



Promoting The Human Rights of Persons with Disabilities in Europe and the Commonwealth of Independent States: *Guide*

PROMOTING THE HUMAN RIGHTS OF PERSONS WITH DISABILITIES IN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES: GUIDE

UNDP Regional Centre for Europe and the CIS

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SEEING THE ABILITY, NOT DISABILITY



There is a genuine and widespread lack of general understanding and policy awareness in Europe and the CIS and beyond that most Persons with Disabilities (PWD) can, in fact, function effectively at work, school, and with society, if given required support. Legacies of the socialist system with its medical model of disability that believed that limitations arising from disability can potentially be prevented or managed by medical treatment of PWDs contributes to this. Therefore, it is no surprise that the medical model and charity ideology shaped these countries' motivation for special legislation, social and legal policies, corresponding programmes, and, social protection schemes.

Access to services does not imply only physical services. Of course, globally, the overwhelming majority of buildings, including government institutions are not accessible to PWDs, which restricts their opportunities to exercise their rights in many areas. Multiple barriers still exist in access to employment, education, housing, health, political participation, cultural expression, entertainment, and leisure activities. Inaccessibility and prejudices in society make life difficult and prevent access to basic rights and services such as participating in political process, gaining access to justice, and engaging in meaningful economic and social activity.

In fact, the UN Convention on the Rights of the Persons with Disabilities (CRPD) provides a unique normative framework and an effective legal tool for States to end this discrimination and violation of the rights of persons with disabilities – if it is implemented effectively and supported by policies and programmes to promote the active inclusion of this population. Easier said than done.

The inclusion of persons with disabilities in development efforts is a question of human rights, and the human-rights based approach is central in achieving an inclusive society, non-discrimination and to ensuring equity. It is NOT a matter of moral obligation anymore; it is our legal and developmental obligation. It is, therefore, important for all of us – individuals or institutions - to take effective steps to support the implementation of the CRPD. The constituent elements (national human rights institutions, CSOs, national agencies, judicial and quasi-judicial bodies, legislative bodies) of the national human rights systems in our respective countries have an active duty to take this up and mainstream disability issues, challenges, and, solutions into vision, strategic planning, annual work plans, budgeting and resource allocation.

These are critical for achieving inclusive growth, internationally agreed development goals (i.e., Millennium Development Goals, Post-2015 Development, Social Development

Goals, etc.) and, most importantly, ensuring human dignity, human rights, social protection and justice. In order to address such needs, existing knowledge, and capacity gaps, UNDP recently published this comprehensive Guide for both programming and advocacy. This Guide reflects the current research, international and regional experiences, good practices and lessons learned in ratifying the UNCRPD and its implementation. The Guide exemplifies well-coordinated sectoral policies and national programmes aligned with the CRPD.

It would be worthwhile for all stakeholders to engage into informed national dialogues on specific steps that should be undertaken to ratify and/or implement the CRPD. This Guide would be of direct relevance to support such process. The time has come to ask ourselves as members of the UN family: **are we doing enough?**

A.H. Monjurul Kabir



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ABBREVIATIONS AND ACRONYMS

CRPD	International Convention on the Rights of Persons with Disabilities
CO	Country Office
CSO	Civil Society Organization
DPOs	Disabled People's Organizations
ECIS	Europe and the Commonwealth of Independent States
EU	European Union
ILO	International Labour Organization
ICF	International Classification of Functioning, Disability and Health
ICT	Information and Communications Technology
M&E	Monitoring and Evaluation
NHRI	National Human Rights Institutions
NGO	Non-Governmental Organization
OECD	Organisation for Economic Co-operation and Development
OSCE	Organization for Security and Co-operation in Europe
PWDs	Persons with Disabilities
UNDP	United Nations Development Programme
UNDP BRC	United Nations Development Programme Bratislava Regional Centre
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPR	Universal Periodic Review
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

Persons with disabilities (PWDs) are clearly among the most marginalized and excluded groups in Europe and the Commonwealth of Independent States (ECIS) countries. In the ECIS by all definitions of poverty, PWDs are over-represented among the poor and face multiple barriers in exercising their human rights. Social exclusion, low educational attainment, unemployment, low self-esteem and limited opportunities to participate in political and social life are frequent parts of their daily experience. The human rights of PWDs are now formally recognized in constitutions and specific legislation, but the transition period contributed to the increase in the numbers of PWDs and created barriers to the realization of their human rights in all ECIS countries. The extent and nature of exclusion of PWDs differ from one sub-region to another, as well as within countries.

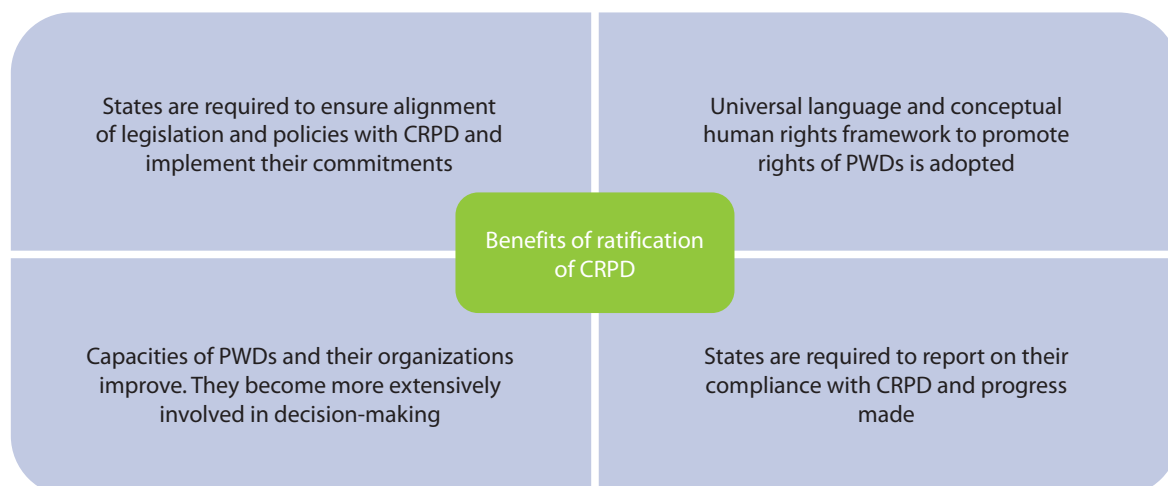
In the ECIS, PWDs face multiple obstacles to fulfilling their human rights:

- Legacies of the socialist system with its medical model of disability that believed that limitations arising from disability can potentially be prevented or managed by medical treatment of PWDs. The medical

model and charity ideology shaped the ECIS countries' legislation, policies and programmes.

- Limited accessibility: in the ECIS the overwhelming majority of buildings, including government institutions is not accessible to PWDs, which restricts their opportunities to exercise their rights in many areas.
- Multiple barriers in access to employment: education, housing, health, political participation, access to justice, cultural expression, entertainment, and leisure activities still exist.
- Attitudinal barriers: there is a genuine and widespread lack of understanding in the ECIS that most PWDs can in fact function effectively at work, school, and with society, if given adequate support.

This guide reflects the current research and international experiences in ratifying the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its implementation. The convention, as one of international human rights laws, pursues the goal of safeguarding the integrity and dignity of PWDs by establishing legal obligations on states to protect the rights of all PWDs



under their jurisdiction. The societies in countries that ratify the convention have to identify the societal barriers that prevent PWDs from full and effective participation and inclusion in all aspects of community life, including employment, education, housing, health, political participation, access to justice, cultural expression, entertainment, and leisure activities and implement a series of measures to gradually reduce and eventually eliminate these barriers.

There is a range of measures that can be adopted to support ratification of the CRPD:

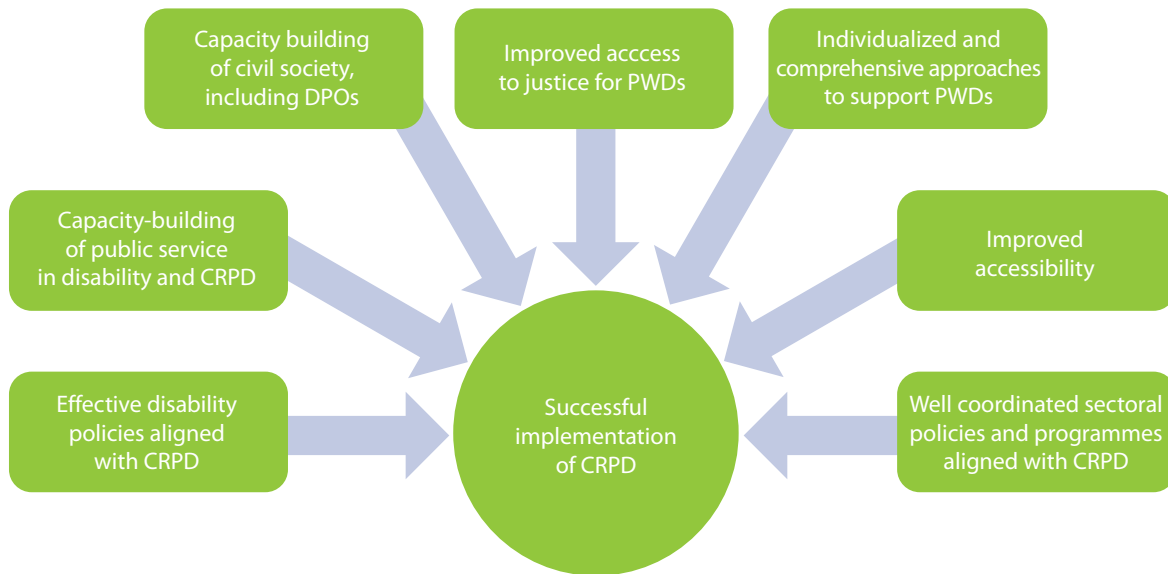
- use the Universal Periodic Review (UPR) to emphasize the importance of ratification of CRPD to advancement of the human rights of PWDs. As ratification of CRPD is recommended to many countries in the region and many governments have agreed to ratify it, it is essential to provide extensive support to national partners in implementation of this recommendation. Support should be provided to both National Human Rights Institutions (NHRI), governments and NGOs in developing plans of action and building their capacity to ratify the CRPD as a part of the UPR;
- revise the existing legislation to align it with CRPD requirements. The analysis of the legislation will demonstrate the degree of protection or promotion of rights of PWDs and the extent of laws' alignment with key provisions of the convention. Once the laws are reviewed and analyzed, they should be revised and aligned with the CRPD's human rights model, approaches and language;
- develop an action plan, including specific steps that have to be undertaken to ratify the convention. The governments moving towards ratification of CRPD should be well aware of legislative, policy and budgetary implications of ratifying CRPD and should have sufficient capacity to implement it. Such areas as conducting research, developing policy options, conducting policy assessments as well as estimating

costs of new policy initiatives in the area of disability should be strengthened to prepare them for CRPD ratification;

- strengthen PWDs' role and involvement in decision making. To make sure that the voices of the PWDs are heard and that politicians realize that the electorate is supportive of CRPD ratification, it is necessary to empower PWDs and strengthen their capabilities to demand and use their rights through democratic political processes;
- address attitudinal barriers to disability and ensure wide public support for ratification of CRPD. Public attitudes may themselves be critical to either advancing or hindering the inclusion of PWDs. To obtain better data on public perceptions of disability and to raise public awareness, it is beneficial to conduct nationwide public opinion surveys focusing on disability issues, and implement awareness-raising interventions based on the data obtained from such surveys that will be customized to different audiences such as parents, employers, public servants, the general public and PWDs.

Following ratification of CRPD, governments as "duty-bearers" have to ensure implementation of the commitments undertaken and mainstream human rights of PWDs into their sectoral policies. Specific interventions that can be implemented include:

- using the UPR, treaty bodies and special procedures of the UN recommendations to advance the disability agenda. The recommendations developed by the UN bodies in the area of disability should inform development and implementation of advocacy, policy and programme interventions at the national level. They can also be used as a common platform to coordinate efforts of all development partners in promoting the disability agenda.
- aligning legislation and policies with CRPD requirements and supporting effective operationalization of the existing



disability legislation in policies and programmes;

- strengthening the capacity of the public service. The roles and responsibilities of partner ministries should be clearly outlined; interministerial coordination in the area of disability should be improved; safeguards should be introduced to ensure that decentralization promotes the human rights of PWDs; innovative approaches to promote the human rights of PWDs have to be piloted before embarking on nationwide implementation; and training of public servants on how to design and implement human rights-based disability policies and programmes should be conducted;
- supporting interventions promoting accessibility. Accessibility is not only about physical accessibility of buildings – PWDs face barriers at the levels of institutions, policies, and attitudes. It is about creating an environment in which systemic barriers to the full participation of PWDs are reduced or eliminated so that they have equal access to the constructed environment, transport, information, communication and services;
- clarifying definitions and improving quality and availability of data. The CRPD can be ratified and policies promoting the human rights of PWDs can be adopted, but the

real impact of these measures should be monitored at the household and individual level. Clear and objective statistical data on PWDs is necessary to lay the basis for sound disability-related policies and programmes to meet the CRPD requirements. Consistent definitions of disability aligned with good international practices should be adopted, processes for data collection established and databases created to meet the CRPD requirements and prioritize disability-related concerns in resource allocation and policy/programme development. It is important to note that definitions are key to gathering adequate data;

- promoting individualized and comprehensive approaches. PWDs have diverse strengths and needs and are not a homogenous group. More individualized approaches to support for PWDs should be adopted across all sectors as a practical application of the human rights approach;
- ensuring that PWDs have equal recognition before the law. To ensure that such core provision of the CRPD as the right of PWDs to equal legal recognition, capacity and support before the law, the following interventions can be implemented: mainstream the goals of promoting rights of PWDs into reforms of the justice sector; revise the existing legislation and policies

in such diverse sectors as employment, public transport, telecommunications and information, procedural law, social and health protection, education, public procurement, family law, criminal law and other relevant areas to ensure that they guarantee the non-discrimination of PWDs; implement interventions supporting the office of the ombudsman; conduct targeted awareness-raising interventions to train and educate the judiciary about the rights of PWDs; and support PWDs who chose the legal profession to grow professionally and assume positions of significance in the justice system;

- enhancing access to justice for PWDs. PWDs should be provided with the same legal rights and access to justice as the non-disabled. To ensure that such core provision of the CRPD as the right of PWDs to equal access to justice as well as support and accommodation in the justice process are met, the following interventions can be implemented: identify and address physical and communication barriers that PWDs face in accessing justice; legislate a right for free legal aid for PWDs; develop a system that would provide support or assistance to enable them to make decisions for themselves and expand their capacities to do so; and support the relevant ministries and agencies in consulting PWDs on access to justice matters;
- ensuring that the intersection of the rights of PWDs with the gender equality agenda and minority rights (i.e., multiple/aggravated discrimination) is properly addressed.

As the barriers and challenges that PWDs face are multi-faceted, interventions promoting the human rights of PWDs should be diversified and involve multiple partners. Some sectoral interventions promoting rights of PWDs are outlined below:

- Education. Develop new protocols and procedures and train commissions to

spend more time objectively assessing children's strengths and needs and draw on a wide range of information in making placement decisions for students with special needs. Develop and implement individual education plans to enhance student's goals, strengths and needs, support provided and indicators of success. Teachers should be trained on how to educate children with disabilities and parents have to be included as respected and equal partners.

- Health. Ensure timely and equitable provision of such basic devices such as glasses, hearing aids, and crutches. Educate health care providers about the disability-specific health-service needs of PWDs, their rights and the consequences of not getting the services to which they are entitled. Improve the availability, access and quality of medical rehabilitation including assistive devices (e.g., prosthetics, orthotics, wheelchairs and walking aids). To make sure that the process of deinstitutionalization promotes the human rights of PWDs, it is necessary to clarify the accountability of national and local administrations for services and support provided to former inpatients. Standards should be developed and enforced and quality controls introduced.
- Employment. Ensure that the existing anti-discrimination laws and specific labour codes are enforced and employers know their obligations and penalties for failing to comply with the disability legislation. Employers should not be required to hire any person with a disability, they should be asked to hire people who are qualified and accommodate the limitation caused by disability on an individual, case-by-case basis. Accommodation could include physical modifications, such as the construction of ramps, provision of devices such as visual and hearing aids, as well as job restructuring to suit the abilities of the worker with disabilities. Implement a wide range of potential interventions

supporting employment of PWDs, such as job coaching and mentoring, pre-employment training and upgrading, post-secondary education, aids and devices, wage subsidies for PWDs, tax incentives for employers, sheltered employment, reservation of a specific number of positions in public service for PWDs, and workplace support. Implement individualized support that meets the strengths and needs of PWDs as well as local economic conditions.

- Social protection. Expand the range of programmes, services and benefits provided by the national and local governments to PWDs and re-design them from

the human rights and equity perspectives. Keep salaries of social workers attractive and provide them with access to workplace training and educational opportunities. Promote a personal assistance services model to support the rights of PWDs for independent living and mobility. Given the importance of carers, their needs have to be addressed through opportunities for respite, social interactions with other carers and supplementary social transfers. The capacities of disabled persons' organizations (DPOs) can be strengthened so that they will be able to deliver programmes and services for PWDs funded by the government.

More than 1 billion people in the world live with some form of disability and this number will increase in the years to come. A significant proportion of PWDs live in the Europe and the Commonwealth of Independent States (ECIS) region and the numbers of PWDs are on the rise. In Tajikistan, for example, according to the data from the Ministry of Labour and Social Protection, the total number of PWDs was over 150,000 by the end of 2010, which is 12,000 higher than in 2005. Furthermore, the number of children with disabilities under the age of 16 grew from under 14,000 in 2005 to over 20,000 in 2010.¹

Many ECIS governments have expressed their commitment to advancing the human rights of PWDs, ratified the CRPD and are implementing it. As a part of its continuous efforts to strengthen the capacity of key partners and promote the human rights of PWDs across ECIS, the United Nations Development Programme Bratislava Regional Centre (UNDP BRC) is publishing this guide. The region-specific guide provides analysis of the key areas where PWDs are experiencing

barriers and highlights the policy and programmatic approaches that have been effective for promoting their human rights. It reflects the current research and international experiences and contains examples and recommendations for national stakeholders and international partners to support them in the effective ratification and implementation of the CRPD.

UNDP BRC actively engaged UNDP Country Offices (COs), internationally recognized disability experts and practitioners into consultations and development of this guide. It contains a wide range of examples of successful strategies utilized by practitioners in the ECIS countries to promote ratification and implementation of the CRPD. UNDP may further revise the guide as new understanding and experiences are acquired and successful practices in promoting the rights of PWDs are identified.

This guide is not meant to be a definitive source of information but should be seen as giving suggestions on practices and tools. It is intended to be used in conjunction with other existing resources.²

1 World Bank, http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/TAJIKISTANEXTN/0,,contentMDK:22945350~pagePK:1497618~piPK:217854~theSitePK:258744,00.html?cid=3001_4.

2 The World Health Organization and the World Bank produced an extensive study that contains extensive analysis of disability and provides the evidence of innovative policies and programmes that can improve the lives of people with disabilities. WHO and World Bank, *World Report on Disability*, 2011.

The term “disability” summarizes a great number of different functional limitations occurring in any population in any country in the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature. They may have a disability from birth or have acquired it in childhood, their teenage years, or later in life, during further education or while in employment. Their disability may have little impact on their ability to work or it may have a major impact, requiring significant support.

Under the socialist system, the medical model of disability was prevalent in the region. The medical model construes disability as an observable physical, mental, psychological or sensory deviation from normality caused by disease or another health condition. It believes that limitations arising from disability can potentially be prevented or managed by medical treatment of that individual. So neither the society nor the environment has to be changed to address the rights of PWDs.

The medical model and charity ideology shaped the ECIS countries’ legislation, policies and programmes. Defectology, for example, was a widespread system of diagnosing and treating children with disabilities in the region. In the overwhelming majority of cases, children with special needs were receiving edu-

cation and health care in segregated settings and were excluded from mainstream education. Parents were advised to place their children with significant disabilities in state-

Persons with disabilities have diverse strengths and needs; they are not a homogenous group

run institutions, where they spent their entire lives. Children with less extensive disabilities stayed at home with their families. After receiving education in segregated specialized schools, many of those who were blind, deaf, or had less serious disabilities were employed in state-funded sheltered enterprises, or in home-based work.

Under the socialist system, PWDs were subject to discrimination and social isolation, as well as multiple institutional, attitudinal and structural barriers. The stereotyping of and prejudice against PWDs were widespread so that their families experienced social stigma. Government policies were based on the medical model, were paternalistic and did not address societal and other barriers that PWDs faced and hence did not advance their human rights.

Over the past three decades there has been a dramatic shift from medical and charity disability models to a model based on human rights and equal opportunities. PWDs are no longer seen as a special group requiring special medical and social services in segregated settings. Instead of adjusting the needs of the individuals with disabilities to prevailing social standards, societies are adjusting their social norms to meet the needs of PWDs.

In the social model, disability is seen as the result of complex interactions between a health problem or a functional limitation and the social, political, cultural, economic, and physical environment. These, in combination with personal factors such as age, gender, and level of education, can result in a disadvantage – that is, a disability. Under

Instead of adjusting the needs of persons with disabilities to prevailing social standards, societies should adjust their social norms to meet the needs of PWDs

this approach, the disability focus is no longer how to provide for those deemed “unable” to integrate into mainstream society, but rather how to make society accessible to all, on an equal and non-separate basis. In many countries PWDs have equal rights to education, public transportation, social services, access to public places and employment

much in the same way as they are available to non-disabled individuals.

In the USA, for example, the legislation equalizing opportunities between those with disabilities and the non-disabled and banning public and private sector discrimination was introduced by many states. The federal Americans with Disabilities Act was adopted in 1990.³ It puts the onus on society to provide for PWDs rather than obliging them to adapt to various barriers. The European Union (EU) policy on disability is also built on an explicit commitment to the social model of disability and disability is seen as a rights-based issue.⁴

In the 1990s when the USA, Canada and many European states were developing and adopting human rights-based disability laws and policies, the ECIS countries were transitioning from a predominately centrally-managed, state-owned command-type economic system and a single-party communist political system. In the process of transition, the mechanisms of the command economy have been effectively dismantled and the market institutions have been established in the majority of the countries. New constitutions and a series of laws establishing formal foundations of democracy were adopted. Formal democratic and human rights institutions promoting respect for rights such as freedom of speech, association, and forbidding any forms of discrimination based on gender, race, disability or religion were established. Some public administration reforms, including optimization of government structures were implemented. Civil society emerged and quickly expanded. Independent media developed and started

3 USA Department of Justice, *Americans With Disabilities Act of 1990, As Amended*, <http://www.ada.gov/pubs/ada.htm>

4 European Commission, *Employment, Social Affairs and Inclusion*, <http://ec.europa.eu/social/home.jsp?langId=en>

to play an important role as checks and balances on the exercise of powers granted to political leaders and public office holders.

The transition period brought new challenges and opportunities to promote the rights of PWDs. Although the rights of PWDs were formally recognized and expanded in constitutions and specific legislation,⁵ the transition period contributed to the increase in the numbers of PWDs and created barriers to the realization of their human rights in all ECIS countries. The social cost of transition throughout the ECIS was much higher than was initially expected. Unemployment, which was practically non-existent under the socialist regime, had reached almost double-digit levels in many countries by the end of the 1990s. The number of people living in poverty increased dramatically while income inequality significantly increased. Unemployment and high poverty rates affected health indicators and resulted in increases in mortality and morbidity in some CIS states at an unprecedented level in peacetime that resulted in higher rates of PWDs. In Russia, for instance, the number of persons counted as having a disability more than doubled between 1990 and 2003. A number of factors contributed to these outcomes that include changes in the reporting of pensions to include PWDs previously classified as old-age pensioners, employers' preferring to avoid paying severance pay to fired workers by placing them on disability rolls, and the sharp deterioration in health indicators (particularly for adult men) and disruptions in the health system.⁶ Armed conflicts in the Balkans and some CIS countries not only increased the numbers of PWDs but also eroded human and institutional capital, weakened public administration, and led to economic stagnation that

created additional barriers for PWDs.

The transition process created significant gaps in policies and programmes supporting PWDs. The essential services necessary to meet the human rights of PWDs have either deteriorated or were never provided. As a result, many PWDs, children and adults, were overlooked by public authorities and were not provided with the services and support to which they were entitled. In the areas of employment of PWDs, for example, the introduction of the market economy resulted in the withdrawal of government employment subsidies for PWDs, which made the enterprises to lay off workers with disabilities. Reduced budget revenues negatively affected social services provided to PWDs as well. In many instances, the authorities discontinued or reduced funding of clubs and social activities for PWDs. In the area of education, despite the rights of children with special needs to live in their families with their parents, doctors and other officials often put a pressure on parents to relinquish guardianship of their children. Instead of providing the necessary resources and support that would meet the human rights of these children, they were placed in institutions that did not allow them to fully realize their rights for inclusive education and employment.

As a result, in the ECIS countries, by all definitions of poverty PWDs are overrepresented among the poor and face multiple barriers in exercising their human rights. Social exclusion, low educational attainment, unemployment, low self-esteem and limited opportunities to participate in political and social life are frequent parts of their daily experience. The extent and nature of exclusion of PWDs clearly differs from one sub-region to another, as well as within countries.⁷

5 Many ECIS countries have adopted disability legislation. In Moldova, for example, *The Law on Social Protection of the Disabled*, entered in force on 22 June 2000. In Romania, the Law on the Protection and Fostering of Disabled People's Rights, came into force in 2006. The law stipulates the rights for persons with disabilities in a wide range of areas such as housing, health care, education, employment and social benefits.

6 Jeanine Braithwaite and Daniel Mont, *Disability and Poverty: A Survey of World Bank Poverty Assessments and Implications*, Social Protection and Labor Discussion Paper No. 0805, 2008.

7 UNDP BRC, *Regional Human Development Report Beyond Transition: Towards Inclusive Societies*, 2011.

International human rights law determines that every person, including PWDs, has rights, such as the right of equality before the law, the right to non-discrimination, the right to equal opportunity, the right to independent living, the right to full integration, and the right to security. Human rights are universal and are inalienable – they can neither be taken away, nor given up.⁸ They are also indivisible – there is no hierarchy among rights, and no right can be suppressed in order to promote another right. PWDs are entitled to exercise their civil, political, social, economic and cultural rights on an equal basis with others.⁹

The UN General Assembly adopted the CRPD on 13 December 2006. The convention is a comprehensive document that contains 50 articles. It is grounded in the premise that public authorities should go further than to just help PWDs to adjust to existing conditions: they should seek to adapt the conditions in order to accommodate everyone, including those with special needs. The CRPD includes a preamble, four initial articles on purpose, definitions, general principles, and general obligations; 26 substantive rights provisions addressing, from a disability perspective, the full range of civil, cultural, economic, political, and social rights; 10 articles on national and international monitoring and supervision; and 10 final provisions. The convention covers in depth such issues as the unique needs of women and children with disabilities, access to law and its protection, liberty of movement and the right

to a nationality, independent living and community integration, opportunities for a meaningful education, access to adequate health care and the right to equal opportunity in employment. The convention has a periodic reporting process and biennial conference of states parties, and is supplemented by an optional protocol that establishes an individual complaints mechanism and an inquiry procedure.

The convention impels governments to rethink the underlying assumptions upon which their disability policies and practices have historically been based. In implementing the CRPD, the governments have to change their traditional practices of placing PWDs in institutionalized living arrangements, segregated education and sheltered employment and giving them qualified income support. The societies in countries that ratify the convention have to identify the societal barriers that prevent PWDs from full and effective participation and inclusion in all aspects of community life, including employment, education, housing, health, political participation, access to justice, cultural expression, entertainment, and leisure activities and implement a series of measures to gradually reduce and eventually eliminate these barriers.

The process of convention drafting involved PWDs and their allies from across the world and reflected their views and aspirations. This involvement was critical in identifying specific barriers which hinder PWDs' full participation in society. As a result, the convention is precise in its interpretation on how a rights-

8 UNDP, *Human Development Report 2000: Human Rights and Human Development*, 2000.

9 These rights include such diverse areas as access to food, shelter, health care and education; reproductive rights; rights of political participation such as the ability to organise, to be represented, and to have legal and voting rights. See, for instance, Rebecca Isaac, B. William Dharma Raja and M.P. Ramanan, "Integrating People with Disabilities: Their Right – Our Responsibility", *Disability & Society* Vol. 25, No. 5, August 2010, 627–630.

Table 1: ECIS countries: Convention and Optional Protocol signatures and ratifications

Country	Convention Signature Date	Protocol Signature Date	Convention Ratification Date	Protocol Ratification Date
Albania	22-12-2009			
Armenia	30-3-2007	30-3-2007	22-9-2010	
Azerbaijan	9-1-2008	9-1-2008	28-1-2009	28-1-2009
Bosnia and Herzegovina	29-7-2009	29-7-2009	12-3-2010	12-3-2010
Bulgaria	27-9-2007	18-12-2008		
Croatia	30-3-2007	30-3-2007	15-8-2007	15-8-2007
Cyprus	30-3-2007	30-3-2007	27-6-2011	27-6-2011
Czech Republic	30-3-2007	30-3-2007	28-9-2009	
Estonia	25-9-2007			
Georgia	10-7-2009	10-7-2009		
Hungary	30-3-2007	30-3-2007	20-7-2007	20-7-2007
Kazakhstan	11-12-2008	11-12-2008		
Kyrgyzstan	21-9-2011			
Latvia	18-7-2008	22-1-2010	1-3-2010	31-8-2010
Lithuania	30-3-2007	30-3-2007	18-8-2010	18-8-2010
Macedonia (FYROM)	30-3-2007	29-7-2009		
Malta	30-3-2007	30-3-2007		
Montenegro	27-9-2007	27-9-2007	2-11-2009	2-11-2009
Poland	30-3-2007			
Republic of Moldova	30-3-2007		21-9-2010	
Romania	26-9-2007	25-9-2008	31-1-2011	
Russian Federation	24-9-2008			
Serbia	17-12-2007	17-12-2007	31-7-2009	31-7-2009
Slovakia	26-9-2007	26-9-2007	26-5-2010	26-5-2010
Slovenia	30-3-2007	30-3-2007	24-4-2008	24-4-2008
Turkey	30-3-2007	28-9-2009	28-9-2009	
Turkmenistan			4-9-2008	10-11-2010
Ukraine	24-9-2008	24-9-2008	4-2-2010	4-2-2010
Uzbekistan	27-2-2009			

Source: United Nations, Convention and Optional Protocol Signatures and Ratifications, <http://www.un.org/disabilities/countries.asp?id=166>, last accessed on December 17, 2011

based approach to disability should be operationalized.

Many countries of the ECIS have signed the CRPD and some of them have ratified it. Table 1 provides detailed information on the status of ratification of the convention across the ECIS.

The convention, as one of international human rights laws, pursues the goal of safeguarding the integrity and dignity of the PWDs by establishing legal obligations on states to protect the rights of all PWDs under their jurisdiction. More specifically, states' obligations include respect of human rights that means simply not interfering with their enjoyment; protection of human rights that means taking steps to ensure that third parties do not interfere with their enjoyment; and fulfilment of human rights that means taking steps progressively to realize the right in question.

The CRPD is legally binding and by ratifying it states must, among other things, modify or abolish existing discriminatory laws, cus-

tomies and practices; take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise; adopt legislative, administrative, policy, programmatic and other measures to implement the rights of PWDs; provide accessible information to persons

with disabilities on relevant technology and other assistance, services and facilities; and promote the training of professionals and staff working with PWDs.¹⁰

Although the ratification of the convention is not a panacea and it should not be expected that barriers to the realization of human rights of PWDs will be eliminated overnight, the ratification of the convention by all the ECIS countries will bring a number of positive outcomes to advancing the human rights of PWDs. Some of key benefits of ratification of the CRPD include the following:

- Reform processes will be inspired and societies will have a universal language and conceptual human rights framework to promote the human rights of PWDs.
- States will be obliged to ensure that their legislation, policies and programmes advance the realization of human rights of PWDs, as declared in the convention. Any new policy and programme developed should be based on the human rights standards and principles of the convention. Procedural safeguards securing the protection of basic rights and prevention of future abuse of PWDs will be obliged to be promulgated and enforced.
- Accessibility will be mainstreamed into all policies and programmes.
- The capacities of duty-bearers to meet their human rights obligations and the capacities of rights-holders to claim their rights will have to be strengthened.
- States will be obliged to adopt strategies for empowerment of PWDs that will increase their capacities to enjoy their rights.
- The Governments will be obliged to implement new requirements promoting the rights of PWDs and improve PWDs' access to education, employment, information and social and health care systems.

Ratification of the CRPD by all ECIS countries will streamline the human rights model into disabilities policies and programmes and make governments accountable for the elimination of barriers that PWDs face.

toms and practices; take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise; adopt legislative, administrative, policy, programmatic and other measures to implement the rights of PWDs; provide accessible information to persons

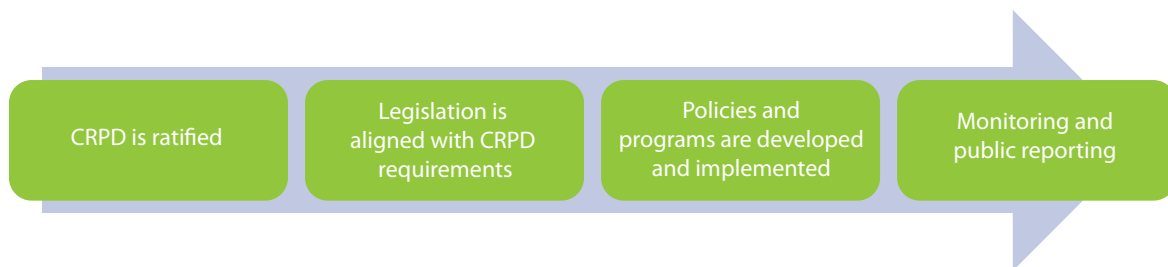
10 Article 4 of the CRPD sets up the general obligations of States Parties to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.

- Governments, private businesses and all other partners will be obliged to address the issues of accessibility and reasonable accommodation for PWDs in all areas of life.
- Individualized support measures with regard to PWDs will have to be introduced and/or expanded.
- Governments will be required to conduct active consultation with PWDs in framing laws and policies that affect them and involve PWDs in monitoring of their implementation.
- It will facilitate international cooperation in promoting the rights of PWDs, knowledge, mobilization and sharing of effective practices and approaches.
- General public awareness about the human rights of PWDs will be increased.
- The opportunities for building capacities of NGOs of PWDs will be increased.

The ratification of the CRPD puts a clear onus on the governments to report on their progress or lack of progress in advancing the rights of PWDs. Although the convention does not include specific features ensuring strict domestic compliance, governments are required to demonstrate good faith efforts to progressively achieve their obligations. As the convention establishes transparent mechanisms for effective monitoring, the progress and achievements of ECIS countries could be assessed, and effective strategies identified and widely disseminated.

Ratification and full implementation of the convention will take time, resources, and continuous government commitment. Country-specific action plans towards ratification and implementation of the CRPD should be developed through extensive consultations of the governments, employers, educators, social service providers, medical professionals, PWDs and all other relevant stakeholders (see Chart 1).

Chart 1: International Convention on the Rights of Persons with Disabilities: after ratification



Different ECIS countries face different challenges and have distinct capacities to address the human rights of PWDs and meet society's obligations to provide an enabling environment by removing the physical and social barriers to participation in the everyday life of PWDs. In many ECIS countries policy makers favor an evolutionary and incremental approach to promoting the rights of PWDs, rather than a dramatic change of the *modus operandi* through ratification of the CRPD. In order to help decision makers and society at large to recognize the importance of ratification of the CRPD and its subsequent implementation, the transformation process should utilize all existing instruments, such as international directives and support as well as national experiences and resources (see Chart 2). Suggestions provided below should be viewed as guidance only and they should be adjusted to address each country's specific circumstances in supporting ratification of the CRPD.¹¹

5.1. Use the Universal Periodic Review to emphasize the importance of ratification of CRPD to the advancement of human rights of PWDs

The Universal Periodic Review (UPR) is a unique process which involves a review of the human rights records of all 192 UN Member States once every four years.¹² The

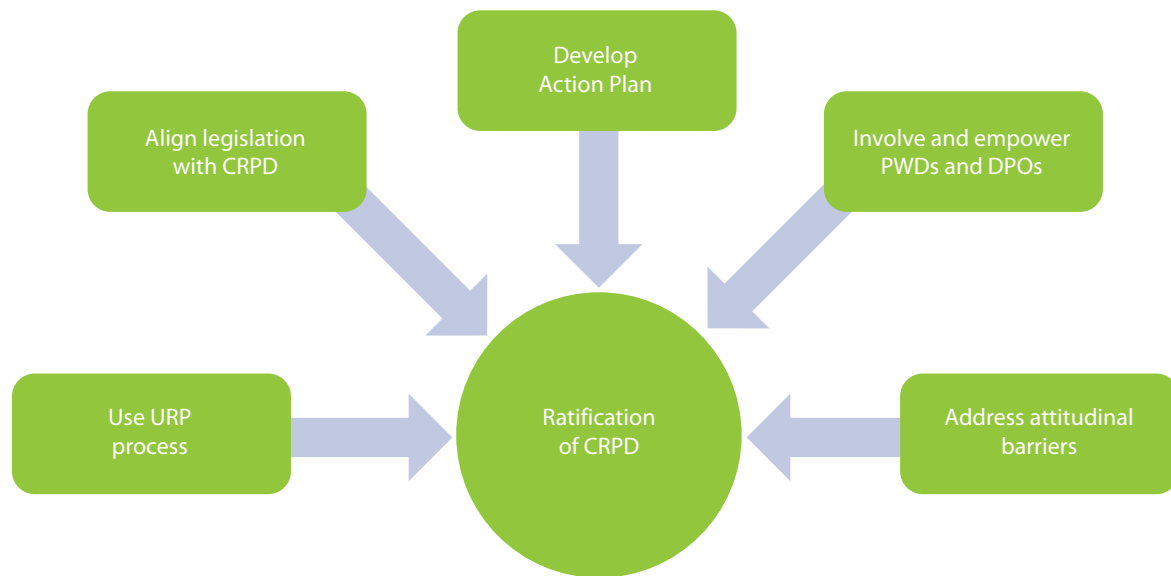
UPR is a State-driven process, under the auspices of the Human Rights Council, which provides the opportunity for each State to declare what actions they have taken to improve the human rights situations in their countries and to fulfil their human rights obligations. As one of the main features of the council, the UPR is designed to ensure equal treatment for every country when their human rights situations are assessed. The ultimate aim of this mechanism is to improve the human rights situation in all countries and address human rights violations wherever they occur.

The UPR is based on objective and reliable information of the fulfilment by each State of its human rights obligations and commitments in a manner which ensures universality of coverage and equal treatment with respect to all States. The UPR ensures that all countries are accountable for progress or failure in implementing its recommendations. When the time for the second review of a State comes they must provide information on what they have been doing to implement the recommendations made during the first review four years earlier. The international community will assist in implementing the recommendations and conclusions regarding capacity-building and technical assistance, in consultation with the country concerned. If necessary, the council will address cases where States are not cooperating.

NGOs can submit information which can be added to the other stakeholders' report

¹¹ More information can be obtained from UNDP, *Questions and Answers: Basic Ratification Guidelines for the CRPD*.

¹² United Nations Human Rights, Office of the High Commissioner for Human Rights, Universal Periodic Review, <http://www.ohchr.org/EN/HRBodies/UPR/Pages/UPRMain.aspx>; and UNDP BRC, Universal Periodic Review: A nationally-owned human rights agenda, <http://europeandcis.undp.org/governance/hrj/show/82FEB281-F203-1EE9-B32783BA7CCF63B1>

Chart 2. ECIS-specific strategies promoting ratification of the CRPD

which is considered during the review. The information they provide can be referred to by any of the States taking part in the interactive discussion during the review at the working group meeting. NGOs can attend the UPR Working Group sessions and can make statements at the regular session of the Human Rights Council when the outcomes of the State reviews are considered.

In the ECIS, all countries have already undergone the UPR of their human rights practices and it has proved to be an effective tool to change the views and attitudes of decision makers towards the rights of PWDs. As ratification and implementation of CRPD is recommended to many countries in the region and many governments have agreed to do so, it is essential to provide extensive support to national partners in the implementation of this recommendation. Montenegro, for example, ratified the CRPD and the optional protocol thereto in 2009, in response to the UPR recommendations.

Support should be provided to NHRI, governments and NGOs in developing plans

of action and building their capacity to ratify the CRPD as a part of the UPR. NGOs, in particular, can be supported in developing their written submissions to the UPR process advocating the necessity of ratification of the CRPD. In Tajikistan, UN Women strengthened the capacities of civil society to advocate the ratification of the convention as well as to promote the accessibility of services and infrastructure, health and education facilities and institutions for both children and adults with disabilities. The NGO Bureau for Human Rights was supported in conducting a monitoring study that was included into the UPR report prepared by public associations in Tajikistan.

5.2. Revise the existing legislation to align it with CRPD requirements¹³

The national legislation should be revised to harmonize it with the provisions of the

¹³ It is advisable for partners involved in revising the existing legislation to be guided by Article 4 of CRPD that sets out general obligations of State Parties.

CRPD. There may be declarations on rights of PWDs in general law (e.g., the constitution may prohibit discrimination on the ground of disability), laws that mentions PWDs, or special laws developed for PWDs. The analysis of the legislation will demonstrate the degree of protection or promotion of rights of PWDs and the extent of laws' alignment with key provisions of the convention. The review will reveal also the degree of mainstreaming of inclusion and access in legislation and identify the legal provisions ensuring equal rights of PWDs.

Once the laws are reviewed and analyzed, they should be revised and aligned with the CRPD's human rights model, approaches and language. Such key terms as discrimination and accommodation should be clearly defined to ensure proper implementation.¹⁴ The disability legislation should also clearly outline the enforcement mechanism, including any sanctions or penalties for non-compliance. In Serbia, for example, UNDP supported the harmonization of Serbia's legislation with provisions of the CRPD through expert analysis that resulted in proposals for amendments of legislation and adoption of new relevant laws, including the draft law on the official use of Serbian sign language and the draft law on professional rehabilitation and employment of persons with disabilities.

In Belarus, the UNDP project, after examining the current legal framework on disability, initiated amendments to the relevant legislation and provided specific recommendations. These recommendations were used by the Ministry of Labour and Social Protection in drafting the Law on Accession of the Republic of Belarus to the CRPD, which was submitted to the Parliament in 2011. To sup-

port country's ratification of the CRPD, a system monitoring the situation of PWDs has been developed and tested.

In Albania, UNDP's project conducted a study that examined compliance of the existing legal and policy framework with the CRPD. Once gaps were identified and recommendations developed, work on a new act on inclusion of and accessibility for persons with disabilities began. The new law aims to cover those issues that are specific to PWDs, while most rights will be integrated in the mainstream legislation. An action plan for the implementation of the CRPD will be developed that will include the budget implications of ratification.¹⁵

Some areas such as the human rights of mentally ill people should be covered in legislation through the lens of the CRPD. In Azerbaijan, for instance, like in many ECIS countries, there is no mental health policy and strategic plan. Mental health services are not fully covered by social insurance. Although there is a human rights review body in the country, this authority does not consider issues related to the human rights protection of mentally ill people on a regular basis.¹⁶

5.3. Develop an action plan, including specific steps that have to be undertaken to ratify the convention

The government moving towards ratification of CRPD should be well aware of legislative, policy and budgetary implications of ratifying CRPD and should have sufficient capacity to implement it. Such areas as con-

14 In Turkey, for instance, Article 14 of the Disability Law (Özurlüler Hakkında Kanun) prohibits discrimination and also envisions the obligation of reasonable accommodation. However, neither in the law nor in any other legislation, concepts of discrimination and reasonable accommodation are defined. In addition to this, the law does not indicate any sanctions in cases of violations of these obligations. See, *Turkey, Submission to the United Nations Committee on Economic, Social and Cultural Rights*, Pre-Session, 25-28 May 2010.

15 See, for instance, Republic of Albania, *National Strategy on People with Disabilities*.

16 World Health Organization and Ministry of Health of the Republic of Azerbaijan, *The Mental Health System in the Republic of Azerbaijan*, Baku 2007.

ducting research, developing policy options, conducting policy assessments as well as estimating costs of new policy initiatives in the area of disability should be strengthened in preparation for CRPD ratification.

Support can be provided by developing a comprehensive action plan, which is required to ratify the CRPD. Working groups including

Governments' capacities as duty-bearers should be strengthened in all aspects of legislation, policies and programme development and implementation

representatives from the parliament, the government, key ministries responsible for inclusion of PWDs and DPOs can be supported in developing such plans. Some governments may be hesitant to ratify the CRPD because they anticipate that significant budget allocations are needed. To address these concerns, the action plan should include tentative budget estimates. As illustrated by UNDP Croatia, carrying out an economic modelling of the costs of current and proposed steps to support PWDs is an important initial step in ratifying and implementing the convention. In addition to supporting development of such action plans, it is important to support governments in developing reporting requirements and implementation reports.¹⁷ UNDP Croatia supported the government in introducing indicators of the CRPD into the National Strategy for Equalization of Opportunities for Persons with Disabilities 2007–2015. More specifically, support was provided in analyzing the methods of reporting on

the implementation of the strategy at national and local level, including activities, indicators of implementation, outcomes and impact; development of the sample matrix for monitoring the implementation of the strategy, along with implementation of monitoring indicators that are consistent, as much as possible, with those of the CRPD and others areas.

5.4. Create and enhance consultation mechanisms for PWDs' involvement in decision making.¹⁸ Strengthen capacities of DPOs.

PWDs are "rights-holders" and they should be able to claim and exercise their rights and have the power and capabilities to change their own lives, improve their own communities and influence their own destinies. To make sure that the voices of PWDs are heard and that politicians realize that the electorate is supportive of CRPD ratification, it is necessary to empower PWDs and strengthen their capabilities to demand and use their rights through democratic political processes.

PWDs should not face barriers to effective participation in civic life and decision-making processes on the basis of equality with others. In the area of voting rights restrictions should only be allowed where no measures can be taken to accommodate the needs of PWDs to allow them to participate in elections. Potential measures to address their needs include the provision of clear explanations throughout the electoral process; usage of simple language and sentences accompanied by illustrations; allowing PWDs to choose a

¹⁷ See, for instance, Government of Montenegro, *Report on Implementation of the Action Plan for Implementation of the Strategy for Integration of Persons with Disabilities in Montenegro*, 2010.

¹⁸ The partners should be guided by Article 4 (3) of CRPD that sets requirements for State Parties to closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations in all decision-making processes concerning issues relating to persons with disabilities.

person of their choice to serve as personal assistant throughout the voting procedure, etc.¹⁹ Politicians should hear the voices of PWDs and realize that ratification of the CRPD reflects PWDs' aspirations.

Establish effective consultation processes and practices based on the human rights model of disability. CRPD emphasizes the importance of consultative mechanisms involving PWDs. To ratify the CRPD, a high degree of participation of PWDs in this process should be ensured and this participation must be active, free and meaningful. PWDs should have multiple venues to correspond and communicate directly with policy makers concerning issues of importance to them.

Multiple opportunities for PWDs to be heard by decision makers should be expanded. Examples include round tables, working groups and targeted consultations with potential beneficiaries that help to identify PWDs' perspectives and aspirations, improve the information base and help the decision makers gather information on all the potential consequences of the current or new policies and programmes promoting the rights of PWDs. Consultation, for example, as one of many mechanisms of public involvement into policy making could be utilized to create consensus, explore ideas, ensure acceptance of the CRPD ratification action plans, and increase transparency in decision making. Consultative approaches have been widely utilized across the ECIS to solicit PWDs' input into disability draft laws (e.g., Albania, Uzbekistan, Ukraine).

To promote participatory approaches to policy making, it is necessary to institutionalize mechanisms encouraging active PWD involvement and strengthen the capacity of public servants to work with them. These may include involvement of PWDs and DPOs

in all areas of government operations, including policy design, implementation as well as monitoring of programmes and service delivery at the local level. PWDs' involvement

ALL DPOs should unite their efforts and advocate the need for CRPD ratification

in policy making is critical for buy-in and on-going cooperation and ensuring that all relevant factors and views are considered and is fundamental to successful ratification of the CRPD. In Tajikistan, for example, the international NGO Mission East is implementing a project strengthening the capacity of civil society in the Kulyab District to engage more effectively in advocacy which will improve the application of legal frameworks on rights of PWDs, as well as find ways to improve education and work opportunities through both advocacy and direct service provision.²⁰

Strengthen capacities of all DPOs.

DPOs, as NGOs that are established, governed, and managed by the PWDs, play a significant role in promoting the human rights of PWDs. In some countries, DPOs include specialized organizations and civil society organizations (CSOs) which work for PWDs. There are also organizations that are committed to the cause and which help their members to share their experiences and information on available training and employment opportunities as well as organize social activities and represent PWDs to local authorities.

As PWDs are a heterogeneous group with different needs and strengths, DPOs may be advocating the narrow interests of their members with virtually no impact on promoting rights for all PWDs and ratification

19 European Agency for Fundamental Rights, *The right to political participation of persons with mental health problems and persons with intellectual disabilities*, 2010.

20 <http://www.miseast.org/en/tajikistan/equipped-change-building-civil-society-disability-advocacy>

of the CRPD. In the ECIS countries there are usually two groups of DPOs: 1) DPOs according to the type of impairment (e.g., blind, deaf, psycho-social and sensual) that have been traditionally supported by governments; and 2) DPOs that emerged in the transition period and are not funded by the state. It is important that the capacity-building interventions target both groups of DPOs to ensure that the voices of all PWDs are heard in decision-making processes.

Political will is definitely needed to promote the human rights of PWDs and ensure ratification and implementation of the CRPD. The public pressure for reform is low and many PWDs do not know their rights and do not claim them.²¹ DPOs can play an important role in building such political will. As DPOs are often lacking in strength and skills to interact with the government, support should be provided to build DPOs' capacity in effective consultations with the government. Once equipped with the necessary knowledge and skills, DPOs advocating on behalf of PWDs would be able to promote transparency and accountability in decision making in the area of disability, human rights and policies, promote their interests at the national and local levels and strongly advocate ratification of the CRPD.²² Training can be provided on such topics as leadership and working with decision makers. UNDP Serbia, for example, provided support for the watchdog and advocacy activities of DPOs. Through these interventions, the capacity of DPOs to represent their interests and raise awareness about the living conditions and daily problems faced by PWDs was raised. The national umbrella organization, which is a union of 13 national DPOs in Serbia, whose leaders represent a half of a million PWDs was also supported.

In many ECIS countries there is a lack of cohesion among disability organizations, with few opportunities for, or examples of, coalition building among the DPO community. Although lack of funding may be a common reason for limited collaboration of DPOs, capacity-building interventions may focus on coalition building, closer collaborations among disability organizations and critical resource sharing to ensure that PWDs act as one front in advocating ratification and implementation of the CRPD.²³

In Ukraine, as a result of extensive advocacy campaigns of the National Assembly of People with Disabilities of Ukraine and the Coalition for the Rights of People with intellectual disabilities, Ukraine ratified the CRPD in 2009. The National Assembly encompasses 22 all-Ukrainian and 68 regional civic organizations of PWDs. It is a recognized social partner of the government in such areas as conducting expert evaluation and monitoring of national legislation, particularly of the president's decrees, as well as acts and decrees issued by the government as they pertain to disability matters. The National Assembly initiated in 2007 a lobbying campaign to have Ukraine sign and ratify the CRPD. Numerous public hearings, round tables, and press conferences were conducted to disseminate information among all stakeholders on the CRPD and the importance of its ratification and implementation. Extensive meetings with government decision makers and parliamentarians on the CRPD were conducted as well.

In the Western Balkans, the European Disability Forum, with the financial support of the European Commission (EC), implemented a project creating a unified disability movement in the Western Balkans region (Albania, Bosnia and Herzegovina, the Former

21 Karolina Österblom, *Persons with disabilities in Romania, Context Analysis*, 2008

22 UN Women in Tajikistan supported NGO Bureau of Human Rights and Rule of Law to prepare *Implementation of Rights of People with Disabilities in Sogd Oblast: Report on Monitoring Outcomes*, 2011

23 Daniel Holland, "The current status of disability activism and non-governmental organizations in post-communist Europe: preliminary findings based on reports from the field", *Disability & Society*, Vol. 23, No. 6, October 2008, 543–555

Yugoslav Republic of Macedonia, Montenegro, Serbia and Kosovo). The project strengthened the capacity of disabled people's organizations and improved cooperation, through the establishment of umbrella organizations of PWDs. In this way, DPOs became more efficient and more present in policy making in the Balkans region, and therefore able to promote the rights of PWDs.²⁴ In Tajikistan, French NGO Handicap International in partnership with four Tajik NGOs is implementing a two-year project empowering representative organizations of PWDs. Through the project the technical capacities in advocacy, disability rights and related instruments of DPOs at the national level, and their branches and self-help groups at local level, have been strengthened.²⁵

DPOs could play an important role in monitoring the implementation of the convention as well as other government strategies and plans promoting the human rights of PWDs. In Albania, for instance, the Albanian Disability Rights Foundation, which is a non-governmental organization that advocates for the human rights of PWDs, monitors implementation of the National Strategy for People with Disabilities.²⁶ The foundation prepared and released a number of reports based on surveys by government officials at the central, regional and local level, who provided official information on the status of progress on the measures assigned to their offices, as well as representatives of four national disability NGOs. The reports found that the state agencies often fail to meet the goals of the national strategy and that awareness and accountability have to be improved at all levels. Constant monitoring of the national disability strategy by civil

society holds the Albanian government accountable and helps in mainstreaming disability rights into the agenda of reforms and policies.

5.5. Address attitudinal barriers to disability and ensure wide public support for ratification of the CRPD

In the ECIS, PWDs are often not seen as an asset, that is, as people with talent and creativity and the ability to contribute to society. There is also a genuine and widespread lack of understanding that most PWDs can in fact function effectively at work, school, and with society, if given adequate support. Understanding what citizens think about PWDs and about disability legislation and policy is vital to the ratification of the CRPD and its successful implementation.

"Attitudes play a major role in determining whether people with disabilities experience social exclusion. Social exclusion risks for a person with disabilities doubles when a significant portion of the population (at least one third) opposes inclusive measures."

UNDP BRC, Regional Human Development Report Beyond Transition: Towards Inclusive Societies, 2011

24 Western Balkans and the enlargement process (European Commission website) and http://www.edf-feph.org/Page_Generale.asp?DocID=13373

25 The project is funded by the European Union and more detailed information can be obtained at: http://eeas.europa.eu/delegations/tajikistan/press_corner/all_news/news/2010/20101210_01_en.htm

26 The monitoring and preparation of the reports was enabled through the financial support of the United States Agency for International Development (USAID) under the programme of "Promoting the Human Rights for people with Disability in Albania". More information on activities and publications of the Albanian Disability Rights Foundation can be found at <http://www.adrf.org.al>.

Public attitudes may themselves be critical to either advancing or hindering the inclusion of PWDs. What people believe about individuals with disabilities underlies the treatment of those individuals in all aspects of their lives. If the public believes that PWDs are incapable of full participation in society, these attitudes shape a paternalistic public policy on disability. To support continuous advancement of the human rights of PWDs, public awareness-building interventions should be comprehensive and strategic to achieve long-term effects and build strong societal support of the CRPD. Other potential interventions include fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of PWDs and encouraging all organs of the media to portray PWDs in a manner consistent with the purpose of the CRPD.²⁷

To obtain better data on public perceptions of disability and to raise public awareness, it is beneficial to conduct nationwide public opinion surveys focusing on disability issues. These surveys can examine how citizens view the capabilities of PWDs, how much experience they have with disability, and how they perceive PWDs in schools, workplaces and the community. They can also ask about citizens' perceptions of barriers and discrimination, while also examining the views of PWDs (their self-perception, their and their families' prejudices) in order to develop adequate programmes for empowerment of PWDs and improved self-image. The surveys can uncover negative perceptions and unfounded beliefs, which may be unacknowledged and often hidden, towards disability. They may also explore public beliefs about the role of governments, NGOs, families,

individuals, employers and others in removing barriers to PWDs.

A survey of public attitudes towards PWDs was carried out by UNDP in Belarus and its findings were integrated in the background study on the advantages and risks of Belarus's accession to the convention and in planning information and education activities for the year 2010. It found, in particular, that paternalistic attitudes to PWDs dominate in society. Limiting the activity of PWDs is perceived as a humane approach, serving their best interests. However, the proportion of respondents favouring the integration of PWDs into professional and community life increases with their educational attainment level.

In Turkey, the Administration for Disabled People with the partnership of the human rights presidency implemented a project entitled Fighting Against Disability Discrimination in Turkey. The project produced a report based on an extensive survey of PWDs that examined the pattern of discrimination in such diverse areas as employment and working life, health care, education, political participation, access to justice, participation in leisure activities, integration into society, access to information, etc.²⁸

Negative prejudice and stereotypes towards disability cannot be overcome solely by legal regulations and integration policies.²⁹ Specific measures have to be implemented that target individuals' cognitions, emotions, and behaviours towards PWDs.³⁰ It is necessary to incorporate some components aimed at changing mindsets of decision makers, public servants, employers and ordinary people towards disability in ALL programmes and projects promoting the human rights of PWDs. As disability is traditionally seen from the medical perspective in the belief that disability

27 See CRPD, Article 8, Awareness-raising.

28 Prime Ministry Administration for Disabled People, *The Research on Measurement of Disability Discrimination*, 2010, http://www.ozida.gov.tr/ayrimciliklamucadele/eng/report_full.pdf

29 Ibid.

30 Barbara Krahé and Colette Altwasser, "Changing Negative Attitudes Towards Persons with Physical Disabilities: An Experimental Intervention", *Journal of Community & Applied Social Psychology*, 16: 59–69 (2006).

UNDP Kazakhstan devoted a National Human Development Report (NHDR) to the rights of persons with disabilities. NHDR preparation provided an opportunity for the representatives of the government and persons with disabilities to discuss common problems together and elaborate joint recommendations. In general, the NHDR process created opportunities for more extensive public, civil society and PWDs involvement in the development of national policies promoting the human rights of persons with disabilities.

UNDP Kazakhstan, National Human Development Report 2009, *From Exclusion to Equality: Realizing the Rights of Persons with Disabilities in Kazakhstan*, 2009.

can potentially be prevented or managed by medical treatment, many people believe that PWDs cannot be educated and employed and hence should rather be beneficiaries of charity. Many parents believe that children with disabilities represent some kind of threat or concern to their children, if mainstreamed into the classroom. Employers often believe that PWDs are unable to work and often “dump” them into certain jobs instead of placing them selectively according to their abilities and interests. Many PWDs are unaware of services and support for which they are eligible and have low self-esteem which prevents them from exploring employment and self-employment opportunities.

Awareness-raising interventions should be based on the data obtained from such surveys and customized to different audiences such as parents, employers, public servants, the general public and PWDs. As one of first steps, the convention and related resources can be translated into the language(s) of the country. Targeted campaigns can explain to employers, for instance, that PWDs have a range of skills and abilities and can do jobs as well as their non-disabled peers.³¹ PWDs’ confidence in pursuing education and/or employment opportunities can be boosted

by collating and sharing the information about the skills and successful strategies utilized by PWDs employed in their chosen career. It is beneficial to have PWDs lead some of the training courses so that participants can better understand the importance of disability issues. Media information awareness-raising campaigns about the rights of PWDs, including participation in talk shows, regular television and radio programmes, as well as newspaper articles, including case studies of PWDs, should be implemented. It is necessary also to raise public awareness of disability matters at traditional festivals and such public events as the International Day of People with Disability. UNDP Serbia, for example, supported the publication of a number of guidebooks on the rights of PWDs: *Guide on Accessibility*, *Guide for Employment of Persons with Disabilities*, *Women with Disabilities in Serbia*, and *Examining the Policy-Practice Gap: Social Protection Services for Persons with Disabilities*.

It may be beneficial to develop a special publication for parliamentarians on the CRPD to assist them in the process of adjusting the national legislation to convention requirements. The publication may explain in practical terms the rationale and objectives

31 See CRPD, Article 27, Work and employment.

of the convention, and explore the ways in which the parliament can translate the rights and principles at the core of the convention into tangible action.³²

UNDP Uzbekistan conducted a training course for journalists on how to cover the issues of disability through social inclusion.

The impact of training courses on journalists' views on disability was significant and long lasting. An independent content analysis of the press indicated that, as a result of the training, the number of publications based on an inclusive model towards PWDs tripled in three years.

32 Although UN Enable produced the *Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities* (<http://www.un.org/disabilities/default.asp?id=212>), it may be beneficial to customize it to local circumstances.

Following ratification of the CRPD, governments as duty-bearers have to ensure implementation of the commitments undertaken and mainstream the human rights of PWDs, linking them to their economic, social, education and access to justice legislation and policies. Governments are obliged to establish the mechanisms necessary for ensuring compliance with the convention and designate one or more focal points within government for matters relating to its implementation. It can be a primary, centralized body to monitor compliance located at the centre of the government, coupled with a detailed reporting mechanism.³³ Support can be provided in establishing such a centralized body and developing accountability and public reporting mechanisms.

Many countries in the region provide constitutional rights to the PWDs and have ratified the CRPD, but they are slow in implementing their commitments in practice. PWDs often cannot access certain social services, enrol into mainstream schools, and obtain employment. Welfare assistance and transfer systems often remain inefficient, insufficient and not well targeted, so that the diverse rights of PWDs remain unfulfilled. PWDs are rarely seen on the streets of the ECIS countries, which is a clear indication that cultural traditions and public attitudes and superstitions based on medical and charity models of disability continue to dominate.

There are several reasons behind the slow pace of implementation of CRPD commitments. First, it is relatively easy to adopt disability legislation and establish formal institutions corresponding to the legislation and

institutions protecting the rights of PWDs in advanced industrialized and democratic states. Many reformers are still naïve in believing that the legislation and institutions for the oversight, monitoring, coordination and enforcement of PWDs' rights would automatically function once established. Second, reformers in the ECIS do not invest sufficient energy and resources into ensuring the proper functioning of new legislation and institutions. The institutions responsible for the implementation of disability legislation do not have sufficient institutional capacity, skills and budgets to ensure timely, consistent and effective implementation of the disability legislation. Third, old medical models continue to matter and influence all sectoral disability policies and programmes, and line ministries do not have the capacity to effectively operate a human rights model of disability legislation and implement the CRPD in their respective sectors. Fourth, a rights-based social approach requires a high degree of participation from

CRPD implementation does not deal only with the expansion of services and programmes supporting PWDs. The focus should be made on promoting rights and empowerment of persons with disabilities.

PWDs and this participation must be active, free and meaningful. Often, public administrations in the ECIS do not have the capacity

33 See, CRPD, Article 33, National implementation and monitoring.

to engage in effective consultations with DPOs and PWDs.

The UN system in Moldova, for example, has identified the following challenges and obstacles to the full implementation, at national level, of the CRPD that reflect the overall situation in the region. Some key issues include:

- intensely medicalized views of PWDs embedded in the relevant professions, as well as throughout government;
- a strong social stigma with regard to PWDs, as well as their families;
- a rigid system of classifying “invalids”, which in practice, inter alia, excludes the majority of PWDs from access to social inclusion measures;
- the lack of anti-discrimination law providing an effective ban on discrimination on grounds of disability, combined with patterns and practices of unchallenged discrimination against PWDs;
- the deep reliance on the use of institutions to address disability – in particular mental and intellectual disabilities – as well as disability-related social issues;
- the lack of mechanisms for the integration of PWDs into the work force;
- the de facto exclusion of PWDs from schooling, as well as non-provision of equal schooling in institutions for people with mental disabilities, social care homes, and related institutions;
- strong barriers to the right to marry and found a family by PWDs;
- generalized construction practices excluding persons with physical disability from a range of public places, including official public institutions;
- the lack of available resources for PWDs on the part of the state, as well as the misdirection of social assistance to classes of persons who may not necessarily be most in need; etc.³⁴

Some ECIS countries have already acceded to the EU or plan to do so in the near future, which has resulted in more explicit policies concerning disability rights. Even in these states the changes in practical terms for citizens with disabilities have not been significant

The view on the relationship between the state and the individual should be fundamentally changed so that the government official at all level will meet their duties towards PWDs and the individuals with disabilities will become aware of their entitlements and mechanisms to protect their human rights.

due to poor implementation, lack of emphasis on disability rights on the part of most NGOs and few consequences for those who transgress stated policies.³⁵ As a result, in all ECIS countries the disability legislation, including CRPD, remains poorly funded and poorly implemented.

The most challenging and complicated task in ensuring compliance with the CRPD that has to be accomplished in all ECIS countries is to ensure that policy and programmes are developed and implemented from the perspective of the human rights of PWDs. The reasons why PWDs are unable to enjoy their rights, such as discriminatory laws, attitudes, inadequate policies and social practices should be identified. A thorough human rights analysis of social barriers that PWDs face should help practitioners design appropriate and informed policy interventions.

34 United Nations Moldova, *Memorandum to the Office of the High Commissioner for Human Rights*, 2010.

35 Daniel Holland, “The current status of disability activism and non-governmental organizations in post-communist Europe: preliminary findings based on reports from the field”, *Disability & Society*, Vol. 23, No. 6, October 2008, 543-555.

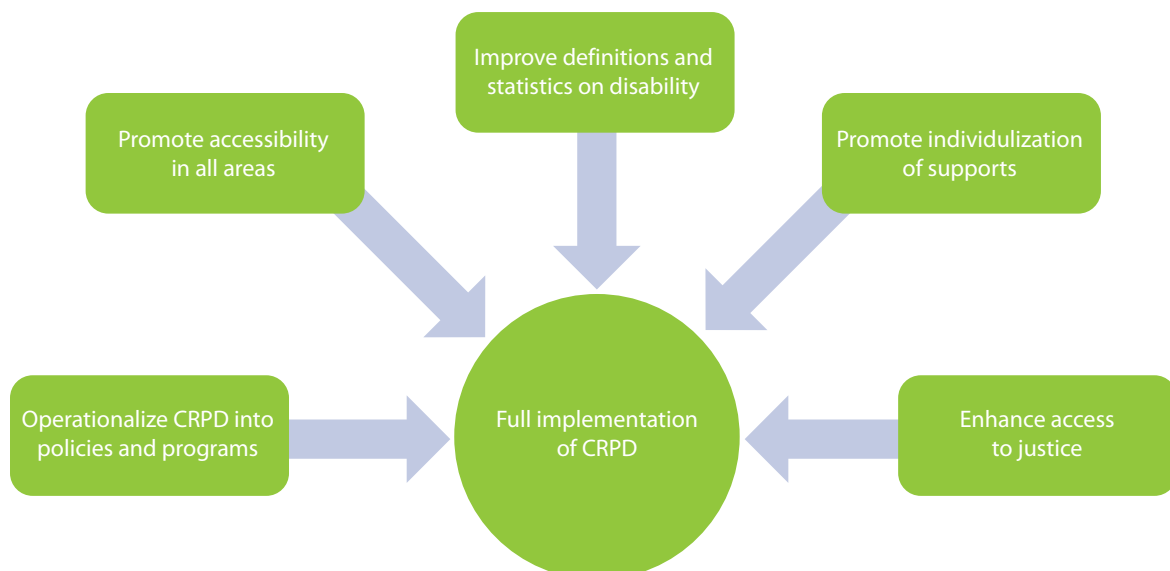
This chapter examines how the CRPD can be translated into specific, logically-sequenced actions, policies and programmes promoting the human rights of PWDs that reflect realities of the ECIS. It provides specific suggestions on how to develop and implement policies and programmes advancing the realization of human rights of PWDs. Implementation of the CRPD should be comprehensive in its consideration of the full range of indivisible, interdependent and interrelated civil, cultural, economic, political and social rights of PWDs. Regardless of whether an ECIS country has ratified the CRPD or not, the disability agenda should be incorporated into general development plans by adopting a human rights-based institutional framework and operationalizing multi-sectoral policies and monitoring instruments. Specific interventions that can support the implementation of the CRPD are discussed below.

6.1. Use the Universal Periodic Review, treaty bodies and special procedures of the UN recommendations to advance the disability agenda

In addition to the UPR process, recommendations in the area of disability can be developed by such treaty-based bodies as the Human Rights Committee, the Committee on Economic, Social and Cultural Rights, the Committee on the Elimination of Racial Discrimination, the Committee on the Elimination of Discrimination against Women, the Committee on the Rights of the Child, the Committee on the Rights of Persons with Disabilities and others. There are currently 10 human rights treaty bodies, which are committees of independent experts. Nine of these treaty bodies monitor implementation of the core international human rights treaties. The treaty bodies are created in accordance with the provisions of the treaty that they monitor. The Committee on the Rights of Persons with Disabilities monitors implementation of the CRPD.

The treaty bodies perform a number of functions in accordance with the provisions of the treaties that created them. One of their important roles is to consider State parties' reports. The countries that ratify one of these treaties incur an obligation to submit regular reports to the monitoring committee set up under that treaty on how the rights are being implemented. In addition to the government report, the treaty bodies may

Chart 3. Towards full Implementation of CRPD: Selected ECIS-specific strategies



receive information on a country's human rights situation from other sources, including NGOs, UN agencies, other intergovernmental organizations, academic institutions and the press. In the light of all the information available, the Committee examines the report together with government representatives. Based on this dialogue, the committee publishes its concerns and recommendations, referred to as "concluding observations".³⁶

In addition to treaty-based bodies, recommendations in the area of disability can be developed through special procedures of the UN, which is the general name given to the mechanisms established by the Human Rights Council to address either specific country situations or thematic issues in all parts of the world.³⁷ Special procedures mandates usually call on mandate holders to examine, monitor, advise and publicly report on human rights situations in specific countries or territories, known as country mandates, or on major phenomena of human rights violations worldwide, known as thematic mandates. Various activities are undertaken by special procedures, including responding to individual complaints, conducting studies, providing advice on technical cooperation at the country level, and engaging in general promotional activities.

When the recommendations of the treaty bodies developed through the UPR and UN Special Procedures in the area of disability are made available, they should inform the development and implementation of advocacy, policy and programme interventions at the national level. They may guide development of a series of interventions promoting the rights of PWDs through building a strong and long-lasting political will and capacity, and public support of the disability agenda. For instance, public service capacity-building interventions may focus on addressing the

recommendations and on developing skills and knowledge to meet them. At the level of civil society, they may help to identify specific areas of how broad-based participation of DPOs in the national policy process can be supported to improve the design of policies and strategies addressing the recommendations. If the broader constituencies that are empowered institutionally become an integral part of addressing the recommendations of the UN human rights bodies, they can contribute their knowledge and understanding of specific local conditions, and become personally involved in their implementation, which ultimately increases commitment on the part of broader audiences. In addition, the recommendations may inform development of targeted media information awareness-raising campaigns, organization of special events and presentations to build public confidence in the importance of addressing them.

As multiple partners, such as UNDP, UN Women, the Organization for Security and Co-operation in Europe (OSCE), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the EU, unilateral donors and foundations are funding and implementing multiple interventions promoting the human rights of PWDs, the recommendations developed through the UPR process and special procedures as well as recommendations of the treaty bodies can also be used as a developmental platform to coordinate the efforts of all partners in promoting the disability agenda. It is important to conduct regular consultations with the government, DPOs and development partners to ensure the clear separation of roles and responsibilities in all projects promoting the human rights of PWDs. Effective partnership will help to avoid the overlapping of efforts

36 For more information, see Office of the United Nations High Commissioner for Human Rights, Human Rights Treaty Bodies, <http://www2.ohchr.org/english/bodies/treaty/index.htm>

37 Ibid.

and facilitate effective sharing of information and promotion of successful practices.

6.2. Support effective operationalization of the existing disability legislation into policies and programmes and strengthen the capacity of the public service

Often disability laws, regulations and policies remain statements of good intentions without any follow-up implementation and proper reporting. To address these systemic gaps, the capacities of duty-bearers should be strengthened to meet their human rights positive obligations (to protect, promote and provide) and negative obligations (to abstain from violations). Governments have to be supported in operationalizing the CRPD requirements into specific policy implementation plans in all respective areas, such as employment, education, accessibility and others. The disability plans should include the timetable for delivering a policy, the roles and responsibilities of all those involved in delivery, and the resources allocated to the policy. The plans could also include specific targets, performance measures and indicators measuring policy success.

The roles and responsibilities of partner ministries should be clearly outlined. A comprehensive list of legislative and policy initiatives planned by the ministries and the necessary budget allocations that ensure compliance with the CRPD can be developed. Targeted support can be provided to strengthen the analytical capacity of line ministries in policy making and implementation. A particular focus can be made on such areas as conducting research, developing policy options, conducting *ex-ante* policy assessments

as well as estimating costs of new policy initiatives.

Improve interministerial coordination in the area of disability.³⁸ Often in the ECIS countries each of the ministries and state institutions responsible for disability matters has its own strategy and its own programmes. Often these strategies and programmes are not harmonized with or integrated into the vision of the national development strategy. In addition, all ministries have their own reporting and statistics systems.

Disability should be mainstreamed across all policy sectors that may contribute to increasing awareness of disability, thereby making each policy sector apply a disability perspective when establishing policies. In addition to mainstreaming, interministerial coordination should be improved to address the rights of PWDs. As different ministries typically share responsibility for different interventions supporting PWDs, such as paying cash benefits, providing social assistance, helping with labour market re-integration, a proliferation of different disability programmes, each focused on a specific problem, may lead to insufficient attention being paid to the needs of the individual PWD as a whole person and inefficient use of resources. As PWDs face multiple barriers to exercising their human rights, the integrational and comprehensive approaches to disability should be developed and implemented to ensure the sustainability and long-term impact of disability interventions that is impossible without effective interministerial coordination.

Although many ECIS countries encourage or even mandate interministerial consultations, the policy coordination mechanisms are weak, the roles of line ministries are not always clear, but above all coordination is initiated at later stages of policy development where the policy is almost fully developed. In the absence of effective collaboration,

38 See CRPD, Article 33, National implementation and monitoring. The article requires, in particular, State Parties to give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.

silo-based thinking about disability policies will continue to dominate.

There is a range of strategies that promote effective disability policy coordination that include:

- sensitizing all levels of the public service on disability matters;
- establishing dedicated national interministerial bodies responsible for disability matters;³⁹
- circulating draft government submission materials to potentially impacted ministries well in advance of submission dates;
- consulting closely with and actively involve PWDs, including children with disabilities, through their representative organizations;⁴⁰
- improving the existing governance and accountability systems to promote cross-ministerial coordination;
- establishing a cross-ministry steering committee coordinating disability-focused cross-ministerial policy government submissions;
- using existing permanent cross-ministry groups or networks to seek input on disability policy proposals;
- investing in the professional development of policy staff with particular emphasis on developing the skills of cross-ministerial policy development in the area of disability.

Many ECIS countries established dedicated interministerial bodies responsible for coordinating all disability policies. In Albania, for instance, there is a National Council of Disability-related Issues. It is chaired by the Minister of Labour Social Affairs and Equal Op-

portunities, and composed of seven ministers and five chairs of national associations (blind people, paraplegic people, people who became disabled as a result of work accidents, deaf people, and parents of people with intellectual disabilities). In Armenia, there is a National Commission on Issues of Persons with Disabilities, established in 2008. It serves as the coordination mechanism on disabilities issues. The commission is composed of the Minister of Labour and Social Issues (Chairman), the Head of the Department of Disabled and Elderly People's Issues (Secretary), the Vice-Minister of Health, the Vice-Minister of Justice, the Vice-Minister of Finance and Economics, the Vice-Minister of Education and Science, the Vice-Minister of Territorial Administration, the head specialist of the Department of Social Affairs at the Government Administration and heads of eight disability NGOs.⁴¹ In Turkey, the Administration for Disabled People was established in 1997 under the Prime Ministry. The administration is a national focal point and coordination mechanism on disability issues and is responsible for supporting the preparation of national policies for PWDs. The administration has established the Executive Committee on Disabled People and the Council on Disabled People.⁴²

Ensure that decentralization promotes the human rights of PWDs.⁴³ There are often strong reasons for giving local governments a prominent role in the delivery of programmes and support to PWDs, as they can better tailor interventions to their needs, assess genuine needs requiring exceptional support and promote policy innovations. Decentralization can encourage local public administrations to be innovative, as they do

39 See CRPD, Article 4, General Obligations and Article 8, Awareness-raising.

40 See CRPD, Article 4 (3).

41 Department on Disabled and Elderly People's Issues, www.mss.am/home/index.php?home#

42 Prime Ministry, Administration for Disabled People, Turkey, www.ozida.gov.tr/ENG/?menu=institutional&sayfa=contact

43 The following articles of the CRPD should be taken into consideration in designing and implementing decentralization: Article 19, Living independently and being included in the community; Article 24, Education; Article 25, Health; and Article 4 (5), General obligations.

not have to follow uniform and rigid procedures established by central governments. Local public administrations can rely on the knowledge, expertise, and experience of local people and develop and implement better targeted and more cost effective and efficient programmes and services. Decentralization allows the voices of the PWDs communicated to local and national decision makers to be heard.

As the existing evidence suggests, decentralization does not automatically lead to improved outcomes for socially excluded groups. The results of decentralization efforts in developing countries have been mixed.⁴⁴ As many governments in the ECIS are implementing decentralization reforms through which many of the responsibilities regarding programmes, support and services to PWDs have been delegated from the central to local level governments, it is critically important to introduce additional safeguards to ensure that the rights of PWDs are observed. A new decentralized accountability model safeguarding rights of PWDs should be established. It can be accomplished through organized and systematic dialogue among stakeholders, including local governments, DPOs, community groups and the private sector. The minimum standards of access to basic services provided to PWDs can be established and DPOs and PWDs should be involved in monitoring of local compliance. Targeted training should be also provided to local public administrators on disability.

Pilot innovative approaches to promoting the human rights of PWDs before embarking on nationwide implementation. It is advisable to pilot new disability policies and models promoting the rights of PWDs in a few regions and assess how new models

work in practice. Piloting can test whether PWDs really benefit from these changes and more accurately assess the costs of implementing the changes nationally. In selecting a pilot site it is important to ensure that it is fairly representative of the PWDs targeted through the changes. Geographical location, income levels, the accessibility of government services and unemployment levels are some of the factors that should be taken into consideration in choosing pilot sites.

Conduct training of public servants on how to design and implement human rights-based disability policies and programmes. Training could focus in particular on developing skills with regard to how to identify the barriers and challenges that PWDs face in exercising their rights and how to develop policies and programmes to address them. Greater awareness of the responsibilities of public servants towards PWDs in discharging their duties will improve the delivery of services to them. Training can be delivered for national and local public servants, both involving PWDs as trainers. UNDP Serbia, for instance, helped to produce an online course for public servants to allow them to find out more about the rights of PWDs.

6.3. Support interventions promoting accessibility⁴⁵

Accessibility is an umbrella concept that refers to issues related to services, systems and policies.

It is about creating an environment in which systemic barriers to the full participation of PWDs are reduced or eliminated, so that these people have equal access. Under the

44 G. Shabbir Cheema, "Linking Governments and Citizens through Democratic Governance", in *Public Administration and Democratic Governance: Governments Serving Citizens*, UN, 2007, 7th Global Forum on Reinventing Government, Building Trust in Government, 26-29 June 2007, Vienna, Austria.

45 A comprehensive study on accessibility in South East Europe "Free Movement of People with Disabilities in South East Europe: An Inaccessible Right?", released by Handicap International in 2006, covers such components as individualized support, accessible housing, public building and transportation. It contains many examples and recommendations and can inform interventions in the areas of accessibility.

CRPD, States Parties are required to take appropriate measures to ensure PWDs access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open to or provided to the public, both in urban and in rural areas.⁴⁶

Plans for removing barriers and constructing accessible buildings and spaces, services, information and communication can be developed and implemented. Universal design standards have to be incorporated into the design of buildings open to the public, the provision of services, and new information and communication technologies. Training for stakeholders should be provided on accessibility issues facing PWDs.⁴⁷

Accessibility should be improved in other areas as well. New accessible information and communication technologies have the potential to improve the access to and delivery of basic services, such as health and education to PWDs. However, if these areas not accessible, they build further barriers that inevitably limit the opportunities for PWDs to exercise their rights. The Law on Social Support to Disabled People in Kazakhstan, for instance, protects access to information for PWDs. There are periodicals, scientific journals, reference literature, and fictional works that were either recorded on CDs or in braille. The law requires one national television channel to broadcast news programmes with sign-language translation. The implementation of such laws addressing the rights of PWDs in access to information in the ECIS is often lacking or is only partial.

The requirement of accessibility is critically important for ECIS, where the overwhelming majority of buildings, including government institutions, are not accessible by PWDs,

which restricts their opportunities to exercise their rights in multiple domains. Many streets are virtually unusable for individuals who rely on wheelchairs and some people have trouble even exiting their apartment buildings because of narrow doorways. The existing legislation and accessibility standards are poorly enforced. As a result, in Turkey, for instance, more than 77 percent of PWDs have difficulty in access because of lack of necessary arrangements in public places like roads, walkways, and parks. 70.2 percent of PWDs have difficulty in accessing institutions serving the public for the same reason. Approximately 72.1 percent cannot use local public transport and 59 percent cannot use inter-city public transport, as they have no necessary modifications for PWDs.⁴⁸

Support can be provided through the practical application in architecture of the principle of universal design from the project phase, with a ban on the issuance of permits to buildings that are not accessible. The same principle would be applied to transport. National building codes, for example, could be revised to require minimum standards of access and were applied to all buildings at the time they were being built and during major renovations irrespective of ownership.

UNDP Uzbekistan's project, for instance, supported the Cabinet of Ministers in adopting a resolution on imposing fines for violations of the building code that requires all new buildings to be fully accessible. A manual for architects and builders on how to construct fully accessible buildings and infrastructure in line with the accessibility requirements was developed and architects and builders were trained on how to ensure compliance with the accessibility legislation.

Often websites are not accessible for PWDs. To address this limitation, UNDP Poland prepared and released How to make an ac-

46 See CRPD, Article 9, Accessibility.

47 For a more extensive list of measures, see the CRPD, Article 9, Accessibility.

48 The research sample was 1, 507 PWDs chosen at random sampling 63,000 people, members of 533 associations from 29 cities in 2010. See Symposium on Fighting Against Disability Discrimination, November 3-5, 2010, Ankara.

cessible webpage, which contains guidelines for designers and content editors. Using simple terms, it presents all the elements to make websites accessible step by step. The guidelines are an indispensable tool for anyone engaged in website development, including web designers and content editors.⁴⁹ The publication supports the development of websites that are accessible to blind and sight impaired people, those with reduced mobility, deaf, dyslexic, and cognitively impaired people, senior citizens, less educated people, those using low bandwidth Internet connections and, finally, all Internet users, independently of hardware and software configurations.

6.4. Clarify definitions and improve quality and availability of data⁵⁰

The CRPD may be ratified and policies promoting the human rights of PWDs may be adopted, but the real impact of these measures should be monitored at the household and individual level. Clear and objective statistical data on PWDs is necessary to lay the basis for sound disability-related policies and programmes to meet the CRPD requirements. Consistent definitions of disability aligned with best international practices should be adopted, processes for data collection established and databases created to meet the CRPD requirements and prioritize disability-related concerns in resource allocation and policy and programme development. High-quality, comparable data on disability is important for the planning, implementation, monitoring, and evaluation of disability-focused policies and programmes.

In the ECIS, official data on PWDs, such as the prevalence of disability among children, adults and older people at the national and regional levels, as well as socio-demographic characteristics of the population with disabilities, including their age, sex, ethnicity, marital status, educational qualifications, labour force status, income, and household and family circumstances, are often insufficient, may not be accurate and may not show the real situation with regard to their disability.⁵¹ As the estimates of the prevalence of disability in ECIS countries provided in Annex 1 indicate, the prevalence rates vary dramatically across the countries, which confirms that the definitions and statistical data on disability may not accurately reflect the situation of PWDs in the region.

Develop or adopt a definition of disability and specific categories of disabilities based on the social human rights model, relying on the best international approaches. In the ECIS countries, as in many countries around the world, definitions of disability depend on the reasons for defining it, such as designing a disability pension programme and defining eligibility criteria, providing directions on placements of students in mainstream versus segregated school settings, determining eligibility criteria for assistive devices, etc. In some countries, a person is disabled only if she or he has impairments that permanently and completely prevent her or him from working. Other countries define disability more broadly as a state of decreased functioning associated with disease, disorder, injury, or other health conditions, which, in the context of one's environment, is experienced as an impairment, activity limitation, or participation restriction. In Bosnia & Herzegovina, for instance, the legal framework is grounded on the basic principle of respect of human rights, but its implemen-

49 UNDP Poland, *How to make an accessible webpage. Guidelines for designers and content editors*, 2011

50 See CRPD, Article 31, Statistics and data collection.

51 The limitations of statistical data on positions of people with disabilities in Albania, for instance, are discussed in the Swedish Helsinki Committee for Human Rights, *Study and Assessment of Legislation on Disabilities in Albania*, 2006.

tation is problematic, due to the application of an unharmonized assessment of disability across different categories such as war veterans with disabilities, civil victims of war and so-called civil/non-war disabilities.⁵²

The national definition should reflect the social model so that disability is determined by examining the participation levels of people with different functional statuses. In the social model, disability is seen as a relative term where impairments can be more or less disabling, depending on the extent of social barriers existing in countries. These barriers are often environmental, institutional and attitudinal and they inhibit PWDs' realization of their human rights. The articulation of perhaps an "open-ended description" of what disability, an evolving concept, means based on human rights and the social model could be helpful to identify, remove and prevent the creation of societal barriers.

To ensure international comparability of data and be able to benefit from international expertise, it is beneficial to depart from the definitions of disability developed by the WHO.⁵³ WHO's International Statistical Classification of Diseases and Related Health Problems⁵⁴ is widely used internationally to diagnose disorders. The International Classification of Functioning, Disability and Health (ICF) can inform development of a national definition of disability because it combines both medical and social approaches to disability. The ICF definition of disability does not restrict disability to any previously defined threshold of functioning. Disability is defined within the context of health, while features of the environment and social barriers are taken into consideration. In Kazakhstan, as in many ECIS countries, the definition of dis-

ability has become closer to the WHO ICF definition as result of gradual shifting from a medical to a social model, as well as legal acknowledgement of the rights of all categories of the population, including children. Additional work is needed in the area of application of the ICF to a national clinical diagnosis and rehabilitation assessment, and in disability data collection.⁵⁵

The description of disability should be clear and easy to operationalize to inform multiple policy and programme decisions. High-quality and succinct descriptions would help in designing an effective service delivery programme, for instance, through guidance on how to interpret the information on peoples' functioning levels, support available within the PWD's family and community, and characteristics of the environment where PWDs live, study and work.⁵⁶ The description of disability should also avoid defining it from the perspective of the individual's satisfaction with life experiences. The data about quality of life, well-being, and personal satisfaction with life are useful for policy design and evaluation, but it is very subjective and may not necessarily reflect the presence or extent of disability. In this regard, the issue of "assessment of impairment" and the need for multidisciplinary teams are also important to keep in mind.

Improve quality and accessibility of data on disability. National Statistics Agencies should be supported in strengthening their capacity in collecting the disaggregated data on the number of PWDs by disability (to improve targeting for better programming), demographic profile, level of income, education level, and ethnicity. The disability perspective should be incorporated in sector-specific dis-

52 Bosnia and Herzegovina, Council of Ministers and Directorate for Economic Planning, Social Inclusion Strategy of Bosnia and Herzegovina, 2009.

53 World Health Organization, www.who.int/about

54 World Health Organization, *International Statistical Classification of Diseases and Related Health Problems*, 10th Edition, 2009.

55 Ai-Gul S. Seitenova and Charles M. Becker, *Disability in Kazakhstan: An Evaluation of Official Data, Social Protection and Labor*, World Bank Discussion Paper No. 0802, February 2008.

56 Daniel Mont, World Bank, *Measuring Disability Prevalence*, 2007.

aggregated statistical data collection tools that would allow every ministry and government agency with responsibility for disability matters to assess the impact and effectiveness of its interventions at the micro level. In those instances where the necessary data cannot be obtained, it may be beneficial for donor-funded projects to conduct baseline surveys and needs assessments that would help to establish a database of potential project beneficiaries and better target interventions. Data on factors contributing to exclusion and inclusion, respectively improve targeting of benefits, support services.

For example, to collect the prevalence estimates, a range of different approaches can be adopted. Individuals may be asked to self-identify as disabled. Identification of specific diagnosable conditions can be conducted by requesting respondents to indicate if they have such limitations as polio, epilepsy, paralysis, etc. Another approach focuses on identifying disability if the individuals have any difficulty performing any activities of daily living. In practical terms, the respondents are classified as disabled if they need support in performing such activities as dressing, bathing, and feeding themselves. Disability may be determined by examining whether an individual can perform such higher order tasks as maintaining their house, managing money, and shopping.⁵⁷

It is advisable to include questions on disability into the census. As the census covers multiple areas, such as the socio-economic situation, cross-tabulations on the employment, education and income levels of PWDs can be processed and provide rich

information on actual conditions of PWDs in a disaggregated format. As the population census is conducted at a low frequency of usually 10 years, the information collected through it is not sufficient to monitor disability in the ECIS where the conditions may change dramatically. It is advisable to explore the possibilities of adding a set of questions on disability or a module into household surveys on such diverse topics as the labour force, access to social services, poverty, etc. conducted by the national statistics authorities. Additional information can also be obtained from the databases maintained by programme administrators providing services such as disability pension funds, assistive devices, rehabilitation and training programmes and employment support to PWDs.⁵⁸

Experts have identified a number of factors that contribute to disproportionately low and often inaccurate reporting of disability in the ECIS that include:

- narrow, restrictive and exclusionary definitions of disability;
- reduction in the numbers of individuals eligible for disability pensions;
- fraud within the medical evaluation and social welfare system with regard to eligibility for social benefits;
- lack of, or limited access to, a medical evaluation process that determines eligibility for welfare services, especially for residents of rural areas;
- high costs associated with travelling to evaluation sites, wasted time at work and the social stigma resulting from formal identification⁵⁹;

57 More suggestions and ideas on how to improve the data on circumstances of persons with disabilities and their households could be obtained from Wim van Oorschot and Maarten Balvers, *European Comparative Data on the Situation of Disabled People: an Annotated Review*. Report prepared for the Academic Network of European Disability Experts (ANED), 2009.

58 On specific strategies to improve the quality of the data on employment of people with disabilities, see ILO, *The Employment Situation of People with Disabilities: Towards Improved Statistical Information*, 2007. The census examples are the Philippines and Argentina. Australia and New Zealand have conducted specific disability surveys.

59 In Georgia, for example, in order to get examined for disability and be assigned official disability status by special examination committee (and be re-examined on an annual basis), an applicant has to pay a 25-50 GEL (USD14-USD28) recurring fee at a local clinic or hospital. See World Bank, *Qualitative Survey on Disability and Living Standards in Georgia*, 2007, http://pdc.ccu.hu/archive/00003102/01/disability_survey.pdf

- inaccurate unemployment statistics that captures only PWDs who are registered with the medical assessment commission;
- underrepresentation of children with disabilities;
- lack of data on workplace injuries as employers are reluctant to disclose workplace injuries, as there is a substantial fine for unsafe working conditions;
- underrepresentation of mental and psychiatric disability as people with mental or psychiatric disabilities are often not included in data sets;
- scepticism towards census and population surveys as many people do not want to reveal family and personal data to the state.⁶⁰

The need for improving the national disability data collection system was identified by national experts, DPOs, and other potential users of statistical data on disability in Belarus. UNDP Belarus addressed this gap by introducing the interested parties to the best international practices in collection and application of disability statistics through a study visit to Germany. As a result, *A Questionnaire on the Situation of PWDs* was developed. It is used to identify barriers to independent living for PWDs, assess the economic situation of households with members with disabilities, and evaluate the overall socio-economic situation of PWDs. The survey was conducted and its results were published in 2010 and widely disseminated among the relevant government bodies, research institutions, NGOs, and libraries.

In Moldova, in response to a request of the Ministry of Labour, Social Protection and Family, the UNCT is implementing a project providing technical support in the development of a roadmap for the introduction of the WHO ICF and related legal, policy, regulatory and procedural reform measures. These

reforms are outlined in the *Action Plan of the Government of the Republic of Moldova's Strategy on the Social Inclusion of Persons with Disabilities 2010-2013*.

6.5. Promote individualized and comprehensive approaches

PWDs have diverse strengths and needs but they are not a homogenous group. People may be disabled by physical, intellectual or sensory impairment or have mental illness. They may have a disability from birth or have acquired it in childhood, their teenage years, later in life, during further education or while in employment.

The needs of PWDs and their families must be identified and addressed in a manner consistent with and reflective of their dynamic qualities, capacities, vulnerabilities, and expectations. More individualized approaches to support PWDs should be adopted across all sectors, which would be a practical application of the human rights approach. In the area of employment, for instance, individual support plans for PWDs can be institutionalized. These plans can take into account such individual characteristics as age, skills, special needs and employability of PWDs, evaluation of the local market, a training plan and other interventions empowering PWDs to either join the labour force or pursue self-employment opportunities. The plans could contain various rehabilitation and work elements such as the assessment of professional skills, career guidance and counselling, restoration of professional skills and development of new professional skills, as well as benefits in cash and kind. They can include specific commitments for the PWD that he or she can sign and include a requirement for periodic follow-up meetings with social workers who can be in charge of case management.

60 USAID, *Prevalence of Disability in Europe and Eurasia*, 2009.

The adoption of individualized approaches will help to reduce and ideally eliminate barriers to the realization of human rights through better targeted services and support provided to PWDs. To ensure that individualized approaches work, case workers should receive relevant training to develop the values and skills to deliver personalized support. Specific suggestions on sector-specific operationalization of individualized approaches are provided in the following chapter.

6.6. Enhance access to justice for PWDs⁶¹

PWDs should be provided with the same legal rights and access to justice as the non-disabled. In the majority of ECIS countries, the judicial branch of government is underdeveloped compared to executive and legislative branches. The judicial system has inadequate financial resources, professional competence, independence, and facilities. The independence of judges with regard to the executive branch as well as their protection from undue influences and corruption are not fully ensured and guaranteed. Accusations of biased proceedings in court cases are common. Public confidence in the court system is low.⁶² PWDs may be socially excluded and marginalized, without having recourse to justice.⁶³

In addition to these institutional barriers faced by all the citizens of ECIS countries, PWDs face numerous barriers to exercising their human rights and in accessing justice that include:

- physical inaccessibility of courts, legal assistance offices, and other relevant justice offices;
- inaccessibility of legal information, including websites;
- lack of financial resources to pursue legal assistance;
- lack of or limited knowledge of their rights;⁶⁴
- ineligibility for publicly funded legal assistance and lack of knowledge of available options for legal assistance;
- negative stereotypes and attitudes of some justice system employees;
- limited range of support provided to PWDs to facilitate their access to justice, such as the use of interpreters;
- lack of expertise and experience in disability law among legal service providers;
- lack or limited expertise of legal service providers in communicating with PWDs, including using alternative modes and formats of communication;
- limited representation of PWDs among justice system professionals.

In Belarus, for instance, despite a number of legal provisions designed to accommodate disabilities in a courtroom, such as a requirement to provide a court interpreter and the modernization of courtroom equipment, PWDs still experience certain difficulties in access to justice. Many courtrooms lack the equipment to accommodate hearing and speech disabilities, or ramps and other features enabling mobility around the court building. No specific accommodations are mandated for questioning of crime victims with disabilities. PWDs are legally entitled to free

61 See CRPD, Article 13, Access to justice.

62 An EU-specific comparative overview and analysis of challenges and good practices relating to access to justice can be found in European Union Agency for Fundamental Rights, *Access to justice in Europe: An Overview of Challenges and Opportunities*, 2011.

63 UNDP Bratislava Regional Centre report, *UNDP's Survey on access to Justice in Europe and CIS*, 2009.

64 According to the Kazakhstan-based Shyrak Association of Women with Disabilities, for example, "Only 1 in 10 disabled women would know her rights." Some categories of PWDs are entitled to free medicine and even a regular trip to a sanatorium, but they often do not realize this. Eurasia Foundation and the Caucasus Research Resource Centers, *Equal Before the Law? A Study of How Citizens Experience Access to Justice in Kazakhstan, Kyrgyzstan and Tajikistan*, 2011.

legal counsel and representation. Exemptions from legal fees are granted upon production of documented proof of disability.⁶⁵

To ensure that such core provision of the CRPD as the right of PWDs to equal legal recognition, capacity and support before the law, and that their right to equal access to justice as well as support and accommodation in the justice process are met, the following interventions can be implemented:⁶⁶

- Mainstream the goals of promoting rights of PWDs into reforms of the justice sector. As multiple agencies and institutions constitute the justice sector, it is important to ensure that there is a coordinated and coherent sector-wide strategy addressing the human rights of PWDs.
- Identify and address physical and communication barriers that PWDs face in accessing justice. In addition to making all legal institutions such as courts, legal assistance and ombudsman's offices physically accessible, communication barriers should be addressed. Deaf individuals, for example, must have sign language translation and blind PWDs should have material in braille to facilitate participation in court proceedings and other legal matters. Legal provisions that limit the capacity of PWDs to give testimony or participate in any other way in legal proceedings should be abolished.
- Revise the existing legislation and policies in such diverse sectors as employment, public transport, telecommunications and information, procedural law, social and health protection, education, public procurement, family law, criminal law and other relevant areas to ensure that they guarantee the non-discrimination

of PWDs. Ensure that access to programmes and services is equitable and non-discriminatory and open for effective monitoring and appeal mechanisms to ensure access to justice of PWDs.

- Legislate a right for free legal aid for PWDs.
- To ensure that all PWDs enjoy legal capacity, develop a system that would provide support or assistance to enable them to make decisions for themselves and expand their capacities to do so. Eliminate outdated guardianship systems which infringe on PWDs' fundamental rights to liberty and equality. Rather than assigning them to a guardian, PWDs should receive support in decision making.⁶⁷ Many ECIS countries' legislation on the capability and legal capacity of natural persons, including persons with intellectual disabilities and mental problems, is still based on the concept of substitutive decision making. The right to take decisions about one's life should not be taken away from PWDs and the legislation should be aligned with the CRPD requirements and all possible accommodations and support should be provided to minimize the number of people with mental health issues, intellectual disabilities and other disabilities being declared legally incapable and put under legal guardianship. The rights, will and preferences of the concerned person should be respected. Any restrictions of the rights of an individual must be tailor-made to the individual's needs, be genuinely justified and combined with effective safeguards. Access to support is of the utmost importance in order to give access to justice to PWDs, as without

65 Ministry of Labour and Social Protection of the Republic of Belarus, UNDP, Situation of Persons with Disabilities in Belarus, Minsk, 2010.

66 For more information on access to justice in the ECIS and potential interventions, see UNDP Bratislava Regional Centre, *Report on the UNDP Access to Justice Survey in Europe and the Commonwealth of Independent States*, 2009.

67 *Equal Legal Rights, Access to Justice Crucial to Implementation of Disabilities Convention*, Round Table, UN General Assembly, September 3, 2009.

- assistance, these persons are often not in a position to make themselves heard.
- Targeted interventions may support the office of the ombudsman. In addition to making it physically accessible, it is important also to sensitize staff of the office to disability and develop guidance materials for PWDs on functions of the ombudsman's office, including some practical guidance on such matters as how to file claims. A position of Assistant Ombudsman for the Protection of Human Rights can be created who will deal with the protection of the human rights of PWDs.
 - Support the relevant ministries and agencies in consulting PWDs on access to justice matters. Strengthen the capacity of DPOs to work in defence of PWDs' human rights and provide them with the right to initiate court proceedings in the name of PWDs.⁶⁸
 - Conduct targeted awareness-raising interventions to train and educate the judiciary about the rights of PWDs. The training courses may target judges, lawyers, police officers, staff of penitentiary institutions, and other relevant justice system professionals.
 - Support PWDs who chose the legal profession to grow professionally to assume positions of significance in the justice system.

Persons with mental disabilities are often deprived of their legal capacity in ECIS countries.⁶⁹ It is necessary to develop policies and introduce effective procedural safeguards that will ensure that in any case that a person with mental disabilities is deprived of his or her legal capacity, they have prompt access

to an effective judicial review of decisions. It is necessary also to ensure that persons with mental disabilities and/or their legal representatives can exercise the right to an effective remedy against violations of their rights.

UNDP Montenegro, for instance, supported the government in establishing a normative and institutional framework for the legal aid system. The Law on Legal Aid, which was adopted in 2011 stipulates that a person with special needs will have the right to legal aid without submitting any other documentation on his or her financial situation, as is requested by the law for other cases, excluding special categories of population defined by the law's provisions. UNDP has also conducted a fiscal impact analysis to determine the budget implications of the law's implementation.

DPOs can be supported in building their capacity to provide free legal advice services to PWDs and defend their rights in courts and other state institutions. In Armenia, NGO Unison, for example, provides a range of legal services that include legal advice on specific cases, attorney services to litigate cases of discrimination based on the grounds of disability, and provision of information on the relevant state authorities and current legislation.⁷⁰ In Russia, DPO Perspektiva, with the financial support of USAID, has trained 12 professional lawyers and 41 law students to provide assistance in court and in drafting legislation.⁷¹ In Moldova, the Legal Assistance Centre for Persons with Disabilities, which is a non-governmental, non-profit, apolitical, public interest organization, established by a group of PWDs, provides free legal advice for PWDs and specialized NGOs, represents PWDs before courts, public authorities, and

68 Commissioner for Human Rights, Third party intervention by the Council of Europe Commissioner for Human Rights under Article 36, paragraph 3, of the European Convention on Human Rights, Application No. 47848/08 – The Centre for Legal Resources on behalf of Valentin Câmpeanu v. Romania, <https://wcd.coe.int/ViewDoc.jsp?id=1851457>

69 An extensive analysis of barriers that persons with mental disabilities face in accessing justice in Bulgaria, for instance, can be found in *Written submission by the Mental Disability Advocacy Center to the Universal Periodic Review Working Group, Ninth Session 1-12 November 2010, With respect to Bulgaria*.

70 <http://www.unison.am/>

71 USAID Russia, http://russia.usaid.gov/programs/cross_sectoral/youth/Perspektiva/

businesses, and edits and publishes information materials on the rights of PWDs.

There are some groups of PWDs that require special attention in securing their rights to access justice. It is important to open up psychiatric institutions where PWDs live to independent public scrutiny to prevent human rights violations and ensure that PWDs have access to justice.⁷² The inspection mechanism should be independently funded and managed and include frequent visits to psychiatric institutions. This could be established following the model of National Preventive Mechanism established under the Optional Protocol to the Convention against Torture (OPCAT)⁷³. DPOs and human rights NGOs should be provided with the possibility to file an application on behalf of the residents of psychiatric institutions if they are unable to do so alone.

6.7. Ensure that the intersection of disability rights with gender and ethnic minority rights (multiple discrimination and aggravated forms) are properly addressed

Women and ethnic minority individuals with disabilities in the ECIS countries face significant impediments in realizing their formal human rights. Women and girls with disabilities face a double burden of discrimination, in which gender and disability interact with and reinforce each other. Women with disabilities are less likely to get married than non-disabled women, and once married, are more likely to be divorced. In Kosovo, for ex-

ample, despite the NGOs and government support, women with disabilities still remain marginalized. They still experience traditional stereotypes about women as dependent, passive, and incompetent. As a result, women with disabilities are poorer, often illiterate, and have fewer opportunities to establish a family and have a decent life. Women with disabilities also have fewer opportunities for vocational training, employment and economic independence.⁷⁴ In many ECIS countries violence against women with mental disabilities is common in institutional settings. Women and girls in institutional and residential settings are all particularly vulnerable, either because they are less able to protect themselves or because they are unable to report abuse.

PWDs in the minority groups, particularly among the Roma population, have not been targeted through policies, programmes and interventions promoting the human rights of these minorities. Policy makers tend to assume that the needs of these groups could be addressed through the existing legislation and network of services, but in reality, information is not available to them, and they rarely exercise their rights. Roma PWDs face multiple discrimination and are often unable to exercise their rights of access to social and security and health care due to the absence of personal identification documents. Often in the ECIS countries the easiest solution to address the multiple challenges that Roma children face is found by placing them in special schools for children with disabilities.⁷⁵ As a result, Roma children outnumber non-Roma in schools for mentally retarded children with no good health-related grounds for this.⁷⁶

72 "In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities" CRPD, Article 16, Freedom from exploitation, violence and abuse.

73 For further details on the OPCAT, please visit the OHCHR website at: <http://www2.ohchr.org/english/bodies/cat/opcat/>

74 Coalition of Organizations of People with Disability of Kosovo, *National Report for People with Disabilities in Kosovo*, Pristina 2007.

75 UNDP BRC, *At Risk: Roma and the Displaced in Southeast Europe: A Regional Human Development Report*, 2006.

76 UNDP BRC, *The Roma in Central and Eastern Europe: Avoiding the Dependency Trap: A Regional Human Development Report*, 2006.

To address the multiple discrimination that PWDs in the minority groups and women with disabilities face, it is necessary to design targeted interventions promoting the human rights of these groups. The cycle of discrimination, poverty and neglect should be broken by implementing separate measures addressing the specific circumstances of these groups.

The capacities of women with disabilities and PWDs in the minority groups in advo-

cating their rights should be strengthened. In Kazakhstan, the EU funded a project strengthening leadership and managerial capacities of organizations of women with disabilities, their networks and dialogue with the government on issues related to disability and gender equality. The network of organizations of women with disabilities, comprising of 14 NGOs from Southern, Western and North-Eastern Kazakhstan, has been established under the project.

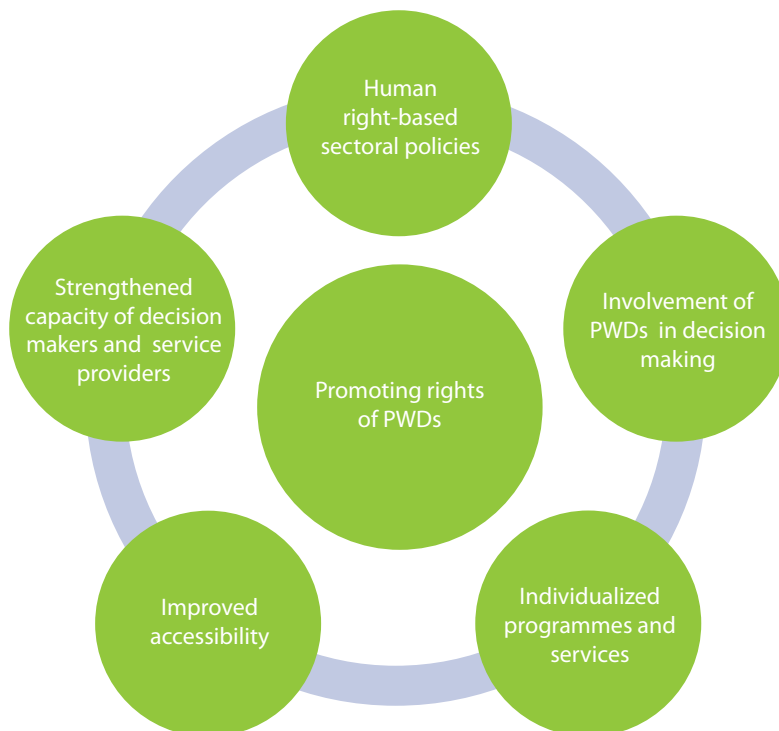
The CRPD recognizes “the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling PWDs to fully enjoy all human rights and fundamental freedoms.”⁷⁷ As the barriers and challenges that PWDs face are multi-faceted, interventions promoting the human rights of PWDs should be diversified and involve multiple partners. The following sections review potential interventions that can be undertaken in selected sectors to promote the human rights of PWDs. Regardless of the specifics of sectoral policies or interventions, they should be

comprehensive and include key elements presented in Chart 4.

7.1. Education

According to the Organisation for Economic Co-operation and Development’s (OECD) research based on comparative country analysis, in order to equip disadvantaged students with equivalent learning means, even in cases of severe disabilities, they should be educated in mainstream schools rather than in separate institutions, on the condition that additional resources provided

Chart 4: Promoting the human rights of PWDs and ensuring full implementation of the CRPD: key elements of sectoral interventions



for special schools are maintained in the mainstream schools and elsewhere.⁷⁸ To ensure that the rights of students with disabilities are addressed, the reforms should eliminate the barriers that they face. The legal framework should be aligned with CRPD requirements; changes in identification and placement protocols and practices introduced; the education sector funding model revised to support students with disabilities in mainstream schools; accessibility of schools and transportation improved and educators trained to support students with disabilities in classrooms. In a rights-based model of education, consistent with the CRPD, education should be student-centred, focus on the realization of students' full potential and prepare them for life after school.⁷⁹ The "children who learn together, learn to live together" philosophy should be adopted and operationalized in all aspects of education policy.⁸⁰

In the ECIS countries, most kindergartens and schools are still unable to provide services to children with special education needs, and the majority of them remain excluded from special and mainstream education. There is a lack of auxiliary means, alternative texts and materials, and teachers are not well-trained to support children with disabilities.⁸¹ Overall residential care rates for infants and children are still high in the ECIS countries, and many children live away from their families in Soviet-era children's homes. At the end of the 1990s, 900,000 children, almost 1 percent of all children, were reported

to be living in residential care in the 27 countries.⁸² In Azerbaijan, for instance, there are over 2,000 children with disabilities who reside in children's homes.⁸³

Many children with disabilities are identified too late and the early intervention services are not available at community level.⁸⁴ The practices of classification and placement of students with special needs that are based on the medical model of disability and are still widely used in the ECIS should be revised to encourage inclusion. Assessment tools developed on the basis of the "defectology" approach used by state commissions are still based on outdated ideas about educable and non-educable children. Often the placement decisions are made without taking into account all factors affecting the child's capacity to learn. Parents may not be necessarily present at the commissions' meetings, which does not allow social and family circumstances to be taken into consideration. In Romania, for example, the identification of special education needs is still done from a medical deficit point of view.⁸⁵

To address these limitations and integrate a human rights perspective, it is necessary to develop new protocols and procedure and train commissions to spend more time objectively assessing the child's strengths and needs and rely on a wide range of information in making their placement decisions. A wider range of practitioners working with the child can inform decision-making processes as well. A requirement that the placement

78 OECD, *Priorities for Action, Education and Equity*, Policy Brief 2004; and OECD, *Education Policy Analysis*, 2003.

79 See, for instance, a comprehensive study by UNICEF, Innocenti Digest No.13, *Promoting the Rights of Children with Disabilities*, 2007. Some specific successful practices from all over the world in inclusion of students with special education needs can be found in Susan J. Peters, *Inclusive Education: Achieving Education for all by Including Those with Disabilities and Special Education Needs*, prepared for the Disability Group, World Bank, 2003.

80 Rebecca Isaac, B. William Dharma Rajaa and M.P. Ravanamb, "Integrating people with disabilities: their right – our responsibility", *Disability & Society*, Vol. 25, No. 5, August 2010, 627–630.

81 UNESCO, International Bureau of Education, *Albania, Regional Preparatory Workshop on Inclusive Education Eastern and Southeastern Europe*, 2007.

82 UNICEF, Innocenti Insight, *Children and Disability in Transition in CEE/CIS and Baltic States*, 2005.

83 <http://www.guardian.co.uk/society/audioslideshow/2009/jun/02/azerbaijan-everychild-childrens-homes>

84 See CRPD, Article 25, Health. State Parties are required to provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons.

85 Academic Network of European Disability experts (ANED), *Romania – ANED country profile*, 2009.

of students in special schools can be recommended only if the placement in regular classrooms with appropriate accommodations does not meet the student's educational needs should be legislated.

As students with disabilities have diverse strengths and needs, the policies should include a requirement to develop and implement individual education plans, including goals for the student, support provided and indicators of success. The programmes and support for children should be implemented as early as possible even before the formal identification of disability is made. In Bosnia and Herzegovina, for instance, the Association of Educators/Rehabilitators, Special Education Teachers and Speech and Language Therapies in Canton Sarajevo implement the Bosnia Early Intervention for Children with Developmental Disabilities project, which aims to establish systematic, early intervention in the education and rehabilitation of children with developmental disabilities.

Effective and meaningful parental involvement is critical for the successful inclusion of their children. Parents should be encouraged to be involved in school governance at various levels and support their children in classrooms, if necessary. Parents need to be included as respected and equal partners. Improved communication with parents would positively affect the inclusion experience and the subsequent development of social, academic, and developmental skills of the child.

Teachers should be trained on how to educate children with disabilities. Inclusive education should be incorporated into all core teacher training curricula and in-service training to communicate values and develop educators' skills in inclusive education. Such training should incorporate disability aware-

ness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support PWDs.⁸⁶

It is insufficient just to place students with special needs into mainstream schools, without appropriate and child-specific support. If individual education plans are not developed, and teachers are unprepared to support children with disabilities, these children are often bullied by non-disabled students and are likely to drop out of school, ending up with low educational attainments and hence with limited opportunities on the labour market. Reforms advancing the rights of students with disabilities should be comprehensive and logically sequenced.⁸⁷

UNICEF Country Offices in ECIS countries are implementing numerous projects promoting the human rights of children with disabilities. In Georgia, for instance, UNICEF provides services for families caring for children with disabilities, works towards an inclusive education system that embraces children with special needs, improves early diagnosis and treatment, and transforms attitudes and behaviours that contribute to the stigmatization of children with disabilities.⁸⁸ In Macedonia, UNICEF has supported the opening of five day care centres that help to reduce the risk of institutionalization of children with disabilities. UNICEF-trained policy makers, university professors, teachers and social service staff are involved in developing care that is based in the community, and schools that include all children, disabled or otherwise.⁸⁹

DPOs are also active in promoting inclusive education. In Russia, for instance, the DPO Perspektiva is implementing a project "Building an inclusive education movement in Russia",

86 CRPD, Article 24 (4), Education.

87 It is necessary to implement a set of measures to ensure that PWDs can access post-secondary education. Some suggestions on institutional strategies concerning admissions, management and support, access to housing, and distance learning aspects of higher education that promote the rights of PWDs can be obtained from OECD, *Disability in Higher Education*, 2003.

88 UNICEF Georgia.

89 UNICEF the former Yugoslav Republic of Macedonia, http://www.unicef.org/infobycountry/TFYRMacedonia_28532.html

which aims to facilitate the inclusion of children with disabilities into the community through their inclusion and education at mainstream schools.⁹⁰

7.2. Health

PWDs face many barriers in exercising their rights to access high-quality health care in the ECIS countries. Often medical institutions are inaccessible for them, especially for those with mobility impairments. PWDs often find that even if a medical facility is physically accessible, the examination equipment is not, and office staff are not trained to provide health care services to them. Another major barrier is a lack of transportation accessible for PWDs, which either makes them miss appointments or means that they cannot go to see doctors at all. Some women with disabilities face physical barriers in accessing gynaecologists, dentists may be unprepared and untrained to treat PWDs, and all doctors may not have the skills necessary to communicate with individuals who are deaf or hard of hearing.

Lack of adequate and timely health care can exacerbate disease outcomes, and can turn impairments into chronic disabilities. Without resources for medical or social services, a remedial impairment can become a permanent disability. Timely and equitable provision of such basic devices as glasses, hearing aids and crutches is a critical component of the human rights-based health care provision model.

Early identification of disability is critically important in designing timely and comprehensive programmes and support. In Macedonia a project implemented by Deutsche

Gesellschaft für Internationale Zusammenarbeit helped to establish the country's first early diagnosis and support centre in Skopje. Its catchment area covers more than one quarter of the Macedonian population. Infants with an increased risk of developing a disability are examined in the centre and receive support there.⁹¹

As some core policy elements guaranteeing access of PWDs to health care services may be in place, they should be operationalized from the perspective of CRPD. There is an urgent need to create a capacity for disability literacy among ministries of health management and staff and health care providers, including doctors and nurses. These stakeholder groups should be educated about the disability-specific health service needs of PWDs, their rights and the consequences of not getting services to which they are entitled. More specifically, health-care providers should acquire practical skills on how listen to, understand and respond to the variable needs of individuals with disabilities. It is also important to provide context-specific skills, related to the health-care delivery to specific disability groups, such as mental health patients. In addition, medical professionals should develop the skills of distinguishing between disability-related and non-disability-related health problems.

The availability, access and quality of medical rehabilitation, including assistive devices (e.g., prosthetics, orthotics, wheelchairs and walking aids) enabling people to attain the highest possible level of functional ability and live an independent, quality life is often very low. In cases when medications, assistive devices and services are necessary, the governments should ensure that they are available to all eligible PWDs who are poor and cannot

90 The project is financed by the European Union under the EU-Russia cooperation programme and is implemented by the disability NGO Perspektiva and its regional partners in 6 regions of Russia: Moscow, Voronezh, Samara, Tomsk, Ulan-Ude (Buryatia) and Ukhta (Komi Republic). http://eeas.europa.eu/delegations/russia/eu_russia/tech_financial_cooperation/index_en.htm

91 Project "Support for Mentally and Physically Disabled Children", <http://www.gtz.de/en/weltweit/europa-kaucasus-zentralasien/mazedonien/26112.htm>

cover the cost for them personally. Given that PWDs usually have a low income, it is unrealistic for them to cover these expenses.

In the ECIS countries, thousands of PWDs are still kept in large, segregated and often remote institutions and denied rights and respect for their human dignity. In a number of cases they live in substandard conditions, suffering neglect and human rights abuses. The convention requires the states to recognize that all PWDs should have the right and the opportunity to choose their place of residence, and with whom they live, on an equal basis with others, and that they are not obliged to live in a particular living arrangement. Within the context of this requirement, many countries of the region are implementing a de-institutionalization process, meaning that fewer people reside as patients in institutions and fewer treatments are delivered in public hospitals. Instead, patients are referred to community-based health services.

Ideally, de-institutionalization is about provision of all the necessary support and services in community-based settings. It allows individuals to regain freedom and empower themselves through responsible choices and actions. With the assistance of social workers and through rehabilitation, former inpatients can adjust to everyday life outside of institutional rules and expectations. Other potential positive outcomes of de-institutionalization include increases in day-to-day choices, engagement in different kinds of activities and improved satisfaction with the services they receive from local providers. Many former inpatients, however, may experience difficulties in establishing and maintaining progress following deinstitutionalization and continue to face numerous barriers to the exercise of their human rights.

This happens if deinstitutionalization is not complemented with adequate community-based care. The success of de-institutionalization initiatives in many countries, such as the United Kingdom, can at best be seen as uncertain.⁹² In the case of individuals with intellectual disabilities in the ECIS, for example, social community-based services and financial support can be insufficient to cover the supplementary costs incurred.⁹³

To make sure that the process of deinstitutionalization promotes the human rights of PWDs, it is necessary to clarify the accountability of national and local administrations with regard to services and support provided to former inpatients. Standards should be developed and enforced and quality controls introduced. New accountability systems should focus on enhancing the rights of PWDs, rather than solely on administrative processes. It may be advisable for the national government to be prescriptive in developing standards covering the availability, duration, intensity, range and quality of services that are needed to support deinstitutionalization and the development of alternative social care placements. A special set of measures should be implemented to prevent the institutionalization of children with disabilities so that they can live and be raised in family environments, through building up community-based services and support, including through increased social assistance and welfare benefits to the children's families. It is necessary also to develop networks of foster families that take care of children who live in institutions with appropriate compensation for their activities, according to the specific needs of a child.⁹⁴ Social workers should be trained and effectively supervised to conduct the investigation and assessment of de-in-

92 Alexandra Hamlin and Peter Oakes, "Reflections on Deinstitutionalization in the United Kingdom", *Journal of Policy and Practice in Intellectual Disabilities*, Volume 5, No. 1, pp. 47-55, March 2008.

93 Ewa Wapiennik, "Comparative Policy Brief Status of Intellectual Disabilities in the Republic of Poland", *Journal of Policy and Practice in Intellectual Disabilities*, Volume 5, Number 2, pp. 137-141, June 2008.

94 Slobodanka Lazova-Zdravkovska, "Process of Deinstitutionalization of People with Disability in the Republic of Macedonia", *Journal of Special Education and Rehabilitation*, pp. 3-4: 49-58, 2007.

stitutionalized individuals' referrals and supervise their placement.

7.3. Employment

For many PWDs, work is key to economic independence, health and well-being and full participation in the community. Employment is not only economically important for PWDs, as it helps to increase their incomes and reduce barriers to full enjoyment of their human rights, it also a means self-worth and social acceptance and respect.

Many ECIS countries have new labour laws that explicitly prohibit discrimination on the grounds of disability, and this refers to direct and indirect discrimination in relation to job hunting and getting employment, work conditions, training and professional rehabilitation, advancement in the workplace and termination of the employment contract. Often the implementation of these laws lags behind. While most PWDs want to have a job, they typically face extraordinary obstacles in finding employment, and only a small percentage of them are employed, being paid salaries much lower than their non-disabled peers. This is evident in their significantly higher levels of unemployment and under-employment than in the general population.

Employment involves matching potential employees with job opportunities. If a PWD who is looking for a job cannot find one, the reasons may lie with the employee, with the employer, with job opportunities, or with the mechanisms that match the two sides together.

In many ECIS countries, medical-labour commissions inherited from the socialist times continue to examine individuals to determine the degree of their ability to work. Commissions determine whether a person is either fully incapable of work or capable

in a limited capacity, such as in a sheltered workplace or state-subsidized position, as well as determine eligibility for benefits. The commissions further contribute to stigmatization of disability and do not promote PWDs' rights to employment by developing individualized programmes of support. Some individuals classified as "permanently disabled" could, in fact live normal, productive lives.⁹⁵

Negative employer attitudes are often identified as a major barrier to successful job placement of PWDs. Some employers believe that PWDs are unable to work, on the assumption that the individual with a disability is "incompetent". To address these barriers, it is necessary to ensure that the existing anti-discrimination laws and specific labour codes are enforced and that employers know their obligations and penalties for failing to comply with the disability legislation. It is necessary to introduce, through policy and legislation, a requirement for employers to provide reasonable accommodation to meet the needs of PWDs. Denial of reasonable accommodation amounts to discrimination under Article 2 of the CRPD.

Accommodation could include physical modifications to work premises, such as the construction of ramps, the provision of devices such as visual and hearing aids, as well as job restructuring to suit the abilities of the worker with disabilities. Such accommodation should only be obligatory when it is necessary for the PWD to work properly, and also economically feasible for the organization. The *Estonian Equal Treatment Act*, for example, requires employers to "take appropriate measures, where needed in a particular case, to enable a person with a disability to have access to, participate in, or advance in employment, or to undergo training, unless such measures would impose a disproportionate burden on the employer".⁹⁶ Employers

95 Aleksandr A. Andreev, *To Work or Not to Work? Labor Supply Decisions of Russia's Disabled*, Honors Thesis submitted in partial fulfilment of the requirements for Graduation with Distinction in Economics in Trinity College of Duke University, 2008.

96 European Union Agency for Fundamental Rights, *The legal protection of persons with mental health problems under non-discrimination law*, 2011.

should not be required to hire any person with a disability, but should be asked to hire people who are qualified and accommodate the limitations caused by disability on an individual, case-by-case basis.

Often PWDs do not know their rights and do not have the necessary skills and knowledge to find jobs. There is a wide range of potential interventions supporting the employment of PWDs, such as job coaching and mentoring, pre-employment training and upgrading, post-secondary education, assistive aids and devices, wage subsidies to employed PWDs, and workplace support.

Employment on the open market is the option that best addresses the human rights of PWDs. Many ECIS countries have quota systems to promote the employment of PWDs. Typically, employers with a minimum number of employees – both in the private and public sector – have to fill the quotas. The main variant of the straight quota system is the so-called “quota-levy” system, whereby employers can pay a contribution to an earmarked fund in lieu of employing PWDs up to their quota obligation. The funds are used for such purposes as payments to employers for accommodating PWDs in the workplace, direct payments to workers with disabilities, and payments to disability service providers. Often employers prefer paying a salary to PWDs, without the person actually working, as this costs the company less than paying the fine for not employing PWDs, and also secures tax breaks. Although the quota system is not a perfect policy instrument, with significant challenges associated with its enforcement, it should be maintained in the future until new, more effective instruments encouraging employers to hire PWDs are in-

troduced. The quota systems can be revised to make them more effective by specifying their beneficiaries, quota rates, enforcement mechanisms and sanctions for failure to comply. The schemes supporting employment of PWDs at home can also be supported, where new types of work may offer new opportunities for PWDs, such as web-based economic activities and telecommuting.

Social enterprises apply market-based strategies to achieve a social purpose and they can play an important role in promoting the employment rights of PWDs. Social enterprises may not only use profit to support PWDs, but also employ them. In Romania, the NGO Motivation Romania is implementing a project integrating PWDs into the labour market by developing a social enterprise pilot of seven sheltered units in which 60 PWDs will be employed and specialists involved in the socio-professional integration of these people trained. The project is financed by the European Social Fund.⁹⁷ Social enterprises employing PWDs are also supported by UNDP Uzbekistan.

PWDs need individualized support that meets their strengths and needs as well as local economic conditions. An individual plan of employment support should be developed for them that takes into account such individual characteristics as age, skills, special needs and the employability of PWDs, and local job market conditions.⁹⁸ As international experience demonstrates, individualized approaches are effective in addressing barriers to labour market inclusion that each PWD faces. The plans could contain various rehabilitation and work elements, as well as benefits in cash and kind.⁹⁹ The plan can include specific commitments for the PWD that he or she

97 Motivation Romania, <http://www.motivation.ro/en/programs-projects/employment-of-people-with-disabilities>

98 Lynn Elinson, William D. Frey, Tiandong Li, Martha A. Palan and Richard L. Horne, “Evaluation of Customized Employment in Building the Capacity of the Workforce Development System”, *Journal of Vocational Rehabilitation* No. 28, pp. 141–158, 2008.

99 On changes in rehabilitation system, policies and practices in Romania which reflect key trends in the ECIS countries, see Eniko C. Rak, “Rehabilitation Policy and Practice in Romania: Implications for Training,” in *Rehabilitation Education*, Volume 21, No. 4, pp. 277–284, 2007.

can sign and include a requirement for periodic follow-up meetings with caseworkers. Individualized approaches can also include a series of activities to help build the self-esteem, confidence and resilience of PWDs.

The individualized approach will place a wide range of new demands on those working for the rights of PWDs. Caseworkers will need extensive knowledge of the range of available programmes, benefits and services. More time will be required to assist individuals and follow each case. The capacity of caseworkers (e.g., social workers, job center staff) in supporting PWDs should be strengthened through targeted training courses on disability and how to support the employment/self-employment of PWDs. Training can involve the participation of local PWDs who will share their own experiences and perspectives.

In Ukraine, for example, UNDP and ILO supported the State Employment Centre of Ukraine to develop and implement a unified methodology for the provision of job placement promotion services for PWDs. The model improved inter-sectoral and inter-agency cooperation arrangements; information exchange through the Centralized Database on Disability Problems; maintenance of cases of PWDs by specially trained job placement professionals; consultations with employers concerning adaptation and/or creation of a special workplace; social contracts; individual job placement programmes; post-employment monitoring profiles and other components. In addition, a *Guide for Employers on the Job Placement and Employment of People with Disabilities* was developed and widely disseminated.

Additional measures promoting the right to employment of PWDs that can be considered by all partners include:

- an obligation for the State to employ PWDs;
- the obligation to employ PWDs, imposed on companies which want to work on government contracts;
- supported (assisted) employment where personal support (job coach) is provided in open employment. Support is gradually reduced as the person with disabilities develops the ability to work independently;
- reservation of a specific number of positions in public service for PWDs;¹⁰⁰
- more tax incentives to employers, such as tax exemptions on imported products, devices or equipment used by PWDs at work, tax exemptions on training materials, equipment needed by vocational rehabilitation centres, corporate income tax exemptions, etc. Corporate income tax can be reduced proportionately to the number of PWDs hired;
- extension of support provided to companies run and owned by PWDs with the condition that they will employ and provide training and apprenticeship opportunities for PWDs;
- revision of social cash benefits for PWDs to create incentives for them to attempt to find and hold down a job;
- increasing vocational rehabilitation and training opportunities through passing legislation on the right to vocational rehabilitation; the setting up of a rehabilitation programme with clear eligibility requirements; a range of vocational rehabilitation services, and management, monitoring and reporting mechanisms.¹⁰¹

100 On successes and challenges of implementation of this approach in Romania, see Veronica Junjan, Mugur Ciumăgeanu, Ioana Micluția and Ioana Crăciun, "Labor Integration of Persons with Disabilities in Public Institutions in Romania", *Transylvanian Review of Administrative Sciences*, No. 33 E/2011, pp. 109-123

101 An excellent and practical review of employment options for PWDs, with an in-depth analysis of vocational skills development is provided in USAID, *Transitions Towards an Inclusive Future: Vocational Skills Development and Employment Options for Persons with Disabilities in Europe and Eurasia*, 2009.

7.4. Social protection

Although many governments in the ECIS have made formal commitments to make social services accessible, rights- and needs-based in accordance with modern and internationally acceptable standards, their success in implementing these plans is still modest. To meet these obligations, the range of programmes, services and benefits provided by the national and local governments to PWDs should be expanded and re-designed from the human rights and equity perspectives.

Disability-focused support and services may include social housing, personal assistance, technical aids and devices, special equipment, life skills assistance, modification of homes and accessible transportation. The disability-focused support and services are the means that facilitate PWDs' participation in the activities involved in living day-to-day and in achieving their personal and economic potential. These goods, services and support are essential for PWDs to actively participate at home, school and work, and in the community. As these supports and services can be funded and delivered by various agencies and ministries, their roles and responsibilities should be clearly outlined, the existing policy coordination mechanisms be strengthened and roles of key players clearly outlined.

Having enough money to meet their needs and to be active in their community is essential to the full inclusion of PWDs. How much income is available to an individual with a disability depends on a number of factors, such as the person's ability to earn income through employment, the adequacy of income support, and the cost and availability of disability support. Social support provided to PWDs should focus on the interrelatedness of these factors,

and of others such as skills development and learning.

Social security systems in the ECIS countries are not sufficiently targeted, with numerous discrepancies between individual health and status within the system of state disability benefits. In Russia, for instance, the accuracy of targeting varies with age groups: the most accurate targeting is provided for younger groups, but the difference between healthy and disabled gradually disappears with age, and after the statutory retirement age, old-age and disability pensions can be considered as a voluntary trade-off.¹⁰² Potentially, the targeting can be improved by simplifying the existing application procedures and improving the accessibility and availability of the information on benefits to less educated individuals.

Social workers, who are critically important to promoting the human rights of PWDs, suffer a range of labour market disadvantages in the ECIS, as their salary levels are relatively low. Poor pay and conditions reduce incentives for workers to enhance their skills, and thereby improve quality of support and services delivered. Poor conditions also exacerbate turnover, as workers with higher qualifications and/or better opportunities move out of the social care sector. To protect the interests of PWDs and other vulnerable groups supported by social workers, it is important to main their salaries at adequate levels. The national and local governments need to ensure also that social workers have access to workplace training and educational opportunities to enhance and sustain their capacity to deliver quality services.

Personal assistance services play a crucial role in ensuring the rights of PWDs to independent living and mobility. A personal assistant is selected and employed by the user to provide services that meet the individual's needs. The personal assistant can work in

102 Irina Merkuryeva, *The System of Disability Benefits in Russia: Estimation of Targeting Accuracy*, Economics Education and Research Consortium Working Paper, Series ISSN 1561-2422, No. 07/04, 2007.

the person's home to assist them with tasks such as getting dressed, cooking and with such daily activities as shopping, participating in social clubs and getting to work. In Bulgaria, for example, the jobs of personal assistant, social assistant and housekeeping worker were introduced in 2007 with the National Assistants to Disabled People Programme funded by the State budget. Personal assistants are unemployed family members who take care of their relative with disabilities for a minimum monthly salary and social security contributions. Social assistants are hired by service providers to perform a range of activities, included in the individual plan of every client.¹⁰³ UNDP Montenegro, for example, is supporting the development of a personal assistance service that is intended for PWDs and includes the provision of assistance to them to perform day-to-day activities that cannot be done without the help of another person.

Members of the households of PWDs may find themselves in a particularly difficult situation. The burden of caring for a family member with disabilities can be very heavy and carers can be physically and psychologically exhausted and overstressed. Often they have to lift and carry their family members with disabilities because they lack equipment (wheelchairs, ramps, elevators, etc.). The UNICEF study in Kyrgyzstan found that of unemployed parents, 72.5 percent said that they were not working because they had to look after their child with disabilities. In some cases, parents stated that the benefits they received from the state were not enough even to buy medication for the child. The government provides free medicine as humanitarian aid only when it is available.¹⁰⁴ Given the importance of carers, their needs have to be addressed

through opportunities for respite, social interactions with other carers and supplementary social transfers.

UN Women Tajikistan supports women who take care of their family member with disabilities by helping them to register for and access disability benefits that are critically important for vulnerable rural households to achieve or maintain a minimum standard of living. The programme focused on improving the demand side of social protection services by monitoring and visiting vulnerable households to inform them of their rights, and the supply side of social protection by working with government to improve service design and delivery and planning processes through the creation of district task forces (information and consultation centers at the district level) and better data collection on individuals with disabilities and other vulnerable groups.¹⁰⁵

UNDP's project in Albania and its partners, who support mine victims, adopted a comprehensive approach addressing the human rights of multiple beneficiaries. Data on victims is routinely collected and shared among key partners to streamline and optimize support provided. Nurses residing in mine-affected villages received training courses in emergency first aid and community-based rehabilitation. A prosthesis workshop was established and is producing new prostheses for the amputees in need. Socio-economic integration was supported through assistance in accessing vocational training courses and technical/financial support to open small businesses.

DPOs can also deliver programmes and services for PWDs funded by the government. They are flexible in their operations and can quickly respond to local needs. In addition, DPOs can acquire donations from donors,

103 Center for Independent Living Bulgaria, *Disability Policies in 2009-2010, Inclusion Put on Hold*, 2010, <http://www.cil.bg/userfiles/nabliudatelnitsa/Report-2009-2010-EN.pdf>

104 UNICEF, *Assessment of the Situation of Children with Disabilities in Kyrgyzstan*, 2008.

105 UN Women Tajikistan, UN Women support for ratification of the Convention on the Rights of Disabled People in Tajikistan project

businesses and private persons and rely on volunteers in delivering their programmes and services. In the area of employment, for example, DPOs may deliver services to assist individuals with disabilities prepare for, attain or maintain employment. Services may include information and referral to appropriate services and programmes, assessment, employment and career counseling, skills training, and the provision of technical aids, and other support. Serbia, for instance, adopted the Law on Social Protection in 2011, which establishes formal guidelines and standards for licensing non-governmental groups, in-

cluding DPOs, to provide social welfare services. UNDP Serbia is currently supporting the development of by-laws for operationalizing this law.

UNDP Uzbekistan's project demonstrated the potential of NGOs to provide employment services. Employment services included vocational training, professional orientation, assistance on finding a job, coaching, consultancy on tax and pension benefits, and so on. Four NGOs provided voluntary employment services without any external financial support and 208 PWDs found jobs with their assistance during 18 months.

Many ECIS governments have expressed their formal commitment to advancing the human rights of PWDs, ratified the CRPD and are implementing it, but their progress is inconsistent across the region. This guide reflects the current research and international experiences in ratifying the CRPD and its implementation.

The guide is purposely generic in order to facilitate its application in a variety of local circumstances. It is an expectation that it will encourage partners to engage into extensive dialogue on specific steps that should be undertaken to ratify and/or implement the CRPD. The wide use of the guide will contribute to ratification of the CRPD and its effective implementation.

9.1 Annex 1. Estimated prevalence of disability in ECIS countries

Country	Current Population (millions)	GDP 2008 (US\$) (billions)	Population in Year of Most Recent Disability Data (millions)	Estimated Disabled Population	Estimated Disability Prevalence
Albania	3.14	12.29	3.13 (2007)	94,804	3.0%
Armenia	3.08	11.92	3.07 (2006)	148,656	4.9%
Azerbaijan	8.68	46.26	8.58 (2007)	281,000	3.3%
Belarus	9.68	60.30	9.70 (2007)	512,500	5.3%
Bosnia & Herzegovina	3.77	18.45	n/a	n/a	n/a
Bulgaria	7.62	49.90	7.91 (2001)	263,143	3.3%
Croatia	4.43	69.33	4.44 (2001)	429,421	9.6%
Georgia	4.36	12.79	4.36 (2008)	137,806	3.2%
Kazakhstan	15.68	132.23	15.15 (2005)	403,400	2.7%
Kyrgyzstan	5.28	4.42	n/a	n/a	n/a
Macedonia	2.04	9.52	2.04 (2006)	26,781	1.3%
Moldova	3.63	6.05	3.76 (2005)	164,891	4.4%
Montenegro	0.62	4.52	0.62 (2008)	67,000	10.8%
Romania	21.51	200.071	21.55 (2007)	539,241	2.5%
Russia	141.80	1,607.82	142.10 (2007)	13,014,00	9.2%
Serbia	7.35	50.06	n/a	n/a	n/a
Tajikistan	6.84	5.19	6.17 (2000)	104,272	1.7%
Turkmenistan	5.03	18.27	n/a	n/a	n/a
Ukraine	46.26	180.36	47.45 (2004)	2,500,000	5.3%
Uzbekistan	27.31	22.3	26.49 (2006)	n/a	n/a

Source: USAID, *The Prevalence of Disability in Europe and Eurasia*, 2009

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