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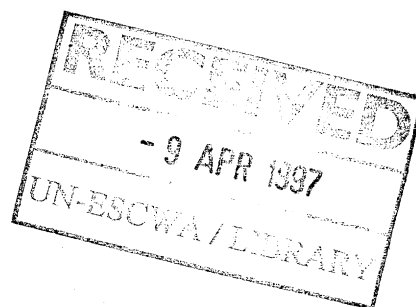


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**REPORT ON PROGRAMMES AND METHODS OF CARE FOR DISABLED PERSONS  
IN THE STATE OF QATAR**

by

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\* The views expressed in this report are those of the author and do not necessarily reflect the views of the Economic and Social Commission for

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### Summary

Services and programmes for the disabled in Qatar are modern in character, as most currently existing services were initiated in 1981.

A number of agencies are involved in the provision of services and programmes to groups of disabled persons in the country, the main agencies concerned being the Ministry of Education, the Ministry of Public Health and the Qatar Red Crescent Society.

Blind nationals of Qatar are currently educated at the Regional Centre for the Education of the Blind in Bahrain, run by the Middle East Commission for the Affairs of the Blind, of which Qatar is a member and to whose budget it is a contributor.

The Ministry of Education has, since 1981/1982, opened two schools, one for boys and the other for girls, both of which cater to the mentally retarded and those with hearing disabilities.

The Ministry of Education has set up a Special Education Unit, under the administrative control of the Social Education Department, to be responsible for the supervision and monitoring of special education schools.

The Ministry of Public Health and the Hamad Medical Corporation have established a Children's Rehabilitation Unit at Al-Rumailah Hospital.

The teaching programme for multi-handicapped children is in two parts: the first (preparatory) level is for children between two and five years of age, and the second (instruction) level is for those aged five to fifteen.

The Qatar Red Crescent Society helps to provide services to various categories of disabled persons through the activities of the Qatar Crescent Club.

The Qatar Crescent Club began to offer activities to its disabled members on a year-round basis in February 1984. The girls' club has continued to offer only summer activities.

Club activities include some professional programmes, cultural, sports, health, social and recreational activities.

In the legislative field, a recently adopted Ministerial Decision established implementing regulations for special education.

Special education programmes in Qatar are currently, for the most part, taught at special day schools. Advantage has not been taken of alternatives such as classes attached to ordinary schools, teaching in ordinary classes with the provision of a resource room, etc.

The country relies, to a great extent, on secondment from other Arab countries for its supply of special education teachers. However, the need to expand in the future will require more comprehensive planning of the numbers of experts required for special education.



## I. INTRODUCTION: GENERAL FACTS

Programmes and arrangements for special education and care of the disabled in any society cannot be drawn up in isolation. Any effective programme is in fact a natural extension of the society's cultural framework and educational system. The facilities and services accorded to disabled persons - whether young or old - must therefore be in keeping with the social and cultural frameworks of human societies.

The general principles and policy of education in Qatar are set forth in two documents. One is the "Report on the development of education", submitted to the 38th session of the International Education Conference at Geneva in November 1981, and the other is "The Educational Policy of the State of Qatar", as drawn up by the Ministry of Education. Careful reading of these two documents clearly shows that education in Qatar is following contemporary lines, particularly with respect to the principles of education for all, continuing education, education for the future, education for human improvement and education for development.

Education in Qatar is provided free of charge at all levels. In addition to free teaching, a number of other services are offered at no cost, such as books, transport, study tours and other activities. Monthly stipends are paid to some students, with a view to encouraging them to enrol for specific types of education, and social assistance is provided to students in need.

Services and programmes for the care of disabled persons in Qatar are a recent development, since most of the services currently offered were initiated in 1981, to coincide with the world-wide commemoration of the International Year of Disabled Persons.

At present, a number of agencies are involved in the provision of various services and programmes to certain categories of disabled persons in Qatar. Among the foremost of the agencies concerned are the Ministry of Education, the Ministry of Public Health and the Qatar Red Crescent Society.

## II. CONTRIBUTIONS BY THE MINISTRY OF EDUCATION TO SPECIAL EDUCATION PROGRAMMES

### A. Teaching of the visually disabled

At the beginning of the academic year 1969/1970, Qatar concluded an agreement with Egypt whereby blind nationals of Qatar would be taught at specialized institutes in Egypt. The Model Centre for the Care of Disabled Persons at Cairo continued to cater for Qatar nationals until 1974.

The beginning of the academic year 1974/1975 saw the inauguration in Bahrain of the Regional Centre for the Education of the Blind, which is run by the Middle East Commission for the Affairs of the Blind. Qatar became a member of the Centre, contributed to its budget and was represented on its governing board. Subsequently, blind nationals of Qatar were sent to the Centre every year, and the Ministry of Education saw no need to establish an institute of its own for the education of the blind, particularly since the numbers were low.

B. Teaching of those with hearing-related and mental disabilities

At the beginning of the academic year 1975/1976, the Ministry of Education started a class (attached to Tariq bin Ziad Primary School) to teach the mentally retarded. Instruction was provided by a teacher on secondment.

During the academic year 1976/1977, the Ministry of Education set up a hearing-test clinic, for the purpose of determining the extent to which pupils suffered from hearing disabilities.

In the academic year 1981/1982, the Ministry of Education established two institutes, one for boys and the other for girls, to deal with both mentally retarded cases and children suffering from hearing disabilities. The two institutes were placed under the control of the Social Education Department, and a number of specialists in the education of mentally retarded and deaf children were seconded from Arab countries.

During the academic year 1986/1987, deaf boys were separated from their mentally retarded counterparts, and the two groups were accommodated in two separate buildings under a single administration, known as Al-Amal Boys' School. Mentally retarded girls were also separated from girls with hearing disabilities, and the two groups were placed in entirely separate buildings: Al-Amal Girls' School catered for hearing disabilities, while the Intellectual Development School for Girls dealt with mentally retarded cases.

In the academic year 1980/1981, the Ministry of Education established a Special Education Unit within the Social Education Department, whose task it was to assume responsibility for supervising and monitoring the country's special education institutes.

The table below gives details of special education schools and numbers of pupils, teachers, classes and administrative staff, on the basis of figures for the current academic year (1988/1989).

	Pupils	Classes	Teachers	Administrative staff
<b>Al-Amal Boys' School:</b>				
(a) Deaf	47	9	13	
(b) Mentally retarded	106	12	26	
<b>Al-Amal Girls' School</b>				
	49	8	13	5
<b>Intellectual Development School for Girls</b>				
	84	10	19	6
<b>Total</b>	<b>286</b>	<b>39</b>	<b>71</b>	<b>22</b>

An examination of the figures in the above table shows that the teacher-pupil ratio is 1 to 4, which is an excellent rate by world standards. There are on average seven pupils in each class, which is also a good ratio.

A study of the historical development of special education schools since their establishment in 1981/1982, with respect to numbers both of schools and of students and teachers, indicates that the numbers have on average increased threefold. This is evident from the figures in the following table:

Academic year	Schools		Male pupils		Female pupils		Male teachers		Female teachers	
	Boys	Girls	Ment.	Deaf	Ment.	Deaf	Ment.	Deaf	Ment.	Deaf
1981/1982	1	1	52	16	24	15	10	6	3	4
1982/1983	1	1	58	19	37	19	10	7	6	8
1983/1984	2	2	67	25	56	26	14	9	5	5
1984/1985	2	2	73	29	59	29	15	9	11	10
1985/1986	2	2	80	35	63	33	20	9	12	10
1986/1987	2	2	98	36	72	40	17	10	13	9
1987/1988	2	2	102	45	79	44	21	16	13	15
1988/1989	2	2	106	47	84	49	26	13	19	13

Decision No. 37 of the Minister of Education, dated 5 March 1989, established the internal regulations of special education schools. The most important points included in the Decision were as follows:

- (a) Definitions of disabilities;
- (b) Conditions and procedures for acceptance at special education schools;
- (c) Conditions for acceptance at schools and classes for those with hearing disabilities;
- (d) Study materials and teaching plans for Al-Amal schools (for those with hearing disabilities);
- (e) A study plan and system for the assessment of students at intellectual development schools (for the mentally retarded);
- (f) Tasks and responsibilities of the school governing board;
- (g) Incentives and penalties for students;
- (h) School activity and school councils;
- (i) Tasks and duties of Special Education Unit staff.

The levels of instruction at special education schools - as set forth in the above-mentioned Ministerial Decision - are as follows:

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Kindergarten (pre-school) level	2 years
Primary level	6 years
Vocational preparation level	2 years
Vocational training level	4 years

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Instruction is given at all levels during the day. The Ministry of Education provides collective transport to bring pupils from their houses in the morning and to return them when classes are over.

Instruction for pre-school-age children is extremely limited. There is one class for the mentally retarded (comprising 11 pupils) and there are two for those with hearing disabilities (13 pupils), as shown by the following table:

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Level of education	Category of disability	Number of classes	Number of pupils
Kindergarten (2 years)	Mental	1	11
	Hearing	2	13
Primary (6 years)	Mental	14	137
	Hearing	10	61
Vocational preparation (2 years)	Mental	3	25
	Hearing	3	15
Vocational training (4 years)	Not yet offered		

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The information in the above table demonstrates two essential facts:

(a) The need to expand instruction at the kindergarten level, with a view to promoting early detection of disability cases, the provision of services and intervention at the first possible opportunity following detection;

(b) The urgent and pressing need to establish appropriate programmes and curricula for the vocational training level, in accordance with the circumstances of individuals in each category of disability (hearing, mental), and to seek expert assistance from the pertinent specialized agencies.



### III. CONTRIBUTIONS BY THE MINISTRY OF PUBLIC HEALTH TO PROGRAMMES FOR THE CARE OF DISABLED PERSONS

The Ministry of Public Health and the Hamad Medical Corporation have established a unit for multi-handicapped children - those whose intelligence quotient (IQ) is below 50 - at Al-Rumailah Hospital.

The unit is staffed by doctors who oversee the health and medical condition of the children, specialists in physiotherapy, a social affairs expert and a special education expert. The unit has examined and evaluated 800 cases since it was established in 1988.

Children with the ability to learn are transferred to the special classes run by the unit. These classes are available only to those who are multi-handicapped and do not meet the conditions for enrolment in the special education schools run by the Ministry of Education.

The Ministry of Education contributes to the running of this programme by providing the unit with four teachers, as well as a bus and a driver to transport the children from their homes to the hospital in the morning and to take them back when classes are over.

The instruction programme is in two parts:

(a) The preparatory level, for children between two and five years of age, which is designed to stimulate the desire to learn at an early stage and to develop linguistic and social skills;

(b) The instruction level, for multi-handicapped children aged from five to fifteen (25 students), comprising four classes for the mentally retarded and one for the deaf.

The objectives of the instruction programme are as follows:

(a) To develop sensory responses and motor skills (of major and minor muscles);

(b) To develop perception skills and basic concepts;

(c) To develop social skills and proper adaptation;

(d) To improve everyday living skills and self-care;

(e) To develop language and speech;

(f) To co-ordinate with other services at the hospital, such as physiotherapy, occupational therapy and medical treatment;

(g) To educate staff and families by inviting the latter to see the unit's rehabilitation process, with a view to ensuring that activities are followed up in the family.

The vast majority of cases serviced by this unit generally involve paralysis together with mental disability: the cases include 52 males and 34 females.

The distribution of cases by number of disabilities is as follows:

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1 disability	39.4 per cent
2 disabilities	20.5 per cent
3 disabilities	19.7 per cent
4 disabilities	15.7 per cent
5 disabilities	4.7 per cent

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The annex contains charts showing additional data on children in the unit at Al-Rumailah Hospital.

#### IV. CONTRIBUTIONS BY THE QATAR RED CRESCENT SOCIETY TO PROGRAMMES FOR THE CARE OF DISABLED PERSONS

The Qatar Red Crescent Society helps to provide certain services to various categories of disabled persons through the activities of the Qatar Crescent Club.

The idea of setting up a club was first broached at the beginning of the International Year of Disabled Persons (1981), when the Qatar Red Crescent Society decided to organize a summer club for the disabled (i.e. operating only during the summer holidays).

In view of the club's success in 1981, and in accordance with the wishes of those concerned, the Qatar Red Crescent Society decided to repeat the experiment in 1982, using the same programmes as those which it had conducted the previous year.

That same year saw the opening of a similar club for disabled girls at the women's branch of the Qatar Red Crescent Society. Activities at the branch included drawing, handicrafts and cultural studies, as well as cooking, typing, sewing, first aid and some sports programmes.

In the light of the success of the Club's summer programme, and in accordance with the wishes of those concerned, the governing board of the Qatar Red Crescent Society decided to secure official State registration for the Club in late 1983.

In order to deal with the growing number of members and to facilitate the introduction of new activities for the training and rehabilitation of disabled persons, the Qatar Red Crescent Society decided to allocate a temporary building for the Club.

The Club began to open its doors to disabled members on a year-round basis with effect from February 1984; meanwhile, the girls' club continued to offer summer activities through the women's branch (during the summer period only).

A number of objectives were established for the Qatar Crescent Club, the foremost being as follows:

(a) To help to increase community awareness of the rights of disabled persons and to improve the public's understanding of disabled persons' problems, while endeavouring to change people's attitudes towards them;

(b) To strive to integrate disabled persons into the community, by means of social work, and to strengthen ties between them through travel and cultural exchanges, both locally and abroad;

(c) To endeavour to develop friendly, cultural and social relations between the Club and similar clubs, centres and foundations dealing with the affairs of disabled persons;

(d) To give disabled persons the opportunity to perform their functions in life in the same way as other people and to participate in youth programmes on an equal footing, by removing the psychological and social obstacles to their integration;

(e) To help facilitate mobility and access for disabled persons and to increase their self-confidence.

The services and activities offered within the framework of the Club at present indicate that the numbers of individuals suffering from various categories of disability are as follows:

Mentally retarded (various levels)	113
Loss of sight (blindness)	15
Motor disability (paralysis)	35
Loss of hearing (deafness)	42
Psychological disorders	2
Total	207

The services and activities offered by the Club may be summed up as follows:

(a) Special activities for disabled members, including rehabilitation programmes and activities intended to develop individual and team skills. These include the following rehabilitation programmes:

- (i) Carpentry. Members are taught basic information and essential principles about woodwork; they also make certain wooden objects and do exercises which can be carried out in the Club's workshop;
- (ii) Electricity. Members are taught information and basic principles about electricity; they carry out various field exercises, make connections and devise some electrical circuits;
- (iii) Typing. A group of members is trained and taught to type on an Arabic keyboard;
- (iv) Agriculture. Training is provided in agricultural skills and the basic measures needed to create an irrigated area for farming;

(b) Cultural activities, which embrace the cultural library, the audio-library for the blind and the video hall, where cultural films are shown. Computer activities have recently been introduced for some members of the Club, under the heading of cultural activity;

(c) Sports activities, with the objective of forming a sports team for various games and developing disabled persons' sports skills;

(d) Health activities, which are designed to teach some members of the Club a series of basic health and first aid principles and to ensure general monitoring of the health of all members;

(e) Social and recreational activities, including the organization of field visits to certain public Government offices, institutions and facilities, with a view to familiarizing members of the Club with those bodies' responsibilities and duties. Recreational parties are also arranged;

(f) Artistic activities (studio), which are intended to develop the artistic faculties and talents of disabled persons. The activities are for the most part centred on handicrafts, such as woodwork and ornamental designs inspired by themes indigenous to Qatar.

The second element of the services and programmes offered by the Club relates to the community. The object is to organize activities which give disabled persons an opportunity to mix and mingle with other members of the community, by means of programmes and activities organized jointly with individuals of the community. The Club also offers - on a year-round basis - certain programmes and activities which are intended to familiarize the community with disabled persons' rights and causes by publishing information pamphlets in support of the familiarization process.

Club activities are organized on a group basis, with members being divided into groups to carry out the various activities. These groups follow a certain programme for three months, and the groups are then changed so that members may participate in different programmes and obtain the most comprehensive possible picture of the activities on offer.

## V. GOVERNMENT POLICIES AND RECOMMENDATIONS

Qatar's Ministry of Education bears the basic responsibility for educational programmes offered to certain categories of the disabled, and a Special Education Unit has been established within the Ministry. This is a positive trend, which both conforms with the general principles of special education and is in keeping with the urging of international organizations - including the United Nations Educational, Scientific and Cultural Organization (UNESCO) - that education ministries should assume the basic responsibility for special education. In order for the Special Education Unit to be able to perform the tasks entrusted to it, it requires support, particularly with respect to the provision of qualified and specialized manpower, so that it may become a special education department which can cope with the necessary expansion of its services.

With regard to legislation, a recently adopted Ministerial Decision (referred to earlier) incorporates implementing regulations for special education and establishes conditions for acceptance, teaching plans and systems of assessment at special education schools. However, the Decision focuses on only two categories of disability (the mentally retarded and those with hearing disabilities) and does not address other categories or children with special needs, including learning disabilities, emotional disturbances, etc.

Special education programmes are taught, at present, by special day schools, without making use of alternatives such as classes attached to ordinary schools, teaching in ordinary classes with the provision of a resource room and other ways of offering special education programmes. These alternatives could be particularly suitable for minor cases which might make use of such programmes within the public education system.

To a large extent, the country relies on secondment from certain other Arab countries for its supply of special education teachers. However, the need to expand and diversify special education programmes in the future requires more comprehensive planning with respect to the number of specialized teachers and other experts (including psychology specialists and experts in the treatment of speech defects) by making optimum use of training programmes both in Qatar (e.g. the University of Qatar) and elsewhere (e.g. the training programme at the Arabian Gulf University).

Qatar endeavours to draw on the special education programmes and curricula followed in certain neighbouring countries, and particularly those of the Gulf Co-operation Council, including Kuwait. This is evident from the fact that the country's special education schools use the educational expertise programme developed at special education schools in Kuwait and currently followed at schools for the mentally retarded.

The country is planning to construct new buildings for the special education schools in the next few years and has already taken positive steps in this direction. Before embarking on the implementation of this project, it may be worth while to draw on international and regional expertise with respect to the design of buildings, equipment, necessary materials, etc.

The country is witnessing the beginnings of pre-school (kindergarten) education for disabled children, but this sort of education is limited and its expansion requires encouragement. Meanwhile, though, post-school education for disabled persons also merits attention.

Major efforts are currently under way to improve procedures for the early detection, identification and evaluation of disability cases. The school health service plays a fundamental role in this connection. Further efforts are required in the areas of detection, identification and evaluation: such efforts and the means by which they are carried out must be diversified, and use must be made of the corresponding endeavours of neighbouring countries.

It may be worth while - at this stage of Qatar's endeavours to care for the disabled - to consider drawing up, at the least, a medium-term national plan. The plan would be based on an objective study of the present situation, an assessment of the most significant existing lacunae (with a view to expanding current services), the planning of special education programmes for categories not now receiving services, the training of planning, managerial and executive staff, an endeavour to establish a solid foundation of information, data and statistics on disabled persons and an effort to ensure that those entitled - whether old or young - are not excluded from special services.

## VI. GENERAL RECOMMENDATIONS

Apart from the specific proposals and recommendations contained in the main body of the report, the following general recommendations may be made:

Given the number of - both Government and non-governmental - agencies responsible for providing services to disabled persons, a greater degree of co-ordination is required in the context of comprehensive planning for the care of the disabled.

In view of the many alternative types and levels of special education, a policy should be observed, when selecting from these alternatives, whereby disabled pupils are integrated into educational systems and social contexts whenever this is possible and worth while.

Use must be made of the expertise and facilities offered by regional and international organizations and agencies when formulating or implementing a national plan for the care of disabled persons, for the purposes, primarily, of technical consultancy.

An endeavour should be made to build and develop a positive attitude towards disability and disabled persons on the part of school pupils. Useful results may be achieved in this connection if revised educational materials are incorporated into curricula and teaching activities.

Strong links should be encouraged - by all possible means - between institutions for the care of disabled persons and their families, with a view to ensuring their positive and effective participation in the planning of instruction and rehabilitation programmes for their children, follow-up of programme implementation and the contribution of views on the development and modernization of such programmes.

Since disabled persons constitute a productive and inventive source of manpower, a specific procedure should be established for the placement of qualified disabled persons in posts which suit their abilities and qualifications, and for follow-up of the employment and placement process.

In view of the major and significant part which could be played by the competent units of the Ministry of Social Affairs and Labour in various aspects of care for the disabled, particularly with respect to employment and placement, the Ministry should be encouraged to assume a more positive role in the care of disabled persons.

Sources

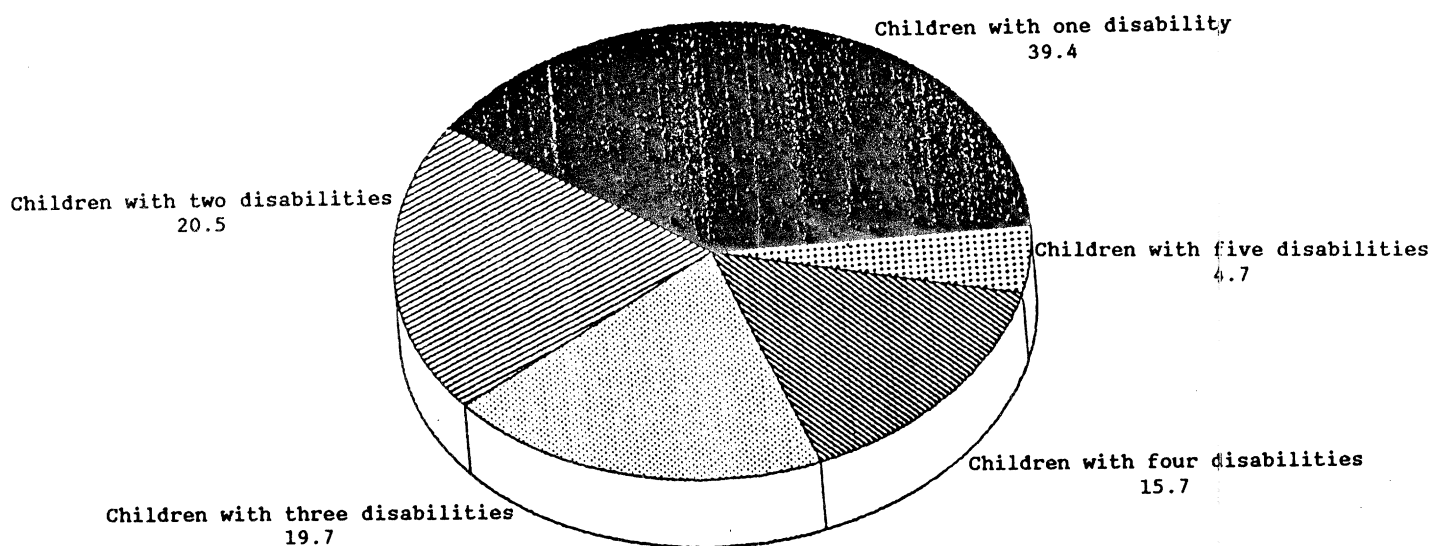
1. Information and data was assembled from personal interviews with officials of institutions for the care of disabled persons in Qatar during a visit from 25 to 26 March 1989. These included the Director of the Social Education Department, the Head of the Special Education Unit and technical supervisors of the Unit, principals and teachers of special education schools and other teachers. Interviews were also conducted with officials of the Children's Rehabilitation Unit at Al-Rumailah Hospital and with the manager and staff of the Qatar Crescent Club.
2. Annual reports published by the Social Education Department of the Ministry of Education, which incorporates the Special Education Unit.
3. Decision No. 37 of the Minister of Education, dated 5 March 1989, concerning the internal regulations of special education schools.
4. Report by Fahmi Muhammad Abdullah, Head of the Children's Rehabilitation Unit at Al-Rumailah Hospital, on the Unit's activities and services.
5. Report of the Ministry of Education's Commission on the Development of Special Education.
6. Reports and publications of the Qatar Crescent Society.



Annex

Chart I. Percentage distribution of handicapped children  
by number of disabilities

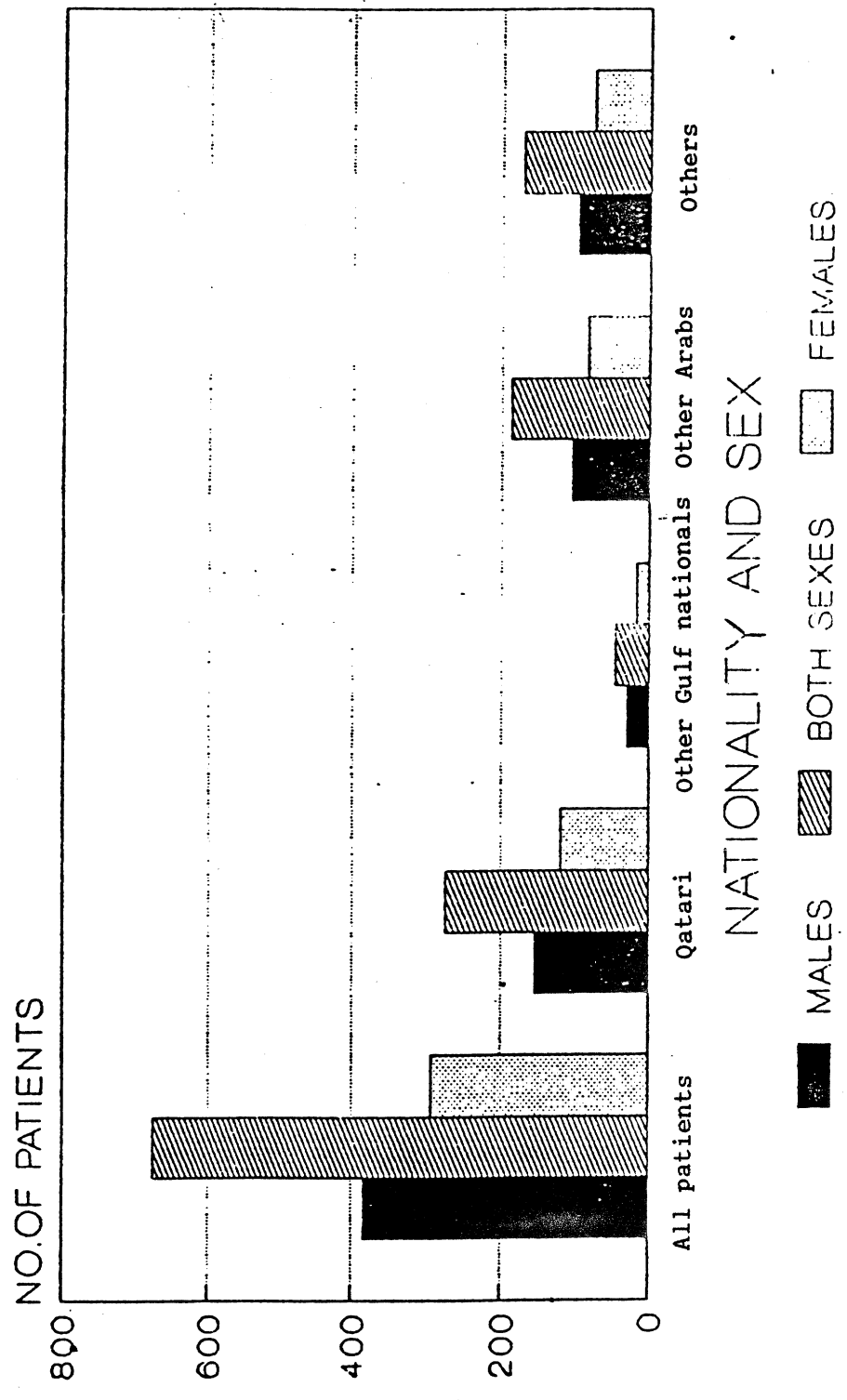
(new out-patients at the Children's Rehabilitation Unit, 1988)



Source: Dr. Hanan Refaat, Children's Rehabilitation Unit.

Note: Total number of new outpatients: 127.

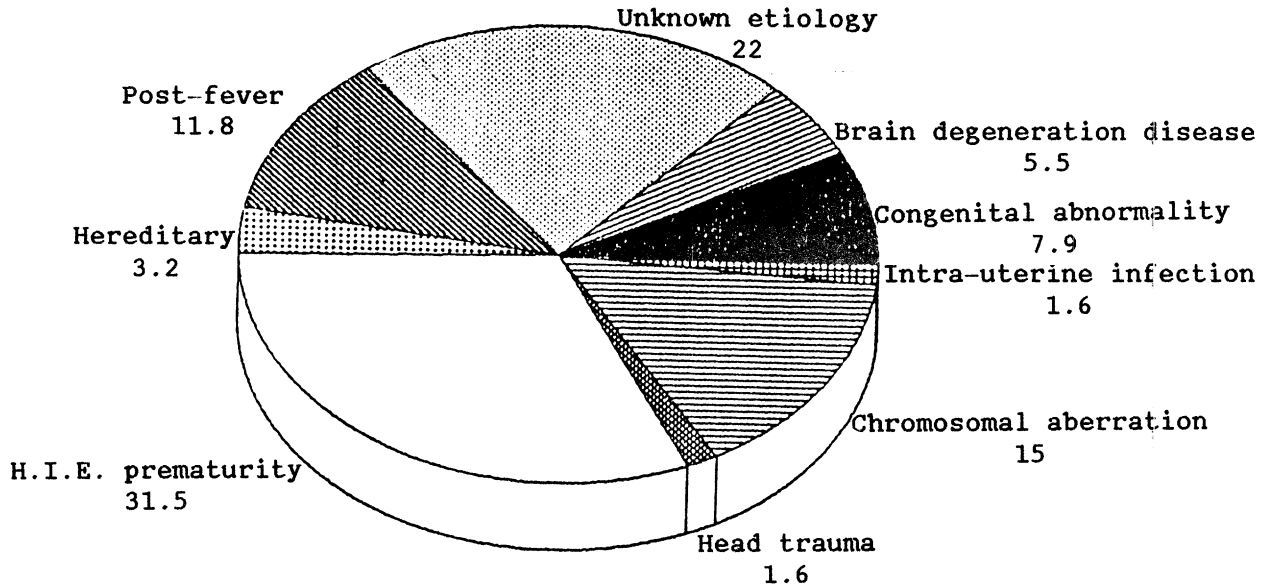
Chart II. Developmental disability patients by nationality and sex, 1988



Source: Children's Rehabilitation Unit.

Chart III. Percentage distribution of handicapped children by etiology

(New out-patients at the Children's Rehabilitation Unit, 1988)

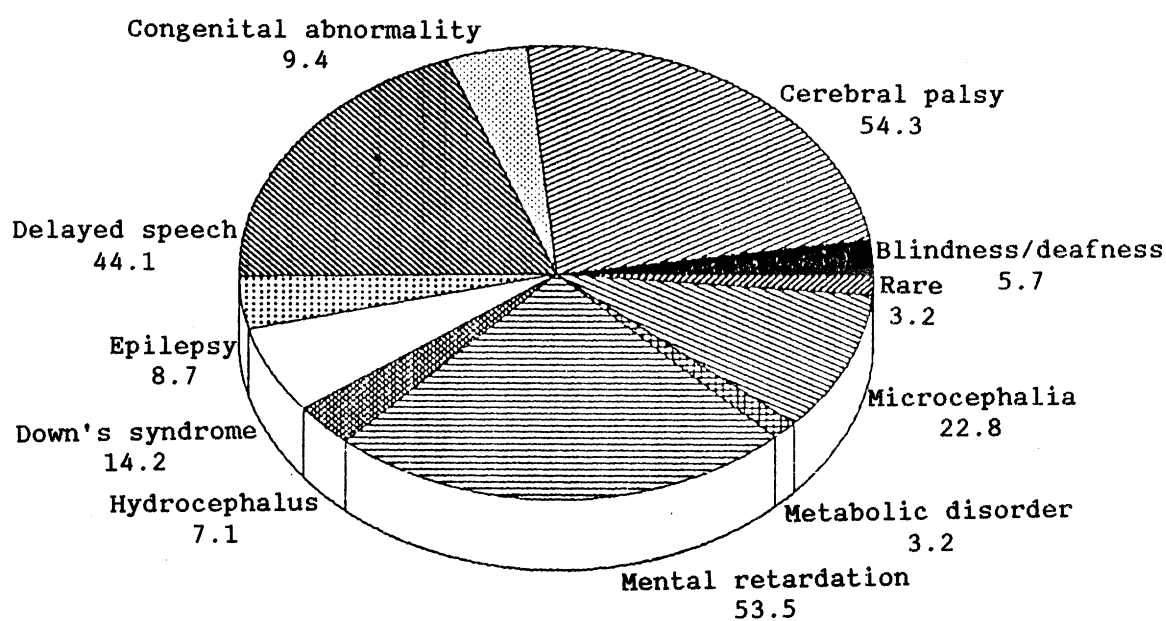


Source: Dr. Hanan Refaat, Children's Rehabilitation Unit.

Note: Total number of new out-patients: 127.

Chart IV. Percentage distribution of handicapped children by diagnosis

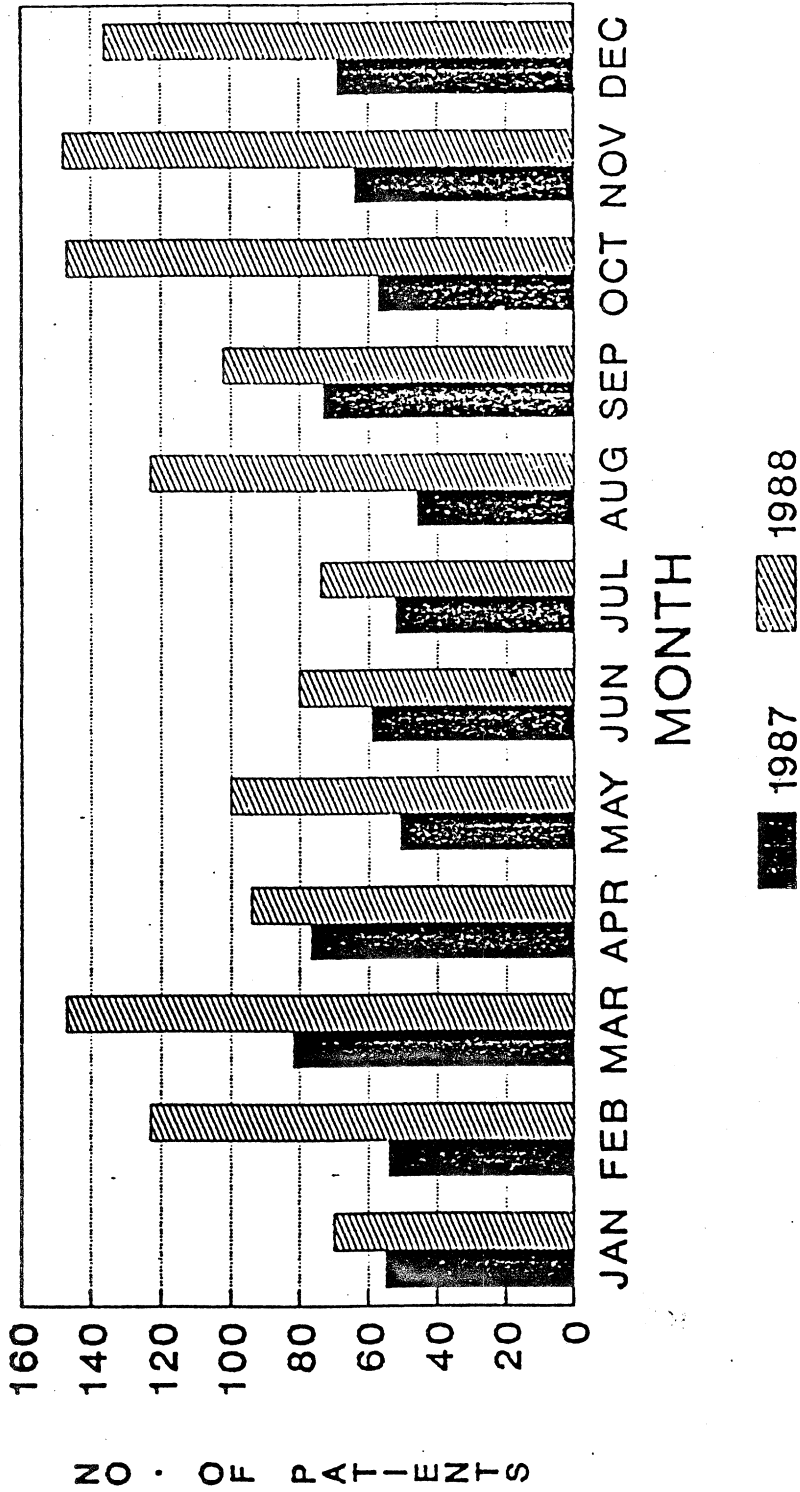
(New out-patients at the Children's Rehabilitation Unit, 1988)



Source: Dr. Hanan Refaat, Children's Rehabilitation Unit.

Notes: Total number of new out-patients: 127. 'Rare' includes: brain trauma, Verdning Hofmann, poliomyelitis and/or 18P syndrome.

Chart V. Statistical summary of out-patients at the Children's Rehabilitation Unit, 1987-1988



Source: Dr. Hanan Refaat, Children's Rehabilitation Unit.

Note: Total number of new out-patients: 739 (1987); 1,344 (1988).



