



Sexual and reproductive health and rights & Care-giving of persons with disabilities Workshop Rakahanga Hostel, Tupapa, Rarotonga 14th – 15th March 2016



Prepared by the Disability Division - Ministry of Internal Affairs,
Government of the Cook Islands
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**Sexual and Reproductive Health and Rights;
&
Care-giving of persons with disabilities Workshop
Rakahanga Hostel, Tupapa, Rarotonga
14th – 15th March 2016**

Outcomes and Recommendations

Introduction

1. Stakeholders from Ministries of Internal Affairs, Health, Education and non-government organizations responsible for disability issues converged at the Rakahanga Hostel, Tupapa, Rarotonga from 14-15 March 2016 to discuss sexual and reproductive health and rights and care giving of persons with disabilities in the Cook Islands.
2. The objectives of the workshop were:
 - a) to increase the knowledge and skills of service providers and potential individuals in the area of human rights treaties and linkages to our national strategies and programs
 - b) Build a sustainable rights based system for monitoring the effectiveness of disability inclusiveness in most national social policies of government
 - c) Foster cooperation and exchanges of good practices within and across all stakeholders

Participants

3. In attendance at the workshop were officials and individuals from the following agencies and organizations: Ministries of Internal Affairs, Health and Education, Ombudsman office. Also in attendance were representatives of non-government organizations; Cook Islands National Disability Council (CINDC), Creative Centre, Te Vaerua Community Rehabilitation, Te Kainga Mental Health, community leaders and interested individuals and persons with disabilities. A list of participants is attached as **Annex 3**.

Official opening

4. The day commenced with a hymn and opening message and prayer by Reverend Moutaiki Ngametua, President of the Cook Islands Christian Church (CICC) and chairman of the Religious Advisory Council (RAC).
5. Welcome remarks were extended to everyone by Secretary of Internal Affairs Ms Bredina Drollet.



Mrs Ina Hermann signing the Database MOU on behalf of MoE

6. Signage of Memorandum of Understanding for national disability Database

Prior to the formal inaugural address by the Minister of Internal Affairs was the signing of the Memorandum of Understanding (MOU) between Disability Database users namely respective heads of government ministries and representatives of



Minister Nicholas officially signing the Database MOU as witness.

designated organizations in the presence of everyone and officially witnessed by the Minister of Internal Affairs Honorable Albert Nicholas. Heads of Government ministries were Ms Bredina Drollet, Internal Affairs, Mrs Elizabeth Iro, Health, Mrs Ina Hermann representative from Ministry of Education (in the absence Ms Gail Townsend who was out of the country on official duty at the time), Ps Eliu Eliu, President Te Vaerua Rehabilitation Community organization, Mrs Mereana Taikoko, Manager Te Kainga Trust. There were two organizations whose heads were not present (CINDC & Creative Centre) at time of signing but they completed signage on the following day.

7. Official Launch of National Disability Database



Hon Nicholas officially declaring SRHR workshop open

The Minister for Internal Affairs Honorable Albert Nicholas officially launched the database with a demonstration of its content later in the morning by the IT consultant. In launching the Database, the Minister expressed his sincere gratitude to the Governments of New Zealand and Australia for their support over the years towards the causes of persons with disabilities in the Cook Islands. Special acknowledgement to the Australian Government for the support in completing this national Disability database over some prolong months.

8. The Minister also drew attention to Article 31 of the Convention on the Rights of Persons with Disabilities, where as a state party to the Convention, the Cook Islands is required to undertake collection of appropriate information, including statistical and research data, to enable us to formulate and implement policies to give effect to the

Convention. He also stated how the database has been designed in alignment with World Health Organization's definitions of disability under the International Classification of Functioning, Disability and Health (ICF) which stated that disability is an "umbrella term for impairments, activity limitations or participation restrictions", which result from the interaction between the person with a health condition and environmental factors (e.g. the physical environment, attitudes), and personal factors (e.g. age or gender).

9. The Minister for Health, Honorable Nandi Glassie expressed his appreciation to the call of the workshop and recognized two significant things namely networking and standardization of our efforts. He also reiterated his experience during the dialogue session with the CRPD Committee in April 2015. He noted the high profiles of the committee as they were mostly lawyers and experts in the specialized areas of disability and his amazement to how well inform they were about the Cook Islands and its people. He recapped the numerous questions raised by the committee in relation to the database on persons with disabilities. This shows how vital it is for us as a state party to have that information compiled because of the various benefit it will help government identify and allocate support to persons with disabilities even our development partners.



Hon Glassie speaking at opening of SRHR workshop



Mr Mitchell Tutangata presenting the Disability database to participants

Demonstration of Disability Database

10. The IT consultant, Mr Mitchell Tutangata made a brief presentation on the Disability Database taking the stakeholders through the components and the processes involved. One of the highlights of the presentation and discussions was the access level of database users, to which stakeholders were reaffirmed that each of the organizations has a focal point, who has been trained to do data entries into the database. Also, the issue of confidentiality of clients was brought up, to which the Consultant was able to reveal that all clients' have been converted into codes and for aggregated details of the database, stakeholders or any interested party were

encouraged to visit the Disability Division of the Ministry of Internal Affairs, for assistance as they will be the Administrators of the database.

Introduction/Overview of workshop

11. Introduction and overview of the workshop was briefly delivered by Ms Nooroa Numanga, Director for Disability citing the Objectives of the workshop. The expectation is that at the end of the workshop, participants are able to understand

- the relationship between human rights conventions and national policies and programs
- Understand the rights of persons with disabilities to and in the public domain socially, economically and development services.
- Collaborate with one another in programs for persons with disabilities by sharing resources and information and taking a look at WHO's Community Based Rehabilitation model.

Session 1: Human Rights Conventions – CRPD & CEDAW

12. The first presentation was on the Convention on the Rights of Persons with Disabilities and



application to national frameworks such as the Disability Inclusive Development (DID) Policy 2014- 2019 and the Disability Inclusive Development (DID) Project Key Result Areas 2014-2016. This was presented by Ms Lanieta Matanatabu, Program, Research and communication officer, Disability Division of Ministry of Internal Affairs. Special focus was on Articles 6, in recognition of women & girls with disabilities as subjects of multiple discrimination and the state's responsibility to ensure that these women enjoy full and equal human rights and fundamental freedoms stipulated in the convention.

13. In addition, Ms Matanatabu also touched on Article 25 of the CRPD in relation to Health. It specifies the right of persons with disabilities to enjoy the highest attainable standard of health without discrimination on the basis of disability and the requirement of the state to provide appropriate measures for persons with disabilities to access quality health services that are gender – sensitive, including health related rehabilitation. Also free and affordable health care and programs enjoyed by others including in the area of sexual

reproductive health and population. Such programs including early identification & intervention among children and older persons.

14. In drawing the convention to the national context is the recent adoption of the Cook Islands Disability Inclusive Development (DID) Policy & action plan 2014 – 2019. Under Priority Area 9 of the policy, it addresses the rights of Women & Girls with disabilities to have equal access to mainstream development opportunities and activities identified for support these women such as institutional support and advocacy initiatives in recognition of their rights.

15. Priority 8 of the DID Policy 2014-2019, regarded the importance of partnership, coordination and mainstreaming of disability within Cook Islands government & Civil Society in order to improve coordination among different areas of government, service providers and civil society. Cooperation with regional & international partners are also recognized for facilitating support, sharing lessons learned, good practices & innovative solutions. The integration of disability in all national policies & practices to address barriers that exclude persons with disabilities from participating equally with others is crucial in the policy which government is pursuing for the next four years.

16. The emanation of the Disability Inclusive Development Project 2014-2016, supported by the Government of Australia support the implementation of the DID Policy with the purpose of supporting the Cook Islands Government's to fulfil its obligations under CRPD and more effectively empower persons with disabilities to fulfil their potential, prosper and participate in the social, economic, political and cultural life of the community. And under key result area 3 of the project, the requirement to develop a Monitoring, Evaluation and Reporting Framework and a National Action Plan with the objective to provide a supportive and enabling environment for families, care-givers and self-help groups.

17. Ms Ruth Pokura, Director for Gender and development Division of Ministry of Internal Affairs presented on gender perspectives and disability. Enshrined under CEDAW the Gender Equality and Women's Empowerment (GEWE) & Strategic Plan of Action 2011-2016 recognized the contributions by women with disabilities to the economic development of the country when they are empowered and supported. She presented a picture of a girl with visual impairment with an older women holding their crafts challenging the participants their understanding of human rights and the rights of human beings, and to define the right messages as well as wrong messages. After several interventions from the participants



on the photograph, the reasonable clarification came down to the recognition of the potential and right of the visually impaired girl to engage in socio-economic development.

18. Ms Pokura continued to exemplify the recognition of women and girls with disabilities under Outcome 3 of GEWE with the key action of supporting their integration in socio economic development hence the current fiscal support awarded to the organization of Women and Girls with disabilities of the Cook Islands.



19. Participants:

- Called** for more training and awareness on the rights conventions be conducted in future and to include more persons with disabilities
- Called** for extensive invitations to faith based organizations and traditional leaders in the community.
- Called** for a gender balance of participants.
- 80%** of participants reported this session good as it has given them sound understanding of human rights.
- 18%** recognized this session excellent.
- 2%** reported this session as fair.
- In general, **acknowledges** the important of knowing and understanding sexual reproductive health and rights of everyone although the session focused on persons with disabilities.

Session 2: Sexual and reproductive health of persons with disabilities – reflected in national strategies and action plans

19. Ms Edwina Tangaroa, Community Health promoter from Ministry of Health presented the Cook Islands national strategy and action plan for non-communicable diseases 2015-2019 focusing on Component 4 of the action plan relating to mental health and disability. She also presented the Cook Islands Integrated National Strategic Plan for sexual and reproductive Health 2014-2018 from an administrative perspective. Although under Goal 2B of the strategic plan it stated the provision of

a rights-based approach to sexual and reproductive health to girls and women, with a focus on eliminating complications of teenage pregnancy, there was no specific indication of application to girls and women with disabilities. This is an area that need strengthening by the Ministry in the future.

20. Participants:

- a) **75%** of participants acknowledges this session good and helpful to family members.
- b) **22%** of participants reported this session excellent.
- c) **3%** with fair comment.
- d) In general **recognizes** the need for public education on sexual and reproductive health of persons with disabilities to be strengthened including family members.

Session 3: Group Activity 1: Sexual and reproductive health and rights issues of persons with disabilities – Benefits and challenges

21. This session was conducted in a carousel approach where participants moved from group to group responding to the four given questions as they were divided into four groups. The four questions were as follow;-



Participants at work on day 1

- 1. Are there still existing gaps in addressing the sexual reproductive health of women & girls with disabilities? Identify them...
- 2. What sexual reproductive health services are available for persons with disabilities?
- 3. Are persons with disabilities aware of these services Yes/No.? If NO who should tell them?
- 4. Benefits and challenges in conducting sexual and reproductive health.

The intention was for each participant to learn from one another in terms of lessons learnt and share best practices from their areas of work and recommendations for improvement of sexual and reproductive and health services for persons with

disabilities. The reports showing outcomes from each group is annexed as **Annex 1**.

22. Participants:

- a) **Called** for more education in various sectors of the community on sexual reproductive health and rights of persons with disabilities
- b) **Called** for strengthening of sexual and reproductive health and rights in school curriculums
- c) **Called** for increase of men/male participation in workshops in order to learn about the rights of women and disabilities to avoid physical abuses and family violence
- d) **85%** of participants reported this session to be very good and helpful.
- e) **13%** acknowledge this session excellent because it gives them opportunity to contribute their ideas.
- f) **2%** with fair comment.
- g) In general, participants **learned** from one another on benefits and challenges persons with disabilities face with sexual reproductive health and their rights.

Session 4: Practices/experiences in addressing sexual and reproductive health in the Cook Islands

23. Ms Edwina Tangaroa, Ministry of Health Promoter presented on numerous practices that MOH provide to help protect and prevent common diseases perceived to affect the sexual and reproductive health of our people. These include family planning methods, provision of preventative tools such as condoms to delay and avert pregnancy especially amongst young people. The provision of ante natal care for all pregnant women and tests conducted for HIV and other STIs including pap smears for detection of early cervical cancers among women. Also breast examinations for women are performed on first visit to ante natal clinic as well as other preparations for women leading to the delivery of their babies.



24. In ensuring that the sexual reproductive health messages is continuously raised and strengthened nationwide, the Ministry of Health conducts a 5 minute radio program on Radio Cook Islands every morning (five days a week). With the generous and unending sponsorship by Vonnia's Store, this program has been going for over a decade helping educate our people in Rarotonga and Pa Enua on sexual reproductive health. "Men issues are also addressed through the Men's health programs and if and when women are tested positive for STIs, then their partners also receive treatment," said Ms Tangaroa.



Tamara File sharing her experience with sexual reproductive advocacy

25. Ms Tamara File, Cook Islands Family Welfare Association (CIFWA) Youth peer volunteer presented on practises that CIFWA is undertaking in terms of their advocacy work on reproductive health of young people. Ms File stated that most of their advocacy work is delivered through the FM radio in the English language. Interventions were received from the participants with one noted suggestion the possibility of Radio Cook Islands be used for their advocacy and in Cook Islands Maori language since the majority of radio listeners are Cook Islands Maori speakers and its extensive frequency in reaching the people of the Pa Enua. Ms File conceded that this is an issue for them to review in the future and availability of resources.

26. Participants:

- a) **Recommended** the usage of Cook Islands radio as a way to disseminate information out to the outer villages and Pa Enua in both languages, English & Cook Islands Maori.
- b) **Recommended** that training for nurses be provided on mental and disability – that there be specific curriculum in the Nursing School for Mental Health & Disability.
- c) **75%** of participants reported this to be an important session.
- d) **23%** recognized this session excellent.
- e) **2%** fair comments.

- f) In general, participants **recognized** the important of a widely dissemination of information and practices on sexual reproductive and availability where the community including persons with disabilities can reach.

27. Reflection of Day 1 presentations

A summary reflection of topics covered during the day's sessions were recapped by the emcee and closed with a prayer.

Day 2

28. The day began with an opening prayer followed by participants' reflections on topics they chose to be hot or they find helpful that were deliberated on Day 1. As participants came from various backgrounds so their preferences also differ from one another.

Session 5: Panel discussion – Operational strategies on care-giving and current practises

29. Key speakers from service providers convened a panel discussion on their operating policies or action plans on care-giving and current practices. The panellists were:

- | | |
|---------------------|---|
| Dr Neti Tamarua | - Ministry of Health |
| Ms Ngatuaine Maui | - Director of Wefare Division, Ministry of Internal Affairs |
| Ms Donna Smith | - Occupational therapist, Te Vaerua |
| Mrs Mereana Taikoko | - Manager, Te Kainga |

30. Dr Neti Tamarua briefly gave an informative presentation on the caring of the elderly and persons with disabilities. Firstly, the need to understand the ageing process, physiology or factors contributing to ageing, social and emotional changes and preventative measures.



Panellists sharing of current practices and supporting care giving

31. Dr Tamarua also highlighted the characteristics of those caring for the ageing people similarly with persons with disabilities. It is important that one undergo special training in this field to gauge knowledge in personal hygiene, good nutrition, mobility, patient safety and mental well-being. Also the importance of caring of the care giver and support from others in the caring process.

32. Ms Ngatuaine Maui, Director of Welfare, Ministry of Internal Affairs gave an overview of the care giving policy that guides the practices of the Division in granting care giving support to care giver applicants. Firstly, the vision of the policy is to ensure that the very elderly and disabled persons

with high needs receive quality and appropriate care from individuals in the community with the assurance that these people receive high quality of life with fundamental consideration of their human rights. Objectively, in order for the elderly with high care needs and persons with permanent disabilities living in the Cook Islands receive quality care from those individuals chosen to care for them, the Division provide support to those individuals through the Caregivers allowance.

33. Ms Maui also emphasized the eligibility for the caregiving support; firstly for a *person needing care* such person being a pensioner whether it be a Cook Island or New Zealand infirmed beneficiary, Partial or completely immobile due to physical condition, inability to look after themselves and who has no personal or family resources to provide necessary care.

And for a *care giver*, he/she has to be an adult over 16 years and not in school, not employed full time and able to provide care for a maximum of 6 hours per day, 5 days a week. Care givers duties

include personal hygiene, clean environment, food preparations, basic physical activities and assist with medication intakes. In addition to the eligibility criteria of the care giving support, there is a 2-test system based on the high care needs of the person as well as the resources that the beneficiary is currently attaining.

34. Ms Maui also gave an illustration of the care giving process, firstly it has to go through the Destitute and Infirm committee as legislated by the Welfare Act and chaired by the Secretary of Health and co-chaired by Secretary of Internal Affairs. An application has to be accompanied by a doctor's medical report for verification of infirmity. Then an assessment report by the Welfare officers who visits the applicant/client. Once all criteria and supportive documents are provided and approval granted by the Committee to an application, a monthly payment of \$165 or \$82.50 bi-monthly is paid to the applicant.



35. Ms Donna Smith, an occupational therapist with Te Vaerua Community Rehabilitation services presented on the organizations historic and current processes on care giving. Firstly the development of an annual plan that encompasses their care giving project and programs. Then the initial review of clients by the Te Vaerua staff comprising of a project manager, occupational therapist and physio-therapist followed by the development of a Care giving manual supported by the Asian Development Bank.

36. Care givers were recruited adhering the formal process for recruitment then they received training according to the national training manual. In the event of referrals, the therapy team assesses the situation first before developing a care plan for the client and assignment of appropriate care giver hence introductory visit to client and family members discussing the care plan and once agreed both parties endorse the plan and individual agreement. Monitoring of the service is conducted by the project manager and therapy team whilst 5 caregivers delivered the services to 8 clients per week at 20 hours a week. Each client has a journal completed daily by the care givers. Care givers are paid by the organization. The outcome of the project has provided good support for people in the community. Monitoring of people living alone in their homes were also undertaken and their needs identified as well as referrals received from the community.

37. Since the cessation of funding support from ADB, there is no recognized care givers service in the country. There are also other challenges faced in the care giving space here as it is difficult to find passionate people in this field while at the same time the number of people needing full time care or for personal cares, hence the importation of migrant workers to fill these spaces.

38. According to Ms Smith, Te Vaerua provides training to families on a one to one basis since a lot of families have limited or no training at all in care giving. There are also those living alone without support, some family's find it difficult to provide personal care for their elderly/disabled members because of other commitments – mortgages and family.



39. Mrs Mereana Taikoko, Manager for Te Kainga Mental Wellbeing and Family Services gave a historical summary of the Te Kainga. Established in Tutakimoa in April, 2004 with support by Dr Tere and Global volunteer specialists. In July 2005, the office relocated to Tupapa behind Ministry of internal Affairs where Te Kainga was launched and its Alcohol Anonymous project. In 2006, Te Kainga relocated to family premise in Panama.

40. From 2005 to 2015, Te Kainga in partnership with psychiatry professors has conducted numerous trainings and workshops on mental health in many of the Pa Enua and Rarotonga. Throughout those years Te Kainga has received external funding supports from NZAID, MOH, EU, WHO, Japan, India and SIF which has helped with most of their reaching out projects in particular those with psychological needs. Te Kaing works in partnership with the Ministry of Health and that relationship has strengthened over the years. SIF has supported the recruitment of PSR part time staff, Centre resources and some Pa Enua trainings. With the PRS program it accommodates 25 members 2 to 3 days a week. The PRS program is also introduced to the elderly and stressed family care givers. Te Kainga has also included men's health clinic programs in their activities.

41. Participants:

- a) **Noted** that Te Vaerua has provided a successful caregivers service for two years but has ceased for financial constraint and **recommended** the caregivers allowance be used for those requiring some supports in their homes to restart this programme again to keep it sustainable.
- b) **Noted** that if families are keen to stay with their loved ones, then they continue to receive the caregivers allowance as it is at present.
- c) **Recommend** more awareness programmes on care givers profile.
- d) **Recommended** an **increase** to the **current Caregivers and Infirm allowances to \$200 a month.**
- e) **Called** for an **increase in the NCD checkups and medications** of the elderly that they be checked **monthly** rather than 3 months.
- f) **Called** for a roundtable dialogue for training of caregivers in order to establish a registry for trained caregivers
- g) **70%** of participants reported the session to be informative and understanding.
- h) **28%** reported this session excellent.
- i) **2%** fair comments
- j) In general, participants **recommended** for a care giving policy to be developed to guide and support all care giving practices.

Session 6: Sharing of care-giving experiences by care-givers

42. This session heard the first hand experiences of practicing Care-givers on Rarotonga and Aitutaki. They were Mrs Ina Matapo, who is a Care giver for her disabled daughter, Ms Joanna Patterson – Care giver for an elderly lady on Aitutaki and Mr John Oariki – New Zealand certified care giver.



Care givers sharing first hand care giving experiences

43. Mrs Ina Matapo gave her living testimony of how she has been caring for her adopted daughter for 25 years. Her daughter has cerebral palsy and is continuously taking medication. Her daughter attended school until she turned 12 years old when her health became deteriorated that she has to stop attending school. According to Mrs Matapo she is fortunate to have her husband and family around her to help with caring her daughter. Sure she does get tired but because she love her daughter dearly, she never give up on her. She does get fits but she's learned how to address it. According to Mrs Matapo, "I gained my strength through prayer daily and her love for her daughter".

44. Ms. Joanna Patterson hailed from the island of Aitutaki where she is the current Disability coordinator on the island and caring for the elderly is a passion for her since she was a young girl. Ms Patterson shared her experiences in caring for a 103 year old lady on Aitutaki. According to Ms Patterson, "I keep a daily routine with the old lady, know her favorite food and diet, her resting place and hour of sleep and proper personal care. Most importantly, I have patient and intimate relationship (love) with the old lady" said Ms Patterson. She recommended that for anyone desiring to take up care giving as a job. This was not part of her term of reference but because she has the passion to support this elderly lady and her daughter who is also in her eighties.

45. Ms Patterson recognizes the great need for caregivers in Aitutaki. At the same time realizes the need for capacity building of people who wants to become caregivers including Internal Affairs staff and other institutional staff on the island. Fiscal and care giving resources is also needed to support the care needs of our vulnerable people. She also notice the lack of people committing to this kind of work. She recognizes the need for the right people and not just anyone. In Aitutaki the Disability Centre staff provide all of these services and at times it goes beyond anyone's expectation.

46. Mr John Oariki shared his experience as a registered care provider in New Zealand for 15 years. Contrary to our limited resources here, he had a lot of them in New Zealand. They also have a lot of back up supports as they have teams of thousand care providers around the country so they don't get 'burnt out'. They also undergo trainings in order to qualify as a care provider and they only work for certain hours a day per client.

47. Participants:

- a) **Noted** the need to establish a home care and caregiving service in Aitutaki
- b) **80%** of participants reported this session to be moving and need to be rewarded.
- c) **20%** acknowledge this session excellent.
- d) In general, participants **noted** the important and value of the care giving services by care givers for their loved ones including the experiences of the Pa Enea.

Session 7: Roles and responsibilities of Caregivers



Care giving local experts

48. This session received presentations from Mele Mataiti of Creative Centre, Dee Johnson, physiotherapist at Te Vaerua, Mereana Taikoko, Manager of Te Kainga and Dr Neti Tamarua Community Health, Ministry of Health.

49. In her presentation, Ms Mele Mataiti informed participants of certain qualifications to have as a caregiver. These are knowledge of the culture, safety policy and code of health and disability services. In addition consumer rights and to ensure that clients get the highest standard of care. “As caregivers, we are required to have good communication, passion for the elderly and disabled person” said Ms Mataiti. It is very important to know the clients history, her/his preferences, how to address them (name), know their religion and occupation she said. Also important for a caregiver to know your rights as caregiver and use your common sense when on duty.

50. In her role as physiotherapist, Dee Johnson told everyone the need for caregivers to respect the people they care for and their rights. In addition the need to facilitate and advocate for them with the primary goal for their safety as well as ours as care givers. ‘Be open minded and specific when around them’, said Ms Johnson. She continued expressing the need for Caregivers to receive good and appropriate training so that we are able to provide good services and that those we care for enjoy life.

51. Mrs Mereana Taikoko presented her role as an advocator for mental health and being in this role she would like to increase the awareness on mental health so that people will understand the psychological effect of mental health on clients. At the same time the intention to help reduce mental stigmatization. So it is important for care givers to ensure high quality standard of care is provided to clients so that they also receive better quality of life. She endeavors to support family members that come for help at the Centre in Panama. Te Kainga provides accessible services to anyone who has psychological problems and acknowledges the partnership supports by stakeholders, partners and donors.

52. Dr Neti Tamarua informed participants of the need for a care giver to undergo special training so to perform quality services to clients and to avoid harm to them. At the same time, the important of recognizing the impact of care giving on the caregiver’s life. As care givers it is essential to accept help from family members, friends, church groups and support groups. Through this it prevents caregivers from getting ‘burnt out’ and injury to the body particularly the backside. At the demise of a client, allow time to grieve.

53. Participants:

- a) **Recognized** the immediate need for a coordinated body for caregivers in the country.
- b) **Called** for the need to
- c) **80%** of participants reported the important of the roles of care givers.
- d) **20%** acknowledge the excellent roles and responsibilities of care givers.
- e) Specifically **recommended** the need to conduct trainings and establishment of a registry of care givers to provide skilled and effective services for our disabled/elderly people.

Session 8: Group Activity 2 – Strengthening our current care giving services

54. This session was conducted in a world café approach where everyone moved from one question to another contributing to each of the questions. Participants were divided in four groups discussing the following questions;

1. Do we need to establish a coordinated care giving service(s)? Is this service essential for Rarotonga/Pa Eヌua?
2. Who will be responsible to coordinate the care-giving services?
3. Who are the support stakeholders in the community?
4. Who will be responsible to fund the services of care-givers in order to sustain it long termly?

The intention was for each participant to learn from one another in terms of lessons learnt and best practices perceived to contribute to strengthen services towards persons with disabilities so that they enjoy quality life in the Cook Islands. The reports showing outcomes from each group is annexed as **Annex 2** to this document.



55. Following the presentations by the groups, there was a brief demonstration by the physio therapist Dee Johnson on how to assist a client with mobility difficulty or stroke client. As basically instructed, you have to lift the client from his/her weak or paralysed side. Balance yourself in a better position before raising the person to her feet.

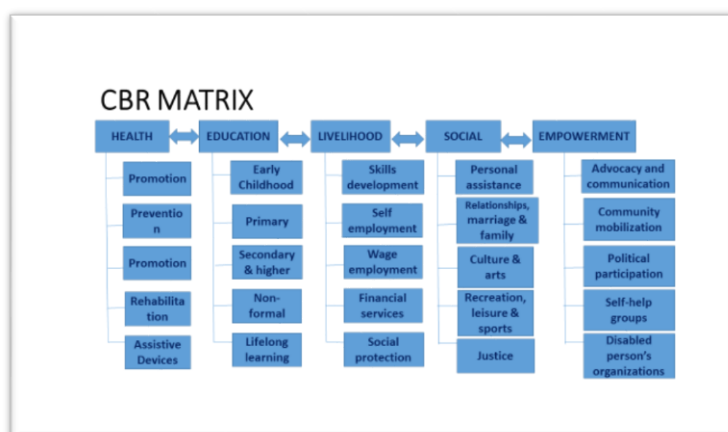
56. Participants:

- a) **Called** for a sign language interpreter to be included in the training of caregivers
- b) **Called** for more human resources
- c) **80%** of participants **reported** this session important and the need to be conducted in the community.
- d) **20%** regarded it excellent.
- e) **Recommended** for more practical sessions in the wider community on different types of disabled persons (apart from stroke victims as demonstrated), mental and elderly.

Session 9: Community Base Rehabilitation Approach

57. The last session of the day's presentations was the introduction of WHO's broader multisectoral development strategy on Community Based Rehabilitation (CBR) delivered by Ms Nooroa Numanga, Director for Disability Division, Ministry of Internal Affairs. As defined by the World Report on Disability, 2011; CBR is "an approach within general community development for rehabilitation, poverty reduction, equalization of opportunities and social inclusion of all persons with disabilities. Thus carried out through the combined efforts of persons with disabilities, their families, organizations and communities, and the relevant governmental and nongovernmental health, education, vocational, social and other services".

58. Substantial in the evolution of CBR into a broader multisectoral approach, a matrix was developed to provide a common framework for CBR programs comprising of five key components



health, education, livelihood, social and empowerment. Within each component there are five elements. The first four components relates to the empowerment of persons with disabilities, their families and communities, which is fundamental for ensuring access to each development sector and improving the quality of life and enjoyment of human rights for persons with disabilities.

59. According to Ms Numanga, “this may be perceived to be a foreign concept or another added responsibility on us hence without realizing that we are actually carrying out CBR practices here and increasingly so. We understand the challenges we all face with resource constraints so we need to coordinate our services and share necessary resources in order for our people receive the quality of life they expect as Cook Islanders,” said Ms Numanga.

60. Participants:

- a) **Recommended** the establishment of a Sexual Reproductive health and care giving coordinated group to consist of:
 - i. Ministry of Health
 - ii. Ministry of education
 - iii. Ministry of Internal Affairs
 - iv. Te Vaerua Community Rehabilitation
 - v. Te Kainga
 - vi. Creative Centre
 - vii. CINDC/CIWGDO
 - viii. Aronga Mana
 - ix. RAC
- b) **Called** for support from all stakeholders to ensure that the coordinating group is formed and support the work of the group
- c) **Called** for a **lead agency** in government to **drive** the work of the group and sharing of resources among everyone.
- d) **80%** of participants recognize this session helpful and instrumental for a better coordination and communication of services by all stakeholders.
- e) **20%** acknowledges this approach excellent.
- f) On the overall, participants **recognized** the need for better coordination of all services for persons with disabilities across all sectors in the community with Government’s support.

61. Closing

62. After evaluating of the day’s sessions, the workshop wrapped up with closing remarks by Ms Nooroa Numanga on behalf of the secretary of Ministry of Internal Affairs. Ms Numanga thanked all representatives from various ministries of government, non-government organizations, persons with disabilities and civil society members for their participation and contributions at the workshop. It has been a very engaging workshop with good discussions on each sessions that were presented.

63. At the completion of the draft report of workshop, this will be forwarded to focal contacts in the various agencies and organizations providing services to persons with disabilities for comments before finalization of report.

END

Day 1

Session 3: Sexual and reproductive health and rights issues of persons with disabilities – Benefits and challenges; Outcomes of Group Discussions and report Back Session

Question 1: Are there still existing gaps in addressing the sexual reproductive health of persons with disabilities? Identify them...	
Responses	
YES	Areas:
	Religion, Culture, Fear & shame, Confidentiality
	Economic reasons - Access limitations to transportation
	Social reasons - Family time, vulnerable to abuse – sexual, physical, mental, emotional
	Male participation – education, psychological, mental etc to support one another
	Political intervention – To address outdated laws
	Financial support
	Women should support women and girls
	Strengthen sexual/reproductive health in school curriculum
	Communication
	Practical demonstration
	Refusal of acceptance

Question 2: What sexual reproductive health services are available for persons with disabilities	
Responses	
Programs/services	Service providers
Family planning	Cook Islands Family Welfare Association Hospital - Gynaecology clinic
Counselling & Supply of condoms	Red Cross
Antenatal clinic	
Health promotion Schools, community, non-government organizations	Public Health Nurses
CIIS, Health Education, Provide contraception (Injection) counselling, home visits	Public Health Nurses
Counselling & support	Parents & Family members
Counselling	Religious Groups, Uniform organizations, Youth groups, NGOs, Punanga Tauturu, Te Kainga

Question 3: Are persons with disabilities aware of these services Yes/No. If NO who should tell them?		
Responses		
Yes	Responsible people	Methods
	Parents & family members	Verbal communication
	Community	Education in schools
	Health workers, public health nurses, gynaecologist(Dr May), CIFWA, Maternity staff	Awareness programs, Counselling services, Radio, Media, Internet, Facebook
	Co-workers – Creative centre, te Vaerua, Te Kainga, CIWGWDO	
No	Reasons	
	Most of them are not aware	
	Language barrier, deaf, confidentiality, immature, sensitivity	
	Don't know how to access those services	
	Lack of knowledge and communication	
	Neglected	

Question 4: Benefits and challenges in conducting sexual and reproductive health	
Responses	
Benefits	Challenges
Awareness <ul style="list-style-type: none"> - Promotion, youth help line - 88 FM Radio - Access - Education - Safety 	Family <ul style="list-style-type: none"> - Behaviour & attitude - Not accepting their rights to sexual & reproductive health
Prevention methods <ul style="list-style-type: none"> - Condom distributions 	Social barriers <ul style="list-style-type: none"> - Culture - Religion - ignorant
Pleasure	Consequence of pleasure <ul style="list-style-type: none"> - unplanned pregnancy - financial impact
Finance	Need for more funding & budget and human resources
Free family planning information	
Reduction in STI	
Acts, Regulations	
Safe health and enjoyment	Peer pressure
Low mortality rate	Isolation
Affordability	
Better quality of life	

Day 2

Session 8: Strengthening our current care giving services

Question 1: Do we need to establish a coordinated care giving service(s)? Is this service essential for Rarotonga/Pa Enua?	
Responses	
Yes. This need to be established in both Rarotonga and Pa Enua and Government to coordinate it.	Responsible agency
	Ministry of Internal Affairs with budget commitment/support in line with CEDAW and CRPD.
Let's all decelerate!	

Question 2: Who will be responsible to coordinate the care-giving services?
Responses
Ministry of Health to be responsible to oversee the services
Ministry of Internal Affairs to provide funding for the services
Support Partners – Te Vaerua, Family/community, Creative Centre, Te Kainga, Health providers - Public nurses, doctors, allied health

Question 3: Who are the support stakeholders in the community?
Responses
Ministries of Internal Affairs, Health & Education, Te Kainga, Creative Centre, Te Vaerua, Red Cross, Punanga Tauturu Inc, Private sector, Family/Friends, community, Island Council, Are Pa Metua, Religious Advisory Council, Youth Groups, Uniform organizations, Sports association (Mongoose), Members of parliament, child welfare, Ombudsman, Aronga Mana

Question 4: Who will be responsible to fund the services of care-givers in order to sustain it long termly?	
Responses	
a. Government 1. Ministry of Health 2. Ministry of Education 3. Ministry of Internal Affairs	In partnership with: - Te Vaerua - Te Kainga - NGO groups
b. Donor partners 1. Social impact Fund 2. Others	
c. Community support 1. Churches – housie support 2. Businesses – sponsorship 3. Individuals - donations	

**Sexual and reproductive health and rights;
&
Care-giving of persons with disabilities Workshop
Rakahanga Hostel, Tupapa, Rarotonga
14th – 15th March 2016**

List of Participants

Day 1 – Monday 14th March 2016

Name	Designation/Ministry	Contact
1. Hiawatha Tauia	Public Health Nurse/ Health	29110
2.Rongo Ingaua	Public Health Nurse	29110
3.Tearoa Ngaro	Public Health Nurse	29110
4.Mona Manavaroa	Public Health Nurse	denny.manaroa@cookislands.gov.ck
5.Rufina Tutai	Public Health Nurse	29110
6.Metua College	Public Health Nurse	29110
7.Clemency Emily Goldie	Public Health Manager	29110
8.Edwina Tangaroa	Health Promotion Unit	29110
9.Dr Neti Tamarua	Director, Community Health	29110
10.Tearoa Iorangi	Manager, Health Information Unit	tearoa.iorangi@cookislands.gov.ck
11.Dr Ni Ni Wynn	GOPD - Rarotonga Hospital	n.wynn@cookislands.gov.ck
12.Rosaleen Porea	Student Nurse	58909
13.Toa Pole	Student Nurse	77473
14.June Punua	Student Nurse	22664
15.Florence Mataio	Student Nurse	22664
16.Puna Taura	Student Nurse	22664
17.Ake Teiotu	Student Nurse	22664
18.Ruth Pokura	Gender division - Intaff	29370
18.Tupopongi Marsters	Gender division	29370
20.Ngatuaine Maui	Welfare division	ngatuaine.maui@cookilands.gov.ck
21.Papaterai William	Welfare division	29370
22.Takangaiva Teitiare	Welfare division	29370
23.Lanieta Matanatabu	Disability division	29370
24.Jeanine Daniel	Office of the Ombudsman	jeanine.daniel@cookislands.gov.ck
25.Ina Herman	Ministry of Education	
26.Mele Mataiti	Creative Centre	20081
27.Eliu Eliu	Te Vaerua Community Rehabilitation	54851
28.Mary Dean	Cook Islands National Disability Council	70035
29.Joanna Patterson	Aitutaki Disability Centre	52335 intafait@aitutaki.net.ck
30.Tearuru Takai	Retired nurse	27775
31.Naomi Manavaikai	Cook Islands Family welfare Association	75487
Day 2 – Tuesday 15th March 2016		
1.Hiawatha Tauia	Public Health Nurse/ Health	29110
2.Rongo Ingaua	Public Health Nurse	29110
3.Tearoa Ngaro	Public Health Nurse	29110

4.Mona Manavaroa	Public Health Nurse	29110
5.Rufina Tutai	Public Health Nurse	29110
6.Metua College	Public Health Nurse	29110
7.Clemency Emily Goldie	Public Health Manager	29110
8.Dr Neti Tamarua	Director, Community Health	29110
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12.Toa Pole	Student Nurse	77473
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14.Florence Mataio	Student Nurse	22664
15.Puna Taura	Student Nurse	22664
16.Ake Ngatuaine	Student Nurse	22664
17.Ake Teiotu	Nurse – Nursing School	22664
18.Ruth Pokura	Gender division - Intaff	29370
19.Tupopongi Marsters	Gender division - Intaff	29370
20.Ngatuaine Maui	Welfare division	29370
21.Papaterai William	Welfare division	29370
22.Takangaiva Tetiara	Welfare division	29370
23.Lanieta Matanatabu	Disability division	29370
24.Jeanine Daniel	Office of the Ombudsman	jeanine.daniel@cookislands.gov.ck
25.Ina Herman	Ministry of Education	ina@education.gov.ck
26.Mary Dean	Cook Islands National Disability Council	70035
27.Joanna Patterson	Aitutaki Disability Centre	52335 intafait@aitutaki.net.ck
28.Gail Kimi	Women & girls with disabilities org	20199
29.Tearuru Takai	Retired nurse	27775
30.Eliu Eliu	Te Vaerua Community Rehabilitation	54851
31.Oropai M Mataroa	Te Vaerua Community Rehabilitation	22426
32.Donna Smith	Te Vaerua Community Rehabilitation	22426
33.Dee Johnson (Physiotherapist)	Te Vaerua Community Rehabilitation	55240
34.Ina Matapo	Caregiver	57583
35.John Tairea	Caregiver	
36.Mele Mataiti	Creative centre	20081
37.Mata Ngamata	Creative centre	20081
38.Ngametua Tuakana	Creative centre	20081
39.Dawn Hosking	Creative centre	20081
40.Tuakana Puna	Creative centre	20081
41.Margaret Makakea	Creative centre	20081
42.Helen Tomokino	Creative centre	20081
43.Mele Taufahema	Creative centre	20081
44.Mii Aratangi	Creative centre	20081
45.Angie Tuara	SIF/Intaff	29378/74557
46.Naomi Manavaikai	Cook Islands Family welfare Association	75487
47.Nooroa Numanga	Director Disability Division, MIA	nooraa.numanga@cookislands.gov.ck



Annex 4

**Sexual and reproductive health and rights;
and
Care-giving of persons with disabilities Workshop
14th – 15th March 2016
Venue: Rakahanga Hostel, Avarua, Rarotonga**

Time	Monday 14 th	Tuesday 15 th
8:45am	MC: Nooroa Numanga Opening prayer: Rev. Moutaiki Ngametua Welcome address: Bredina Drollet – Secretary Ministry of Internal Affairs	8:45am Opening Prayer: Participant Recap – Hot topics - Participants
9:00am	Signing of Database MOU between leaders of stakeholders Official launch of the Cook Islands National Disability Database & Opening of Workshop Minister of Internal Affairs – Hon. Albert Nicholas Short Demonstration of database – MIA/Mitchel Tutangata-IT consultant <i>Group photo</i>	9:00am-9:45am Session 5 (Panel Discussions) Operation Policies/Action plans on care-giving & current practices Dr Neti Tamarua-MoH/Ngatuaine Maui-MIA/Donna Smith - Te Vaerua/Mereana Taikoko – Te Kainga
9:30am	Light refreshment for invited guests	9:45 - 9:55am Morning tea
9:35am	Introduction/Overview of workshop: <i>Nooroa Numanga</i> Director Disability Division - MIA	9:55am-10:15am Session 6 Sharing of care-giving experiences - Care-givers (5 mins each) Mrs Ina Matapo/Ms Joana Patterson/Mr John Oariki
9:40 -10:00am	Session 1: Related Human Rights Conventions	10:15am – 10:45am

	CRPD (A.25 & A.6), Cls Disability Inclusive Development Policy 2014 - 2019 (9), DID Project 2014-2016 CEDAW (A.12), Gender Equality & Women's Empowerment Policy 2011-2016 – Q & A - Lanieta Matanatabu/Ruth Pokura - MIA	Session 7 What are care-givers? Roles & responsibilities
10:00 - 10:15am	Morning Tea	Dr Neti Tamarua, Dee Johnson-TeVaerua, Mereana Taikoko, Mele Mataiti-Creative Centre
10:15 - 10:45am	Session 2 Sexual and reproductive health of persons with disabilities <ul style="list-style-type: none"> - Cook Islands National Strategy and Action plan for NCDs 2015-2019 - Cls Integrated National Strategic Plan for sexual & Reproductive Health 2014-2018 Programs/Actions in place Q & A Edwina Tangaroa - MoH	10:45am – 11:15am Session 8 Basic Hands-on care-giving demonstration <ul style="list-style-type: none"> - Elderly – stroke, bedridden, - Disability – CP, autistic, muscular dystrophy - Mental/psychosocial – Alzheimer, ADHD Q & A Dee Johnson/Denny Manavaroa-MoH/Donna Smith
10:45 - 11:15am	Session 3 Group activity 1 (Carousel setting) Sexual reproductive health and rights issues Benefits & challenges Presentation of Group feedback (<i>Team leaders</i>)	11:15am – 12:00pm Session 9 Group Activity 2 (World Café setting) Strengthening our current care giving services 12:00 – 12:10pm Presentation of Group feedbacks (<i>Team Leaders</i>)
11:15 – 11:45am 11:45 - 12:00am 12:00 – 12:20pm	Session 4 Practices/experiences in addressing sexual and reproductive health in the Cook Islands Edwina Tangaroa - MoH/Tamara File - CIFWA Q & A Recommendations End of Day's session	Session 10 12:10 – 12:40pm Community Base Rehabilitation Approach Way forward/Recommendation Nooroa Numanga - MIA 12:45pm Evaluation of workshop 1:00pm Close of workshop
12:20 – 1pm	Lunch	Lunch

