessary for service provision. Furthermore, requirements in applications for sick leaves from workplaces require the employee to provide the details of their ailment and medical certificates from a physician – this is especially detrimental to persons with psychosocial disabilities given the stigma surrounding the disability.

As a result of the stigma and negative preconceptions regarding psychosocial disabilities, this wide access to medical information creates significant challenges. Persons with psychosocial disabilities from smaller islands have been “outed” to family, co-workers and strangers while trying to access medication (which is the main method of support available for this disability under the existing biomedical model). It is common practice to have someone pick up the medication and drop them to a sea vessel to have the medication transported to their island of residence. During this process multiple persons have access to the package with the prescription detailing the medical diagnosis and history.

Digitisation with no regard for accessibility is proving detrimental to the right to privacy. Applications for passports and the NID are carried out through the eFaas online portal, which does not have accessibility features. Persons with disabilities and limited to no literacy (digital and linguistic) have to opt for seeking assistance from third parties, severely compromising their privacy.

[39] Aasandha Scheme is the national health insurance scheme, funded by the state and managed by the Aasandha Company Limited. An online system is used to prescribe, manage and dispense medication from pharmacies.

Reflecting broader attitudes that persons with disabilities lack the capacity for autonomy, media coverage of persons with disabilities often occurs without proper consent. In particular when it involves children or persons with intellectual and psychosocial disabilities.

Recommendations:

1. Reform the regulations, processes and procedures of the Aasandha Scheme to ensure the right to privacy of persons with disabilities, in particular persons with age-related, intellectual and psychosocial disabilities.

Article 23: Respect for home and the family

With reference to paragraph 21 of the list of issues: The prevailing perceptions towards persons with disabilities is of infantilising paternalism, coupled with low expectations. As a consequence, disabled persons (especially females) are not encouraged to or seen as capable of marriage or parenthood. Attitudinal barriers and guardianship practices obstruct the right to marriage, family, parenthood, relationships and reproductive decision making.

The constitution, while not making specific reference to disabilities, ensures the right to marry and establish a family for all persons of marriageable age as specified in law. However, health care and family planning services exclude persons with disabilities from reproductive choices, while family court procedures and marriage registration processes are not accessible. Additionally, the condition of being of 'sound mind' to be able to marry, opens up space for denial of the right for persons with intellectual and psychosocial disabilities. Being of 'sound mind' is also a requirement for gaining custody of a child under the Family Act[40]. Furthermore, Article 28 of the Sexual Offences Act (No. 17/2014) poses the risk of criminalising consensual sexual relationships by persons with intellectual and psychosocial disabilities.

Girls and women with disabilities are denied their right to reproductive autonomy through involuntary and coerced sterilization. Families and guardians justify this violation citing safety and hygiene concerns.

[40] Article 41(b) Family Act (No. 4/2000)

Barriers to communication and information have resulted in some groups within the disability community being ignorant of sexual reproductive health (including the process of intercourse). Barriers in communication also undermine parental authority of persons with disabilities. For example, persons with hearing impairments cannot communicate with their children's schools or healthcare providers.

Lack of acceptance from their families deter men without disabilities from marrying women with disabilities. Some women with disabilities have been coerced into aborting pregnancies by their in-laws[41].

Discriminatory child custody decisions are made by the courts without assessing the actual parenting capacity of the parent with disabilities[42]. There are no support services available (such as parenting education, peer support, community-based assistance) for parents with psychosocial disabilities.

Persons institutionalised at the HPSN, are isolated from their families and friends. Family members who wish to visit their family members at the HPSN are required to obtain permission from the Maldivian government. The prison system is even more inaccessible and isolated. The HPSN is located on the island of K.Guraidhoo which is approximately 2 hours from the capital by ferry. Transport between islands is not frequent, convenient, accessible or cheap, thus exacerbating the isolation. The situation is similar for children with disabilities under state care that are institutionalised at the Fiyavathi children's shelter in Hulhumalé and those in the Amaan Hiyaa and Amaan Veshi alternative care facilities across the country.

Recommendations:

1. Amend the Sexual Offences Act to ensure that it does not infringe on the right of persons with disabilities, especially intellectual and psychosocial disabilities, from being able to engage in consensual sexual relationships.

[41] Information provided by a rights holder.
[42] Information provided by rights holders.

Article 24: Education

With reference to paragraph 22 of the list of issues: With the revision of the Inclusive Education Policy for greater alignment with the CRPD in 2021, policy has shifted from a biomedical to an inclusion model. However, implementation is insufficient, resulting from resource constraints, coupled with a lack of political will, and little awareness amongst the public and policy makers regarding disabilities. Implementation further varies across geographic regions and efforts are constrained by a lack of qualified trained inclusive educators, accessible infrastructure, and other resources required.

Formal guidance for educational institutions on the forms of reasonable accommodations and needs of diverse disabilities is limited, and accessibility is not considered a priority or a right. Even when provided, the burden (including financial) of ensuring the support often falls on the students and parents.

Students with psychosocial disabilities face increased barriers compared to other forms of disabilities due to stigma and dismissal of their disabilities by educators, sometimes resulting in withholding of reasonable accommodations. Overcrowding in schools has been used as an excuse to deny accommodations during exams for students with psychosocial disabilities.

Efforts such as the inclusive loan schemes by the Ministry of Higher Education, Labour and Skills Development and National Skill Development Authority fall short in effectiveness from a lack of accessibly designed courses and other accommodations.

Physical infrastructure of educational institutions lacks basic accessibility, from ramps and lifts to accessible bathrooms, classrooms, playgrounds and other amenities. Accessible educational materials, assistive technology, and sign language interpreters are unavailable. These barriers result in the exclusion of students with disabilities from extracurricular activities and failure to complete basic educational levels.

Recommendations:

1. Undertake disaggregated data collection on completion rates at all levels of education, including by level of education, impairment type, age, sex, and geographic location.

2. Implement the provision of reasonable accommodation and individualized support for inclusive education for all students with disabilities.

Article 25: Health

With reference to paragraph 23 of the list of issues: Medical staff ill-equipped in disability inclusion has led to misdiagnosis, inadequate treatment, infantilization, and negligence in the treatment of persons with disabilities. Societal perceptions of persons with disabilities being incapable, particularly persons with intellectual and psychosocial disabilities, result in their exclusion from decisions regarding their health. Communication barriers prevent persons with hearing impairments, and intellectual and psychosocial disabilities from understanding medical information, while physical inaccessibility excludes wheelchair users from healthcare facilities.

Health care infrastructure and service provision are largely inaccessible. The majority of specialised services are only available in the capital with long waitlists at the limited public health care facilities. Waitlists at health service providers in the private sector, while shorter than the public sector, are still lengthy. The waitlists for psychotherapy and counselling can take a few weeks to a few months on average. The centralization of specialist services – such as early identification and intervention services – in the GMA forces persons with disabilities to travel or relocate for basic care. There is a heavy reliance on the private sector which is unaffordable for many.

Psychosocial health services are biomedical with no psychosocial support or community-based support services available. The limited psychiatric and therapeutic services available are inadequate and concentrated in the private sector. The trust in, and perceptions of mental health practitioners are deteriorating, due to a lack of accountability of negligence and unethical practices by mental health professionals. While parents seek support for their children with psychosocial disabilities, adults are refraining from seeking services and support.

Recommendations:

1. Enforce the Minimum Standards for accessibility (2013/R-557) and the Building Code of the Maldives (2019/R-1020) within the healthcare system.

Article 26: Habilitation and rehabilitation

With reference to paragraph 24(a) of the list of issues: Low expectations combined with paternalistic attitudes result in no effort being made to provide habilitation and rehabilitation services, for children and persons with intellectual and psychosocial disabilities, who are seen as incapable. Similar attitudes and barriers are faced by persons with certain physical disabilities that limit communication, for instance cerebral palsy.

State investment in habilitation and rehabilitation services is low and these services remain privatized, expensive, limited in supply and geographically concentrated, creating systematic barriers to access. Early intervention services in particular are concentrated in the capital, forcing families to relocate or accept inadequate development support for their children. The bureaucratic processes of the NSPA delay and deny necessary services. Unqualified therapy service providers are allowed to operate, while those that are qualified suffer from unsustainable workloads due to the lack of enforcement of quality assurance of therapeutic services.

With reference to paragraph 24(b) of the list of issues: In May 2025, two employees of a private clinic were arrested after security footage surfaced of an employee chasing a young child with a sharp object while grabbing and assaulting him during a therapy session[43]. This clinic and others like it, that specialise in therapeutic services for persons with disabilities, operate with essentially no oversight, monitoring or enforcement. Leaving perpetrators of rights violations free to operate with impunity.

Recommendations:

1. Invest in habilitation and rehabilitation services; and ensure adequate budget allocation for implementation.

Article 27: Work and employment

With reference to paragraph 25 and 26 of the list of issues: Persons with disabilities face systematic discrimination across the private and public sectors. Labour force participation of persons with disabilities is low and the demographic faces higher unemployment rates – the result

[43] Sun Mv (2025), *Two arrested over abuse of young boy at Hulhumale' clinic.* Accessed at: https://en.sun.mv/96460

of barriers to education and training opportunities, inaccessibility of infrastructure, absence of mechanisms to provide reasonable accommodation, stigma and other systemic challenges. As enforcement mechanisms for regulations requiring reasonable accommodations do not exist, employers are able to exclude persons with disabilities with impunity.

Employment opportunities are limited. Employed persons with disabilities are concentrated in low-wage labour, with a lower likelihood of being employed in professional jobs and at managerial levels. Efforts by the state in arranging employment for disabled persons at State Owned Enterprises (SOEs) has been symbolic. These job opportunities often lack genuine job descriptions or career advancement possibilities.

There are cases where no work is assigned to the employee with the disability, who is not even required to attend work and simply is given a salary. Other damaging experiences include disabled persons “being used for entertainment”, being made to sing and perform other acts in the workplace. The co-workers of a hearing-impaired employee would speak in front of them, pointing and laughing. This eventually led to the individual resigning from their job and leaving the labour market.

Efforts by the state, in creating job opportunities for persons with disabilities, do not mandate accessibility measures. Lack of resources of the employer are cited as justification for not providing accommodations. Disability accommodations even when provided have resulted in invasion of privacy and personal space. For example, when other employees crowd around to watch the employee with disabilities use their assistive technology. In one case this happened for weeks on end.

Formal employment quotas do not exist. Employees with disabilities could potentially report disability related discrimination and gender-based violence in the workplace through the general complaints’ mechanism for employees. However, in practice these mechanisms do not exist in most places of work and even when they exist, administrators do not have sufficient knowledge or capacity to address the aforementioned types of violations with the disability and gender sensitivity required. There is no standard systematic mechanism to monitor the conditions at work for employees with disabilities. A prior practice of a questionnaire sent to the employer every few months, by the state to assess the situation, was ineffective as the form was filled by the disability

focal point or another superior at the employing SOE[44]. Thus, preventing the employee with disabilities from giving honest feedback or highlighting issues, for fear of reprisals from the employer.

Awareness amongst employers (both public and private) on the importance of adaptable and inclusive work environments for persons with disabilities is little to non-existent.

Persons with intellectual and psychosocial disabilities are seen as incompetent and sometimes dangerous. Employees have attempted to force resignations when they discover the employee's medical history and psychosocial disabilities. In one such case the employee, after being forced to provide 'fit to work' documentation from a psychiatrist, was pressured to resign. With assistance from the Mental Health Support Group (MHSG) who secured pro-bono legal aid, the person with disabilities managed to retain their employment. However, they were forced to move to another department in the company, which had no interactions with children. The employer had deemed the employee unfit to work directly with children, despite neither complaints against the employee nor reports of deficiencies in their work. The employee chose not to pursue the case in the Employment Tribunal due to financial limitations, and was forced to accept the department change or risk losing their livelihood.

Recommendations:

1. Amend the Employment Act to explicitly prohibit disability-based discrimination by the state and private sector, including denial of reasonable accommodations.
2. Enforce the Minimum Standards for accessibility (2013/R-557) and the Building Code of the Maldives (2019/R-1020) within the public and private employment sectors.

Article 28: Adequate standard of living and social protection

With reference to paragraph 27 of the list of issues: Implementation of social protection programs for persons with disabilities, carried out through the NSPA involves bureaucratic barriers that exclude persons with disabilities from benefits they are legally entitled to receive. These include the disability allowance program, as well as providing financial assistance for

[44] Information provided by a rights holder with lived experience.

therapeutic services, assistive devices, and financial assistance for physiological assessments[45]. Reflecting the profound misunderstanding of diverse disabilities and needs, assistive devices provided are focused primarily on physical disabilities (wheelchairs, walkers, hearing aids etc) and no emergency support is available for persons with psychosocial disabilities. Furthermore, persons with disabilities over the age of 65 are ineligible for half the categories encompassing the disability allowance: The carer allowance, Self-care allowance, and Allowance for households with 3 or more persons with disabilities.

Additionally, the allowances are withdrawn, if the disabled person:

1. Is convicted of a crime – from the start of serving their sentence till its completion (Persons with *"mental impairments"* are exempt);
2. Is taken into state care (Persons with disabilities under state care are institutionalised at the Home for People with Special Needs, an institution marred by a history of human rights violations and negligence).

The categories of the Disability Allowance, provided based on the extent of the disability are as follows: Basic allowance: MVR 3000 (USD 194.6), General additional allowance: MVR 1000, Carer allowance: MVR 2000 (USD 129.7), Self-care allowance MVR 1000 (USD 64.9), and Allowance for households with 3 or more persons with disabilities per person with a disability MVR 1000 (USD 64.9).

The allowances allocated are inadequate and do not account for the needs of diverse disabilities, extra costs incurred due to disability, or intersectionality. All individuals on the National Disability Registry are eligible for the basic allowance. However most do not receive the maximum allowance possible which is approximately the minimum wage of MVR 7,000 (USD 453.96). In 2019 the average monthly rent was MVR 12,683 (USD 822.5)[46] and average monthly expenditure per individual was MVR 5,439 (USD 352.7)[47].

[45] National Social Protection Agency, *Disability Allowance.* Accessed at: https://www.nspa.gov.mv/v2/index.php/disability/
[46] Maldives Bureau of Statistics (2019), *Housing And Household Characteristics - Household Income And Expenditure Survey.* Accessed at: https://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2021/04/Housing-Household-Characteristics-Updated.pdf
[47] Ibid.

In addition to the disability allowance amounts being inadequate, especially given extra expenses resulting from disability, the system also excludes persons with disabilities from other social protection programs. Furthermore, the disability allowance does not count as a valid income when applying for housing loans from the bank.

Public housing schemes which allocate additional points for disabilities, often award the points to the care-giver. Even where applicants with disabilities receive points for their disabilities, they lose points under other criteria (for instance, being married, having children, having a high enough income to make the monthly payments for the social housing unit) leaving them at a disadvantage compared to applicants without disabilities. Additionally, the housing units provided are not designed or built in an accessible manner despite the selection criteria allotting points for disabilities.

With reference to paragraph 27(b) of the list of issues: The evaluation process for these social protection programs lack transparency and consistency, and the application process requires extensive medical documentation which persons with disabilities can ill-afford. Geographic disparity in availability of specialists requiring travel to attain the required medical documentation restricts access to social protection schemes for persons located outside the GMA and those living in poverty. Difficult application processes, limited awareness regarding the schemes and eligibility, and stigma – for instance criticism from the community of feigning disability – limit participation in social protection schemes.

The application process for registration on the NDR is challenging as the process is not easy to understand, application forms are not accessible and the process lacks accessibility provisions overall. Persons with psychosocial disabilities face greater challenges accessing social protection schemes due to attitudinal barriers (stigma, misconceptions, little to no awareness and lack of acceptance of psychosocial disabilities) combined with limitations in the assessment criteria. This is reflected in low levels of registration of persons with psychosocial disabilities.

With reference to paragraph 27(c) of the list of issues: Efforts to improve awareness and knowledge among persons with disabilities of social protection programmes are one-off, limited in scope and reach, and so few and far between to be considered non-existent.

Recommendations:

1. Conduct an accessibility audit of the application process for social protection schemes that are implemented through the National Social Protection Agency and take measures to ensure the process is accessible for diverse disabilities.
2. Request the state to clarify the reasons for the deprioritisation of efforts to improve awareness and knowledge among persons with disabilities of social protection programmes to ensure that they can all take full advantage of all the programmes in which they are eligible to participate.

Article 29: Participation in political and public life

With reference to paragraph 28(a) of the list of issues: No information is available in the public domain regarding any persons that publicly identify as having disabilities holding an elected office or a leading government position. It is likely that there are persons with invisible disabilities, especially psychosocial disabilities, in leadership roles who hide their disabilities to avoid stigma and risk of jeopardising their employment opportunities and social standing.

Participation of persons with disabilities in political and public life remains minimal, constrained to supporting roles, and lacking representation in political parties, the government and decision-making roles. Affirmative action and other specific measures to achieve de facto equality are absent. No formal mechanisms exist to ensure the political participation and representation of persons with diverse disabilities.

The Constitution and multiple legislation contain the requisite of “being of sound mind” to hold certain positions, including:

1. President, Government Minister, Judge, Parliament Member - The Maldivian Constitution 2008[48]
2. Prosecutor General - Prosecutor General Act (Law No: 9/2008)[49],
3. Civil Service Commission Member - Maldivian Civil Service Act (Law No: 5/2007)[50],

[48] Constitution: Article 109(d), Article 130(a)(5), Article 149(b)(4), Article 73(a)(5
[49] Prosecutor General Act: Article 4(j)
[50] Civil Service Act: Article 12(c)

4. National Sports Council Member and Commissioner of Sports - Maldives Sports Act (Law No: 30/2015)[51]
5. Maldives Inland Revenue Authority Board Member and Tax Appeal Tribunal Member - Tax Administration Act (Law No: 3/2010)[52].

Inaccessible campaign processes and discriminatory attitudes create systemic barriers to candidacy for elected office for persons with disabilities. The label of incapability and incompetency surrounding persons with psychosocial and intellectual disabilities obstructs this demographic from successfully running for elected office.

With reference to paragraph 28(b) of the list of issues: Electoral laws and accommodations are designed to cater mainly to the needs of persons with physical disabilities. In 2023 the Elections (General) Act of Maldives (No. 11/2008) was amended to allow the use of tactile ballots for visually impaired persons. Despite superficial progress, voting procedures, facilities and materials remain inaccessible for the majority of persons with disabilities. In particular, persons with intellectual, psychosocial and invisible disabilities.

Systematic barriers in accessing information related to elections and politics, as well as voter education programs, undermine informed voting amongst persons with disabilities. Supported decision making is not available and instead families and care-givers dictate who the person with disability should vote for. The most vulnerable groups to this practice are persons with age-related, intellectual and psychosocial disabilities.

Inclusion of OPDs: in consultations by state institutions regarding accessibility of elections is selective. Organisations of persons with psychosocial disabilities have neither been included nor consulted. Primarily stemming from their unrecognition as disability organisations coupled with the deficiency in understanding the diversity of disabilities.

[51] Maldives Sports Act: Article 12(d)(1), Article 7(a)
[52] Tax Administration Act: Article: 4(f)(3)

Recommendations:

1. Amend the legislative framework and repeal provisions mandating “being of sound mind” to hold public office (including but not limited to the positions of President, Government Minister, Judge, and Parliament Member).

Article 30: Participation in cultural life, recreation, leisure and sport

With reference to paragraph 29 of the list of issues: The Maldives has not ratified the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled.

The Constitution and the Disability Act protects the right to participate in cultural life and benefit from literary and artistic endeavours. The Disability Act further protects and promotes participation in sports, cultural and recreational activities. These legislative protections fall short in implementation.

Inaccessibility of the built environment, attitudinal barriers, scarcity of specialised resources and the absence of accessibility provisions severely limit the participation of persons with disabilities in recreation, leisure, sports activities and cultural life. Tourism infrastructure ignores accessibility despite the industry's economic importance. Understanding and implementation of accessibility provisions are limited to a ramp, often not up-to standards, at the entrance of some venues and buildings. Tourist attractions, parks, stadiums, sports facilities, theatres, cinemas, museums, libraries, and other cultural and recreational centres, in addition to being largely physically inaccessible, provide neither information in accessible formats nor alternative communication methods. Similarly, restaurants, shops, conference halls and other private infrastructure, as well as the services provided by the private sector are similarly inaccessible. This discrepancy in accessibility reflects broader societal attitudes that persons with disabilities do not participate in sports, recreation, leisure and cultural activities. Budgetary allocations directed at enabling persons with disabilities to participate actively in sporting and recreational activities are insufficient, with the limited efforts undertaken being concentrated in the GMA.

Literacy and usage of Thaana braille is low and reading materials in braille (both English and Dhivehi) are negligible. An adequate screen reader for Dhivehi language does not exist, further hampering access to literature, news, popular culture and other information. Since the COVID19

pandemic, sign language interpretation has been used for some television programs. However, accessibility features have not been incorporated into the standard operating procedure of television channels, news media outlets and films (lacking subtitling, sign language interpretation, audio description and other accessibility features).

Persons with disabilities are structurally excluded from mainstream cultural events, tournaments, and sporting activities. Compared to mainstream sports, sports programs for persons with disabilities receive minimal support and recognition. Aside from the few sporting events organised by the Maldives Paralympic Committee, not many sporting events for disabled persons take place. Events by non-governmental actors are limited in scope and one-off events, more symbolic than substantial efforts at inclusion.

Available sporting opportunities to a great extent are only geared towards physical disabilities. Sporting opportunities for athletes with intellectual and psychosocial disabilities are even more neglected. Disabled athletes receive comparatively few funded training opportunities and have to cover the cost of their trainers and physiotherapy out of pocket, as well as having to purchase their own equipment and often-times their jerseys. A rights holder interviewed for this report revealed that they had been using the same jersey for three years to participate in international competitions and had received remarks about the state of their fading jersey.

There is a great disconnect between the Maldives Paralympic Committee and athletes. The Committee lacks knowledge and awareness of the needs of athletes. Illustrative of this point is the case where visually impaired athletes had requested “eye-pads” and the committee went so far as to get multiple quotations for the purchase of “iPads”[53].

Recommendations:

1. Ratify the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled.

[53] As reported by an athlete with disabilities.

Specific Obligations

Article 31: Statistics and Data Collection

There is an absence of disaggregated data on disability, such as gender, age, geographic location, educational level and socioeconomic status. Data systems designed to track rights realization across all sectors, enabling evidence-based policy development and accountability mechanisms are absent. Existing data is fragmented, conflicting and often out of date, with discrepancies in the measurement of disability between different state agencies. This results in statistical invisibility that enables government institutions to avoid accountability for gaps in facilitation of rights and services. The problem of treating disability data as administrative convenience rather than human rights monitoring is reflected in the failure to establish standardized data collection protocols.

Recommendations:

1. Establish data systems designed to track rights realization across all sectors to enable evidence-based policy development and accountability mechanisms.

Article 32: International Cooperation

Despite rhetorical commitments to leaving no one behind, the state has neither prioritized issues of persons with disabilities nor mainstreamed disability inclusion in international cooperation. OPDs are excluded from the design and implementation of international cooperation initiatives at all levels. There have not been any capacity building programmes to facilitate the engagement of persons with disabilities in this process.

Recommendations:

1. Mainstream disability inclusion in international cooperation; and ensure the active involvement of OPDs, in the planning, implementation, monitoring and evaluation of international cooperation.

Article 33: National Implementation and Monitor

The MoGFSS, with the national mandate for disabilities and charged with monitoring and reporting

on the CRPD, is understaffed and under-resourced to adequately carry out its various mandates.

The Disability Council established under the Disability Act is plagued with numerous issues undermining its effectiveness. The composition of the council ignores the diversity within the disability community. The capacity for effective enforcement by the council is hampered by the lack of authority, resources, and technical capacity required.

The HRCM, tasked with a monitoring role under the CRPD, lacks disability-specific expertise and resources.

Recommendations:

1. Allocate sufficient budget for the MoGFSS to carry out its mandates related to the CRPD.
2. Increase the disability-specific expertise and resources of the HRCM.