**UNFPA consolidated submission to the call for contributions by OHCHR in preparation of the thematic study on the rights of persons with disabilities on support systems to**

**ensure community inclusion of persons with disabilities, including as a means of**

**building forward better after the COVID-19 pandemic**

[**HRC resolution 49/12 disability**](https://drive.google.com/file/d/1h1S9Q2qKAhJS_v961Gl4NZfhCO2PwefA/view?usp=sharing)

**August 23, 2022**

**Background**

UNFPA operates in over 150 countries to strengthen comprehensive sexual and reproductive health (SRH) systems and care, including access to contraception, maternal health services, prevention of unintended pregnancy, prevention of unsafe abortion and postabortion care, HIV prevention, and comprehensive sexuality education (CSE). We also work to advance gender equality and to empower women to decide freely on their fertility and sexuality free from coercion, discrimination and violence, including by preventing and addressing gender-based violence (GBV), female genital mutilation (FGM) and child, early, and forced marriage. The ICPD Programme of Action has called on states to address the sexual and reproductive health needs of persons with disabilities, and it demanded the elimination of discrimination that undermines the reproductive rights of persons with disabilities. UNFPA is responsible for monitoring the implementation of the ICPD Programme of Action and the outcome documents of its reviews.

The work of UNFPA aims to further strengthen the capacity for quality population data collection, analysis and utilization in policymaking and programming around population issues, gender equality and sexual and reproductive health, including population data in humanitarian settings. Mapping vulnerabilities through increased disability-related data is integral to the UNFPA mandate and fulfilling the three transformative results through leaving no one behind and reaching the furthest behind first. In addition, UNFPA strategies towards disability inclusion are drawn from sound evidence and comprehensive approaches to disability inclusion anchored in the United Nations Disability Inclusion Strategy (UNDIS).[[1]](#footnote-1) UNDIS lays out the foundation for entity-wide sustainable and transformative progress on disability inclusion as well as has informed the UNFPA Disability Inclusion Strategy.

**Consolidated UNFPA Submission to the Call from OHCHR:**

In response to the Call from OHCHR, UNFPA reached out to its regional and country offices, encouraging them to share information, experiences and insights to this Call. The twenty-eight submissions from Country Offices received in response and summarized in this document provide some insights with regards to the national support systems in place to ensure the inclusion and participation of persons with disabilities.

In addition to these submissions, colleagues in the Asia Pacific Regional Office provided general insights to the questions, and inputs were also received from UNFPA’s Technical Division and the Population and Demography Branch with regards to the census implementation and the use of the Washington group questions. The submissions were summarized in one consolidated report from East and Southern Africa (Angola, Rwanda, Namibia, Uganda), and one report from West and Central Africa (Burkina Faso, Cameroon, Gabon, Chad, Côte D’Ivoire, Ghana, Mali, Nigeria, Senegal, Sierra Leone, Togo). Moreover, individual country responses were received from the Latin American and the Caribbean region (Colombia, Peru, Bolivia, Guatemala, Nicaragua) and from Eastern Europe and Central Asia (N. Macedonia, Tajikistan, Turkmenistan, Georgia, Kazakhstan, Serbia, Armenia and BiH).

UNFPA has developed an impact assessment that further explains the impact of the COVID-19 pandemic on the SRHR of women and youth with disabilities and provides guidance for Governments and civil society in responding to COVID-19 in this matter[[2]](#footnote-2). This consolidated UNFPA submission does not repeat what is already outlined in this assessment, but instead collates the experiences and findings shared specifically by country, regional and global offices to this Call.

UNFPA selected the questions that were more relevant to the organization’s mission and work. Country offices responded to questions by reflecting on the country's laws, policies, and programmes. However, some questions remained unanswered due to unavailability of data or the absence of significant progress in the area to be reported. Below is the summary of the responses received to the questions:

**1(a). Do you have information on country laws, policies, plans, strategies or programmes at any level of government relating to individualized support for persons with disabilities?**

The answers provided by countries under this area combine a variety of services including communications, housing, mobility, and assistance to daily activities and describe the general situation of persons with disabilities concerning the protection of their rights. Answers may include specific departments to follow up the implementation of those laws and programmes.

The following countries in West and Central Africa have adopted law and programmes to provide individualized support for persons with disabilities:

**Burkina Faso:** Law No. 012-2010/AN of April 1, 2010, on the protection and promotion of the rights of persons with disabilities protects the rights and facilitates the provision of individual support in the following areas: (i) access to free health care for holders of disability cards and recognized indigent, (ii) mobility : benefits free of charge from orthopedic devices, wheelchairs, tricycles, prostheses, white cane and any other equipment necessary for prescribed care, easy access to public transport, (iii) housing: social housing programs must give priority to eligible disabled people.

**Cameroon:** Law n°2010 / 002 of April 13, 2010. on the protection and promotion of disabled persons provides that the State contributes to the coverage of the expenses of education and initial vocational training of indigent disabled pupils and students. Decree No. 2018/6233 setting the terms of application of the law allows the use of equipment of multimedia rooms of special examination centers for the visually impaired with a system of review by voice screen by standardizing the modalities of rendering the official examination for students by type of disability, and the designation of a tutor or a specialized supervisor in charge of monitoring one to five more indigent disabled students.

**Chad:** Law No. 007/PR/2007 Bearing Protection for Disabled Persons stipulates the constant assistance of the State by reducing the costs of health care and rehabilitation in public health centers for persons with disability cards, and the assistance of the State in schooling.

**Côte d’Ivoire:** Articles 32 and 33 of the Constitution protect and guarantee the rights of vulnerable groups, particularly people with disabilities. The labor code devotes a chapter to disabled workers and establishes the principle of hiring quotas in the private sector. two decrees creating the Technical Commissions for Professional Orientation and Reclassification (COTOREP) in the public and private sectors aim to guarantee the right to employment for disabled people, as well as the right to professional reclassification for disabled workers, whether in the public or private sector. As far as education is concerned, specialized public establishments have been created to take care of children with sensory disabilities: *Institut National Ivoirien pour la Promotion des Aveugles (INIPA)* and *Ecole Ivoirienne pour les Sourds.*

**Gabon:** Law No. 19/95 of February 13, 1996, on the organization of social protection for disabled persons in Gabon establishes a disability card for disabled persons, entitling its holder to: (i) reduced medical fees in public health service establishments; (ii) reduced public transportation fares; (iii) reduced fees for access to cultural, sports, and recreation centers in the national territory; and (iii) reduced school fees;

**Ghana:** the Persons with Disability Act 2006 (Act 715) provides for rights such as unrestricted access to public places and buildings, free health care, employment, education and transportation. Article 29 of the 1992 Constitution of Ghana spells out the rights of disabled people. Also, there are sections of the Children’s Act 1998 (Act 560), the National Health Insurance Act 2012 (Act 852), the Education Act 2008 (Act 778) and the Labor Act 2003 (Act 651), all of which are meant to protect the rights of disabled people and eliminate social exclusion and discrimination. [[3]](#footnote-3)

**Mali:** Law 2018-027 of June 12, 2018 on the rights of people living with disabilities and Mali's building code imposes adequate accessibility standards for services and new infrastructures. The 2015-2024 strategic plan for people with disabilities, estimated at 11 billion CFA francs, has been developed, but unfortunately has not been implemented due to the implementation decree not yet signed.

**Nigeria:** [Discrimination Against Persons with Disabilities (Prohibition) Act 2018](https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Nigeria_Discrimination-Against-Persons-with-Disabilities-Prohibition-Act-2018.pdf) contains provision to facilitate access of physical structure, to access to free education to secondary school level. Nigeria set up also National for person with disability to

**Senegal:** The Social Orientation Law adopted in 2010 aims to ensure equal opportunities for people with disabilities and the promotion and protection of their rights against any form of discrimination. This law includes provisions concerning: (i) access to health care, (ii) implementation of social and preventive actions, (iii) education and professional training, (iv) access to land, housing, transport and means of communication, (v). right to sport, leisure, arts and cultural activities, and (vi) celebration of days for people with disabilities. In addition, the integrated and multisectoral National Social Protection Strategy (SNPS) promotes the protection of the rights of people living with disabilities, including the granting of equal opportunity cards to access free medical care.

**Sierra Leone:** [Persons with Disability Act, 2011](http://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Sierra-Leone_Persons-with-Disability-Act-2011.pdf) describes rights and privilege of people with disabilities, including free access to tertiary education, to care at public health centers, ant establish the national commission for persons with disability.

**Togo:** Act No. 2004-005 of 23 April 2004 on the social protection of disabled persons includes a provision on individualized support in the form of (i) medical assistance for partial or total coverage of consultations, examinations, medical care, hospitalization, functional rehabilitation and medical evacuations of indigent disabled persons; (ii) financial and material assistance is granted in the form of pensions or relief to disabled persons (emergency assistance to meet the basic needs inherent in an unexpected situation requiring urgent intervention; long term assistance for the care of chronic illnesses, school assistance; one-time assistance for housing, socio-economic activities, adaptation to the work station (iii) assistance for placement in an institution or in a family for disabled persons with no family or abandoned or with no personal autonomy and without sufficient resources.

Concerning the Latin American and the Caribbean region, **Nicaragua** shared that the parliament or National Assembly approved on April 13, 2011 the "Law on the rights of persons with disabilities", (Law 763), which was published in Official Gazette in August of the same year for its entry into force[[4]](#footnote-4). The Government has created the Cabinet of Persons with Disabilities, currently made up of 36 organizations of Persons with Disabilities. This functions as a forum for communication between organized persons with disabilities and the Nicaraguan government, in which they meet to agree on main inclusion actions.

In addition, the **Peruvian** government has included the services to be implemented in the National Multisectoral Policy on Disability up to 2030[[5]](#footnote-5). **Peru** shared information about major plans and policy guidelines issued last year:

* Supreme Decree approving the National Multi Sectoral Policy on Disability up to 2030

<https://cdn.www.gob.pe/uploads/document/file/1932023/Decreto%20Supremo%20N%C2%B0%20007-2021-MIMP%20apruebaan%20la%20Pol%C3%ADtica%20Nacional%20Multisectorial%20en%20Discapacidad%20para%20el%20Desarrollo%20al%202030.pdf.pdf>

* National Multisectoral Policy on Disability for Development up to 2030

<https://cdn.www.gob.pe/uploads/document/file/1932186/POL%C3%8DTICA%20NACIONAL%20MULTISECTORIAL%20EN%20DISCAPACIDAD%20PARA%20EL%20DESARROLLO%20AL%202030..pdf>

* Congress presentation on the National Multi Sectoral Policy on Disability for Development up to 2030

<https://www.congreso.gob.pe/Docs/comisiones2020/InclusionSocialDiscapacidad/files/presentacion_congreso.pdf>

* National Health Policy to 2030, Peru Healthy Country

<https://cdn.www.gob.pe/uploads/document/file/1272348/Pol%C3%ADtica%20Nacional%20Multisectorial%20de%20Salud%20al%202030.pdf>

* National Multisectoral Policy on Old Population

<https://cdn.www.gob.pe/uploads/document/file/1934191/Pol%C3%ADtica-Nacional-Multisectorial-para-las-Personas-Adultas-Mayores-al-2030.pdf>

* Technical document on the Conceptual Framework on Care

<https://cdn.www.gob.pe/uploads/document/file/1972627/Dcto-tecnico-Marco-conceptual-sobre-Cuidados.pdf>

In **Bolivia**, since the ratification of the Convention, the government efforts are still insufficient.

The organizations of people with disabilities in Bolivia still have a big challenge, their unification, which would allow them to demand from the Bolivian State, in a coordinated and robust manner, the development and implementation of public policies that benefit the entire sector. In 2002, through Law No. 2344, Bolivia ratified the Inter-American Convention for the Elimination of All Forms of Discrimination against Persons with Disabilities. In 2009, through Law No. 4024, Bolivia ratified the Convention on the Rights of Persons with Disabilities and its optional protocol. This international framework has made it possible for the Political Constitution of the State of 2009 to constitutionalize the rights of people with disabilities, specifically in its Arts. 70 and 71. Likewise, in 2012, General Law No. 223 for people with disabilities was approved, which aims to guarantee their rights, provide preferential treatment, a comprehensive protection system, and their integration into society. With the old Law No. 1678 of the person with disabilities of 1995, in March 1996 the National Committee of Persons with Disabilities (CONALPEDIS) was established, the governing body on disability issues in Bolivia. The current Law No. 223, approves a new organizational structure of CONALPEDIS, where in addition to the Executive Body, nine delegates representing the Bolivian Confederation of Persons with Disabilities (COBOPDI), parent body of the civil society of persons with disabilities, participate, where Each one of the Departmental Federations and Associations at the municipal level of people with disabilities and of the different types of disabilities are affiliated. In 2013, the Bolivian government sent the first country report to the Committee on the Rights of Persons with Disabilities, as did the civil society organizations of persons with disabilities in March 2016.

In **Colombia**, the Constitution of 1991 recognized people with disabilities as subjects of special protection by the State. This recognition implied profuse legislation since the 1990s, both of a population nature and of a sectoral nature, with the regulation of services such as: health, education, work, transportation, communication, among others. The adoption in the country of the Convention on the Rights of Persons with Disabilities (CRPD) in 2006 and its ratification in 2009 aimed at ensuring the participation of the population with disabilities in society. Compliance with the Convention has been expressed in regulatory developments and in public policy instruments for disability, as instruments that articulate state action, which has allowed the consolidation of the National Disability System (SND), as a local institutional architecture at the national level. local, regional and national. However, despite this consolidated legal framework, this institutional framework and the intention to assume the CRPD, awareness in Colombia (Article 12 of the CRPD) about the rights of persons with disabilities is still weak. The framework of administrative decentralization has been unable to respond to the gaps between the different regions of the country, as well as those that arise for certain disabilities, for women, children and young people with disabilities. In general terms, it can be said that, despite observing progress from a care approach, there is little progress in the development of the right to independent life contemplated in article 19 of the CRPD.

Regarding countries in the Central Asia and East Europe, the situation varies to a great extent. For example, **Tajikistan** has ratified a number of key international human rights treaties and, by doing so, has undertaken to uphold fundamental human rights principles, including those of persons with disabilities. In March 2018 Tajikistan signed the Convention on the Rights of Persons with Disabilities. It is unclear if there are plans to ratify it in the near future. Article 17 of the country’s Constitution guarantees equality before the law and the rights and freedoms of everybody regardless of their nationality, race, sex, language, religion, political opinion, education, social and material situation. The codes of criminal, civil, administrative and economic procedure and the Code of Administrative Offences include similar provisions, but the Economic Procedure Code is the only code that specifies that, in addition to the grounds listed, discrimination is also prohibited under “other circumstances”. Thus, disability is not explicitly mentioned as a prohibited ground for discrimination in any of the above legislation. The Law on Social Protection of Invalids stipulates that government policy regarding social protection of persons with disabilities is based on human rights principles and prohibits discrimination.

In July 2022, **Tajikistan** adopted a Law on equality and elimination of all forms of discrimination, which includes prohibition of discrimination based on disability. The new law has been published very recently and has not yet been analyzed by the human rights experts on its compliance with international standards. In recent years the authorities have been guided by and have adopted a number of programmes and strategies that include measures to improve the situation of persons with disabilities. However, no comprehensive information is publicly available about the measures that have been implemented with regard to persons with disabilities under these programmes. In the National Programme for the Rehabilitation of Invalids, for example, some parts pertaining to the implementation were marked “pending international funding“ and no information is publicly available about the budgetary resources actually spent or earmarked for this Programme, making it impossible for NGOs to ascertain and evaluate which plans have been implemented. Programmes and strategies include the following:

* The National Concept of Inclusive Education for Children with Disabilities in the Republic of Tajikistan (2011-2015);
* the National Strategy on the Development of Education, approved in 2012 and valid until 2030, which includes plans to set up inclusive education; amendments to existing legislation and new regulations on inclusive education;
* the National Strategy on Health Protection of the Population of the Republic of Tajikistan (2010-2020);
* the Concept Paper Better Health for Persons with Disabilities in the Inclusive Society in the Republic of Tajikistan (2014-2019);
* the National Programme for the Rehabilitation of Invalids (2017-2020), issued in 2016;
* National Action Plan for the preparation of the Republic of Tajikistan for the ratification and implementation of the Convention on the Rights of Persons with Disabilities;
* State Program "Accessible Environment" for 2021-2025
* the Mid-Term Development Programme of the Republic of Tajikistan for 2016-2020, endorsed in 2016; and
* the National Development Strategy of the Republic of Tajikistan, valid up to 2030.

**Turkmenistan** is party to all major international human rights treaties, including the Convention on Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities as well as Optional Protocols to both Conventions.[[6]](#footnote-6) The national legislation does not currently have a comprehensive law on the rights of persons with disabilities that would cover all aspects of life, including employment, health, social services, education, accessibility and others. A piecemeal approach is currently employed instead, whereby different aspects relevant to persons with disabilities are addressed in different legislative acts. The 2012 Code on Social Protection[[7]](#footnote-7) is the key legal instrument that regulates the situation of persons with disabilities in Turkmenistan. The Code is based on the outdated medical model of disability, whereby a person with a disability is defined in Article 1 as “a person with long-term physical, mental, intellectual or sensory impairments that limit his opportunities for full and effective participation in the life of the society.” As of August 2021, the Code was being revised and expanded to include a chapter on provision of social services. However, the definition of persons with disabilities has not been brought into compliance with the CRPD.

Concerning **Bosnia and Herzegovina (BiH** hereafter), in May 2008 the Disability Policy in BiH marked a new approach to disability which was then followed by the Strategy for the equalization of opportunities for persons with disabilities in 2011-2015 in the Federation of BiH. Aiming to harmonize the policy with European and international instruments, the Strategy for the advancement of rights and status of persons with disabilities in the FBiH 2016-2021 was launched. In both entities (RS and FBiH), provisions concerning people with disabilities have been included in the social inclusion strategies of 2021 to 2027. Regarding legislation, in September 2019, the FBiH Parliament's House of Representatives also adopted the Draft Law on Organizations and Representative Organizations of Persons with Disabilities and Civilian Victims of War. Adopted in 2009 and amended in 2016, the Law on Prohibition of Discrimination in BiH marks a milestone in the fight against discrimination of marginalized communities in BiH, inclestablishing a system for combating discrimination under European standards. In the same way, all entities in BiH have introduced and modified the categorization of hate crimes within their criminal codes to include the discriminatory selection which protects against abuse in terms of race, nationality or ethnicity, language, disability, sex, sexual orientation, gender identity, color, and religious beliefs[[8]](#footnote-8). However considered to progress, the law does not recognize disability as grounds for discrimination the implementation of these efforts is contested by stakeholders in the matter. Hence, discrimination against persons with disabilities must be countered as taking place on grounds of social background, welfare status, or some similar attribute.

In terms of international law, Bosnia and Herzegovina has signed and ratified:

* Convention on the Rights of Persons with Disabilities
* Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography
* Optional Protocol of the Convention against Torture
* Convention for the Protection of All Persons from Enforced Disappearance
* Convention for the Protection of All Persons from Enforced Disappearance
* Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict

**i. Communication: Support to overcome barriers that limit the ability to communicate and be understood (e.g., sign language interpretation, tactile interpretation, assistive technology and software, easy-to-read and plain language, captioning, augmentative and alternative communication, among others);**

The following countries in East and Southern Africa have adopted laws and programmes to provide individualized support for persons with disabilities that concern communications:

In **Rwanda**, the ministerial order Nº 01/09/MININFOR OF 10/08/2009 determining the modalities of facilitating persons with disabilities in matters relating to communication, stipulate that the public and private audio-visual press shall, within the limits of available resources, adopt appropriate modalities of interpreting in order to facilitate persons with disabilities to follow their programs.

In **Namibia**, the Namibian Broadcasting Corporation (NBC) has made it compulsory to have a sign language interpreter during news casting to ensure that persons with hearing impairment are updated and well informed. Moreover, the ministry of Health and Social Services also provides hearing aid to the deaf to improve their communication. More so, the Ministry of Information and Communication Technologies main objective is “to maintain a vigorous mass media system which is capable of serving as a catalyst for nation-building and development”. policy by ensuring that disabled people have access to the media, especially those with sensory loss.

In **Kenya**, The Kenya Disability Act of 2003 (Articles 39 and 40) establishes that “all television stations shall provide a sign language inset or sub-titles in all newscasts and educational programmes, and in all programmes covering events of national significance”. And that “all persons providing public telephone services shall as far as possible install and maintain telephone devices or units for persons with hearing disabilities and tactile marks on telephone sets to enable persons with visual disabilities to communicate through the telephone system”.

In **Uganda**, the Constitution (Objective (xxiv) sub-section c) provides for promotion of sign language for the deaf. The Uganda Persons Disabilities Act of 2020 (Articles 6) establishes that educational institutions that are owned or aided by Government and have learners with disabilities must provide sign language services, learning materials and assistive devices suitable for the learner. In addition, the Uganda Communications Act 1998 (Section 8) provides for research into the development and use of new communication techniques and technologies to provide accessibility of persons with hearing impairments to communication services. According to the Uganda Communications Commission (UCC), the law requires all broadcasters to have a Sign Language Interpreter (SLI) appear on the screen, or provide subtitles for their news transcripts and other information of national importance. The government of Uganda also ratified the Marrakesh treaty to help persons with disabilities, especially the visually impaired or those blind access to published works. Moreover, the PWD Act is being translated to Uganda sign language and the Uganda Law Reform Society issues all its annual reports on the state of human rights in braille. Provision of sign language insets in all newscasts is a requirement under the PWD Act (Article 12(4). Uganda sign language was recognized in the constitution, and is now an elective subject in the new lower secondary curriculum.

The experiences from Latin-American countries are varied.

For example, in **Bolivia**, the Law No. 223 establishes: "The Plurinational State of Bolivia, at all its levels, guarantees the right to special programs and projects of decent and adequate housing for people with disabilities", guaranteeing the right of people with disabilities to enjoy conditions of accessibility that allow them to use the infrastructure and services of public and private institutions, public spaces, media and communication systems, technology and transportation, for their use and enjoyment independently regardless of their disability status and to require State institutions the adoption of reasonable adjustments for the exercise of this right. Little by little the control and supervision instances of public entities are working on this point. For instance, the Financial Supervision Authority (ASFI), issued Resolution No. 796/2012, which instructs and determines that all entities of the financial system must carry out actions to provide accessibility and transportation to people with disabilities, which includes the modification of infrastructure for the reduction of physical barriers through signage and alternative and appropriate forms of communication for the care of people with disabilities (deaf people) and greater accessibility to the services of the aforementioned entities. Similarly, Law No. 223 establishes the obligation to know the Bolivian Sign Language (LSB). Not all television channels have LSB interpreters and no instance requires compliance.

In **Colombia**, communications accessibility is one of the greatest challenges for people with disabilities in Colombia, particularly for deaf and deafblind people. There are great barriers to their access to public information -and even in their private environments- they also witness difficulties in having support and reasonable adjustments. However, some processes aimed at overcoming these barriers and providing support have been presented:

* Recognition of sign language (LSC) as an official language and appreciation of the deaf community as a linguistic minority.
* Recognition of the need to develop institutional offers and accessibility guarantees for deaf and deafblind populations.
* Development of a specific modality (bilingual – bicultural modality) in the development of inclusive education processes for the deaf population.
* Processes of support, advice and construction of specific Technical Standards for the education of this population through the National Institute for the Deaf – INSOR, an entity attached to the Ministry of National Education.
* Offers of support for the deaf population through the Ministry of Information and Communication Technologies (MINTIC), such as the relay center (for communication in emergencies) and the development of different specific access programs to the digital world.
* Guarantees of accessibility to the service of access to the television service, either through the use of close caption or the use of sign language interpretation in certain programs of public interest.
* Regarding access to communication and information for blind people and their guarantee of access to information, the following can be highlighted: The existence of the National Institute for the Blind -INCI-, an entity attached to the Ministry of Education with the function of promoting the education of blind people, the teaching of braille and spatial location and, in general, typological actions in inclusive education processes from the country.

Related to the equalization of communication opportunities and the guarantee of rights for communication and access to information, **Colombia** has Law 982 of 2005 that, although it determines the population and establishes actions in its favor on the part of the State, in practice it has few developments. For people with intellectual disabilities, strategies aimed at guaranteeing simplified communication for people with intellectual disabilities are almost non-existent. Law 1680 of 2013 guarantees access to information, communications, knowledge and information and communication technologies to blind people and people with low vision and Resolution 3564 of 2015 provide guidelines regarding the standards of publication and disclosure of information, accessibility in electronic media for the population with disabilities, electronic form for receiving requests for access to public information, open data and media security conditions electronics.

In **Guatemala**, the National Disability Council (CONADI) developed a manual for public institutions to promote measures aimed at guaranteeing universal access for people with disabilities. This process was presented to the Social Development Cabinet and has the endorsement of the vice president for its implementation. Likewise, it has been agreed to expand the powers of the Gender Units of Public Institutions so that they implement actions aimed at the inclusion and response to the needs of Persons with Disabilities. The government, in its official communications, has included sign language interpretation and the use of subtitles. There are no specific programs for people with disabilities, but social protection programs do not exclude people with disabilities from their beneficiaries.

Meanwhile, countries in Central Asia and East Europe reported about their status:

In **Tajikistan**, The authorities have failed to ensure that persons with disabilities and their families are easily able to access information about their rights, benefits, provision of services and other support. Accessible information for persons with certain types of disabilities such as sensory and intellectual impairments, including on crucial topics such as reproductive health or educational options is particularly lacking. Very few books and educational materials are available in Braille and public institutions such as libraries are not obliged to purchase publications in Braille. Domestic legislation recognizes sign language as a language of interpersonal communication, but not as a state language. There is a severe lack of qualified sign language teachers and interpreters. There is only one TV programme with sign language interpretation, a news programme by the government Jakhonnamo Channel aired once a day for 30 minutes.

In **Kazakhstan**, the Law of the Republic of Kazakhstan dated 13 April, 2005 No.39. “On Social Protection of Disabled Persons in the Republic of Kazakhstan”. An authorized body in the field of social protection of population develops and approves the rules for the provision of social services by a sign language specialist for the hearing impaired in accordance with the individual rehabilitation program for the disabled people. Local executive bodies organize the training, retraining and advanced training of specialists in the rehabilitation of disabled people, including specialists in sign language, specialists in reading and writing in Braille. Social rehabilitation of disabled persons includes provision of social services by a sign language specialist for the hearing impaired in accordance with an individual rehabilitation program for a disabled person in accordance with the rules approved by the authorized body in the field of social protection of the population, through the portal of social services, with the exception of cases provided for in paragraph 3 of Article 32-1 of this Law.

In **Turkmenistan**, According to the government stakeholders, there is some progress in improving access to information by persons with hearing impairments: in collaboration with the Blind and Deaf Society of Turkmenistan, the training of sign language interpreters is being planned to improve the accessibility of televised messages. In 2020, Turkmenistan ratified the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled. Reportedly, physical inaccessibility remains one of the main barriers to access to education by children with disabilities.

In **Georgia**, Law on the Rights of person with disabilities (approved July 2020) mentions “Universal Design” and assistive technologies. There’s annual government programme approved by the government decree (Social Rehabilitation and Child Care Programme) implemented by the Ministry of IDPs from occupied territories, Labor, Health and Social Affairs of Georgia (MoH) includes assistive devices and technologies such as hearing aids, and smartphones. The same programme provides support(funds) for sign language interpretation. The MoH also funds Cochlear implants through its health programme.

**Armenia** signed the UN Convention on the Rights of Persons with Disabilities and on 18 December 2009 the Constitutional Court ruled that the Convention was in compliance with the Constitution of Armenia. On 22 September 2010, the National Assembly of Armenia ratified the Convention. However, Armenia has not yet ratified the Optional Protocol to the Convention on a procedure for filing individual complaints to the Committee on the Rights of Persons with Disabilities, despite having signed this document along with the Convention in 2007. However, on 11 June 2020 the Government adopted a draft law on ratification of the Optional Protocol[[9]](#footnote-9), which was then forwarded to the National Assembly for ratification. As of the time of this writing, the Draft Law had not yet been included on the agenda of the National Assembly for parliamentary debate. On 5 May 2021 the National Assembly adopted the Law On the Rights of Persons with Disabilities (hereafter referred to as the Law), which entered into force on 4 June 2021. The Law seeks to ensure the *provision, protection and promotion* of the rights of persons with disabilities.

On January 12, 2017, the **Armenian** government adopted the [**Comprehensive Programme for Social Inclusion of Persons with Disabilities for 2017-2021 and Measures to Ensure the Implementation of the Programme.**](http://www.irtek.am/views/act.aspx?aid=88358) This document envisages steps by State bodies in several strategic directions: 1) *Alignment of national legislation with the requirements of the UNCRPD, and 2) Accessibility to education, employment, participation in sports and cultural life, entertainment and tourism, health, treatment and recovery, participation in political and public life, protection of the population in emergency situations and civil protection and statistics and data collection.* The five-year programme calls for funding of related activities not only from the national budget but also from community budgets and other supplementary sources, such as international donor organizations. Some activities are defined in the programme to be funded solely by donor organizations, including: 1) *work necessary for the introduction of a human rights-based model of disability assessment, 2) introduction of a social model of personal needs assessment by State and NGO service providers, 3) creation of a social taxi service, 4) ensuring accessibility of information for persons with disabilities* *through the introduction of a special video communication system by service delivery entities, 5) development of assistance guidelines to address specific situations and introduce appropriate services, 6) introduction of inclusive education coordinators at higher education institutions (universities) to support the organization of an educational process accessible to persons with disabilities and 7) establishment of social enterprises for persons with disabilities.*

In **North Macedonia**, inaccessibility of infrastructure in public places (workplaces, schools, courts, and churches), transport and information are seriously affecting the full enjoyment of rights by persons with disabilities. Lack of accessibility standards and operating procedures, capacity, and the related implementation framework in areas of construction, transport, and information technologies. These are some of the findings in the area of information accessibility and communication:

* According to the Law on Free Access to Public Information, information holders are obliged to inform the public about their work. The Law, however, does not stipulate that public information should be provided in accessible formats.
* The Law on the Use of Sign Language provides the right for persons with hearing impairment to use sign language in the role of a party or participant in proceedings in front of state bodies. The persons have the right to use sign language for other needs as well, but only up to 30 hours per year, thus realizing their right to an interpreter. The decision on the entitlement to use sign language is left to the centers for social work, which only additionally limits the use of sign language. Persons with hearing and speech disability point out that they are facing difficulties in realizing rights due to the insufficient number of trained sign language translators and interpreters. The list of sign language interpreters contains only 31 persons, which is indicative of the lack of interpreters. There is no separate law, or part of a law, which would stimulate learning Braille alphabet, and this must be provided for in the future.
* The Law on Data in the Electronic Form and Electronic Signature provides a definition of electronic signatures that is not harmonized with the CRPD.
* The Law on Audio and Audio-visual Media Services related to accessibility and availability of broadcasters and broadcasting accessible and available information of different types does not have an explicit prohibition of discrimination based on disability.
* In accordance with the provided recommendations in the action plan of the NCB (National Coordination Body) for CRPD, the Ministry of Information Society and Administration has planned activities aimed at drafting an action plan for developing web pages that comply with accessibility standards. Despite the obligation for accessibility of internet pages, the state electronic sites are still not accessible.
* Assistive technology resources are limited to two web portals and a handful of Braille printers. There are two websites (http://nssrm.org.mk/ and https://samoglas.mk) with libraries of audiobooks in Macedonian, including fiction, professional literature on law and certain laws and manuals relevant to persons with impaired vision. Braille alphabet printers are located only at the Faculty of Philosophy in Skopje, Public School for Rehabilitation of Children and Youth with Visual Impairments “Dimitar Vlahov” and the National Association of Blind Persons. The Committee for Information and Communication Technologies at the Faculty of Philosophy created the first Cyrillic font for dyslexic persons, Dyslexic FZF, and easy to read mandatory school reading books were promoted in cooperation with Einstein Association.
* On the initiative of the MoLSP, UNDP and the National Association of Blind Persons, the audio reader “Kiko,” the first digital tool, has been launched. This free application is already available in Macedonian, and its Albanian version is currently being developed. Most of the aforementioned initiatives are supported technically and financially by the international community and the UN agencies in the country.
* NCB for CRPD has recorded the CRPD in an easy-to understand audio format and it has also been printed in Braille alphabet, but this information and materials fail to reach persons with disabilities on the territory of the entire country.

The **Republic of Serbia** has an extensive legal and strategic framework relevant for support of persons with disabilities, from national to the level of local (municipal) government. As the EU accession candidate country, in the process of European integration, Republic of Serbia is continuously working on harmonizing normative framework related to disabilities with the EU acquis and International standards from ratified international conventions. Regardingcommunication, the Republic of Serbiahas adopted the Law on the Use of Sign Language, in April 2015, and also the amendment to the Law on the Prevention of Discrimination against Persons with Disabilities, adopted in February 2016 guaranteeing the right of persons with disabilities, especially persons who are blind or vision-impaired, to use personal facsimile stamps to sign legal documents. The Government of the Republic to adopted the "Strategy for improving the position of persons with disabilities in the Republic of Serbia for the period from 2020 to 2024" in March 2020 and Action Plan for the implementation of the Strategy in April 2021.

The strategy aims to improve the overall social and economic position of persons with disabilities in the **Republic of Serbia** and their equal participation in society, by removing obstacles in the area of ​​accessibility, participation, equality , employment, education and training, social protection, health and other aspects that contribute to equalizing their opportunities and achieving inclusive equality. The strategy sets three specific strategic objectives: 1) increased social inclusion of persons with disabilities; 2) ensured enjoyment of the rights of persons with disabilities to legal capacity and family life on an equal basis with others and effective protection from discrimination, violence and abuse and 3) systematic introduction of the disability perspective in the adoption, implementation and monitoring of public policies. For achieving each of three specific objectives there are envisaged measures, and many of them include aspects related to communication.

In **BiH**, throughout the country most general public and healthcare institutions do not provide sign language interpreters nor have incorporated Braille and there is no information on initiatives to do so. Accessibility of information for persons with disability is partly regulated at the State level with the issuance of the law on the use of sign language[[10]](#footnote-10). Even though the law recognizes the right to use sign language as an official language of deaf people in BiH it fails to provide provisions on how to guarantee this right. Thus, regulations need to be developed at the entity and cantonal level containing a detailed budget specifying how this right is going to be funded. The right to use audio recordings, Braille, information in electronic format, large print, and other means that would help the visually impaired, or easy-read information for persons with intellectual disabilities has not been regulated and there are not obligations to BiH’s authorities to develop programmes or allocate resources to ensure its availability in the mentioned formats or any other. The laws on preschool, primary and secondary education provide for an equal right to education, however, the lack of respect for and failure to implement the relevant regulations and the division of responsibilities to guarantee the right of education between cantonal and entity level and a concomitant, amongst other reasons, mean that children and young people with physical and learning disabilities, keep on being excluded from the educational process. Therefore, it is necessary that comprehensive campaigns are put forward at all levels of government to raise public awareness of the rights of and equal opportunities for persons with disabilities, as well as for the inclusion of persons with disabilities issues in all areas of society.

**ii. Decision-making: Support to make decisions and exercise legal capacity. This includes assistance to: (a) obtain and understand information, (b) evaluate the possible alternatives and consequences of a decision, (c) express and communicate a decision, and/or (d) implement a decision (e.g., support agreements, peer support, self-advocacy support, advance directives, crisis support, financial management assistance, among others);**

Information in this area was received by only a few countries from different regions.

In **Uganda**, the constitution guarantees equality of all persons including persons with disabilities before and under the law (Article 21). Accessibility of court premises is a legal requirement and the Advocates Act mandates lawyers to provide pro-bono legal services at least once a year to all Ugandans, including those with disabilities. The PWD Act 2020 recognizes use of voice, touch or other methods as acceptable ways for a complainant who is blind/low vision to identify a suspect/an accused person. The UHRC developed judicial rules on handling cases of PWDs. Moreover, the Persons with Disabilities Act 2020 requires the government to train judicial and law enforcement officers on matters concerning persons with disabilities including sign language, tactile communication and use of alternative format documents.

In **Bolivia**, legal capacity is understood as the capacity to acquire rights and incur obligations, that is, the capacity to be the holder of a right and enjoy its exercise without the need for a representative. In the case of people with mental-psychic or intellectual disabilities, verification and determination by a competent judge who declares the interdiction and thus appoints a definitive curator who represents the person with disabilities usually requires mental-psychic or intellectual disability for the exercise of their rights. The current Civil Code, specifically articles 5, 484, 661 and 1119, among others, denies legal capacity to many people with mental-psychological or intellectual disabilities by not allowing them to exercise their rights on their own since the guardianship model is still in force. Therefore, it restricts the exercise of their rights by persons with disabilities. These aspects, in some way, could have been corrected through the new Code of Civil Procedure, but it did not incorporate the approach of people with disabilities, repeating what the previous Code of Civil Procedure indicated, for example, the participation in a court of blind people and deaf Law No. 223 establishes training for justice operators and administrators on alternative forms of communication such as LSB and the braille system.

**UNFPA in Bolivia** has been developing since 2020 courses to strengthen the capacities and communication skills of officials dependent on the Public Ministry, by learning the Bolivian Sign Language, since in recent times it has been observed that legal and judicial interpretation have acquired importance in the main areas especially in cases involving women and girls who are victims of violence, especially sexual violence, such as interrogations, police interviews, attorney-client interaction, and court hearings.

Other relevant laws and articles in **Bolivia** are Article 14 of Law No. 223, guarantees the right of the person with disabilities to identity, respecting their multiculturalism, to name, to nationality, to be registered or registered immediately after birth or when required as well as all people without any discrimination. Law No. 145 of the General Service of Personal Identification states in article 19 to grant identity cards indefinitely to Bolivian men and women from fifty-eight (58) years of age and to people with serious and very serious disabilities before the presentation of a disability card. The Supreme Electoral Tribunal, through the Civic Registry Service (SERECÍ) as of February 2014, grants birth, marriage and death certificates to people with disabilities free of charge.

In **Colombia**, the country has had a normative evolution in the concept of legal capacity of persons with disabilities, eliminating interdiction and establishing support mechanisms and safeguards that guarantee that in all cases the will of persons with disabilities is expressed. This as a consequence of the struggles and pressures of the population with disabilities, as well as the responses of specific decisions of the Constitutional Court. Currently, Colombia is in a formative moment with public officials in relation to this regulatory advance. It also advances in the provision of administrative and regulatory acts: such as Decree 487 of 2022: Chapter 1, Article 2.8.2.1.2. Support assessment service. The assessment of supports develops the right to legal capacity of all persons with disabilities subject to the principles of dignity, autonomy, primacy of the will and preferences of the person holding the legal act, non-discrimination, accessibility and equal opportunities and haste.

In **Guatemala**, this type of support is provided by Organizations that represent Persons with Disabilities, however, in Guatemala there are current legal frameworks that limit the legal capacity of Persons with Disabilities.

In **Tajikistan**, As part of the National action plan for the preparation of the Republic of Tajikistan for the ratification and implementation of the convention on the rights of persons with disabled for the period until 2024 a comprehensive review of the norms and regulations, including substantive and procedural legislation governing civil law, criminal law, administrative law relations, laws governing elections and participation in elections, migration and the right to citizenship, the right to access information, detention and incarceration, insurance, education, employment, health, including mental health and mandatory health assessments and treatment, family law, guardianship, social security rights, security legislation, rights of appeal and other are considered. However, this activity will depend on external assistance and funding. Yet, no concrete progress over the given activity is available.

Persons with disabilities in **Kazakhstan** have the full range of socio-economic and personal rights and freedoms enshrined in the Constitution, other national legislative acts, including the right to: social protection, including rehabilitation, integration into society; providing access to social infrastructure facilities; providing access to information; education, free choice of occupation, including labor; guaranteed volume of free medical care in the manner determined by legislation; vocational training and retraining, rehabilitation working capacity and employment; housing in accordance with housing legislation; priority service in government and other organizations, in including in organizations of healthcare, culture, communications, transport, services; support creative abilities of people with disabilities (Article 14 of the Law on social protection of people with disabilities). Central and local executive bodies shall interact with public associations of disabled persons and their authorized representatives upon preparation and adoption of decisions affecting the interests of disabled persons.

In Georgia, the legal incapacity reform took place in Georgia in 2015. Based on the legislation, persons who are recognized by the court as persons with psychosocial needs are assigned a “Supporter”. Usually a Supporter is a family member, but in some cases, when a person with psychosocial needs lives in the institution and has no family members a social worker or a staff member of the institution is assigned as a Supporter. A supporter is not paid for his/her support and is supervised by the central body for guardianship and custody (the State Care Agency). According to the Civil Code, obligations are defined for a supporter:

* To follow up a constant medical service of a support recipient;
* To establish his/her wishes/choice and to assist him/her in making the respective decision that includes providing a support recipient with the information necessary to make a decision in an understandable communication way;
* To immediately address the court concerning the alteration of the support scope/ the termination of the support, if there is no more or changed basis, due to which, the support was imposed on a support recipient, except in cases, when a support recipient or the guardianship and custody agency have already addressed the court;
* In addition, in appropriate cases, the supporter is obliged, if it is determined by the court’s judgment, to assist a support recipient in comprehending the terms and the legal consequences of a transaction when such a transaction is made by a support recipient.
* Within the period of time (not exceeding 6 months) set by the guardianship and custody body the supporter is also obliged to provide them with the information on carrying out by him/her the obligation determined by the court. This information should include the features related to providing support by him/her.

In **North Macedonia**, the Constitution and the existing legislation are not in line with the CRPD. A stated in the Situational analysis some aspects of the decision – making process of the persons with disabilities are the following:

* Legal capacity continues to be taken away from people with disabilities. A large portion of people with disabilities in institutional care, group homes or families are still deprived of their legal capacity and put under guardianship.
* The existing guardianship system, negates or restricts the legal capacity of persons with disabilities, limiting their right to make decisions and their right to choose.
* There is very limited technical capacity and know-how among duty bearers around the concept of legal capacity and article 12 of CRPD.
* The state has failed to create a mechanism of supported decision making, which would restore the legal capacity of people with disabilities in institutions, including those in the process of deinstitutionalization, who have been relocated to group homes.
* In terms of the right to participation in political and public life for the persons with disabilities, there is general lack of awareness among the communities and stakeholders about political engagement of persons with disabilities.
* Persons with disabilities lack adequate political representation at the national level and representation at the local levels.
* The State has failed to provide an enabling environment where the persons with disabilities would exercise their right to vote and be voted for, i.e., run for an office with support. The existing legal framework does not consider the intersectional approach.
* Persons with disabilities are not involved and are not part of CSOs’ teams, including those providing legal aid, and they are not part of other CSOs that provide other services on the local or national level.
* There are no persons with disabilities either in the CRPD Monitoring Body or in the Ombudsman’s Office.
* The status of OPDs is not clear in the Macedonian legislation. So, when institutions need to include or consult OPDs or persons with disabilities, they are often unable to do so.

In **Serbia**, the Strategy and Action plan have a strong focus on reform of the legal framework in the area of rights that ensures that persons with disabilities enjoy all rights on an equal basis with other citizens and the establishment of a decision-making system for persons with disability (especially with mental disability) that will replace previous guardianship protection that limited human rights of persons with disabilities. It is related to the achievement of the strategic objective 2. enjoyment of the right of persons with disabilities to legal capacity and family life on an equal basis with others and effective protection against discrimination, violence and abuse. For achievement of this strategic objective of the Strategy, the Action Plan envisages 19 activities within four measures: reform of the legal framework in the area of ​​legal capacity, which ensures that persons with disabilities they enjoy all rights on an equal basis with other citizens and the establishment of a decision-making system with support that replaces guardianship protection; improvement of the conditions for establishing a marriage/ union and support for the parenthood of persons with disabilities; improvement of prevention and protection against discrimination of persons with disabilities; improvement of the conditions for exercising the right to access justice and a fair trial of persons with disabilities on an equal basis with other citizens, and improvement of the prevention and protection of persons with disabilities from violence and abuse, especially the prevention and protection of women with disabilities from violence.

Systematic and structural support in decision-making processes on issues of general interest to the public fora **in Bosnia and Herzegovina** is not provided and only some of the organizations working with/for persons with disabilities are consulted on the design/implementation and monitoring of strategies, policies, and laws.

**iii. Mobility: Support for personal mobility and access to affordable and available quality mobility assistance (e.g., mobility aids, assistive technologies and PAGE 2 products (prostheses, orthotics, wheelchairs), animal assistance, point-to-point and paratransit transport, among others);**

The following countries in East and Southern Africa have adopted laws and programmes to provide individualized support for persons with disabilities that concern mobility issues:

In **Uganda**, the Uganda children‘s act cap 59 has a provision on children with disabilities. Section 9 states that the parents of children with disabilities and the State shall take appropriate Steps to see that those children are — (a) Assessed as early as possible as to the extent and nature of their disabilities; (b) Offered appropriate treatment; and (c) Afforded facilities for their rehabilitation and equal opportunities to education. Rules of procedures of Parliament - 1996 allow any person who is not an MP to give assistance to a member of disability in the house or committee. The Uganda Traffic and Road Safety Act 1998 (Section 42) provides that no person with disability shall be denied a driving permit by reason of his or her disability; and section 132 provides for use of bells, alarms, direction indicator to enable persons with disabilities to access roads, railways and airports. The East African Community Customs Management Act 2004 provides for exempting all taxes including VAT, withholding tax and import duties for the persons with disabilities, blind and persons with physical disabilities as regards materials, articles and equipment including one motor vehicle which are specifically designed for use by disabled or physically handicapped persons. The provisions also provides for exemption for materials, articles and equipment including one motor vehicle which are intended for educational, scientific or cultural advancement of the disabled for use of an organization approved by the Government for the purpose of this exemption. There is also tax exemption on all assistive devices for persons with disabilities. The MOH established a multi-sectoral committee to develop a list of assistive devices.

In **Kenya**, the Kenya Disability Act of 2003 (Articles 21 to 23) establishes that “persons with disabilities are entitled to a barrier-free and disability-friendly environment to enable them to have access to buildings, roads and other social amenities, and assistive devices and other equipment to promote their mobility”. It also determines that public buildings shall be adapted to suit persons with disabilities. Public service vehicles must also be adapted to suit persons with disabilities. The specific adaptations are to be determined by the Council of Persons with Disabilities.

In **Rwanda**, the Rwandan Law N° 01/2007 on the protection of persons with disabilities establishes that “the Government has an obligation to provide medical care to a needy disabled person and it shall provide prosthesis and orthosis appliances if required. In Rwanda the *ministerial order n°20/19 of 27/7/2009 determining the modalities of facilitating persons with disabilities access medical care*, set out that the provision of free prosthetics and orthotics to persons with disabilities who fall under different categories established by the Ministerial Order nº 20/18 of 27/07/2009 determining modes of classifying disabled persons into basic categories according to the degree of disability so as to enable different organs to guarantee the rights tailored to their condition shall not exceed the value provided by the Mutual Health Insurance Fund. However, the State shall entirely remain responsible for the care of persons whose degree of disability is between 70% and 100%.

In **Namibia**, The Namibia Disability Act provides that “The state shall ensure the development and supply of support services, including assistive devices in order to minimize the consequences of the disability and to increase their level of independence. All persons with disabilities shall have full access to rehabilitation, therapeutic aids and orthopedic technical services within their communities as part of a Community-Based Rehabilitation programme. Their families, where possible, will be informed and involved in these rehabilitation programmes. The medical rehabilitation programme shall include the provision and supply of appropriate prostheses, orthoses and technical aids. The ministry of Health and Social Services Act makes provision for persons with disabilities to receive medical care for free or at a lower fee. The ministry also provides eyeglasses for those with low vision to enhance their sight, sunscreen for persons with albinism and hearing aid for the def. It also provides assistive technologies products (prostheses, orthotics, and wheelchairs) to those with mobility difficulties.

Concerning countries in Latin-America, the following were the most relevant answers:

In **Bolivia**, in order to guarantee accessibility for people with disabilities, Law No. 223 establishes that all State Organs, at their different levels, public and private institutions, must gradually adapt their architectural structure, systems, communication media and transport. There is knowledge of the National Guide of the 17 Bolivian Standards of "Accessibility of Persons with Disabilities to the Physical Environment" of the Plurinational State of Bolivia, which is under the supervision of the Vice Ministry of Housing and Urban Development under the Ministry of Public Works, Service and Housing. Some municipalities in Bolivia, such as La Paz, also have this regulation.

In **Colombia**, entities such as the Ministry of Transport and the Colombian Institute of Technical Standards and Certification (ICONTEC) have developed different Technical Standards aimed at reducing mobility barriers for people with disabilities. For several years, efforts have been made to consolidate the National Accessibility Plan, and although it was included as an objective in the National Development Plan 2019-2022, in accordance with the provisions of the Statutory Law on Disability, so far the Plan has not have been able to materialize and have not had specific materializations.

In **Guatemala**, Some Foundations and Organizations provide assistive technologies and products such as prostheses, orthoses, wheelchairs, etc. There has been an agreement with an organization in Michigan, United States, so that people with visual disabilities can have animal assistance.

The following was the feedback from Central Asian and East European countries:

In **Tajikistan**, physical barriers and the lack of accessible transportation restrict the movement of persons with disabilities and prevent them from accessing buildings, with severe implications on their access to education, health care, the labor market, the social security infrastructure and other essential services. Article 25 of the Law on Social Protection that came into force in January 2011, stipulates that the authorities should “create conditions for invalids [...] which allow for barrier-free access to social infrastructure (houses, public and commercial buildings, buildings, sports complexes, leisure facilities, cultural-educational and other facilities and institutions), and barrier-free access to train and air travel, inter-city bus services and all types of city and rural passenger transportation, communication and information.“ It prohibits constructing any new buildings or services that do not take into account accessibility and stipulates that the owners of buildings and transportation services are responsible for covering the costs necessary to ensure accessibility.

In **Tajikistan**, town planning norms, entitled Accessibility of buildings and adaptation for groups of the population with limited mobility and adopted in 2014, and the Town Planning Code as amended in July 2017 also include the requirement to ensure access for persons with disabilities. Article 64 of the Code stipulates that a government committee has to review all social, transport or recreational building projects to ensure that access is possible for persons with disabilities. Nevertheless the large majority of buildings in Tajikistan are not accessible including crucial infrastructure such as hospitals, maternity clinics, centers for reproductive health, schools, other educational facilities and government buildings where individuals apply for social security provisions and the determination of their level of disability. Some improvements regarding accessibility for persons with physical disabilities have been made in recent years, in the capital Dushanbe as well as in some other cities and towns. Unfortunately, some of the new ramps are not usable because they are too steep, too narrow, too slippery or because they lack handrails. Several years ago public transportation (buses) in the capital Dushanbe was made accessible for persons with physical disabilities. However, outside of the bigger cities and towns there is no public transportation system and private businesses do not ensure accessibility. Hardly any accommodation has been made for persons with visual impairments and the blind such as speaking traffic signals, raised edges of pavements and/or signs in Braille.

In **Kazakhstan**, the list of technical auxiliary (compensatory) means and special means of transportation provided to disabled people in the Decree of the Government of the Republic of Kazakhstan dated March 19, 2021 No. 157 includes mobility aids:

* Prosthetic and orthopedic means (1) arm prosthesis (shoulder prosthesis, forearm prosthesis, hand prosthesis) tire-leather; arm prosthesis (shoulder prosthesis, forearm prosthesis, hand prosthesis) using new technology; 2) tire-leather leg prosthesis; lower leg prosthesis based on new technology (modular); leg prosthesis with silicone cover; 3) tire-leather hip prosthesis; hip prosthesis based on new technology (modular); 4) breast prosthesis; 5) apparatus, splint; 6) cane: single-support, multi-support; 7) crutch: elbow single-support, elbow multi-support, axillary; 8) walkers: for children with cerebral palsy, walkers (without step, with step, on wheels), walkers with additional support; 9) corset, reclinator, head holder; 10) bandage, treatment belt, children's preventive pants; 11) orthopedic shoes and inserts (shoes, arch supports, insoles);
* Surdo technical means (1) hearing aids; 2) a laptop with a webcam; 3) multifunctional signaling systems; 4) mobile telephones with text message and transmission reception; 5) watches for deaf and hard of hearing persons; 6) speech processors for cochlear implants; 7) voice-forming apparatus.
* Typhlotechnical means: 1) tiflotrost; 2) reading machines; 3) laptop with screen reader software with speech synthesis; 4) a device for writing in Braille; 5) lead for writing in Braille; 6) paper for writing in raised dotted font; 7) mobile phones with voice message and voice recorder; 8) players for playing sound recordings; 9) watches for visually impaired persons; 10) thermometer with speech output; 11) tonometer with speech output; 12) glucometer with speech output with test strips; 13) talking self-instruction manual in Braille; 14) collapsible alphabet in Braille; 15) needle threaders, sewing needles for the visually impaired.
* Special vehicles: 1) wheelchair room / walking with manual drive basic; 2) a walking wheelchair with a lever drive; 3) wheelchairs of active type universal; 4) wheelchairs with electric drive (universal); 5) multifunctional (universal) wheelchairs.
* Mandatory hygiene products: 1) urinals; 2) colostomy bags; 3) diapers; 4) absorbent sheets (diapers); 5) catheter (disposable catheter for children with disabilities diagnosed with Spina bifida); 6) sealant paste to protect and smooth the skin around the stoma; 7) cream for protection and care of the skin around the stoma; 8) absorbent powder (powder) to protect and care for the skin around the stoma; 9) odor neutralizer; 10) a cleaner for the care and treatment of the skin around the stoma or in the perineum; 11) chair-chair with sanitary equipment; 12) supporting folding handrails for toilet rooms; 13) handrails for bathrooms

In **Georgia**, annual government programme Social Rehabilitation and Child Care Programme implemented by the MoH includes mobility aids (e.g. White Caine), electronic and manual wheelchairs, prostheses, orthotics.

In **Armenia**, the accessibility of public transport is a systemic problem that remains largely unresolved in the capital and all other urban areas of Armenia. Public transport as a whole lacks accommodation for people who require a wheelchair for mobility. In 2021 Yerevan Municipality acquired 211 new compact buses with lifts and ramps for wheelchairs and put them in use in October 2021. Another contract for purchase of long, 8.6 meter buses with similar technology was signed recently by the municipality. In addition to physical barriers, public transport systems lack communication systems for persons with disabilities. As part of ongoing public transport reform, municipal authorities plan to introduce an electronic payment system with a device allowing communication by persons with hearing and visual impairments. Finally, the lack of adaptations and accommodations in Yerevan’s Metro is a long-standing problem. No effective universal design or reasonable accommodation have been introduced in the Metro’s infrastructure.

In **North Macedonia**, regarding the personal mobility, transport and accessibility in general, some of the major findings from the Situational Analysis reported that there is a lack of services, and programs for prevention, early detection, early treatment and rehabilitation. The rehabilitation and the right to personal mobility, including access to orthopedic devices and equipment provided through the health services/sector are limited. Although the legal framework and policies adopted in the area of physical accessibility are rather clear, there are problems due to inappropriate implementation and different interpretations. Many public institutions, even new buildings, are not physically accessible for persons with disabilities. The Law on Construction is currently being reviewed by the government, and a consultation with the National Council of Invalid Organizations of Macedonia (NCIOM) has been held. The Law on Road Transport does not provide substantive equality. The Law only has provisions for transport benefits of persons with disabilities, who must be members of NSIOM. A similar legal solution is given in the Law on Public Roads, which allows persons with disabilities not to pay toll for the use of public roads

In **Serbia**, the Strategy and Action Plan have goals set regarding mobility. It is planned to increase for at least 10% each year accessibility of public buildings to persons with disability - especially governmental institutions, sport, cultural objects, and public transportation, as well. Also, to invest in public media programs to have sign language, but also that sign language translation is available in public institutions. Within measures to achieve the Strategic objective 2, several activities were related to increase accessibility of transportation. The adoption of the Guide Dog Assistance Law in March 2015 which recognizes the right to use guide dogs in public transports and facilities. However, despite the fact that the Law has been adopted for almost ten years, there is a lack of trained guide dogs for blind or vision-impaired persons and insufficient training centers for guide dogs.

**BiH** contemplates regulations that provide for orthopedic aids to mobility, equipment, assistive technology, and forms of personal assistance for persons with disabilities. However, when it comes to implementation of these regulations, persons with disabilities in both entities face significant restrictions in accessing these entitlements, since not all the required regulations are in place, are being implemented, or are often highly restrictive. For instance, in the Federation of BiH, the question of providing orthopedic and other support is dealt with under cantonal regulation, which means that in practice persons with disabilities often find themselves in unacceptable situations that results in discrimination. Furthermore, there are no systematic and structural arrangements to provide the necessary skills and training required by persons with disabilities to allow them to achieve independence of mobility with the help of suitable support and assistance.

**iv. Assistance with daily living activities: Support to assist persons with disabilities in a one-to-one human relationship to perform daily life activities like getting up, bathing, dressing, grooming, going out, cooking, cleaning, guiding, shopping, or doing laundry (e.g., full or part time professional personal assistance, third person support allowance, informal personal assistance, household cleaner, among others);**

This area was not actively reported by all countries with the following experiences being the most relevant:

In **Uganda**, the Draft National Policy on Disability refers to the importance of Auxiliary support services for persons with disabilities. Through Community Based Rehabilitation as one of strategies for equalization of opportunities, the government provides for parents and caregivers to support children and other persons with disabilities to learn activities of daily living. Moreover, through the National Special Grant, which is an economic empowerment program, the parents and caregivers of children and other persons who are severely disabled are beneficiaries. Finally, the Vocational Rehabilitation Centers in Uganda also empower youth with disabilities not only with employable skills but many of them get to learn and improve through habilitation and rehabilitation their skills on activities of daily living.

In **Nicaragua**, the development of programs to provide comprehensive care for people with disabilities (such as Todos con Voz [All with voice] and Amor para los más Chiquitos [Love for the Youngest Ones]) and lines of work in government institutions aligned to the needs of PWD, according to their scope of action and skills. There are also inclusive emergency response plans and virtual courses for institutions working in disaster risk management front-line response. Through the Todos con Voz Program, led by the Ministry of Health, health care is provided to people with disabilities, including the delivery of auxiliary means.

In **Colombia**, only limited legislative efforts on independent living have been established in the country, among them, recognizing the need to generate care support mechanisms for people with disabilities (Bill 041 of 2020 - Approved in first debate: By means of of which effective and timely measures are established for the benefit of the autonomy of people with disabilities and caregivers and personal assistants under a biopsychosocial human rights approach). Specifically, there are still no actions aimed at personal assistance and independent living. In contrast to the weak institutional response towards personal assistance and independent living, civil society has generated initiatives aimed at this approach. For now, personal assistance in Colombia is part of the objectives outlined by the mobilizations of people with disabilities. Despite this, the country lacks guarantees, since it is registered as part of the medical service provided by nurses, recognizing only through the health system assistance to people in home hospitalization or in critical or disease states. (Circular 22 of 2017: Addressed to Health Provider Companies of the Subsidized and Contributory Regime and Health Service Provider Institutions Health Provider Institutions. Issued by the Minister of Health and Social Protection on the Provision of Special Care Services other than the caregiver)

In **Kazakhstan**, according National plan to ensure the rights and improve the quality of life of persons with disabilities in the Republic of Kazakhstan until 2025 - further modernization of the social service system presupposes a new quality of social work, taking into account the needs of each applicant at all levels of the provision of social services - in a hospital, semi-hospital, temporary stay organizations, home care.

In **Georgia**, the new law on the Rights for Persons with Disabilities includes service of the personal assistant that will be provided by the local municipalities. The standards for the personal assistant’s service shall be developed and approved by the MoH by 01.01.2024.

In **North Macedonia**, the Personal Assistance Program (PA) is non-compliant with the CRPD and is equated with care in institutions. In this process, people with disabilities are only users, without any active role in the process of assessment, training and defining the criteria for the use of PA service. The duty bearers and CSOs involved as PA service providers, do not have adequate knowledge of the PA concept and understanding of the right for independent living. The proposed criteria on who can provide this service and the manner of organization and defining of classes, and what the personal assistant should do, are criteria for persons who need to provide care in institutions and not someone who should provide support for independent living. The system of personal assistance is equalized with caregiving. In this process also, persons with disabilities are just end users without an active role in the process of assessment, training and defining criteria where, how, when, from whom and with whom. This service can be received based on the degree of disability, age, and the status of whether you are a person with disability who has been deinstitutionalized or not. Persons can use this service up to 80 hours a month in their everyday life, but ones who have left the institutions can receive personal assistance up to 160 hours a month, depending on the degree of disability and the suitability criteria provided in the LSP and the rulebook on personal assistance.

In **Serbia,** personal assistance as a service is recognized in the legal framework of Serbia, and Strategy and Action plan for improving the position of persons with disabilities. It is referred to as a human support directed at the person (user) that is available to people with disabilities and represents support for independent living. Some measures for achieving the strategic objective 1 include: a) improving the quality of life of persons with disabilities and adopting a deinstitutionalization program, while providing adequate support for life in the community and family, including the development of support services for independent life in the community; as well as b). strengthening partnership with organizations of persons with disabilities in all areas and at all levels; and c). raising the level of public information about the rights of persons with disabilities and the barriers they face in exercising their rights and promoting a positive image of persons with disabilities as holders of all human rights.

In 2022 the Government adopted the new Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026, which has a main goal the realization of human rights to life in the community of social protection beneficiaries through the processes of deinstitutionalization and social inclusion. Among five specific objectives necessary to achieve the main goal, the Strategy envisages territorially harmonized and sustainable development of community services, transformation of social protection institutions for accommodation into service providers in the community, (which should increase availability of community support services), empowering users for the processes of deinstitutionalization and inclusion in the community. It is also envisaged in the Draft of the Social Protection Strategy for the period 2019–2025 to increase programs for assistance with daily living activities at the local level through centers for social welfare and other governmental institutions.

When it comes to how persons with disabilities get entitlements from **BiH**’s authorities, there is a notable imbalance that reside on upon how and when the impairments arose (during wartime military service, as a wartime civilian injury, other), age, place of residence (which entity or canton). This in fact poses greater challenges to satisfy the individual needs to secure adequate living conditions and equality of opportunity. This happens in both entities where the threshold of impairment or organic damage at which general persons with disabilities in the Federation 90% or higher, for civilian victims of the war it is 60%, but the threshold to which veterans with disabilities qualify for disability entitlements is 20%. It is clear that this differences pose major equality challenges in favor of veterans and civilian victims of the war over other persons with disabilities. As a result, these differences create a real impact on general living conditions and ability to function of persons with disabilities.

Regarding persons with disabilities’ situation support at the household, according to the alternative report on implementation in **BiH** of the United Nations Convention on the Rights of Persons with Disabilities, it is most common that persons with intellectual and psychosocial disabilities are frequently deprived of their legal capacity to run their own affairs and placed in wardship. This figure entails that some else makes decisions for them instead of offering them support in making decisions for themselves.[[11]](#footnote-11) Those whose legal capacity is denied or diminished are not themselves involved in the process in an appropriate way, so that they are not informed that by being stripped of their legal capacity and placed under wardship, amongst other issues, they lose the ability to choose to marry, to manage their own property, where they will live, the right to privacy, the right to employment, or the right to participate in public and political life. Most people whose capacity has been legally diminished in this way end up in residential institutions of some sort.

**v. Housing and accommodation: Support in relation to housing and living arrangements in the community, including home modifications (e.g., housing information and assistance, home support, supported living services, financial support for housing, among others);**

The following countries in East and Southern Africa have adopted laws and programmes to provide individualized support for persons with disabilities that concern housing and accommodation:

In **Uganda**, the Building Control Act of 2013 provides for accessibility standards during construction of public buildings. Through Community Based Rehabilitation as one of strategies for equalization of opportunities, the government provides for parents and caregivers to support children and other persons with disabilities to learn activities of daily living. Through the National Special Grant, which is an economic empowerment program, the parents and caregivers of children and other persons who are severely disabled are beneficiaries.

In **Namibia**, the local authority acts under the local government and housing makes provision for persons with disabilities to purchase government subsidized houses at a lower price. At the City of Windhoek, Persons with Disabilities receive services at a lower fee such as water and electricity bills. The Disability Act also addresses Environmental Accessibility and stipulates that the State shall develop mandatory standards and guidelines to make the physical environment accessible to all disabled people. This will include all public buildings and facilities, for example, transport, telecommunication, sport and recreation facilities. Furthermore the State shall ensure that architects, construction engineers and others who are professionally involved in the design and construction of the physical environment, have access to the disability policy and the requirements for making places accessible to persons with disabilities.

In Latin America, only **Colombia** reported that although technical standards have been established regarding the buildings that allow accommodation and regulatory and normative provisions (Decree 1469 of 2010: Consecrate the obligation of urban curators and planning authorities to validate the accessibility conditions of each urban project and/or architectural at the time of issuance of planning licenses) there are no advances or specific actions for people with disabilities in the official housing plans. Only a percentage of dwellings awarded in national housing plans is given and subsidiary considerations are established for their acquisition (Law 1537 of 2012: "By which regulations are dictated to facilitate and promote urban development and access to housing and dictate other provisions". Art. 12. Subsidy in kind for vulnerable population. Priority is given to people with disabilities and other populations).

East European countries also provided relevant information:

In **Georgia**, an annual government programme on Social Rehabilitation and Child Care Programme funds independent living support programmes in family type homes for persons with disabilities (18+).

In **North Macedonia**, the process of deinstitutionalization is not in line with the article 19 of CRPD. The process is aimed at reallocating the persons accommodated in the institutions to group homes or homes with organized living with support. There is a lack of services for working with people with disabilities before leaving the institution.

In **Serbia**, the Strategy and Action Plan for improving the position of persons with disabilities also envisages to develop programs of deinstitutionalization, and develop programs of support to live with family or independently, and for social housing for persons with disability.  The national social housing strategy was adopted in 2012 in order to enable the entire population to provide apartments of appropriate size and equipment in a functional environment and at reasonable prices with the most rational form of support, however the Action plan has been never developed, nor an evaluation of the planned measures and activities. Housing with support for people with disabilities in Serbia is still underdeveloped. Recently adopted Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026 envisages a) transformation of social protection institutions for accommodation into service providers in the community, which should increase availability of community support services and also b) developing supported housing for different user groups in accordance with their needs. Supported housing is one of the most important social protection services for the success of the deinstitutionalization process, which prevents institutionalization, and also enables the exit from the institutions.

In **BiH**, no special and individualized regulations have been disposed to specifically tackle the housing and accommodation situation of persons with disabilities. Some NGOs provide support to a limited number of persons with disabilities within BiH but there is little cooperation between local authorities and these NGOs concerning the funds to have persons with disabilities live within the communities and have them achieve independence and have the power to decide over themselves. Sporadically, support services such as personal assistance are provided through funds allocated to cover the costs of careers and attendance allowances for some categories of persons with disabilities.

**vi. Family and household support: Support to families and households with members with disabilities (e.g., informal support for persons with disabilities, including care-related work leave and capacity building for informal care and support, community-based network and community mobilization programmes, peer-support groups, localized intervention programmes, circle of support, early childhood support, respite care, among others);**

In Africa, only **Namibia** described that the Ministry of Health and Social Services is tasked with the responsibility of ensuring the provision of specialized health and technical support services such as counseling, physiotherapy and the provision of orthopedic equipment.

Latin-American countries reported different experiences. In **Bolivia**, services for people with disabilities, both in health, education, and access to justice, are still not fully adequate and allow people with disabilities to live independently in the community and participate fully in society. According to information provided by some institutions of the Executive Branch, there have been some important advances, for example:

* Starting in 2013, the Financial System Supervisory Authority (ASFI) established the obligation for banking entities to implement ATMs, accessibility and preferential treatment for people with disabilities.
* Since the 2012 administration, the Ministry of Defense has delivered 400 free military service booklets.
* The Authority for the Regulation and Supervision of Telecommunications and Transport - ATT, issued 8 Resolutions that reduce the cost of tickets in interdepartmental means of transport for people with severe and very severe disabilities. Likewise, the mobile telephony rate was reduced to Bs 0.80 per minute.

Following Constitutional Sentence 0457/2017-S3 of May 26, Art. 34 of Law 223 is ratified, which determines that:

* The Plurinational State of Bolivia at all levels of government must incorporate inclusive development plans, programs and projects based on the community, aimed at economic development and creating jobs for people with disabilities.
* The Plurinational State of Bolivia will guarantee job security to persons with disabilities, spouses, fathers, mothers and guardians of children with disabilities, as long as they comply with current regulations and there are no grounds that duly justify their dismissal.
* Public and private entities must provide access to their staff with disabilities.
* People with disabilities must have a source of work.

In **Colombia,** initial support experiences are being carried out through care systems, oriented more to caregivers than to people with disabilities directly (Resolution 5929 of 2016 "By which the requirements for the recognition and payment of the caregiver service ordered by the guardianship ruling to the recovering entities, as an exceptional service financed from the resources of the General System of Social Security in Health”). Likewise, subsidies have been established for people with disabilities and for families with people with disabilities. From the health system, assistance is provided with supplies and technical aids for people with disabilities at home with great difficulties.

In **Guatemala**, The Ministry of Social Development has statistics on families that have been beneficiaries of conditional economic transfers and that report that one or more members of the family are people with disabilities. However, the criteria for assigning these benefits have nothing to do with the recipient's disability.

Concerning Central Asia and East Europe countries, the following was the feedback:

In **Tajikistan**, other benefits persons with disabilities are entitled to by law include reduced costs of gas, water, electricity, communal services and free public transportation. These entitlements are gradually being replaced by the Targeted Social Assistance benefit, which amounts to 400 TJS per year per household.

In **Kazakhstan**, The Law “On Amendments and Additions to Certain Legislative Acts of the Republic of Kazakhstan on the Issues of Social Protection of Certain Categories of Citizens” provides for the introduction of benefits for citizens caring for persons with group I disabilities, regardless of the cause of disability. As a result, this allowance will cover an additional 24 thousand people in need of constant outside care.

In **Georgia**, the government programme on Social Rehabilitation and Child Care Programme funds early childhood intervention support, home care for children with severe disabilities.

In **North Macedonia**, the activities and the public funding for traditional organizations is regulated by law. Moreover, membership in one of the traditional OPDs is a prerequisite for receiving some of the benefits, such as the allowance for a parking space. There is no communication and coordination between traditional and new OPDs. Organizations of parents of children with disabilities are mostly focused on opening day centers for children with different diagnoses and impairments, and those are also financed by the state.

**Serbia** has developed a Draft of the Social Protection Strategy for the period 2019–2025 that should be adopted in the following period. Key measures related to housing and accommodation of persons with disability are: development of kinship placement, specialized foster care (kinship foster care and foster care for children with disabilities as well as children victims of human trafficking and other forms of trafficking violence), temporary foster care. One of the key measures of the Strategy for Gender Equality 2021-2030 is: Ensuring social security, reducing poverty, social exclusion and improving the availability of social protection services in order to preserve and increase the quality of life and well-being of women and men from vulnerable groups, as well as support families in meeting life's needs. The measure is aimed at improving and making available existing and developing new support services in the community and adapting them to the needs of women and men, girls and boys from vulnerable groups (with disabilities, from the Roma community, from rural and deprived areas, poor elderly women).

In **BiH**, no special and individualized regulations have been disposed to specifically tackle the family and household support situation of persons with disabilities other than the ones described in the next answer, vii.

**vii. Disability-related extra costs: Financial support to pay services and goods, including personalized budgets and direct payments (e.g., cash transfers beyond income replacement, additional funds to cover support services, among others).**

This is an area where feedback was rather limited among all regions with comprehensive feedback from some East European countries.

In **Uganda**, there is a Special Disability Grant provided to persons with disabilities organized in groups. The SAGE program has most of the beneficiaries as older persons with disabilities and the Youth Livelihood Program(YLP) and Uganda Women Entrepreneurship Empowerment (UWEP)Program both have guidelines to include persons with disabilities and have benefitted youth and women with disabilities respectively. Under the parish development model, persons with disabilities are specifically targeted with 10% of the budget to be reserved for them.

In **Namibia**, the government provides allowances and pensions to people living with disabilities. And in accordance with the National Policy on Disability, occupational health and safety regulations are enforced to ensure that workers with disabilities are adequately protected. In addition, the Policy stipulates that in order to develop personal autonomy and economic independence, persons with disabilities shall have the right to receive social security and to have a decent standard of living. The Namibian Social Protection Policy 2021-2030 commits to maintain the disability grant for people aged 16 to 59, that access to services and funding for higher education, awareness and individual support programmes be improved, and that the child disability grant be increased to strengthen support for children with disabilities.

In **Nicaragua**, every year since 2014, the National Assembly has approved items in the General Budget of the Republic so that organizations of people with disabilities can develop actions in favor of the exercise of their rights, for an approximate amount of C$ 3,150,000 (Three million one hundred and fifty thousand cordobas), equivalent to US$87,000 (Eighty seven thousand dollars approximately). Likewise, a specific budget is assigned for the promotion of Nicaraguan sign language. Furthermore, 3% of the national budget allocated to sports is designated to promote the right to sports for people with disabilities. Collective entrepreneurship programs are also promoted, with credits to promote the socio-economic development of people with disabilities.

In **Tajikistan**, although significant reforms have been carried out in recent years to strengthen social protection for persons with disabilities, they and their families live below the poverty line in a large proportion of cases, and many disability benefits laid down by law are declarative and not implemented in practice. As of 1 September 2018 the disability allowance for adults is between 108 and 270 TJS (the equivalent of approx. 10 and 24 EUR) depending on the extent of the disability and whether the person is employed or not. This is significantly lower than the minimum monthly wage.

In **Kazakhstan**, persons and children with disabilities receive monthly cash transfers – social packages. Some municipalities also have some cash assistance for persons with disabilities. The Law “On Amendments and Additions to Certain Legislative Acts of the Republic of Kazakhstan on the Issues of Social Protection of Certain Categories of Citizens” the division of children between the ages of 7 and 16 into disability groups. This will make it possible to differentiate the provided rehabilitation measures and social assistance depending on the severity of the disease in children. At the same time, the allowances for all groups of disabled children will be increased from 16.7% to 37%. This measure will affect more than 30 thousand children with disabilities.

In **Turkmenistan**, disability benefits remain the main or only source of income for persons with disabilities, particularly those declared as “not fit to work” by the MSEK. Disability benefits comprise contributory disability pensions for persons with an acquired disability who have worked in the past, and social disability allowances for persons with a congenital disability or a disability acquired early in life who have never participated in the labor market (as a consequence, their disability allowance remains very low). The latter constitutes the absolute majority of all benefits.[[12]](#footnote-12) The amount of both types of disability benefits have been on the rise in recent years; however, the disability pensions have grown more dramatically, and today are estimated to be about 20% higher than the social disability allowance. As such, it is feared that persons with congenital disabilities or disabilities acquired early in life are at an increased risk of poverty and financial dependence, particularly when their smaller disability allowance is couple with the “not fit to work” certification. In 2015, the CRPD Committee raised its concern about the exclusion of many people with disabilities from the labor market and recommended eliminating the notion of “unemployable” from the legislation and practice. The official sources report the rapid increase in the amount of disability benefits by 10% yearly between 2015 and 2019. This may have contributed to the sharp increase of persons applying for disability status between 2007 and 2017.

In **Georgia**, persons and children with disabilities, who have a status and are registered with the Social Service Agency (under the MoH) receive monthly cash transfers – social packages. Some municipalities also have some cash assistance for persons with disabilities.

In **North Macedonia**, differences within the disability community itself are not recognized and are not considered within the legislation, strategies, plans and budgets. Although North Macedonia has made progress in many aspects of intergovernmental finance, its 81 local governments still find it difficult to ensure adequate and efficient coverage of social services. According to the World Bank, “North Macedonia’s social assistance spending is not only relatively low, but it is also fragmented, although social protection spending (with social insurance, including pensions) is quite large. Social assistance is deficient in several areas. Cost-effectiveness is also a challenge, particularly for programs like the parental allowance, for which hikes in spending have not had the intended impacts on population growth. Social financial assistance benefits are barely adequate, but there are few financial incentives for social assistance beneficiaries to seek employment. Persons with disabilities have not effectively participated in monitoring budget implementation for various reasons including the lack of transparency in the budgets at both the national and local levels. Reliable data on budget spending on disability is hard, if not impossible, to obtain from the duty bearers, the only exception being the social transfers to persons with disabilities as recipients of different social benefits. Many municipalities lack administrative and financial capacity to develop services for people with disabilities due to the non-binding provisions within the Law on Social Protection and the limited fiscal decentralization of the country. Disability budgeting at the local level is usually focused on providing financial support for the operation of day care centres and transport for children with disability to and from schools. Regular general services at the local level are not available to citizens with disabilities, unless they are specifically aimed at the disabled and provided on medical or charity grounds, which is contrary to the provisions of the CRPD. Most activities related to disability at the local level are just part of the work of social care departments and financial support is most often provided for day centers.

In **North Macedonia,** in employment, there is no CRPD compliant budgeting – the state provides enormous funds for employers while it invests almost nothing into providing training, equal opportunities and strengthening capacities of persons with disabilities. In education, disability budget expenditures can be seen in the transformation of the “specialized education system” into a resource and learning support system for children with disabilities (hiring educational assistants). Orthopedic devices and equipment are provided for by the budget of the Health Insurance Fund. Various conditions regarding age, co-payment and expiration date of the items further impact the opportunity of persons with disabilities to utilize foreseen financial benefits. Budget funds aimed at rehabilitation are limited; eligibility for their use is limited to a certain post-injury period, and they can only be used as an extended treatment option, which excludes a certain number of persons with disabilities.

In **Serbia**, The Law on Social Protection (2011) regulates the rights to cash benefits aimed at the poor (cash social assistance, one-time assistance) and benefits for persons with disabilities (supplement and increased allowance for assistance and care of another person), social protection services, institutions and service providers, control mechanisms quality, as well as competence in establishment and financing. There is a noticeable trend of decreasing the number of persons with disabilities who are in need of cash assistance. In 2016, there were 60,003 persons with disability on the Center for Social Welfare records, which accounts for 11.5% of the total number of adult CSR users. Draft of the Social Protection Strategy for the period 2019–2025 also entails increasing financial support for high school children and for children with disability. Also, facilitation of measures and procedures for receiving such as assistance. Also, one of the key measures of the Strategy for Gender Equality 2021-2030 is: recognizing, valuing and redistributing unpaid domestic work and increasing available time for paid work, personal development and leisure. Special emphasis has been given for persons who take care of persons with disabilities.

In **BiH**, there is a big difference in the treatment of persons with disabilities whose limitation emanated from war than other persons with disabilities. This is how, in Republika Srpska the Law on the Entitlements of War Veterans, Militaries with Disabilities and Families of Soldiers Fallen in the Fatherland War are granted to disabled war veterans (regardless of the circumstances when disability occurred). These are the main entitlements that they receive:

* Priority in housing allocation (disabled war veterans in I to IV groups)
* Monthly allowance (for personal disability, supplemental financial assistance, care and support, orthopedic)
* Orthopedic aids (in accordance with health care legislation)
* Health care (medical costs fully covered)
* Spa rehabilitation in special rehabilitation program approved by the Government
* *The Family members of killed, missing or deceased combatants receive:*
* Refund of funeral costs of exhumed combatant
* Family disability allowance
* Allowance to family of a combatant who was awarded a medal
* Health care (medical costs fully covered)
* Spa rehabilitation in special rehabilitation program approved by the Government
* Priority in housing allocation
* Refund of costs of building tombstone
* *Entitlement to protection under the Law on the Protection of Civilian Victims of War:*
* Allowance for family members incapable of work
* Civilian disability or family disability allowance
* Professional rehabilitation
* Additional financial assistance
* Allowance for a single parent
* Health care
* Allowance for care and assistance of another person (the first group is the only group having this entitlement)

According to the Law on the Entitlements of War Veterans, Militaries with Disabilities and Families of Soldiers Fallen in the Fatherland War of the Republika Srpska, a base for the calculation of monthly benefits has been disposed of by law at a rate of BAM 500. Moreover, recently, the adoption of a new Law on civilian victims of war by the Brcko District Assembly happened by the end of July. The Law ensures that civilian victims war receive comprehensive reparations and support, covering all categories of civilian victims, including survivors of conflict-related sexual violence. Moreover, this Law specifically recognizes children conceived of conflict-related sexual violence.

**1(b). Do you have information on government institutions, departments and ministries in charge of budgeting, financing and implementing the above?**

In the East and Southern Africa region, **Uganda** expressed that the responsible units are: Ministry of Gender, Labor and Social Development; and the National Council for Disability, The Ministry of Finance, Planning and Economic Development, The Ministry of Health, The Ministry of Education and Sports, The Ministry of Justice and Constitutional Affairs, among others. In **Namibia**, the financial and human resources allocated to the provision of essential social welfare services are divided between several ministries, namely the Ministry of Gender Equality and Child Welfare, Ministry of Health and Social Services, Ministry of Labor and Social Welfare, Ministry of Veterans Affairs, National Disability Council as well as other government agencies such as the National Planning Commission.

Concerning Latin America, in **Nicaragua**, the Ministry of Health and the Ministry of the Family are in charge of these functions. In **Guatemala,** 15 institutions make up the Thematic Table of Special Attention Groups of the Specific Cabinet for Social Development and are linked to the National Social Information System, however it is perceived that there is a difference in criteria regarding the assignment to people with disabilities because they are subject to disability certification, a process that in Guatemala, although there is a degree of progress, has not yet been implemented.

The following is the information received from Central Asia and East Europe countries:

In **Kazakhstan**, the relevant authorities are the Ministry of Labor and Social Protection, Health and local government (akimats).

In **Georgia**, the relevant authorities are the Ministry of IDPs from occupied territories, Labor, Health and Social Affairs of Georgia in charge of developing and funding.

In **North Macedonia**, the Ministry of Labor and Social Policy (MLSP) is the key ministry when it comes to policy development, budgeting and implementation; however, as this is a cross-cutting issue, they strongly advocate for multisectoral cooperation and engagement of all relevant institutions, rather than considering disability as a MLSP area of responsibility.

In **Serbia**, the leading and responsible institution for the implementation of the Strategy for improving the position of persons with disabilities in the Republic of Serbia for the period from 2020 to 2024, and its Action plan  is the Ministry of Labor, Employment, Veterans and Social Rights.  However, other institutions are also responsible for the implementation or monitoring of the measures and activities: Ministry of Construction, Transport and Infrastructure; Ministry of Culture and Information; Ministry of Trade, Tourism and Telecommunication; Ministry of Education, Science and Technological Development; Ministry of Public Administration and Local Self-government; Ministry of Youth and Sports; Ministry of demography; Ministry of justice; Coordination Body of Gender Equality; Commissioner for the protection of equality, relevant Committees of the National Assembly, but as well local governments, which have a significant role in developing services and provision of support for persons with disabilities; provincial secretariat, etc. Every measure has defined lead institutions and participating institutions, as well as targets, indicators, sources of verification and sources of financing, which is mainly the Budget of the Republic of Serbia, but also some other sources, including from EU pre-accession assistance.

In the **BiH** the mentioned responsibilities rely within the Federal Ministry for Issues of the Veterans and Disabled Veterans of the Defensive Liberation War, and the Federal Ministry of Labor and Social Policy. In Republika Srpska, they relay within the Ministry of Labor, War Veterans and Disabled Persons' Protection, and the Ministry of Health and Social Welfare. Even though there is a clear effort to include persons with disabilities in the social inclusion strategies in both entities there are no budget, financing, and accountability measures to implement dispositions and regulations exclusively foreseeing the enforcement of the rights of the persons with disabilities.

**3. Do you have information on countries that have a strategy to develop legislation, policies and programmes to enable the development of support systems as described in 1(a) above which includes targets, indicators and an accountability mechanism? Please provide references to the documentation.**

The following is the information received from a number of countries from different regions:

In **Peru,** the following are key legislation and policies enabling the support systems for persons with disabilities:

* Supreme Decree approving the National Multi Sectoral Policy on Disability up to 2030

<https://cdn.www.gob.pe/uploads/document/file/1932023/Decreto%20Supremo%20N%C2%B0%20007-2021-MIMP%20apruebaan%20la%20Pol%C3%ADtica%20Nacional%20Multisectorial%20en%20Discapacidad%20para%20el%20Desarrollo%20al%202030.pdf.pdf>

* National Multisectoral Policy on Disability for Development up to 2030

<https://cdn.www.gob.pe/uploads/document/file/1932186/POL%C3%8DTICA%20NACIONAL%20MULTISECTORIAL%20EN%20DISCAPACIDAD%20PARA%20EL%20DESARROLLO%20AL%202030..pdf>

* Technical document on the Conceptual Framework on Care

<https://cdn.www.gob.pe/uploads/document/file/1972627/Dcto-tecnico-Marco-conceptual-sobre-Cuidados.pdf>

In **Colombia**, in the city of Bogotá, the District Care System is being implemented, which includes care for the population with disabilities. The information can be found in <https://bogota.gov.co/mi-ciudad/mujer/sistema-distrital-de-cuidado-en-bogota-sitio-web> y en: <https://bogota.gov.co/mi-ciudad/mujer/el-sistema-distrital-de-cuidado-un-logro-historico-para-las-mujeres>

In **Tajikistan**, there are at least two state strategies which address revision of legislation, policies and programme to enable the development of support systems such as: National Action Plan for the preparation of the Republic of Tajikistan for the ratification and implementation of the Convention on the Rights of Persons with Disabilities; State Program "Accessible Environment" for 2021-2025. Both documents identify targets to be achieved within the defined time frame. However, no accountability mechanisms are introduced. Both documents are available in electronic format and attached herewith.

In **Kazakhstan**, The fundamental regulatory legal act is the Law of the Republic of Kazakhstan dated April 13, 2005 "On social protection of persons with disabilities in the Republic of Kazakhstan", as well as: Law of the Republic of Kazakhstan dated April 28, 1995 "On benefits and social protection of participants, invalids of the Great Patriotic War and persons equated to them"; Law of the Republic of Kazakhstan dated June 16, 1997 "On State Social Benefits for Disability, Loss of a Survivor and Age in the Republic of Kazakhstan"; Law of the Republic of Kazakhstan dated April 5, 1999 "On special state benefits in the Republic of Kazakhstan"; Law of the Republic of Kazakhstan dated July 11, 2002 "On social and medical and pedagogical correctional support for children with disabilities"; Law of the Republic of Kazakhstan dated December 29, 2008 "On Special Social Services".

In **North Macedonia,** the National Disability Strategy is under development; the process has been initiated a couple of months ago, in a participatory and transparent manner.

In **Serbia**, the main Strategic document is:

* Strategy for improving the position of persons with disabilities in the Republic of Serbia for the period from 2020 to 2024"  - <http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/viewdoc?uuid=208196bc-ca49-4179-9f72-dbfdc2065435&regactid=430209&doctype=reg>
* Action Plan for the implementation of the Strategy for improving the position of persons with disabilities in the Republic of Serbia for the period from 2020 to 2024- [http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/prilozi/III\_TABELA\_AKCIONOG\_PLANA.pdf&doctype=reg&regactid=432025](http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/prilozi/III_TABELA_AKCIONOG_PLANA.pdf%26doctype%3Dreg%26regactid%3D432025)
* In addition, there are also other strategic documents that contains provisions relevant for development (revision of existing) of legislation, policies and programmes to enable the development of support systems for PWD, such as
* The Strategy for Prevention and Protection from Discrimination for period 2022-2030 , <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/strategija/2022/12/2>, was adopted at the Q1 of 2022, and process of development of the Action Plan is ongoing. This Strategy recognized persons with disabilities as one of the groups that is still in a disadvantageous position in the Republic of Serbia.
* Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026 - <https://www.minrzs.gov.rs/sr/dokumenti/ostalo/sektor-za-socijalnu-zastitu/strategija-deinstitucionalizacije-i-razvoja-usluga-socijalne-zastite-u-zajednici-za-period-2022-2026godine>
* National Housing Strategy - <https://mgsi.gov.rs/sites/default/files/Nacionalna%20stambena%20strategija_NACRT_1.pdf>
* The Strategy for Gender Equality 2021-2030 - <https://www.rodnaravnopravnost.gov.rs/index.php/sr/dokumenti/strategije-i-akcioni-planovi/nacionalna-strategija-za-rodnu-ravnopravnost-za-period-2021>
* Draft of the Social Protection Strategy for the period 2019–2025 - <https://www.udruzenjesz.rs/images/PDF/nacrt-strategije-socijalne-zastite-2019-2025-27032019.pdf>

In **BiH**, the most complete form of legislation, policy, and programme relate to the regulations concerning professional rehabilitation and employment of persons with disabilities. However, great challenges remain when it comes to specific targets, indicators and accountability mechanisms when it comes to individualized support for persons with disabilities. Apart from the already mentioned governmental and legislative mechanisms to guarantee the rights of persons with disabilities, the Council for Persons with Disabilities as an expert and coordinating body has a mandate from the Council of Ministers of Bosnia and Herzegovina to monitor and promote the rights of persons with disabilities in Bosnia and Herzegovina. In the Federation of BiH and Republika Srpska, special legal regulations have been adopted that systematically regulate the field of professional rehabilitation and employment of persons with disabilities. In 2010, the Law on Professional Rehabilitation, Training and Employment of Persons with Disabilities established the Fund of the Federation of Bosnia and Herzegovina as a public institution whose primary task is to ensure support for the professional rehabilitation and employment of persons with disabilities, in accordance with the Law, the possibilities and needs of the users of the funds and the labor market. In Republic of Srpska, the Law on Professional Rehabilitation, Training and Employment of the Disabled was in 2004, and the Republika Srpska Fund began operating in 2005 as a public institution that exercises powers related to the implementation of professional rehabilitation, training and employment of persons with disabilities.

In **BiH**, professional rehabilitation includes measures and activities carried out with the aim of training persons with disabilities for a suitable job, to get a job, keep a job, progress in it, or change occupation. Recognition of the right to professional rehabilitation in the Federation of Bosnia and Herzegovina is decided in the first instance by the cantonal employment service responsible for the place of residence of persons with disabilities. According to the Ombudsmen data, the number of received requests does not exceed 80 in any canton. In Republika Srpska, the Center for Professional Rehabilitation is the only institution that is registered for carrying out professional rehabilitation, which is regularly financed by the Fund of Republika Srpska in accordance with the Law on Professional Rehabilitation, Training and Employment of the Disabled in the Republika Srpska. However, civil society organizations of persons with disabilities and members of them highlight the multiple issues that they face to get professional rehabilitation. Brčko District has not adopted a law on professional rehabilitation, training and employment of persons with disabilities.

**4. Do you have information on data on persons with disabilities and families and households accessing care and support systems as described above in 1(a) and 2(a).**

Information from African countries is very limited. In **Senegal**, 50 000 equal opportunity cards have been distributed since December 2017. In **Uganda**, under the National special grant, 10895 and 10708 male and female respectively have benefitted from the grant so far, while under the Social Assistance Grant for Empowerment (SAGE) Program, 5,966 females and 4,982 male older persons with disabilities have so far benefitted. There is also the Youth Livelihood Program(YLP) with Females (3,358) and Males (3,941) beneficiaries who are youth with disabilities.

Similarly, there is very limited information from the Latin-American region. For example, in **Bolivia,** it is estimated that there are 1 million people with disabilities, 10% of the population. However, there is significant underreporting that prevents us from seeing the actual situation of this population. Official data from the 2012 Population and Housing Census, the total population of Bolivia reaches 10,389,913 people, and it is estimated that only 3.3% of the population has a disability. On the one hand, these data are not disaggregated, and capturing the data is not always the most appropriate. On the other hand, no indicators allow information regarding discrimination, labor exclusion, access to basic services, the right to health, the right to quality education, poverty and structural violence, to which they find subdued.

Some important data was reported by countries in Central Asia and East Europe:

In **Tajikistan**, parents or other guardians who are not able to work as they care for children with disabilities full-time do not receive any benefits or support and are often in a particularly difficult financial situation. Refugees with disabilities do not receive the same benefits as citizens although domestic legislation does not exclude refugees. The public health care system is chronically underfunded and although persons with disabilities are entitled to free-of-charge medical treatment by law, in practice doctors often require unofficial fees. When treatment is necessary that is not available in public health care institutions, no support is provided to undergo treatment elsewhere. By law persons with disabilities, depending on the disability group, have free access to medicines that are included in a special government-approved list, but this is not always implemented in practice and when patients need other medication they receive no financial support. Access to rehabilitation equipment is also extremely limited.

In **Georgia**, the total number of Persons with Disabilities receiving monthly cash benefits from the Social Service Agency (under the MoH) 127, 648 persons; Figures below represent number of persons that have received one of the services/devices/technologies in 2021:

* Hearing aids - 1261
* Smartphones -41
* Sign language interpretation -700
* Cochlear implants - 43 (for the year 2019)
* Mobility aids - 20
* Electronic wheelchairs - 151
* Manual wheelchairs - 448
* Prostheses/orthotics -533
* Independent living support programme in family type homes for persons with disabilities - 42
* Early childhood intervention support -2555
* Home care for children with severe disabilities - 63

In **North Macedonia,** in lieu of a common understanding of the human-rights approach to disability, and a prevailing medical/charity approach, especially in the financial gatekeeping, the duty bearers have no clear understanding of disability. Apart from the Law on the Prevention of and Protection against Discrimination, which is aligned with the UN CRPD definition of disability, different sectors have different definitions, but all are guided by the dominant medical approach. The key duty bearers who collect disability data are the Ministry of Labor and Social Policy, Centers for Social Work, Employment Agency, Pension and Disability Insurance Fund, Ministry of Education and Science, Ministry of Health, and the Health Fund. All these data are one dimensional and tailored to the narrow needs of the collector. It is most often disaggregated by gender, age group and ethnicity, but only to show the number of male and female persons with disabilities in each sub-group. The State Statistical Office (SSO) aggregates the disability data collected by duty bearers in its monthly, annual, and topical reports, even though it is in the position to gather disability disaggregated data and mainstream disability throughout their methodologies. The five-year Programme for Statistical Research is the key document in defining the scope of data that will be collected in that period. For various reasons over the years disability has not been mainstreamed in this programme. A very limited version of the Washington Group on Disability Statistics (WG) short set of questions was included in the 2021 census questionnaire; the SSO will be releasing the results from the Census periodically, and hopefully the responses to these questions will provide solid basis for evidence-based policy making related to persons with disabilities.

**In Bosnia and Herzegovina,** the last official census was done in 2013 and there are multiple and very deep challenges to obtain data and reliable estimations. To date, the Office doesn’t know of the existence of any official specifically on persons with disabilities posing a lack of statistical data on the total number of persons with disabilities. In the same way, no breakdowns by gender or age were identified to serve as indicators of respect for their rights, and no figures of children with disabilities attending mainstream education or specialized institutions. Both entities have made efforts to estimate the population of persons with disabilities. According to the Social Inclusion Strategy of the Federation of Bosnia and Herzegovina (FBiH) 2021-2027[[13]](#footnote-13), in 2019 10% of its inhabitants were estimated to suffer some sort of mental, physical, developmental, sensory, or emotional form of disability, and 30% of the total population was directly or indirectly affected by some aspect of disability. Of them, close to two-thirds of the total number of adults with disabilities live close to or below the official poverty line. In this same year, in the FBiH there were 8,134 minors with disorders in their physical and mental development, constituting 10.5% of all underage social protection beneficiaries. According to the Social Inclusion Strategy of the Republika Srpska (RS) 2021-2027[[14]](#footnote-14), this entity estimates that there are 102,262 persons with disabilities, 8.7% of the total population in its territory. In mid-2020 there were 37,504 beneficiaries of the right to disability pension, 13.96% of the beneficiaries of pension’s right. Furthermore, in RS there is no uniform approach to disability policy. This means that the type of impairment will determine the person’s rights, cash benefits, procedures, and treatments posing an unregulated differentiation between citizens. Unfortunately, at the national level BiH does not count with a registration system and registry of persons with disabilities, complicating the estimation of the number of persons with disabilities. According to the compilation of Data done by the International Disability Alliance, hereunder some of the (not very updated) data on civilians victims of war in BiH in 2008.

**5. Do you have information on data connected to the impact of the COVID19 pandemic on persons with disabilities and families and households with members with disabilities (death rates disaggregated by disability status, death rates in institutions compared to those living in the community, impact on income as a consequence of disruption in support or increased support and care demands, disruption in support services, among other).**

In general, the regional and country offices reported there are no consolidated data on the impact of Covid 19 on the population with disabilities. In Latin-America, initial exploratory studies have been carried out for Colombia, Ecuador and Peru[[15]](#footnote-15). In the same way, specific difficulties were reported in specific sectors that generated specific ministerial directives trying to bring particular social services to the population with disabilities, as happened in health for the distribution of medicines at home through insurers and care centers.

**Georgia CO** shared that during the COVID-19 Pandemic monetary assistance was provided to Children with Disabilities and Persons with Severe disabilities for 6 months, in total 600 Gel was provided to each. Approx. 43,000 beneficiaries were covered.

In **Serbia,** there is no official data available at the moment, however there are some information from the various research, including a research conducted by the National Organization of Persons with Disabilities (NOOIS) and supported by the OSCE Mission to Serbia,  on the impact of the pandemic on the position of persons with disabilities. This research was conducted from September to December 2020. - <https://www.osce.org/sr/mission-to-serbia/482981>

Some important findings from this research are, as follows:

* Regarding the field of health care, the Law on Protection of the Population from Infectious Diseases does not contain any special provisions on how to ensure that the measures for protecting the population are inclusive and accessible to persons with disabilities.  Information and communications about the epidemiological measures for protection against COVID-19 were not sufficiently accessible either.
* Regarding the field of social protection, it can be concluded that during the pandemic there were various problems related to the functioning of daily community services. There were also challenges with the independent living support service that managed to continue functioning due to a huge effort of service providers/organizations of persons with disabilities. Persons placed in residential care institutions faced various challenges and restrictions. Particularly worrying were the relocation of supported housing beneficiaries to residential care facilities, the arbitrary termination of this support service for independent living in some cases and the inability of the national preventive mechanisms against torture to control the adherence to the human rights of residents of permanent housing facilities. The work of social welfare centers and the pension and disability insurance fund was also reduced in some places, due to which persons with disabilities faced difficulties in exercising some social protection rights.

In **BiH**, according to the Ombudsman, the COVID-19 restrictions on the movement of persons with disabilities and their relatives/companions, and limited access to social protection services and support had a disproportionate impact on persons with disabilities. However, the institution does not specify the impacts more than stating that after the suspension of the provision of basic services, no alternatives to day care centers and the provision of care/medical treatments were provided, which seriously affects the exercise of rights and the health of persons with disabilities.

According to the [Social Impacts of COVID-19 in Bosnia and Herzegovina](https://www.unicef.org/bih/media/6251/file/Social%20Impacts%20of%20COVID-19%20in%20Bosnia%20and%20Herzegovina.pdf) study done by UNICEF

The pandemic posed several changes for persons with disabilities in **BiH**. Concerning unmet health needs medical treatment or therapy was most often not available to persons with disabilities or chronic diseases to a 19.1%, their households saw a reduction of the food consumption to a 23%, they spent more time caring for a child/children up to a 65.2%, having their household power dynamics change for the worse in a 17%. In this period, persons with disabilities were somewhat more likely to prioritize applying for social assistance, social benefits, etc. online to a 21%. According to the survey, 8% of respondents had prior to the crisis relied regularly on remittances sent from friends and family living abroad. This was most frequent among households with a net monthly income of up to BAM 900 (14%) and persons with disabilities to 12%, which shifted during the pandemic to 16%.

The following countries have completed a recent census and included both the Washington group questions on disability as well as questions related to the impact of COVID-19. These countries include:

* Grenada census (2021);
* Kazakhstan census (2021);
* Sierra Leone census (2021);
* Tonga census (2021);
* Kyrgyzstan census (2022).

Whilst the data may not be available right now, it is possible to generate the required data in future by supporting thematic analysis of the census data. However, this will only be possible once the data processing and main reports have been published- which may take several months/ years.

In addition, colleagues from Asia Pacific regional office recommended to visit the Make the Right Real website: <https://www.maketherightreal.net/covid-19/resources> and the On COVID morbidity and mortality and disability status: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00206-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2821%2900206-1/fulltext)

1. United Nations (2018). UNDIS. Available from: www.un.org/en/content/disabilitystrategy/ [↑](#footnote-ref-1)
2. [Impact Assessment Compendium of Good Practices Checklist for Sexual and Reproductive Health for Women and Girls with Disabilities during the COVID-19 Pandemic, 2021](https://www.unfpa.org/publications/impact-covid-19-women-and-girls-disabilities)

This resource pack has the following goals: Preventing and addressing gender-based violence against women and girls with disabilities and ensuring their sexual and reproductive health during the COVID-19 pandemic and beyond; Meeting social determinants of sexual and reproductive health for women and girls with disabilities during the COVID-19 pandemic; Ensuring long-term sexual and reproductive health and rights for women and girls with disabilities in the recovery from COVID-19. Case studies from Malawi, Fiji, England, and Chile are included [↑](#footnote-ref-2)
3. Joseph Ocran (2019) Exposing the protected: Ghana’s disability laws and the rights of disabled people, Disability & Society, 34:4, 663-668, DOI: 10.1080/09687599.2018.1556491, <https://doi.org/10.1080/09687599.2018.1556491> [↑](#footnote-ref-3)
4. See: h[ttp://legislacion.asamblea.gob.ni/Normaweb.nsf/b92aaea87dac762406257265005d21f7/c9379d54ccde27400625791200572c84?OpenDocument](http://legislacion.asamblea.gob.ni/Normaweb.nsf/b92aaea87dac762406257265005d21f7/c9379d54ccde27400625791200572c84?OpenDocument) [↑](#footnote-ref-4)
5. See: <https://conadisperu.gob.pe/observatorio/wp-content/uploads/2021/11/Catalogo-de-servicios-de-la-PNMDD.pdf> [↑](#footnote-ref-5)
6. Full overview of core human rights treaty ratified by Turkmenistan is found on the OHCHR website <https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx>. [↑](#footnote-ref-6)
7. The Code of Social Protection of Population No 340-IV, adopted on 19 October 2012 (on file with the research team, in Russian). [↑](#footnote-ref-7)
8. Federation: Law on Amendments to the Criminal Code of FBiH, Official Gazette of the Federation of Bosnia and Herzegovina No.46/16. Republika Srpska: Criminal Code of the Republika Srpska. Official Gazette of RS 49/03, 108/04. Brcko District: Criminal Code of the Brcko District of Bosnia and Herzegovina, Official Gazette of the Brcko District of Bosnia and Herzegovina, 10/03, 45/04, 6/05, 21/10. [↑](#footnote-ref-8)
9. See the Republic of Armenia Government No. 938-A decision dated 11 June 2020 on the Draft Law “On Ratifying the Optional Protocol to the Convention on the Rights of Persons with Disabilities” of the Republic of Armenia. [↑](#footnote-ref-9)
10. Zakon o upotrebi znakovnog jezika u Bosni i Hercegovini, (Službeni glasnik Bosne i Hercegovine, No.75 / 09) -Law on the use of sign language in Bosnia and Herzegovina, (*Official Gazette of Bosnia and Herzegovina*, no.75/09). [↑](#footnote-ref-10)
11. Porodični zakon Federacije (Službene novine Federacije Bosne i Hercegovine, br 35/05 i 31/14.): Porodični zakon RS (Službeni glasnik RS, br 54/02 i 41/08.) -Family Law of the Federation BiH (*Official Gazette of the Federation of Bosnia and Herzegovina*, no. 35/05 and 31/14): Family Law of the RS (*Official Gazette of the RS*, no. 54/02 and 41/08). The procedures for this process are set out in the legislation governing the rules for civil procedures which, under the Bosnian legal system, do not require litigation: issues of probate, family law, guardianship, etc. As there is no single term in English the laws are given here in Bosnian, rather than translation: Zakon o vanparničnom postupku FBiH Službene novine FBiH br. 2/98, 39/04 i Zakon o vanparničnom postupku RS, Službeni glasnik RS, br. 36/09. [↑](#footnote-ref-11)
12. Position of people and children with disabilities in Turkmenistan. Report. UNICEF. 30 August 2020 (on file with the research team). [↑](#footnote-ref-12)
13. Available at <https://www.unicef.org/bih/media/6476/file/Federation%20of%20Bosnia%20and%20Herzegovina%20Social%20Inclusion%20Strategy.pdf> [↑](#footnote-ref-13)
14. Available at <https://www.ibhi.ba/Documents/Publikacije/2021/SSU_RS_2021_2027_eng.pdf> [↑](#footnote-ref-14)
15. Las personas con discapacidad y la respuesta al Covi 19 en América Latina: una mirada desde Colombia, Ecuador y Perú (2022). RIADIS. Humanity and Inclusion y Save the Children (2022). [↑](#footnote-ref-15)