COUNTRY REPORT

MALAYSIA

The 7th ASEAN & Japan High Level Officials Meeting on Caring Societies:

"Towards an Inclusive Society"
– strengthening the collaboration between social welfare, health and medical systems for Children with Disabilities

31st August – 3 September 2009
Tokyo, Japan

TABLE OF CONTENTS

CONTENT			PAGE
1.	Introduction		4
	1.1	General Information	4
	1.2	Important Figures and Statistics	4
2.	Current Status of Persons with Disabilities (PWDs)		6
	2.1	Categorisation of disabilities	6
	2.2	Statistics on disabilities	7
	2.3	Agencies involved in providing services for PWDs	8
	2.4	Policies and Legislation for PWDs	9
3.	Services Provided by the Department of Social Welfare		11
	3.1	Community-based rehabilitation	12
	3.2	Institutional care	12
	3.3	Financial assistance to PWDs	13
	3.4	Other services for PWDs	13
4.	Services Provided by the Ministry of Health		15
	4.1	Preventive programmes	15
	4.2	Early Intervention Programmes	16
	4.3	Rehabilitation programmes	16
	4.4	Manpower and Training	17
	4.5	Resource materials	18

5. Services Provided by the Ministry of Education 19

6. Inter-sectoral collaboration – Current activities in the provision of services for Children with Disabilities (CWDs) 20

6.1 Service provision 20

6.2 Raising public awareness 22

6.3 Capacity building 22

6.4 Networking with Non-Governmental Organisations 23

6.5 International co-operation of Health and Social Welfare 23

7. The Gaps in the care of Children with Disabilities 24

7.1 Early detection of disabilities 24

7.2 Rehabilitation services – Human Resources 25

7.3 School children 25

7.4 Other issues 26

8. Action for future collaboration – Way Forward 26

8.1 Improving detection of CWDs 26

8.2 Increasing training 27

8.3 Infrastructure 27

8.4 Physical and Mental barriers 27

8.5 Pre-employment and employment 27

9. Conclusion 28

APPENDICES 30-40

REFERENCES 41

1. Introduction

1.1 General Information

Malaysia is an independent nation with a parliamentary constitutional monarchy and a federal government structure. The country lies in the heart of Southeast Asia and comprises thirteen states spread across two major regions (Peninsular Malaysia and East Malaysia on Borneo island) separated by the South China Sea, and three Federal Territories. The country has a total area of approximately 329,758 sq. km..

1.2 Important Figures and Statistics

Malaysia's population increased from 23.5 million people in 2000 to 27.73 million in 2008, with 2.4 million non-citizens. It is estimated that the population will increase at an average annual rate of 2.0 % to reach 28.9 million in 2010. The total population comprises of about 8.79 million people (32.0%) below the age of 15 years, 17.26 million (63.6%) in the economically-productive age group of 15-64 years and 1.2 million (4.4%) elderly people aged 65 years and above. Average annual population growth rates will continue to slow down with the declining fertility rate and delayed marriages. The proportion of the population residing in urban areas increased from 62.0% in 2000 to 63.5% in 2008. This trend towards greater urbanisation of the population is indicative of the growing economic opportunities and better social amenities in the urban areas.

The crude birth rate reduced from 22.6 per thousand population in 2000 to 17.5 in 2008. Meanwhile, the crude death rate fell from 4.5 per thousand in 2000 to 4.5 per thousand in 2008. The infant mortality rate has been declining from 6.8 per 1,000 live births in 2000 to 6.3 in 2008. Similarly, under-5 mortality rate declined from 8.6 in 2000 to 8.5 per 1000 live births in 2006. The maternal mortality ratio has been 30 per 100,000 live births since 2000. Life expectancy at birth for both men and women continues to increase each year from 70.2 years for men and 75.0 years for women in 2000 to 71.7 years for men and 76.4 for women in 2008. The successive improvements in these vital statistics are evident of an increasingly health conscious community, a political administration committed to better health care and the economic wealth of the nation.

Besides these vital statistics, Malaysia's per capita Gross National Income (GNI) at current price has increased from RM 13,418 in the year 2000 to RM 24,749 in 2008. The poverty rate has reduced from 8.5 in 1999 to 3.6 in 2007. Poverty rate is four fold higher in the rural areas compared to the urban areas. The percentage of literacy rate among the 15 years and above age group increased from 88.7% in 2000 to 92.1% in 2008. The primary school enrolment ratio of male to female is currently 1.05:1. As for safe water supply, 85.0% of households in the rural areas and 97.0% in urban areas had access to safe water supply in the year 2000. In the year 2007, these figures increased to 97.9% in the urban areas and 92.6% in the rural areas. (The details of these statistics are shown in Appendix 1 and 2).

2. Current Status of Persons with Disabilities (PWDs)

The World Health Organisation (WHO) estimates that 10 per cent of any population has some form of disability, and one third of them are children below 15 years of age. Translating this into the Malaysian scenario, it is estimated that about 900,000 children suffer from varying disabilities.

2.1 Categorisation of Disabilities

Currently Malaysia is using the following categorisation for children and adults with disabilities:

- visual disabilities (low vision and blindness);
- hearing disability ranging from mild hearing loss to profound deafness;
- speech disability;
- learning disabilities (Down's Syndrome, autism, intellectual disability);
- physical disabilities (spina bifida, cerebral palsy etc.)
- mental disability (organic brain disorder, schizophrenia, mood disorders); and
- multiple disabilities.

2.2 Statistics on Disabilities

As at 31st May 2009, there are 258,918 PWDs registered with the Department of Social Welfare Malaysia (Appendix 3) which is below the estimated 2.7 million PWDs in Malaysia. In Malaysia, registration is voluntary and the figures indicate the number of registered PWDs, not the actual of PWDs in the country. Of the total number registered, 38.7% are persons with learning disabilities, 33.4% are physically disabled, 13.7% are hearing impaired, 9.2% are visually impaired, 1.3% cerebral palsy (registered under the category of physically disabled prior to 2004) and the remaining 3.8 % comprise those with other disabilities.

The Ministry of Health has carried out various studies on specific disabilities and studies show an increasing trend of disabilities:

- Physical disability

  The National Health Morbidity Survey (NHMS) showed an increase in physical disability over the past 10 years. Prevalence has doubled from 3.2 per 1,000 (NHMSII, 1996) to 6.3 per 1,000 (NHMSIII, 2006). It is estimated that there are 25,380 children with physical disabilities.

- Mental disability

  Prevalence of psychiatric morbidity among children and adolescents has increased i.e. 13% (NHMSII, 1996) to 20.32% (NHMSIII, 2006).

- Hearing disability

  The prevalence of hearing impairment is 17.14% whilst hearing disability is 4.97% in adults and 2.83% in children below 15 years of age (2005).

- Visual disability

  Data from the National Eye Survey 1996 (all age groups) showed a prevalence of blindness of 0.3% and 2.4% for low vision. Data from a study in 2003 on refractive error in schools among children 7-15 years of age revealed that 10% had low vision and 0.1% were blind. Data in 2008 on diabetics referred to ophthalmologists showed that 30% had low vision and 9% were blind.

- Learning disability

  Prevalence of autism is 1.6 per 1,000 among children aged 18 months to 3 years (2006). Annually a total of 1500 – 1800 new cases of disabilities are diagnosed among children less than 7 years of age and more than 50% of them are intellectually challenged.

2.3 Agencies involved in providing services for PWDs

In Malaysia, the Department of Social Welfare (DSW) has been identified as the focal point for the development and well-being of PWDs. The DSW works in close collaboration with other government agencies such as the Ministry of Health, the Ministry of Education, the Ministry of Human Resource and also non-governmental organisations (NGOs).

In the late 1980s an inter-ministerial committee was initiated to look into disability issues for children with disabilities and to plan for the screening, early detection, management, rehabilitation, placement of children with disability in appropriate schools, financial assistance, launching grants, purchases of specialised equipment and implementation of community-based rehabilitation programmes. In early 1998 a National Advisory and Consultative Council chaired by the Minister responsible for social welfare was formed to lead and monitor programmes and disability issues. From 2008, this council was replaced by the National Council for PWDs formed following the endorsement of the PWDs Act 2008. Members of this Council are government agencies and NGOs for and of PWDs. The DSW and the Council are entrusted to ensure that the Act is effectively enforced and the National Policy and Plan of Action for PWDs are implemented.

2.4 Policies and Legislation for PWDs

Some of the legal foundations and policy decisions for the provision of services of PWDs include the following:

- National Social Welfare Policy in 1990, where PWDs were identified as a special group to be given special attention. The Policy gives recognition to the fact that disability can no longer be viewed as a charity issue and PWDs have the right to full participation in mainstream development;

- On 8 April 2008 the Government of Malaysia signed the Convention on the Rights of PWDs. The Convention provides a framework to enable all stakeholders to move forward together

towards ensuring that PWDs enjoy the same human rights as others and provide the foundation for addressing the needs of PWDs.

- The National Policy for PWDs and the Plan of Action for PWDs were endorsed in November 2007. The Policy sets out 15 strategies - advocacy, accessibility, health, rehabilitation, education, employment, personal safety and social protection, support services, social, development of human resources, participation of society, research and development, housing, children and women with disabilities. The National Plan of Action for PWDs lays out the various programmes to be implemented through multi-sectoral effort and collaboration, involving relevant ministries, NGOs, the private sector and the general public.

- The Persons with Disabilities Act 2008 was passed in December 2007 and came into force on 7 July 2008. The Act provides for the registration, protection, rehabilitation, development and well-being of PWDs and the establishment of a National Council for PWDs. It is the first rights-based legislation for PWDs and will pave the way for equal opportunities and participation of PWDs in Malaysia. With the enforcement of the Act, PWDs will be able to enjoy better access to public transport facilities, amenities and services and equal opportunities to health, education, information, communication and technology, habilitation and rehabilitation, improved employment opportunities as well as sports, leisure and cultural life.

- The Government on 1st April 2008 enforced "Service Circular No. 3 of 2008: Implementation of 1% Policy on Employment Opportunities for PWDs in the Public Sector". This Policy on the employment for PWDs is in line with the effort of the government to promote the development of human capital as envisioned in the Ninth Malaysia Plan. The DSW is entrusted with the responsibility to co-ordinate and monitor the implementation of the policy. To ensure the policy is effectively enforced, the DSW has initiated the registration of disabled job-seekers, job-matching and adaptation to work environment as well as job coaching.

- Other legislations and policies that have a bearing on CWD include the Child Care Centre Act 1984, Child Protection Act 1991, Education Act 1996, Mental Health Act 2001, Convention on the Rights of the Child 1989 and the Biwako Millennium Framework for Action.

3. Services Provided by the Department of Social Welfare (DSW)

The DSW is the main government agency responsible for the development of PWDs in Malaysia. The DSW undertakes the registration of PWDs and issues Identification Cards for easy access to services and public amenities. The department also provides various programmes and financial schemes to ensure that PWDs continue to benefit as well as participate in mainstream society.

3.1. Community-based rehabilitation (CBR)

The DSW provides rehabilitative services for children with disabilities (CWDs) through CBR programmes. Rehabilitative services in CBR centres stress more on socialisation and pre-school education for CWDs.

Currently there are 409 CBR centres throughout the country which benefit 16,042 PWDs, most of them children. CBR is carried out by a local committee and supported by the DSW and other relevant government agencies with the active participation of PWDs, their families and community.

The Government has recently given a substantial amount of financial allocation to enhance the development of CBR. The increase in allocation is to cover the rental of premises, allowances for CBR workers, allowances for PWDs, utilities and the upgrading of rehabilitation equipment. In addition, the position of CBR supervisors was introduced to provide a career path for CBR workers (Appendix 5).

3.2. Institutional care

The DSW operates 7 institutions known as *"Taman Sinar Harapan"* for the care, rehabilitation and training of persons with learning disabilities to improve their quality and standard of living and to enable them to live more independent lives. Programmes provided in the institutions include training in activities of daily living, vocational training and rehabilitation, and basic education.

Currently there are 861 PWDs undergoing care, rehabilitation and training in *Taman Sinar Harapan*.

3.3. Financial assistance to PWDs

The DSW provides financial assistance to help needy PWDs purchase assistive and artificial devices such as orthopaedic appliances, hearing aids and wheelchairs.

The DSW also provides financial assistance to encourage PWDs to continue working to support themselves and their families. A Disabled Worker's Allowance of RM300 per month is provided for PWDs who earn less than RM1,200 per month. The DSW provides special assistance of RM300 per month for eligible persons taking care of persons with severe disabilities who need full-time care.

PWDs in need of motorized tricycles and other assistive devices are referred to the National Welfare Foundation. Launching grants are provided to help PWDs possessing knowledge and skills to venture into small businesses and achieve self-reliance in the community.

3.4. Other services for PWDs

The DSW manages 2 sheltered workshops and supports 15 other workshops managed by NGOs to assist PWDs who are unable to secure employment in the open labour market. The types of jobs provided include tailoring, bakery, handicrafts and sub-contract services.

The DSW also provides training for adults who are physically disabled at the Bangi Industrial Training and Rehabilitation Centre (PLPP). Vocational training programmes include information communication technology, electrical/electronic, tailoring, production of prosthetic and orthotic appliances and wheelchair manufacturing. Since its inception in 1999, 1,190 trainees have graduated from PLPP. Efforts are being taken to upgrade and enhance the training programmes in the centre to equip trainees with relevant knowledge and skills to increase their employability in the labour market.

- The DSW is also promoting Disability Equality Training and Independent Living Programmes to raise awareness on the issues on disabilities based on the social model approach and to promote self-advocacy and empowerment among PWDs. A group of PWDs have been trained as trainers and as peer counsellors to expand both these programmes. The DSW is also supporting PWDs through their self-help organisations to establish Independent Living Centres to support PWDs to enable them to lead independent lives in the community.

- The DSW initiated job coaching programmes to help PWDs learn and perform job tasks and assist employers and other employees to understand the needs of disabled employees. Since the introduction of the programme in 2007, the Department has trained 40 job coaches consisting of social welfare officers, volunteers from NGOs and the private sector. Out of these, 10 have been sent to Japan to be trained as trainers. Presently the programme is

carried out in Giant Hypermarkets, Denso and Sony.

4. Services Provided by the Ministry of Health (MOH)

In Malaysia the awareness and interest in rehabilitation programmes was highlighted in 1979 in the Fourth Asian Conference for the Handicapped, following the declaration of the International Year of the Handicapped. The Ministry of Health was given the responsibility of screening, early detection and rehabilitation of children with disabilities.

4.1. Preventive programmes

The Ministry of Health has over the years implemented preventive programmes through its maternal and child health clinics to reduce the number of children with disabilities. Among the activities include good antenatal and obstetric care, immunisation, nutrition and developmental assessment among children. The prevention policies that have been implemented are as follows:

- Immunisation Programme - polio (1972) , measles (1984), rubella (1988) and Hib (2002);
- G6PD Screening (1991);
- Screening for Congenital Hypothyroidism (1999);
- Accident Prevention including home injury (1999);
- National Iodine Deficiency Disorder Prevention and Control Programme (1995);

- Prevention and Control Programmes for Blindness (1996) and Deafnesss (2003); and
- Violence and Injury Prevention Programme (2007).

4.2. Early Intervention Programmes

Since 1986, the move was towards improving the quality of life of children with disabilities through the provision of Early Intervention Programmes (EIP) at the primary health care level. The focus of the service was early identification of disabilities and early referral to hospitals for management of children with disabilities.

All children are required to come at regular intervals for health, growth and developmental assessment. The MOH facilities have provided this service since the 1980s. Currently there are 802 Health Clinics, 1927 Community Clinics, 95 Maternal and Child Health Clinics and 193 Mobile Health Clinics that provide the avenue for EIP for children 0-6 years old.

4.3. Rehabilitation Programmes

Prior to 1996, all children requiring rehabilitation were sent to hospitals. Beginning 1996, MOH initiated the Programme for the Care of Children with Disabilities and initiated rehabilitation services in health clinics.

Currently 242 of the 802 health clinics (30%) provide this service to approximately 22,000 children with disabilities aged 0-18 years.

Basic rehabilitative services at health clinics are provided by trained PHNs with emphasis on holistic medical rehabilitation and training children on activities of daily living (ADL). Case management plans for children with disabilities receive input from the hospital paediatricians, physiotherapists and occupational therapists. The case management plans are then used in the follow-up at the health clinics with supervision from the hospitals until there are enough therapists at the health clinics.

Multi-disciplinary team management is currently being emphasised; however, due to lack of manpower it is not available in all health clinics.

4.4. Manpower and Training

As of 2002, MOH began placement of physiotherapists and occupational therapists at designated health clinics. There are presently 31 physiotherapists and 20 occupational therapists placed in the health clinics. Rehabilitation activities are still predominantly hospital based with 19 rehabilitation physicians, 618 physiotherapists, 378 occupational therapists and 42 speech therapists.

MOH has instituted training programmes to improve the quality of care for children with disabilities. Current training programmes are as follows:

- Post-basic training for Public Health Nurses (PHNs) has been carried out since 1986 to equip them with knowledge

and skills in the management of children with disabilities and currently a total of 1,027 PHNs have been trained;

- Post basic training on rehabilitation for paramedics started in 2008 which emphasise training on hospital care and community care for children and adults with disabilities. The focus is on disabilities commonly seen such as stroke, amputee, spinal cord injury and arthritis. Currently 30 paramedics have been trained;
- In-service training is carried out for medical officers, nurses, medical assistants, physiotherapist and occupational therapist have been on-going since 1995. In-service training at national and regional levels have been carried out annually on early stimulation programme, management of children with disabilities and management of sexual and reproductive health for CWD.

4.5. Resource materials

MOH has developed health education, management guidelines and references for care providers at primary health care level. Among the resources developed are:

- Standard Operating Procedures for Care of Children with Disabilities;
- A Series of Six Manuals on the Management of Children with disabilities in English and Bahasa Malaysia to identify problems and plan stimulation activities in a holistic manner when managing CWDs. The six manuals cover problems on gross motor delay, fine motor delay, problems with ADL, communication problems, visual impairment and personal

social and behaviour problems. These manuals are also used to standardize the training for nurses;

- A training module for training of care providers on Sexual and Reproductive Health for Children and Adolescents with Disabilities;
- Other publications include health education materials such as pamphlets and posters on early intervention programmes, care of eye and vision, and care of ear and hearing.

5. Services Provided by the Ministry of Education

The Special Education Division under the Ministry of Education was established on the 1st of October 1995 and is responsible for providing education for children with learning difficulties such as Down's syndrome, autism, attention deficit and hyperactivity disorder, moderate intellectually challenged and specific learning disorders such as dyslexia. Educational opportunities for CWDs are provided at all levels - early childhood, primary, secondary and higher levels, non-formal and life-long learning.

Historically the Special Education Programme was initiated with the opening of St. Nicholas Special School for the Blind by the Malacca Anglican Church in 1926. Later in 1962 the Ministry of Education established Integrated Special Education Classes in mainstream schools for children with visual and hearing impairment. The government assumed total responsibility for the education of the nation's children with disabilities following the 1979 Cabinet Committee Report. In 1988 the first special integrated class was established.

The Special Education Programme covers programmes for hearing impairment, visual impairment and learning difficulties. The types of programmes for CWDs include:

- Special Schools; and
- Integrated Programmes (Special Classes and Inclusive Approach).

Children attending secondary education are offered two options i.e. academic education or vocational training.

6. Intersectoral Collaboration – Current Activities in the Provision of Services for Children with Disabilities

In the endeavour to provide appropriate and holistic care for children with disabilities, the DSW, MOH, MOE, Ministry of Human Resource and NGOs have been working together since the 1980s. Activities are as follows:

6.1. Service Provision

- To ensure continuity of care and appropriate interventions, the DSW, MOH and MOE developed the inter-department Format for the Registration and Suggestion of Placement of Children with Disabilities in Schools.
- Children on follow-up at the health clinics are screened for developmental delay and disabilities.
- Once diagnosis is confirmed the doctor will fill the format in 4 copies - one for the DSW to follow through on registration; one for

the health department; one for parents; and the last for the special education department for planning of special education services.

- To ensure appropriate rehabilitation services, children detected below the age of 7 years are referred for rehabilitation in hospitals, health clinics, CBR or centers run by NGOs, whichever is convenient for the families.
- Health personnel provide assistance to CBR centers to ensure health care including nutritional status, immunization and medical rehabilitation is made available. Currently 30% of the 409 CBR centers have visiting health staff.
- Health personnel are also members of the Panel of Assessors in CBR centres to assess children with disabilities for suitability to enter mainstream schools.
- CBR committees at national, state, district and local levels include all relevant agencies i.e. MOH, DSW, MOE, Ministry of Human Resource and NGOs for the implementation of programmes.
- Children on reaching school going age are reassessed for suitability of placement in schools. This follow up assessment is multi-disciplinary and involves health, education and welfare departments. Once in school, a second assessment of children is also carried out for appropriate educational rehabilitation. Children who are unable to perform academically are provided with pre-vocational training.
- Once these children finish school at 19 years of age, they are referred to the DSW for assistance in gainful employment. The DSW networks with the Ministry of Human Resource for this purpose.

6.2. **Raising Public Awareness**

Networking among agencies to increase public awareness about the prevention of disabilities and rehabilitation for children with disabilities includes:

- Development and sharing of health education materials and reference materials on management of CWDs;
- National celebration of PWDs' day;
- Public seminars, conferences and talks always include the four agencies to ensure that appropriate messages with regards to all stakeholders are conveyed to the public.

6.3. **Capacity Building**

All care providers namely health professionals, teachers, social welfare officers, CBR workers, parents and NGOs require regular training in the management of CWDs. In many training programmes at national and local levels, personnel from the different sectors are trained together.

6.4. **Networking with Non-Governmental Organisations**

- NGOs complement and supplement efforts by the Government in providing various services for the benefit of PWDs. In line with the concept of "Welfare as a Shared a Responsibility", the DSW provides support in the form of annual grants to NGOs. In the year 2008, grants given to 117 NGOs for and by PWDs amounted to

RM7.561 million. These grants are meant to help NGOs cover part of their expenditures for providing services to PWDs. In acknowledging NGOs as partners, they are always consulted and included in the formulation of policies and programmes concerning PWDs.

6.5. International Cooperation of Health and Social Welfare

MOH and DSW have been working with international organisations in providing services for PWD. Among these organisations are UNICEF, JICA, JOCV, WHO, UNDP, IPPF and others. Some examples are as follows:

- MOH has collaborated with UNICEF since 2002 for the development of modules and training on care of CWDs (appendix 6);

- The DSW initiated job coaching programmes with the cooperation of the Japan International Cooperation Agency (JICA).The DSW plans to further enhance the Job Coaching Programme as part of the PWDs Employment Support Programme structure. More Job Coaches will be trained and the DSW will work towards making the services of Job Coaches available in all agencies, both in the public and private sectors;

- The DSW is strongly supported by Japan through JICA and JOCV to improve the quality of life of PWDs. A Disability Expert and 12 JOCV volunteers are currently attached to the Department and 36

CBR workers have been trained in Japan under the sponsorship of JICA since 2002.

7. The Gaps in the Care of Children with Disabilities

Problems identified in providing care for CWD are as follows:

7.1. Early detection of disabilities

Early detection is essential to enable early intervention. Some of the reasons why the number of children with disabilities detected are below expectation are:

- Low toddler attendance rate at health clinics i.e. 50 - 60% of toddler population;
- Many toddlers are taken to private clinics for their ailments and thus are not screened for disabilities;
- Parents and infant carers have a lack of knowledge on child normal development and may be unaware of the signs of disabilities.

7.2. Rehabilitation services - Human Resources

Manpower shortage is both in numbers as well as expertise to carry out early detection and intervention programmes.

- There is a lack in numbers of therapists in medical, educational and welfare organisations as well as NGOs.
- There is also a lack of expertise in areas of seating and positioning, wheelchair modification, orthotics and prosthesis such as bio-engineers.

- Expertise in the area of Alternative Augmentative Communication (AAC) is available, but is still very much lacking.
- Demand for services of clinical and educational psychologists is high but the output from local universities and institutions is low.

7.3. School Children

Barriers in schools include the following:

- Physical barriers - many buildings are not disabled friendly;
- Social barriers - lack of knowledge and understanding with regards to abilities of children with disabilities;
- Individual educational plans for CWDs have to be strengthened to ensure children achieve their full potential;
- Preparing for employment, i.e. open employment, self employment or sheltered employment;
- Pre-vocational and vocational curriculums have to be varied and relevant to the current demands;
- Appropriate work placement for school leavers.

7.4. Other issues

Other issues that need to be dealt with include improving accessibility, housing, transport and other barriers to preparing the child and young adult with disability into society.

8. Action for Future Collaboration – The Way Forward

The National Plan of Action for PWDs 2007 describes the activities that will be carried out by the various agencies.

8.1. Improving Detection of CWDs

- Sharing information on normal development, screening tools and guidelines/manuals on management of CWDs with the private sector;
- Implementing the new child health records nationwide. The new child health records contain checklists on normal development, health education for parents, growth chart and a screening tool for autism. All children will be seen by doctors at the ages of 18 months and 4 years;
- Providing training on early detection and intervention to care providers in all sectors such as those in the private sector, nurseries, day care and kindergartens, schools, etc..

8.2. Training

- Increasing skilled manpower, multi-skilling and multi-tasking through continuous training among all the agencies;
- Request assistance from international organisations for skills transfer such as training, attachment and fellowships.

8.3. Infrastructure

- Increasing facilities for early intervention and rehabilitation;
- Sharing and maximizing resources;
- Strengthening CBR services as a platform where all the agencies can provide information and services.

8.4. Physical and Mental barriers

- Strengthening the implementation of the PWDs Act;
- Increasing public awareness through settings approach such as schools, workplaces, places of worship, universities etc.;

8.5. Pre employment and employment

- Increasing awareness on abilities of PWDs in employment to parents and community;
- Improving the pre-vocational and vocational training curriculum in preparing CWDs for employment including motivational activities;
- Improving networking among related government agencies, the private sector and NGOs;
- Improving the standard of training courses provided at PLPP to conform to the standards set by the National Occupational Skills Standards (NOSS).

9. Conclusion

- In the last decade there has been an increasing awareness of issues confronting PWDs. This is in part the result of the various international initiatives such as the Proclamation on the Full Participation and Equality of PWDs and the Convention on the Rights of Persons with Disabilities.

- CWDs as members of society have been targeted to receive intervention services over the past twenty years ranging from preventive, promotive, curative and rehabilitative services. To ensure their holistic care, all parties need work together for the well-being of CWDs. Emphasising early detection and early intervention will give a good head-start for CWDs to attain their full potential and better quality of life.

- The Malaysian Government is committed to improve the quality of life of PWDs and to ensure that they contribute, enjoy and benefit from the country's development. To achieve these aims, Malaysia has put in place the National Policy for PWDs, the National Plan of Action for PWDs and the Persons with Disabilities Act 2008. All related government agencies will continue to work in close collaboration with NGOs and PWDs themselves to ensure that PWDs live independent and meaningful lives as respected members of society.

Prepared by;
DR. AMINAH BEE BINTI MOHD KASSIM
DR. SALIMAH BINTI HAJI OTHMAN
MS. LAI POH GUAT
MR. ZAKARIA BIN MAT YUSOFF

APPENDIX 1

Table 1.1: General Information

	2000	2004	2007	2008
Per capita Gross National Income at current prices	RM13,418	RM16,616	RM23,115	RM24,749
Poverty rate (%)	(1999)			NA (data
Total	8.5	5.7	3.6	will be
Urban	3.3	2.5	2.0	publish in
Rural	14.8	11.9	7.1	2009)
Adult Literacy rate:			(2006)	
age 10 and above	93.8	95.0	NA	NA
age 15 and above		91.5	92.5	92.1
Primary school enrolment ratio				
Male	1,507,988	1,603,500	1,628,388	1,620,186
Female	1,425,889	1,517,386	1,539,387	1,531,594
Total	2,933,877	3,120,886	3,167,775	3,151,780
% Female (over total)	48.6	48.6	48.6	48.6
Net primary school attendance (by sex)	NA	NA	NA	NA
Access to safe water	92.0	93.2	90.5	90.9
Urban areas	97.0	97.0	96.5	96.5
Rural areas	85.0	89.0	84.6	85.3

Source: *Department of Statistics Malaysia*

APPENDIX 2

Table 1.2: Vital Statistics of Malaysia 2000 – 2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Total population (million)	23.3	23.9	24.3	24.7	25.1	25.4	25.6	27.2	27.7
Under 15 years(%)	33.0	33.6	33.0	32.4	31.8	31.2	30.6	32.2	32.0
15-64 years (%)	63.1	62.4	62.8	63.3	63.8	64.3	64.8	63.4	63.6
65 years and above (%)	3.9	4.0	4.2	4.3	4.4	4.5	4.6	4.4	4.4
Urban population (%)	62.0	59.6	62.4	62.6	62.8	63.0	63.2	63.4	63.5
Rural population (%)	38.0	40.4	37.6	37.4	37.2	37.0	36.8	36.6	36.5
Annual Population Growth Rate (%)	2.5	2.2	2.1	2.1	2.1	2.1	1.9	2.0	2.0
Sex ratio (per 100 female) All ages	104	104	104	104	103	103	103	104	104
0-14	106	106	106	106	106	106	106	106	106
15-64	104	104	104	103	103	103	103	104	104
65+	88	88	88	88	88	88	89	87	88
Total Fertility Rate (per female aged 15-49 years)	2.9	2.8	2.6	2.5	2.4	2.3	2.4	NA	NA
Crude Birth Rate (per 1000 population)	22.6	21.6	19.9	19.4	19.1	18.3	18.7	17.6	17.5
Crude Death Rate (per 1000 population)	4.5	4.4	4.4	4.5	4.5	4.5	4.5	4.4	4.5
Life expectancy at birth (Age in Years)									
Male	70.2	70.3	70.4	70.3	71.1	71.5	71.8	71.9	71.7
Female	75.0	75.2	75.3	75.9	75.9	76.2	76.3	76.4	76.5
Infant Mortality Rate (per 1000 LB)	6.8	5.7	6.5	6.6	6.5	6.7	6.6	6.7	6.3
Under 5 Mortality Rate (per 1000 LB)		8.6	8.8	8.7	8.5	8.6	8.5	NA	NA
Maternal Mortality Rate (per 100,000 LB)	30	40	30	30	30	30	30	NA	30

Source: Department of Statistics Malaysia

APPENDIX 3

Number of PWDs registered with the Department of Social Welfare until May 2009

Type of disability	2009 (until May 2009)	Percentage %
Visual Disability	23,738	9.2
Hearing Disability	35,368	13.7
Physical Disability	86,485	33.4
Learning Disability	100,180	38.7
Cerebral Palsy	3,250	1.3
Others	9,897	3.8
Total	**258,918**	**100.1**

Source: Department of Social Welfare, Malaysia

APPENDIX 4

Current Situation of Children with Disabilities (CWDs)

The number of CWDs detected in Malaysia in 2008

Type of disability	Total
Hearing Disability	42
Visual Disability	27
Physically Disabled	96
Cerebral Palsy	124
Global Developmental Delay	229
Down Syndrome	285
Autism	70
ADHD (Attention Deficit Hyperactive Disorder)	24
Mental retardation	79
Dyslexia	57
Slow Leaner	55
Others	234
Total	**1,412**

Source: Health Informatics Centre (MOH)

APPENDIX 5

Community Based Rehabilitation (CBR) under the Department of Social Welfare Malaysia

1. Rehabilitative services for children with disabilities are provided by the Department of Social Welfare through Community-Based Rehabilitation (CBR) programmes. The Ministry of Health provides technical input and plays a complementary role in providing health services in the community. Rehabilitative services in CBR centres stress more on socialisation and pre-school education for children with disabilities.

2, A CBR centre is a one-stop centre for PWDs, including children. This centre provides services such as diagnosis, rehabilitation, treatment and special education. It also provides vocational training to prepare the PWDs for employment. The CBR centres are run by members of the community, volunteers and representatives from the relevant government agencies, namely the Ministry of Health, Ministry of Education and the Ministry of Human Resources. Presently, there are 409 CBR centres with 16,042 PWDs, throughout the country. The Ministry of Women, Family and Community Development plans to open at least 10 new CBR centres every year.

3. The government provides annual monetary grants to the CBR centres for their operational expenses, programmes and activities. PWDs attend CBR centres receive a monthly allowance of RM 50.00 per

month and free meals. In 2008, the allocations for CBR centres were increased. Among the increments are RM3,000 per month allocated for rental, RM1,000 per month for utilities, RM50,000 (one-off) allocated for equipment and RM30,000 per year for programmes & activities. In addition, the monthly allowance for CBR volunteers was increased from RM500 per month to RM800 per month. Supervisors are paid RM1,200 per month. The allowance for PWDs who attend CBR centres was increased to RM150 per month. These allocations are made to improve the activities in the centres and to support and encourage more PWDs as well as volunteers to join the centres.

4 The CBR centres organise several activities for the benefit of PWDs such as:

(a) **Therapy**

Three kinds of therapies are offered, namely physiotherapy, occupational therapy and speech therapy. Training is done under the close supervision of selected specialists.

(b) **Language and Social Development**

The PWDs are taught to express themselves verbally, through writing and inscriptions. This allows them to communicate properly and for others to understand them better. Under this activity, PWDs are also taught interaction skills, such as sign language and other methods.

(c) **Basic Daily Life Skills**

This activity provides basic skills on how a person takes care of himself. It includes food and water intake, bathing, toilet training, grooming, wheel chair handling as well as getting in and out of bed and vehicles.

(d) **Reading, Writing and Arithmetic (3Rs)**

PWDs are taught basic skills in reading, writing and arithmetic. In addition, they are trained to handle writing tools and materials.

(e) **Recreational Therapy**

PWDs are encouraged to explore their talents through games, making handicrafts and playing musical instruments. Often, outdoor excursions to various places are made to further enhance their self esteem and sense of accomplishment.

(f) **Independent Living Training**

This is a treatment that focuses on helping PWDs to achieve independence in all aspects of their lives. It provides CWDs with positive as well as fun activities to improve their cognitive, physical and motor skills. Several ‘hostels’ are set up where four to five PWDs learn to live together on their own under the supervision of a coordinator.

5. The CBR training thus benefits the PWDs, their families and the community. Adequate training and suitable rehabilitation services are provided to cater for the different needs and types of disabilities. This allows the PWDs to be integrated into the society. It will also instil the value of independence and positive attitudes among PWDs. The National Council for Community Based Rehabilitation (NCCBR) was established to assist in the rehabilitation programmes. In essence, CBR has raised the awareness level among family members on the importance of early prevention as well as to participate actively and contribute to the development of disabled children.

6. The ratio of carers to children with disabilities in CBR centres was reduced from 1:10 to 1:5 in 2003. This allowed the carers to give more attention to the children under their care. A Training Manual was developed by an NGO in 2003 to train carers, parents, families and the community members on various rehabilitation and vocational modules to improve the quality of care for children with disabilities in the community.

7. In addition, the Department of Social Welfare developed a portal known as CBR Net (www.pdknet.com.my) in 2003. Through this portal, CBR programmes and activities are readily available online and parents can access and obtain relevant information on CBR.

8. The Department of Social Welfare also gives special financial aids to disabled children whose families are facing difficulties in fulfilling their special needs such as milk, diapers and various kinds of supporting apparatus to enhance their quality of life.

9. CWDs registered with the Department are entitled to free health and medical care and orthopaedic aids recommended by specialist doctors. Disabled children of school going age will be referred to the Special Education Division of the Ministry of Education.

Community Based Rehabilitation (CBR) Centres, 2000 to 2007

Year	No. of CBR Centres	No. of PWDs
2000	229	7,210
2001	243	7,400
2002	259	7,620
2003	274	7,870
2004	293	8,193
2005	313	8,453
2006	364	9,500
2007	382	12,212
2008 – May 2009	409 No. of supervisers = 409 No. of care providers = 1,427	16,042

Source: Department of Social Welfare

- **New Allocations given by the Government for CBR programme :**
    - **2008 – RM100,071,730**
    - **2009 – RM 83,625,300**

- **Number of special schools run by NGOs – 53**
- **Number of CWDs in special schools run by NGOs – 5,032**

APPENDIX 6

NETWORKING WITH UNICEF

YEAR	PROGRAMME	FEEDBACK
2002	Attachment to Sunny Hill Rehab Centre for Children Canada	Knowledge – expansion of programme
	TOT – Two Manual i.e. on Management of Children with - Fine Motor Delay - Activities of Daily Living	75 trainers – echo training at state level
2003	TOT – Manual on Management of Visually Impaired Child	75 trainers – echo training at state level
	Pilot 2 Manuals on Management of Children with - Communication Problems - Social / Behavior Problems	6 personnel trained, utilized manuals and provided feedback for improvement of manuals
2004	TOT using manuals on Communication Problems	75 trainers – echo training at state level
	TOT using manuals on Personal Social Problems	75 trainers – echo training at state level
	National workshop on Sexual and Reproductive Health for Children and Adolescent with Disabilities to develop Plan on Action-consultant	National Plan of Action Developed
	Training on Management of Sexual and Reproductive Health Issues among Children and Adolescent with Disabilities – consultant	Core Personnel Trained - 2005 participants helped develop manual for trainers

References

1. Sub-Sub Family Planning System, Information & Documentation Unit, Ministry of Health 1997
2. Plan of Action Health Care for People with Disabilities, MOH 1996
3. Plan of Action Health Care for Children with Disabilities, MOH 1996
4. National Policy for PWDs, 2007
5. Plan of Action for PWDs, 2007
6. The Persons with Disabilities Act, 2008
7. Biwako Millennium Framework for Action