**Country Assessment:**

**MONTENEGRO**

| **INDEPENDENT LIVING PILLARS** | **OVERALL SCORE** |
| --- | --- |
| 1. Communication Support | 1.28 |
| 2. Personal Assistance | 1.88 |
| 3. Social, Political and Judicial Participation | 1.55 |
| 4. Access to the Built Environment | 2.09 |
| 5. Inclusive Education and Lifelong Learning | 2 |
| 6. Accessible Transport | 1.4 |
| 7. Advocacy | 2 |
| 8. Accessible Housing | 1.62 |
| 9. Social Protection and Benefits | 1.66 |
| 10. Legal Capacity and Supported Decision-Making | 1.3 |
| 11. Information | 1.4 |
| 12. Peer Support | 1.4 |
| 13. Employment | 2.27 |
| 14. Accessible and Inclusive Healthcare | 1.35 |
| 15. Assistive Technologies | 1.14 |

**OVERALL SCORE**

**1.7**

| **1. COMMUNICATION SUPPORT** | **SCORE:** |
| --- | --- |
| **1.1 Accessible communication:** communication is available in different accessible formats, such as sign language, Braille, easy to read and plain language, audio descriptions and captioning, especially in official interactions and public communication. | 2 |
| **1.2 Recognition of languages:** the legal framework recognizes sign languages and other forms of communication in law as official language, promoting their use. Legally binding accessibility standards for accessible communication are developed and implemented across all sectors, including public and private media, websites, and public services. | 1 |
| **1.3 Training and availability of professionals:** trained professionals in accessible, augmentative and alternative communication are easily available to those who need them. | 1 |
| **1.4 Accessible technology and media:** media and websites comply with accessibility standards. | 1 |
| **1.5 Accessible communication in services:** communication in healthcare, educational settings and social services is inclusive, and information in different formats and through different accessible communication methods is effectively and easily provided. | 2 |
| **1.6 Allocation of funds and resources for communication support:** sufficient funds are invested to develop, promote, and use accessible communication formats and technologies. This includes funding for training professionals and providing necessary assistive devices through effective procedures. | 1 |
| **1.7 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
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| ​​As the CRPD is legally binding and takes precedence in implementation according to the Constitution of Montenegro, Article 23 should be directly implemented. However, this is not the case in practice. Still, Article 23 of the CRPD could be used as a legal basis for seeking court protection. To date, there has only been one court proceeding regarding the protection of individuals from disability-based discrimination in this field. |

| **2. PERSONAL ASSISTANCE (PA)** | **SCORE:** |
| --- | --- |
| **2.1 Right to Personal Assistance:** PA is enshrined in national legislation as required by Article 19 of the UNCRPD. PA is distinguished from home care and other support services. | 3 |
| **2.2 Adequate, direct, and personalised funding:** cash allocations are directly provided to disabled people and controlled by them to pay for the assistance needed. Funding for PA is provided on the basis of personalised criteria and needs. The rates allocated are in line with the current salary rates in the country. PA allocations cover the salaries of personal assistants and other performance costs, such as all contributions due by the employer, administration costs and peer support for the person who needs assistance. | 1 |
| **2.3 Self-management of the service:** the disabled person has the right to recruit, train and supervise the assistants, if necessary through supported decision-making or other kinds of support. PA implies full self-determination and self-control, complying with Article 19, and is a one-to-one relationship. | 2 |
| **2.4 Individualised and customised approach:** PA is provided on the basis of individual needs assessment and depending on the circumstances of each disabled person. | 3 |
| **2.5 Fair working conditions:** Assistants receive wages that are protected by minimum wage regulations. The profession is recognised by the state and assistants are entitled to benefits such as social security, paid leave, and health and safety protections. | 2 |
| **2.6 Monitoring and feedback mechanisms:** efficient complaints and monitoring mechanisms are implemented, to ensure the quality of PA services. Regular assessments of user satisfaction with the PA scheme are conducted to ensure it meets the UNCRPD requirements. | 2 |
| **2.7 Peer support:** there are peer support networks for PA users, supported by the state or the local authorities. | 1 |
| **2.8 Awareness and education:** material, guidelines, and other resources are shared to raise awareness on PA services, both among disabled people and the entire community. There is a general good knowledge and recognition of the profession in the society. | 1 |
| **2.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
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| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| Personal Assistance (PA) and its cost are regulated by national authorities, but wage rates vary significantly between the northern and southern regions. As a result, the amount funded by the state budget is insufficient to cover even a few hours of service per day.  In June 2024, the Rulebook on Closer Conditions for Provision and Use, Norms, and Minimum Standards of Community Life Support Services was amended. These changes led to a restriction in the entitlement of persons with disabilities (PWDs) to personal assistance (PA) to only those who are employed, enrolled in higher education, or engaged in lifelong learning. As a result, not only are PWDs denied legal capacity excluded from the right to PA, but many others who need it are also affected. The Rulebook is misinterpreted, and in practice, a maximum of 40 hours per week of PA is guaranteed to PWDs by the centers for social work and the relevant Ministry.  Direct and personalized funding is not provided; instead, funds are directly paid to service providers based on their calculations of the service hours provided. Article 160 of the Law on Social and Child Protection stipulates that the service provision costs for users who cannot participate in their coverage will be covered by the state and local authorities. However, this legal provision is not implemented in practice. Furthermore, the Rulebook on Criteria and Standards for the Participation of Beneficiaries, Parents, and Relatives in Payment of the Costs of Community Life Support Services, Counseling-Therapeutic and Social-Educational Services, and Accommodation Services is not aligned with the increase in minimum pensions and wages, and even less with the rise in living costs. According to the Rulebook, PWDs earning over €800 monthly (including care and assistance allowance and personal disability allowance) are required to pay €985.25 to cover the costs of 176 hours of PA. Therefore, in the majority of cases, all state funding for PA is allocated solely to the fees and wages of personal assistants.  PA is regulated by national legislation as a one-to-one service, but there is no other regulation regarding the self-management of the service. The assessment of needs is conducted by licensed service providers, but no standards for assessment are prescribed. Licensed service providers are required to have developed complaints and monitoring mechanisms, including annual user satisfaction evaluations, but there are no standards for these mechanisms, nor external evaluations. The social and child protection inspection should monitor the work of service providers, but since there are only a few inspectors (five), this is not happening consistently.  In practice, there have been a few cases where the recognition of the right to PA was rejected, or the recognized right was not exercised, because licensed service providers claimed they lacked the capacity to provide PA to the specific PWD. To date, I am the only individual who has exercised the right to PA in Montenegro, and the IYDB received its license in November 2024 to help change this practice. There is no provision for peer support, but the IYDB provides it either as a project activity or on a voluntary basis.  A few court proceedings (both administrative and for protection from discrimination) are underway to have the right to personal assistance recognized, as well as to fight for more hours and fully state-funded PA. The Rulebook on Criteria and Standards for the Participation of Beneficiaries, Parents, and Relatives in Payment of the Costs of Community Life Support Services, Counseling-Therapeutic and Social-Educational Services, and Accommodation Services is currently being amended, and the new Law on Social and Child Protection will be prepared and adopted next year. The IYDB is a member of these two working groups. However, DPOs are often represented by only one or two people in the working groups, and they are frequently outnumbered by at least 10 representatives from the relevant Ministry and other institutions. As a result, the participation of DPOs is often only formal. |

| **3. SOCIAL, POLITICAL AND JUDICIAL PARTICIPATION** | **SCORE:** |
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| **3.1 Equal judicial participation:** disabled people are treated equally before the law. Provision of reasonable, procedural and appropriate accommodations to facilitate the effective role of disabled people as direct and indirect participants, including as witnesses, in all legal proceedings and at all stages, including investigative and preliminary ones. | 2 |
| **3.2 Support in exercising legal capacity:** supported decision-making is in place for disabled people who need it to exercise their legal capacity. | 1 |
| **3.3 Right to vote and run for elections:** all disabled people, including people with intellectual impairments and those with psycho-social disabilities, have the right to vote and stand for elections. The right to political participation is guaranteed irrespective of the kind of impairment. | 3 |
| **3.4 Equal political participation:** voting procedures, facilities, polling stations and materials are appropriate, accessible and easy to understand and use. Assistance in voting is allowed, and different voting modalities are available. The use of assistive and new technologies is facilitated in combination with personalized support, enabling disabled people to stand for elections, effectively hold office and perform all public functions. Electoral campaigns and material are also provided in accessible formats. | 2 |
| **3.5 Equal representation of disabled people:** disabled people are represented in policy and decision-making positions, they hold public offices and are well-represented at international, national, regional and local levels. Quotas or reserved seats for disabled people in legislative bodies, mentorship programs for aspiring disabled politicians are provided. | 1 |
| **3.6 Training for judicial authorities, administration, first hand responders and police:** states promote appropriate disability sensitive training for staff working in the administration of justice, including police and prison staff, as well as first hand responders. | 1 |
| **3.7 Protection of disabled victims:** police and judicial staff are trained to support disabled victims, including disabled women and girls who are victims of sexual violence. Adequate support and protection measures are also ensured to disabled victims in institutional care settings, who have confidential and accessible channels to report abuses, and legal aid services to support their cases. Regular independent inspections of institutional care settings are conducted. | 2 |
| **3.8 Participation of disabled children:** participation of disabled children is recognized as a legal right and is effectively supported in all matters that concern them, including in all administrative and judicial participation in the contexts of individual decisions and collective decision-making processes. Disabled children’s opinions are given due weight in accordance with their age and maturity and they receive age-appropriate and disability-related supports to exercise their participation rights. | 1 |
| **3.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| As the CRPD is legally binding and takes precedence in implementation according to the Constitution of Montenegro, it should be directly implemented. Unfortunately, this is not the case in practice.  Mental capacity is the basis for the denial or restriction of legal capacity, as well as the right to express and have the opinions of children with disabilities respected. Therefore, children with disabilities and persons with intellectual or psychosocial disabilities are not provided with reasonable procedural and appropriate accommodations in proceedings, nor with supported decision-making. Furthermore, according to the Law, persons with visual impairments must sign documents with a fingerprint, in the same way as illiterate individuals. Although sign language interpretation and translation are guaranteed before the court and administrative institutions, they are rarely provided. There is no mandatory training on disability rights for judicial authorities, administration, first responders, or the police.  According to the Law, disabled victims in institutional care settings have confidential and accessible channels to report abuse and legal aid services to support their cases. However, these guarantees are not implemented. Monitoring visits to these institutions are conducted mainly by the Protector of Human Rights and Freedoms of Montenegro and the NPM, but they continue to issue the same recommendations over the years with no impact on practice.  Assistance in voting and voting by mail are allowed. Voting with a voting template for persons with visual impairments is also guaranteed and provided in practice, while sign language translation and interpretation of political debates on national broadcasts are legally guaranteed but not implemented. There are no legal guarantees or affirmative actions for PWDs to stand for elections, effectively hold office, or perform all public functions, nor for their equal representation.  Articles 13 and 29 of the CRPD could be used as the legal basis for seeking court protection from disability-based discrimination. However, so far, there has only been one court proceeding for the protection of disability-based discrimination in participation in political and public life. |

| **4. ACCESS TO THE BUILT ENVIRONMENT** | **SCORE:** |
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| **4.1 Access to the physical environment:** the environment is accessible for people with different impairments. Ramps and curb cuts are available. Roads, green spaces and pavements are designed to be used by everyone, including those using wheelchairs and other mobility aids. Signage is provided in Braille and other tactile formats for visually impaired people. | 3 |
| **4.2 Accessible infrastructure:** indoor and outdoor facilities, including schools, housing, medical facilities and workplaces are accessible. Public buildings and spaces have accessible entrances, automatic doors, accessible toilets, elevators with auditory signals, and Braille on buttons. Recreational facilities and parks include accessible playground equipment and pathways. | 2 |
| **4.3 Children’s spaces:** playgrounds and recreational areas are designed to be inclusive and accessible to disabled children. Schools and childcare facilities have accessible entrances, classrooms, restrooms, and playgrounds. After school and holiday programs and activities are adapted to include the participation of children with different kinds of impairments. | 2 |
| **4.4 Accessibility both in urban and in rural areas:** accessibility measures are implemented uniformly in both urban and rural areas to ensure equal access for all disabled people. Rural areas have accessible streets and facilities to ensure disabled people can participate in the local community life. | 2 |
| **4.5 Co-production in urban planning:** disabled people are actively involved in the planning, design, and implementation of urban and rural development projects. Official consultations include disabled people's organisations to ensure their needs are considered. | 1 |
| **4.6 Accessibility legislation:** the state has legislation and policies requiring developers and urban planners to include accessibility in all new constructions and renovations, with regular monitoring and sanctions, such as fines and permit revocation, in case of non-compliance. | 3 |
| **4.7 Safety:** safety measures and emergency evacuation plans take into account disabled people. Such plans are made with meaningful participation of DPOs as stakeholders. Public spaces are designed in a way to be safe for everyone, including disabled children and women. | 2 |
| **4.8 Training for professionals working in urban planning:** promotion of awareness campaigns on inclusion and mandatory training programs for architects, urban planners, and construction workers. | 2 |
| **4.9 Technology and innovation:** the use of technology, research and development of new materials and designs to improve accessibility are encouraged and receive proper funding, with the meaningful participation of persons with disabilities and their representative organisations. | 1 |
| **4.10 Monitoring and Evaluation:** there are mechanisms ensuring disabled people can report accessibility issues and suggest improvements.The feedback from disabled advocates is taken into consideration in the evaluation of policies and practices. | 3 |
| **4.11 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
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| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
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| Accessibility standards are prescribed by national legislation for all public buildings and areas. However, they are not fully implemented, even in the capital of Montenegro, which is the most accessible city in the country. In rural areas, these standards are not implemented at all. Accessibility standards for the equipment of public spaces and activities are not prescribed. Although monitoring and sanctions are outlined in the Law on Spatial Planning and Building Construction and the Law on the Prohibition of Discrimination Against PWDs, they are not carried out. Final judgments that require the discriminator to adapt buildings or public spaces for the free movement and use of PWDs have not been implemented for years. Some education on accessibility standards is incorporated into the curricula of architectural studies, but based on practice, it is inefficient. Training on these issues is not mandatory for architects, urban planners, or construction workers. |

| **5. INCLUSIVE EDUCATION AND LIFELONG LEARNING** | **SCORE:** |
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| **5.1 Access to mainstream education:** all disabled people have access to the general education system and there is no segregation on the basis of disability. | 3 |
| **5.2 Reasonable accommodation:** individualised support measures and reasonable accommodation, based on the individual requirements and needs, are effectively provided. | 1 |
| **5.3 Accessibility of infrastructure:** school facilities, including classrooms, toilets, common areas, and school transport, are physically accessible to disabled children and young people. | 3 |
| **5.4 Accessibility of activities:** activities carried out within the educational system or organised by schools are accessible for everyone, including school trips, extracurricular clubs, sport activities, after-school programs, assemblies, guest speaker events, cultural celebrations, fairs, and music or theatre performances. | 2 |
| **5.5 Accessibility of resources:** schools provide accessible learning materials as well as assistive technology and other necessary tools. | 2 |
| **5.6 Accessible communication and skills learning:** schools facilitate the learning of Braille, sign language, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills. | 2 |
| **5.7 Peer support:** schools facilitate the creation of safe spaces for disabled people, as well as provision of information and practical, emotional, social or physical support through mentoring and self-advocacy. | 1 |
| **5.8 Staff training:** teachers, professionals and staff who work at all levels of education receive the proper training on inclusive education practices and on how to support students with different types of disabilities. | 2 |
| **5.9 Lifelong learning:** disabled people can access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. Reasonable accommodation is provided at all these levels. | 2 |
| **5.10 Transition services:** there are services facilitating the transition of young disabled people to adulthood, including support with moving out of the family home, managing personal assistance, starting employment and continuing into higher education. | 2 |
| **5.11 Accessible and inclusive cultural participation:** disabled people can participate in events of cultural relevance in the community, such as public meetings, sport events, concerts, cultural and religious festivals. Cultural participation is encouraged through accessibility, as well as provision of information on the accessibility level of the events. | 2 |
| **5.12 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| The prohibition of disability-based discrimination in the field of education is prescribed, along with some specific measures to achieve de facto equality. In this regard, the general Law on Education prescribes that the education process should use Braille and sign language, but this is not implemented at all, and no proceedings for violations of this norm have been initiated. The Law on the Education of Children with Special Needs stipulates that a child with a disability should be provided with assistants in education, accessible learning materials, and assistive technologies. However, in practice, usually only one assistant in education supports several children with disabilities, learning materials are inaccessible, and schools only provide basic didactic means. Reasonable accommodation is not recognized at all.  The Law on the Prohibition of Discrimination Against PWDs acknowledges the inaccessibility of additional educational activities, as well as cultural and sports activities, as forms of disability-based discrimination, but it has not been used to challenge practices that involve only inaccessible activities. Peer support is not recognized by the legal and policy frameworks and is therefore not provided in practice. Transition services are offered only for children with disabilities who have finished primary school and are moving on to high school, but they are not recognized for later stages.  The Law on Higher Education prescribes affirmative action for students with disabilities, covering enrollment, tuition fees, infrastructure accessibility, and exams. However, there is no legal or policy framework recognizing the equal right of PWDs to lifelong learning. The Law on Spatial Planning and Building Construction and its bylaw prescribe accessibility standards for schools and universities, but they are rarely implemented. The physical accessibility of schools and universities varies between regions. As a result, children with physical disabilities have fewer opportunities to access primary and secondary education compared to children with intellectual disabilities. A similar situation exists for children with sensory disabilities, who require accessible learning materials and the use of sign language, augmentative communication, or other communication methods, which are lacking.  Some education on providing support and education to PWDs is available for teaching staff, mainly in primary and secondary schools, but it is not mandatory. There is a shortage of special educators, rehabilitators, and similar professionals in Montenegro, which means that children with disabilities cannot acquire essential communication, mobility, and other skills. |

| **6. ACCESSIBLE TRANSPORT** | **SCORE:** |
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| **6.1 Physical accessibility of transport:** all forms of public transport (buses, coaches, trams, taxis, metro systems and trains) are designed in a way that accommodates the physical needs of disabled people. Vehicles are equipped with ramps or lifts, there is adequate and safe space for wheelchair users, disabled users are not required to use special transport. | 2 |
| **6.2 Accessibility of information:** information, communications and other services, including electronic services, are accessible. Transport information, such as schedules, routes and stops and other communications are available in different formats (easy to read, Braille, audio announcements, visual signals…). | 1 |
| **6.3 Emergency and safety procedures:** emergency procedures and information are accessible, evacuation plans take disabled passengers into account, safety alarms include visual signals. | 1 |
| **6.4 Affordability of transport:** public transport options are financially affordable for disabled people. Tickets cost and discounts take into consideration the need for many disabled people to travel accompanied by a personal assistant or a caregiver. | 1 |
| **6.5 Availability of transport:** accessible transport is available for all disabled people, including in local and rural areas. | 1 |
| **6.6 Accessibility of stations and stops:** stations and stops are provided with accessible information, accessible ticket counters, ramps, elevators, escalators, seating areas and quiet spaces. | 3 |
| **6.7 Free available travel assistance:** quality assistance service is guaranteed for all disabled passengers without additional cost. When stations and means of transport are not accessible, there are simplified bureaucratic procedures and no need for long pre-notification in order to submit the request for assistance. | 2 |
| **6.8 Staff training:** professionals working in the transport sector are trained to assist disabled passengers, take care of their assistive devices and understand the multiple challenges disabled people face when travelling. | 1 |
| **6.9 Feedback and complaint mechanisms:** there are efficient complaints and monitoring mechanisms to ensure the rights of disabled passengers are respected, including compensation in case of delay, cancellation, damage of assistive devices and non-compliance with safety rules. Prompt responses and actions are taken to address complaints or suggestions. | 1 |
| **6.10 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
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| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
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| The legal framework is very weak. There are accessibility standards for stations and stops, but they are not implemented. The obligation of local authorities to prescribe the minimum number of taxi vehicles required for taxi associations is stated, but it is rarely fulfilled in practice. There are only two taxi associations in the country, with a total of three accessible taxi vehicles.  There is no accessible intercity bus transportation. In some cities, there are accessible buses for local routes, but in most cases, there is no schedule for their arrivals. The trains that operate on some routes are accessible, but the platforms are not, and the train staff is not trained to use mobile ramps. The obligations of train staff to provide assistance to PWDs are prescribed, but not adequately implemented due to lack of training. It is also prescribed that the information provided by station and stop staff should be accessible, but this is not the case in practice.  Assistance, accessible information, and some degree of physical accessibility are available only in air transport, but there are no discounts for PWDs. Additionally, airports lack equipment for accessible boarding of PWDs, and they are instead carried in small wheelchairs or up stairs, which is unsafe. Complaints and monitoring mechanisms are not defined, and there are very limited opportunities to initiate protection proceedings, as the only legal basis would be the CRPD. |

| **7. ADVOCACY** | **SCORE:** |
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| **7.1 Promotion of disability rights:** there is a general good knowledge of disability rights among the society. The state promotes the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and the key principles of the human rights model of disability, including choice, control, and full participation in society. The state also carries out campaigns raising awareness to address stigma and discrimination, and to promote disability rights. | 2 |
| **7.2 Building support networks:** support networks are developed, funded and offered around the country. These include self-advocacy groups, peer support services, and organizations led by disabled people. | 2 |
| **7.3 Legislation and active role of disabled people’s organisation (DPOs):** legislation supporting the functioning of independent, civil society is in place, allowing DPOs to register. DPOs play a crucial role in empowering disabled people and representing their interests at the local, national, and international level. | 2 |
| **7.4 State funding available for DPOs:** state provides funding for DPOs to freely operate, including ad-hoc project-based funding and structural funding, which does not prevent DPOs being vocal and critical towards government’s in/actions. | 1 |
| **7.5 Free choice of advocacy forms and activities:** DPOs are free to engage in different forms of public advocacy and campaigning, including through the exercise of freedom of public assembly, public appearances in media and other forms of public advocacy, not worrying about government’s retaliation including cessation of funding. | 2 |
| **7.6 Advocacy in all areas of life:** there are advocacy efforts to promote inclusive education, employment opportunities, healthcare access, transportation, participation in community life and adoption of accessibility measures and accessible, available, and affordable services for all disabled people. Advocacy activities are conducted in all areas, including but not limited to deinstitutionalisation, disabled women’s rights, disabled LGBTI rights, and disabled children’s rights. | 3 |
| **7.7 Engagement of disabled people in policy advocacy:** disabled people actively participate in consultations and policy-making processes to ensure that their voices and needs are considered​​. Policy and legal recommendations take into account the lived experiences of disabled people. | 2 |
| **7.8 Education and training on disability:** education and training to raise awareness about the rights and needs of disabled people are promoted. | 2 |
| **7.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
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| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| The medical approach to disability is still prevalent in society, though there have been some small positive changes in public opinions towards PWDs. The state conducts education and campaigns to raise awareness, promote the CRPD, and address stigma and discrimination. However, these activities are not mandatory, as they are not legally prescribed.  No additional support or funding for support networks and DPOs is provided compared to other networks and NGOs. The Law on NGOs stipulates that 0.01% of the state budget is annually allocated for projects of NGOs dealing with the protection of PWDs, but all NGOs that include disability rights in their statutes can apply. As a result, around 30% of the funds allocated every year since 2017 have been given to NGOs that are not active in disability rights advocacy, and the work of these organizations is often questionable.  Therefore, DPOs must compete with other NGOs to secure funding, as their financing is project-based and may include donations from the private sector and citizens. In this competition, local DPOs have very little chance of being sustainable, and the vast majority of them are on the brink of collapse.  Although DPOs are legally free to advocate, in such an environment, they are not encouraged to be critical but are instead expected to advocate for "favor" rather than disability rights. They are included in various working groups that prepare drafts of legal and policy documents, but they are often outnumbered by representatives of institutions, and their requests are frequently not respected. |

| **8. ACCESSIBLE HOUSING** | **SCORE:** |
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| **8.1 Deinstitutionalisation:** the state has in place an effective deinstitutionalisation strategy, shifting from institutional care and other segregated settings to independent living. Disabled people have choice and control over where and with whom they live, regardless of the level of support their need. The process of deinstitutionalisation involves the provision of adequate, affordable, available, and accessible housing in the community. | 1 |
| **8.2 Accessibility:** accessible housing is available to disabled people who need it, regardless of their impairment. Funding is available to make apartments, houses and buildings accessible. This includes adequate space, level paths to entrances, wide doorways, lifts, and accessible indoor spaces. | 1 |
| **8.3 Affordability:** accessible housing options are affordable for everyone. Financial assistance programs are provided to help disabled people afford rent and utilities (electricity, gas, waste disposal etc.). | 2 |
| **8.4 Inclusion and anti-segregation:** housing for disabled people is integrated into the broader community, ensuring that they are not isolated or segregated in specific areas or buildings. Accessible housing is available within diverse neighbourhoods, facilitating inclusion and interaction with non-disabled people, and providing opportunities to live, work, and participate fully in society. Housing for disabled individuals is not limited to specific buildings or complexes but is part of the general housing stock, available across different residential areas. | 2 |
| **8.5 Social protection measures:** effective and specific social protection measures are taken to reduce obstacles to access housing for particular categories of disabled people who are at higher risk of poverty and social exclusion, such as older people, ethnic minorities, and women, among others. | 1 |
| **8.6 Availability and affordability of essential services:** essential services and facilities are available, affordable and accessible for disabled people, including safe drinking water, sanitation, and energy for cooking, heating, cooling and lighting. Such services are available in both urban and rural areas​. Financial assistance is available to those in need. | 3 |
| **8.7 Data collection:** disaggregated data is collected about people living in segregated settings, allowing for the monitoring of the deinstitutionalisation strategies and action plans. All group settings where disabled people live, including small group homes, family-type homes for children, nursing homes, psychiatric hospitals and other, are included in data collection. | 2 |
| **8.8 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups**.** | 1 |

| **Question** | **Answer** |
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| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| The Law on Spatial Planning and Building Construction and its bylaw prescribe accessibility standards for at least one apartment per 10 apartments in a building. However, these standards are poorly implemented, and the prescribed monitoring is not carried out. As a result, the majority of available housing options are inaccessible for persons with physical impairments, while accessible options are very expensive to rent or buy. There is no financial support for PWDs to purchase or rent accessible housing.  The Energy Law provides discounts for PWDs who are recipients of care and assistance allowances or personal disability allowances. The law also prohibits the disconnection of electricity in homes where PWDs reside, but violations of this prohibition are not uncommon in practice. In most municipalities, there are discounts for water, though the scope of these discounts varies from city to city. Discounts are also available for telephone and internet services.  The Law on Social Housing recognizes PWDs as a priority group for the provision of social housing, which includes housing loans with lower interest rates, the construction of apartment buildings for favorable rent, and financial support to adapt or renovate housing. However, the right to social housing is not guaranteed; rather, the law outlines the possibilities and methods for providing it by the state and local authorities. Therefore, its implementation is project-based, and the scope of its application varies from municipality to municipality. |

| **9. SOCIAL PROTECTION AND BENEFITS** | **SCORE:** |
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| **9.1 Access to mainstream schemes:** disabled people have access to mainstream social protection schemes without discrimination on the basis of disability. Reasonable accommodation is ensured in all the programmes. | 2 |
| **9.2 Access to disability-specific schemes:** disabled people have effective access to disability-specific schemes. Social protection floors to prevent poverty are adopted, with payments directly made to the adult disabled person. The state guarantees the continuity of benefits and services when transitioning from a contributory scheme to a non-contributory one. | 2 |
| **9.3 Access to disability-specific schemes for children:** children with disabilities over a certain age can also open a bank account. If they are under age, parents can open it for them. Even if parents legally manage their account, money can still be directly paid to a child’s account. | 1 |
| **9.4 Benefits not conditional on education or employment:** disabled people are eligible for benefits to cover disability-related costs regardless of whether they are in education or are working or not. | 2 |
| **9.5 Rights-based eligibility assessment system:** eligibility for supports, services and benefits is assessed using a rights-based approach. Strictly medical criteria are not used in eligibility assessment. | 1 |
| **9.6 Support in accessing disability-related supports and services:** financial support is provided to access disability-related supports and services. Assistive devices, mobility aids, and personal assistance are reflected in national health and social care systems and taken into consideration in the establishment of the benefit level and the income thresholds. | 1 |
| **9.7 Financial support for access to housing in the community:** financial support is provided to disabled people to leave an institution or avoid institutionalisation. This includes adapting housing, purchasing furniture and accessing disability-related services or equipment necessary for access to housing. | 1 |
| **9.8 Compatibility of benefits with employment:** policies ensure compatibility between eligibility for and reception of benefits and employment. Effective policies and measures are put in place to avoid the welfare trap, whereby people are not allowed to work if they receive benefits. | 3 |
| **9.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
| --- |
| The eligibility criteria for social benefits are solely based on diagnoses. However, in recent years, even PWDs with a prescribed diagnosis have been unable to have the right to care and assistance allowance or personal disability allowance recognized by the centers for social work and the relevant Ministry. As a result, PWDs must go through administrative court proceedings, which last 2 or 3 years.  These rights are not connected to educational or employment status, but PWDs who are employed must contribute a higher percentage toward covering the costs of community life support services. Both care and assistance allowance and personal disability allowance are included in the monthly earnings, which serve as the basis for the contribution rate for social and child protection services. Therefore, PWDs who are employed will receive a lower amount for the provision of these services. These amounts are not distributed directly to PWDs but to service providers.  The monthly payments of care and assistance allowance and personal disability allowance are made only in cash by post, delivered to the home address of the PWDs. This results in many PWDs not having control over the spending of these social benefits, as they are often taken by their family members. There is no option to have these benefits deposited into a bank account.  Reasonable accommodations are not provided in any field, including this one. The material security, which aims to prevent poverty, amounts to one-sixth of the minimum wage salary, as no additional amount is provided to PWDs. |

| **10. LEGAL CAPACITY AND SUPPORTED DECISION-MAKING** | **SCORE:** |
| --- | --- |
| **10.1 Equal recognition before the law:** disabled people are recognized and treated equally before the law in all areas. | 1 |
| **10.2 Equal legal capacity:** disabled people enjoy legal capacity on an equal basis with others, and have the right to make their own choices in all areas of life​​. There is no substituted decision making, such as full or partial guardianship. | 1 |
| **10.3 Available support in exercising legal capacity**: people with different impairments can access the necessary support to exercise their legal capacity​​. This includes personal assistants, advocates, microboards and other forms of supported decision-making​​. | 1 |
| **10.4 Safeguarding measures in decision-making**: conflicts of interest and abuse are prevented through effective safeguarding measures. Such measures are proportional to the degree of need of the disabled person and tailored to individual circumstances​​. Safeguarding measures are regularly monitored and reviewed by impartial authorities. | 1 |
| **10.5 Right to property and access to financial services:** disabled people have equal rights to own or inherit property, to control their own financial affairs, and to access financial services. | 1 |
| **10.6 Equal access to justice:** equal and effective access to justice is guaranteed, including ensuring procedural accommodations and support to facilitate the role of disabled people as direct or indirect participants in legal proceedings​​. Such support may include recognition of diverse communication methods, allowing video testimony, procedural accommodation, provision of sign language interpretation and other. | 2 |
| **10.7 Training for legal professionals:** Legal professionals, such as judges, prosecutors and lawyers, are provided with training to ensure that they are aware of their obligation to respect the legal capacity of disabled people, including legal agency and standing. | 1 |
| **10.8 Protection of privacy**: privacy of disabled people is respected, including privacy of their personal and health information. | 3 |
| **10.9 Horizontal principles are applied**: the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| The Family Law recognizes mental capacity as a condition for being entitled to full legal capacity and recognition before the law. As a result, persons with intellectual and/or psychosocial disabilities are often denied legal capacity, but this is not exclusive to persons with these types of disabilities. The denial of legal capacity is discussed within the extrajudicial proceeding, which judges are not always conducted with the necessary attention, leading to misuse. The Law on Extrajudicial Proceedings was amended to prescribe the obligatory revision of decisions on the denial of legal capacity, but the first revision has not shown positive changes in the number of PWDs denied legal capacity.  Article 12 of the CRPD could be used as the basis for preparing a lawsuit for protection from disability-based discrimination, but success in the proceeding would be uncertain, as the CRPD would be the only foundation for the lawsuit. The Law on Prohibition of Discrimination of PWDs does not define the denial of legal capacity as discrimination. |

| **11. INFORMATION** | **SCORE:** |
| --- | --- |
| **11.1 Accessible and appropriate information**: general information, including in public spaces, infrastructure, and electronic information, is provided in free and accessible formats appropriate to people with different impairments in a timely manner. The use of sign languages, Braille, easy to read, and other accessible means, including child-friendly language for children and disabled children in particular, modes and formats of communication is facilitated in mainstream services and public authorities. | 2 |
| **11.2 Accessible emergency information:** accessible information on emergency procedures and disaster response plans is provided. Emergency communication systems are accessible to all disabled people. | 2 |
| **11.3 Accessible technology and mass media information:** mass media, websites and online platforms are accessible for disabled people. Subtitles and sign language interpretations are provided for television programs and other visual media. Research, development and use of new technologies to improve information accessibility for disabled people is supported. | 1 |
| **11.4 Accessible education materials:** educational and training materials and resources are available in accessible formats. Assistive technologies and support services are provided to disabled students. | 2 |
| **11.5 Accessibility of information in the private sector:** private entities are required to provide information and services in accessible formats for disabled people. | 2 |
| **11.6 Information on disability rights:** clear and accessible information on disability and rights is provided, including the rights under the UNCRPD and national legislation. Resources and contact information for disability advocacy organizations and legal assistance are made available by the authorities. | 1 |
| **11.7 Information on access to services**: information on accessing public services, healthcare, education, transportation, and social services is easily available and accessible, including contact details for service providers and support hotlines. Guides and FAQs in accessible formats are provided to help disabled people understand these services. | 1 |
| **11.8 Information on sexual and reproductive health and rights:** comprehensive and accessible information on sexual and reproductive health and rights of disabled people is provided. Educational materials on sexual and reproductive health and rights are available in accessible formats, including Braille, sign language, and easy-to-read versions. Health services offer free and accessible consultation and support for disabled people, without stigma and discrimination. | 1 |
| **11.9 Freedom of information for disabled people in institutions:** institutions provide accessible information to disabled people on their rights. Support services, such as peer support, are available to help disabled people in institutions understand their rights and report rights violations. | 1 |
| **11.10 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
| --- |
| (Text…) |

| **12. PEER SUPPORT** | **SCORE:** |
| --- | --- |
| **12.1 Legislation on peer support:** there is legislation that guarantees the provision of peer support at the national or local level. Peer support may include provision of information and practical, emotional, social or physical support through listening, training, mentoring, mediation, (self-) advocacy and other. | 1 |
| **12.2 Peer support mainstreaming:** peer support services are provided in schools, Centres for Independent Living (CILs) and DPOs, workplaces, social services, health care. Deinstitutionalisation strategies include peer support in institutions, for example by somebody who has lived in an institution in the past to those still institutionalised. Disabled victims, such as victims of ableism, hate crimes and hate speech, and sexual violence, can also access peer support, including emotional and psychological support and assistance in reporting the crimes. | 1 |
| **12.3 Social model in promoting peer support**: peer support services are implemented in line with the social and the human rights model of disability, rather than carried out using a medical approach. Peer support includes practical, social and emotional support. | 2 |
| **12.4 Funding for peer support:** the state invests in peer support, self-advocacy, circles of support, and other support networks, including organizations of disabled people and Centres for Independent Living. | 1 |
| **12.5 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
| --- |
| Peer support services are only provided by DPOs as a project activity or on a voluntary basis. They are not recognized by national or local legislation, nor is there sustainable financial support for DPOs that provide them. The funding for all DPOs in Montenegro is project-based and/or donation-based. Some projects funded by the state and local authorities do include peer support. |

| **13. EMPLOYMENT** | **SCORE:** |
| --- | --- |
| **13.1 Employment protection legislation:** the state has legislation and policies prohibiting discrimination on the basis of disability in employment, conditions of recruitment, hiring process, continuance of employment, career advancement, and ensures equal opportunities and equal remuneration for work of equal value, and safe and healthy working conditions, including protection from harassment. Legal frameworks include provisions for enforcement and remedies for violations of employment rights of disabled people. | 2 |
| **13.2 Training and awareness**: public awareness campaigns and trainings are conducted to change employer and social attitudes towards disabled workers. Employers and co-workers. Employers and co-workers are educated on disability inclusion and the benefits of a diverse workforce. | 3 |
| **13.3 Inclusive recruitment practices:** job postings are available in different formats, assistance with job applications and job interviews is provided. Recruitment processes are inclusive, the venues for interviews are accessible and sign language interpreters or other necessary aids are available. | 1 |
| **13.4 Accessibility, reasonable accommodation, and personal assistance:** workplaces and resources are fully accessible, reasonable accommodation is provided effectively and in a timely manner, and personal assistance is available at work. Tasks are arranged to fit in the competencies of the employee, and job carving and job sharing are promoted. Job coaching, supported employment services, and workplace adjustment support are also available. | 2 |
| **13.5 Accessibility of programmes and career opportunities:** disabled people have access to general technical and vocational guidance programmes, vocational and continuing training, including professional rehabilitation, job retention and return-to-work programmes. Networking events and other job-related activities are also accessible. Mentorship and career development programs specifically designed for disabled employees are available. | 2 |
| **13.6 Measures promoting employment of disabled people:** the authorities are implementing effective measures to reduce the disability employment gap, including the gender and disability employment gap, such as positive action programmes, incentives and quotas. Partnerships with private sector companies to create more job opportunities for disabled people are fostered. Opportunities for self-employment and entrepreneurship in the private sector are also promoted. | 3 |
| **13.7 Addressing segregation:** concrete steps are being taken to close down sheltered workshops and to facilitate the transition of disabled workers to the open labour market. The authorities are making sure that no public or private funds are invested in maintaining the system of sheltered workshops. | 2 |
| **13.8 Monitoring and sanctioning mechanisms:** feedback from disabled employees is gathered, and regular monitoring and evaluation are conducted. In case of non-compliance with the obligation to provide quotas, affirmative action programmes, incentives and other forms of support, effective sanctions and monitoring mechanisms are put in place. | 2 |
| **13.9 Social protection:** social protection benefits continue to be guaranteed once disabled people enter into the labour market. Measures are taken to ensure that entering employment does not result in the loss of essential disability benefits. Disabled employees can access health insurance, retirement benefits, and other social protections on an equal basis with others. | 3 |
| **13.10 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| The legal framework does not guarantee equality for PWDs regarding recruitment, hiring processes, continued employment, career advancement, equal remuneration for work of equal value, and safe and healthy working conditions, including protection from harassment. The Law on Professional Rehabilitation and Employment of PWDs, adopted in 2008 and currently under revision, only prescribes an employment quota for PWDs, incentives for employers hiring PWDs, and professional rehabilitation, but no rights protection in this field. Employers who do not meet the prescribed percentage of PWDs are required to pay a contribution to the Fund for Professional Rehabilitation and Employment of PWDs, which is used to fund incentives and projects promoting the employment of PWDs (including grant schemes). Projects funded by these grant schemes often focus on training and awareness-raising activities.  Reasonable accommodation is not guaranteed, though an individualized approach to assessing needed workplace adjustments and assistance is regulated by the professional rehabilitation agency. Workplace adjustments can include infrastructural adaptations, purchasing assistive technologies and other equipment, as well as adjusting work tasks and hours. The cost of workplace adjustments and the personal expenses for assistants at work (up to the minimum wage) are covered by the Fund for Professional Rehabilitation and Employment of PWDs. However, employees of professional rehabilitation agencies lack sufficient knowledge and skills to adequately assist PWDs in achieving fully inclusive workplaces. Additionally, the entire process is often very slow, lasting up to a year.  One of the major issues is that PWDs are not entitled to workplace adjustments and assistance at work, which are considered incentives for employers. As such, if an employer is not interested in providing equal opportunities at work, the PWD must initiate a discrimination protection proceeding, which can take at least a year and a half.  Although there is a section in the law for employers who fail to meet the prescribed employment percentage of PWDs, penalties are rarely issued. There is no regular monitoring or evaluation, nor a system for tracking employees with disabilities. Professional rehabilitation agencies are supposed to monitor the working conditions of PWDs but do not do so regularly.  There are no affirmative actions for entrepreneurship or employability for PWDs, apart from those provided within projects funded by grant schemes. The only legal guarantees in the field of work and employment for PWDs relate to the prohibition of transfer to jobs in other municipalities, extended holidays, and special measures regarding dismissal. |

| **14. ACCESSIBLE AND INCLUSIVE HEALTHCARE** | **SCORE:** |
| --- | --- |
| **14.1 Access to mainstream and quality healthcare:** disabled people have the same range, quality and standard of free or affordable health care. They have access to universal health coverage and to emergency care on an equal basis with others. Discrimination in the provision of health and life insurances or discriminatory denial of health care or services on the basis of disability are not allowed. | 3 |
| **14.2 Comprehensive and specific health interventions and services**: the specific health services needed by disabled people are provided, including prevention, early identification and intervention. There are comprehensive habilitation and rehabilitation programmes based on individual needs. Impairment specific-services, including highly-specialized ones, designed to minimize impairment effects or help disabled people manage effectively impairment effects and prevent further deterioration of their condition are available, accessible and affordable. | 2 |
| **14.3 Healthcare inequalities are effectively tackled:** data collected across number of health indicators including life expectancy, prevalence of chronic illness and quality of life indicators show that disabled people do not experience health inequalities compared to non-disabled people. | 1 |
| **14.4 Healthcare inequalities are effectively tackled:** data on healthcare inequalities are systematically collected including disaggregation by disability and type of impairment. | 1 |
| **14.5 Right to free and informed consent to medical treatment:** disabled people have the right to free and informed consent to medical treatment, and the right to refuse treatment at all times, including in situations of mental distress and regardless of their legal capacity status or condition of liberty. Shared decision-making is fostered when decisions are made about medical treatment of disabled patients on the equal footing as non-disabled patients. | 1 |
| **14.6 Participation of disabled children on decisions about their healthcare**: when the age of medical consent introduced in legislation is lower than the general age of majority, disabled adolescents have the right to consent to medical treatment on the same basis as their non-disabled counterparts and can access support to exercise this right, including supported decision-making where relevant. Disabled children of all ages have access to confidential counselling according to their needs to participate in decisions about their healthcare, including through being informed about medical interventions proposed for them and being able to voice their opinions and to be taken seriously. | 1 |
| **14.7 Prohibition of medical treatments such as forced sterilisation:** the state does not allow or explicitly criminalises forced contraception, forced sterilisation and forced abortion of disabled people - particularly women, children and disabled people living in institutions - without their free, prior and informed consent. Disabled people can decide on their own body and reproductive system. | 1 |
| **14.8 Gender-sensitive services:** the specific needs and rights of disabled people including those of disabled women and girls and disabled people identifying as LGBTIQ+, are taken into account and respected in the health care sector, including their access to sexual and reproductive health as well as to information and education. | 1 |
| **14.9 Training:** the state promotes training for professionals and staff working in the healthcare sector, including in habilitation and rehabilitation services and the promulgation of ethical standards for both public and private health care. | 1 |
| **14.10 Access to health services in rural areas**: health services are provided as close as possible to people’s own communities, including in rural and remote areas. | 1 |
| **14.11 Access to quality health care in institutions**: disabled people living in institutions have equal access to quality health care services, including mental health care, based on their specific needs. | 2 |
| **14.12 Adequate and accessible mental health support:** mental health professionals are trained on disability-related issues, such as minority stress and discrimination. There are no significant barriers for disabled people to accessing mental health services, for instance in terms of inaccessibility, costs, and stigma. | 1 |
| **14.13 Accessible e-health services:** e-health services, information on healthcare, mobile health devices and services are fully accessible and safe to use for disabled patients, their family members, personal assistants and caregivers. | 1 |
| **14.14 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
| --- |
| The Constitution of Montenegro guarantees free healthcare for all PWDs, and they are not legally excluded from mainstream healthcare services. However, the right to prevention of further disability, early identification, and intervention is not legally prescribed and is only available in practice to children with disabilities in some cities. There is no data on the health conditions and healthcare protection of PWDs.  The Law on Health Protection allows police officers to bring a person to a psychiatric hospital if they determine that the person poses a danger to themselves or others. PWDs who have been denied legal capacity do not have the right to free and informed consent to medical treatment, nor do children with disabilities. There are no counseling or decision-making support services available to assist PWDs in making healthcare-related choices. While PWDs have access to general mental health programs, these services are not disability-inclusive.  Access to gender-sensitive healthcare is extremely limited. There are only a few gynecological chairs accessible to women with disabilities in Montenegro, and specialized services for them are mostly unavailable. Additionally, forced sterilization and abortion are permitted with the consent of a guardian for individuals who have been denied legal capacity.  PWDs living in institutions face restricted access to healthcare, as it is usually provided by institutional staff or honorary medical personnel rather than independent healthcare providers.  Specialized healthcare services are largely concentrated in the capital, leaving those in rural areas—both PWDs and the general population—without nearby medical services. The e-health website and mobile app provide incomplete access to healthcare services and information, as certain medications and services must still be obtained in person. Additionally, the e-health service does not function effectively in practice. |

| **15. ASSISTIVE TECHNOLOGY** | **SCORE:** |
| --- | --- |
| **15.1 Affordability and availability of quality aids:** quality mobility aids, devices, assistive and communication technologies are available for disabled people and covered by the state. In extreme cases, they require very low personal contribution. Measures are in place to guarantee that these aids are equally distributed to all who need them, regularly replaced and accessible in both urban and rural areas. | 2 |
| **15.2 Training:** specialist staff working with disabled people receive comprehensive training on the use of assistive devices and technical aids to provide proper support and guidance. Training programmes on how to use the technical equipment are also provided to disabled people. | 1 |
| **15.3 Disability mainstreaming:** entities that produce technical aids and equipment, devices and assistive technologies take into account all impairments and the respective needs of disabled people. Design and development processes involve input from disabled people. | 1 |
| **15.4 Funding for research:** the state invests in research and development of new technologies and support aids to help disabled people live independently. | 1 |
| **15.5 Accessibility of Information**: information about the availability and use of technical aids and equipment is provided in accessible formats. Disabled people are informed about their rights to access these aids and the processes to acquire them. | 1 |
| **15.6 Individualised solutions:** the specific needs of disabled individuals are taken into consideration to produce personalized technical aids and equipment. To this purpose, customization options are available and affordable. | 1 |
| **15.7 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
| --- |
| PWDs receive assistive technologies and aids based on a predefined list set by the Health Insurance Fund, which also determines the prices fully covered by the state. While regulations technically allow for a choice between different distributors, in practice, a monopoly in the field prevents this, leaving PWDs with low-quality aids and no individualized approach to their needs.  The process of obtaining assistive technologies and aids is complex, particularly for PWDs in rural areas. Additionally, information on how to access these rights is not readily available, leading many PWDs to miss opportunities to renew their assistive devices when eligible. |