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Report of Five Coalitions of Disabled Persons' Organisations From Bosnia and Herzegovina for the Second Cycle of the Universal Periodic Review



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On the Report

This report summarises the results from an extensive monitoring process of the implementation of the United Nations Convention on the Rights of Persons with Disabilities conducted in Bosnia and Herzegovina between 2012 and 2013. The methodology used was that of Disability Right Promotion International, involving three levels of monitoring: interviews with 100 individuals with different disabilities regarding their experiences and access to rights, a review of legislation and policy and press monitoring. Monitoring was conducted by persons with disabilities themselves from five coalitions consisting of 65 disabled people's organisations representing persons with various forms of disability as well as parents of children with disabilities.

The process of monitoring was coordinated by MyRight - Empowers People with Disabilities in Bosnia and Herzegovina as part of a Sida - Swedish International Development Cooperation Agency funded programme and Light for the World as part of an ADA - Austrian Development Agency funded project. The coalitions submitting this report are:

- The Kolosi BN Coalition from Bijeljina: 13 organisations
- Coalition from Doboj: 18 organisations
- Coalition from Tuzla: 11 organisations
- Sarajevo Canton Coalition: 10 organisations
- "Zajedno smo jači" Coalition from Herzegovina-Neretva Canton: 13 organisations

Key Findings and Recommendations

This report reviews implementation of the recommendations made to the state of Bosnia and Herzegovina (BiH) regarding the rights of persons with disabilities (PWDs) under the first cycle of the Universal Periodic Review in 2010. Several states made very similar recommendations (nos. 1,2,4,5, 32, 42, 43, 44 and 45), summarised as follows:

- Signing/ratifying the Convention on the Rights of Persons with Disabilities (Spain, Mexico, Argentina, and Qatar) and the Optional Protocol (Spain).
- Establishment of a National Disability Council (Finland).
- Effective and immediate action to enforce existing anti-discrimination legislation (Argentina and Switzerland).
- Regulation guaranteeing the wellbeing and rehabilitation of PWDs and explicitly forbidding discrimination on the basis of disability or cause of disability and eliminating regional variations in access to rights (Argentina and Finland).

In other words, the main recommendations were (1) to sign the Convention, (2) establish a National Disability Council to represent PWDs and disabled persons' organisations (DPOs) and ensure their active participation in all policy processes of interest to them, (3) ensure the implementation of existing and the introduction and effective implementation of supplementary anti-discrimination legislation explicitly outlawing discrimination on the basis of disability, (4) provide positive support to PWDs to guarantee their rights to social inclusion and participation in all areas of social life, and (5) eliminate discriminatory provisions in the existing laws that mandate differential treatment of PWDs with the same disabilities or degree of disability based on how their disability came about or where they live.

There has been some progress in some of these areas, but it has been very limited. In general the recommendations remain valid.

Regarding (1), Bosnia and Herzegovina did ratify the Convention on the Rights of Persons with Disabilities (henceforth, the Convention) in 2010. The impact has been minimal, however. There has been no reform of the legal or regulatory framework, no introduction of an appropriate definition of disability or person with disability, and no attempt to initiate concrete reform processes through strategies or action plans.

Regarding (2), a National Disability Council (henceforth, the Council) has been established, but there are problems regarding its funding, independence, and effectiveness. Appointment to the Council, moreover, has not been consultative and DPOs do not consider it representative of them or their interests.

Regarding (3), there has been regression rather than progress. The new Anti-Discrimination Law does not include disability-based discrimination as one of the 18 unacceptable forms being banned. This is indicative of the approach to dealing with disability at all levels of government.

Regarding (4), areas in which PWDs continue to experience disability-based disadvantage and discrimination in their daily lives include poor physical access to common public facilities and services, the provision of services and information in accessible ways or formats in contexts that are socially integrated, discriminatory treatment by public servants and service providers, the unsegregated exercise of their basic democratic rights, and failure to address or fund the changes and adaptations required to facilities and services to allow them equal opportunity to exercise their rights actively and equal access to public services. This is true generally of all public services, but is particularly urgent with regard to healthcare and education.

In certain cases, the higher level legislation is actually in place, but the necessary regulations, codes, and mandatory standards and guidelines have not been developed and budgets have not been allocated. As a result, new norms, standards and provisions cannot be enforced. Thus, while the law includes a right to inclusive education, children and young people with disabilities are denied this in practice, because funding has not been allocated to provide the services or to ensure that facilities are physically accessible. On the other hand, funding remains in place for special schools, ensuring that those children who would benefit from inclusive education continue to be segregated unnecessarily.

There therefore remains a need for special provisions to ensure that PWDs enjoy equal access to public services. This is particularly urgent regarding access to healthcare (public health insurance) and the minimum income. There is no Medical Card for PWDs and they consequently do not have an automatic right to public healthcare on the basis of their disability. As many

cannot work or have difficulty finding employment due to discrimination, they rely for their access to healthcare on being someone else's dependent or on having access through their own status as unemployed or as social welfare beneficiaries. Similarly, there is no legally guaranteed minimum income, so PWDs have to use their, in any case insufficient, disability benefit payments to cover basic living costs, rather than to equalise their opportunities to participate in society.

Finally, employment opportunities, where they do exist, are generally available only to individuals with very mild impairments. The right to intimacy and a sexual or family life for PWDs remains taboo.

Regarding (5), discrimination on the basis of how a disability came about is still enshrined in law and remains fundamental to the system of disability benefits throughout the country. In BiH, this relates to two aspects.

- Firstly, due to the decentralised nature of government (2 entities, a district and 10 cantons), there is a multitude of laws and regulations which touch upon disability and discrimination, both in themselves and with regard to the regulation of various areas, from healthcare and education through labour law, to voting regulations, etc. These laws and regulations are not mutually consistent and the scope and level of benefits and the categories of PWD to whom they apply vary from region to region, as does the will to implement them effectively and the capacity to fund them. This is on top of the standard issue of differences in access to services between rural and urban areas.
- Equally important is the distinction made at all levels and in all areas between Disabled War Veterans, Civil Victims of the War, and Other Persons with Disabilities, as a result of which individuals in the different categories of impairments qualify for vastly different benefits and entitlements on the basis of the cause of impairment. The system is greatly rigged in favour of those whose disabilities were the result of injuries during the war and of disabled war veterans in particular, at the expense of the large number of people whose disabilities are congenital or developmental or the result of injuries unrelated to the war.

We therefore strongly recommend that the state, entities and other levels of government:

- Conduct an urgent review of all current and planned domestic legislation and practice and bring them into line with the Convention, creating long-term mechanisms to ensure future laws are also in line with it, particularly with regard to the status and rights of children with disabilities. This process should include the development of general definitions of “disability” and “person with disability” to be applied in all legislation.
- Create a National Action Plan, including details on how equal access to the enjoyment of specific rights will be secured and on how individuals with disabilities will be involved (and be empowered to be so). This plan should address specifically the lack of regulations, codes, standards and guidelines governing the practical implementation of legal provisions in key areas (including but not limited to social welfare, education, healthcare, and employment law). It should also determine and put in place mechanisms to ensure the application of these regulations and compliance with them, including the establishment of monitoring and inspection services and the enforcement of fines. The plan must also address the question of funding and ensure adequate public funding is provided at all levels to secure the rights guaranteed in the Convention.
- Reform the National Disability Council to ensure it is representative of PWDs and their organisations and that its work is transparent and effective.
- Pass a programme to strengthen disabled people’s organisations (DPOs) and support their participation in the National Disability Council and its activities, including monitoring implementation of the Convention.
- Tackle the endemic poverty of PWDs by establishing a minimum income, adjusted to take into account additional costs associated with their disability.
- Reform the provision of disability benefits, harmonising laws and regulations between the entities and cantons and ending discrimination based on cause of disability, particularly between veterans, civil victims of the war, and everyone else.

- Provide healthcare coverage to all PWDs.
- Review the regulations dealing with architectural and environmental barriers to access to public services, and in particular to educational and healthcare facilities, and introduce common and consistent standards to ensure adequate accessibility by PWDs into and within public facilities. Enforce compliance with regard to new construction or renovations and establish and enforce a clear timeline for bringing existing facilities into compliance. Where appropriate, ensure that public funds are made available to ensure compliance.
 - Conduct a full review of public services and public information resources and ensure that in future they are provided in appropriate and accessible ways and formats and that staff have training to sensitize them to dealing with members of the public who happen to have disabilities.
- Ensure funding for inclusive education for all PWDs. Given the importance of education for their quality-of-life, social inclusion, employment readiness, and capacity to lobby for their own rights, we make the following sub-recommendations, which require the active involvement of all relevant ministries, institutes, media, NGOs and disabled persons' organisations:
 - Eliminate all discriminatory phrasing in legislation and regulations governing education and bring them and their definition of inclusive education into line with the Convention.
 - Secure funding for and actively implement inclusive education at all levels (preschool to third level and continuing education): this means requiring specific budgetary provision for inclusive education at all levels, including for architectural accessibility and for procuring the necessary assistive devices, teaching materials and aids, textbooks and other literature in appropriate accessible formats, and securing other necessary forms of support (teaching assistants, sign language interpreters, personal assistants, etc.).
 - Regulate for and fund a system of assistive services to aid inclusion in education.

- Require that new facilities be constructed in line with accessibility standards and norms and set a clear short timeframe for bringing existing facilities into compliance.
- Secure appropriate transport to educational institutions for children and students with disabilities.
- Make inclusive education training mandatory for teaching staff and provide funded mechanisms to train staff and inform parents and children about inclusive education to ensure a receptive educational environment.
- Introduce certification of staff dealing with assessment of the degree of a child's impairment and accompanying educational needs, as well as their capabilities and potentials, and ensure observation takes place within the educational environment, without unnecessary displacement of children with disabilities.
- Review standards for assessing disability in children and their placement in day centres or institutional care, to ensure those who can attend inclusive teaching are not excluded from the regular educational process.

The context

It is particularly important in considering the status of PWDs in BiH to have a clear understanding of the country's recent history and complex structure, which has resulted in a highly decentralised and fragmented politics, entailing considerable legal inconsistency regarding rights and entitlements both across the main areas of policy and between the different regions (the entities and cantons). This gives rise to difficulty ensuring that principles are consistently applied and that enacted provisions are actually being implemented or enforced.

The current administrative organisation of BiH represents a compromise imposed under the Dayton Peace Agreement after the war in the early 1990s. Annex IV of the Agreement is the Constitution of BiH and it defines the country as comprising two entities, the Federation of BiH (FBiH) and the Republika Srpska (RS), in which the main responsibilities of government are invested. There is also a District of Brcko, a municipality in the north of the country with a status equivalent to that of a free por. The RS is itself centralised, while the FBiH has an entity-level government many of whose responsibilities, authorities and sources of revenue are shared with a lower and highly autonomous cantonal level. Both entities and all ten cantons have their own constitutions, governments and ministries, all passing relevant legislation and determining criteria for benefits. It is important to understand that almost all issues of concern to PWDs are dealt with at the entity and/or cantonal levels. The compromise reached under Dayton did not settle all the questions that had led to war in the first place or were exacerbated during it. Insofar as the various parts of the country had been rendered relatively ethnically homogeneous during and after the war, thanks to ethnic cleansing and the failure of the refugee return process, policy and service provision are determined largely on a sectarian basis, with the minimum possible degree of reference to any state-level framework. The RS thus insists on its autonomy and resists state-level harmonisation of policy and programmes in any area, while, within the FBiH, certain cantons are equally protective of their autonomy and resistant to entity-level harmonisation.

This situation is reflected in the way the social protection system and benefit payments have been used since the war by the political authorities to reward those who fought on the various sides during the conflict and in

particular those who were injured or contracted some form of disability. It is these vested interests that make reform of this inbuilt discrimination so hard to accomplish.

Given that BiH wishes to become a member of the European Union, it is obliged to conduct various reform processes to harmonise legislation and practice with EU norms. Disability issues play an important role in this process and this is the main factor behind even the minimal political will to regulate in this area that does exist. Generally speaking, there are no regulations at any level that actually place PWDs in a subordinate position because of their disabilities, but the situation in practice is very different, entailing a need for measures to ensure the practical application of equality and non-discrimination. Unfortunately, the sheer bulk of ongoing reform, combined with the lack of institutional and financial resources, the underdevelopment of the underfunded disability movement, and the widespread presence of prejudice mean progress is very slow and PWDs continue to suffer significant disadvantage. Nonetheless, by signing and ratifying international instruments, BiH has accepted an obligation to secure the same life opportunities for all its citizens throughout the state without discrimination. The country is obliged to meet the human rights standards enshrined in those instruments, while PWDs have the right to demand protection from discrimination and full exercise of all their human rights, as provided for in them.

Progress Review

As noted above, Bosnia and Herzegovina ratified the United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol without reservation or comment in March 2010. Ratification itself has had no impact on the current legislative framework in the country and the Convention is thus not being applied and the rights of individuals with disabilities are being violated both actively and by omission.

Bosnia and Herzegovina has yet to create a plan to implement the Convention or bring legislation into line with the principles and obligations declared in it. Current constitutional and legal arrangements directly or indirectly related to the rights and fundamental freedoms of PWDs fail to reflect to any major degree the Convention's principles and spirit, indicating a need for harmonisation. For example, only one of the 13 constitutions includes a specific requirement to equalize opportunities for people with disabilities to exercise their human rights and freedoms. Even when legislation is in line with the Convention, practical application is at best partial. A number of laws recently introduced in the areas of labour, education, healthcare, and social protection do actually give more attention to the inclusion of PWDs, but, because there are no regulations or codes as yet, they have not achieved the expected results in practice.

In 2011, the Council of Ministers established a National Disability Council, as a consultative, lobbying and coordination body, tasked with improving, promoting and monitoring the implementation of the Convention. Had this been done with respect for the principles governing national institutions for the protection and promotion of human rights, representative participation of DPOs would have been secured. The representatives appointed to the Council were, however, chosen by decision of the Council of Ministers and do not represent the majority of such organisations. There are no representatives of deaf persons or of persons with psychosocial disorders or of the parents of children with psychosocial disorders. Nor does the Council's dependence on an irregular, ad hoc budget promote independence. It is therefore no wonder that its activities have yet to yield visible results for PWDs in the country. In short, PWDs do not consider that the Council meets the conditions for being an independent body or one inclusive of them in monitoring the implementation of a Convention on their rights.

There is no single, all-purpose definition of “disability” or “person with disabilities” valid for all legislation. Disability is defined in legislation in ad hoc fashion, depending on the locally valid conditions and criteria. Such definitions also focus on how and when the disability arose: i.e. whether it is war-related. This means there is no single, all-purpose definition or set of unified criteria for qualifying a person as with disabilities. This gives rise to important variations in how disability rights are certified, hindering their exercise. The preconditions for equality of opportunity and participation are thus absent.

Legislation does not protect PWDs from discrimination or ensure their equality. While some laws do specifically reject discrimination on the basis of disability (e.g. entity level employment law or laws governing education and healthcare), most do not. Even the general Anti-Discrimination Law does not directly mention disability or forbid discrimination based upon it. There is no general provision in either entity forbidding discrimination on the basis of disability. The many social, educational, economic, physical and transport-related barriers, and indeed public attitudes and prejudices, prevent or significantly hinder most people with disabilities in the enjoyment of their fundamental rights. There is legislation formally regulating this area, but formal or official discrimination on the basis of disability still exists, manifesting through the different approach taken to how rights are exercised and related cash payments made. There is still no adequate institutional capacity for dealing with people with disabilities nor do structures exist at all levels to ensure their inclusion.

The legal framework itself directly discriminates against most PWDs based on the cause of their disabilities. Certain distinctions in the scope and content of rights and the conditions for exercising them are based upon why and how the disability arose, place of residence, and age, and not on what is really required to create for an acceptable quality of life or equality of opportunity. This relates particularly to those whose disabilities were caused by wartime events, as against those with similar disabilities or levels of disability unrelated to the war. Such discrimination is found throughout the country, as the threshold for qualifying for disability-based entitlements is at least 20% loss of physical, cognitive, sensory or other function for war veterans. For civilian victims of the war the threshold is 60%, while for all others it is 90%. This major discrimination is unacceptable, particularly given its direct impact on quality of life and functioning.

Legislation does not incorporate the social model of protection of PWDs' rights. Most individual legal provisions are based upon the medical approach to disability. This means that PWDs are given continuing medical examination of their condition or status, without accompanying assessment of their other capabilities and needs. No attention is paid to their social inclusion.

Legislation does not ensure their right to political participation. While their right to participate in public and political life on an equal basis is formally enshrined in law, no mechanisms are envisaged to afford them the same opportunities to exercise it as other citizens. Rather than simply assuming they will exercise their right to vote at the same places and under the same circumstances as everybody else and ensuring that this is possible, current legal arrangements envisage they exercise it at home through the engagement of mobile teams. If they wish to exercise their rights, therefore, they must do so under segregated circumstances. Nor is any provision made for individuals with disabilities to use assistive and other technologies in political activity or during the electoral process. Poor legal regulation of funding for DPOs makes it difficult for them to participate equally in policy-creation and decision-making processes or even in programmes of specific relevance to them, no matter the extent of their formal equality and formal rights.

The legal framework makes no specific mention of the rights and needs of girls and women with disabilities. The laws that protect women and girls' rights and ban violence in the family do not recognise or even mention girls and women with disabilities.

The legal framework regarding the rights and needs of children with disabilities is not harmonised. Formal guarantees exist at state-level for the highest standard of rights and fundamental freedoms and very acceptable formal arrangements regarding the rights of children and young people to education without discrimination under equal conditions for all. However disability is not specifically mentioned as a ground for discrimination but rather assumed to fit under general discrimination. Moreover, there is no legal framework allowing state-level institutions to provide support to children and young people with disabilities or their families. The approaches taken by entity and canton vary, producing discrimination on a territorial basis.

The legal framework does not oblige institutions regulating communications and the media to sanction discrimination on the basis of disability, nor are the media obliged to report in an accessible fashion. Individuals with disability are still referred to by inappropriate terms and names in the media, generally appearing in the role of the victims and not as citizens of Bosnia and Herzegovina who are active in political, educational, cultural and sporting life. The media have taken no steps to ensure that the information they provide the general public is provided in a form accessible to individuals with disabilities.

There are no government programmes to raise awareness of equality of access to public services for PWDs or to sanction discrimination against them in the provision of such services. Labelling and belittling are a part of everyday life for PWDs, exposed on a daily basis to negative experiences, including insults and insensitivity from officials in public institutions and services. They face such experiences in healthcare institutions, educational processes, attempts to find employment, and, in the few applicable cases, in the workplace.

Focus on Education

Equal opportunity in education is guaranteed but not ensured. While the laws require equality of opportunity in education for all without discrimination, disability is not recognized as a basis of discrimination. Inclusive education is mandated in law, but so is education in special schools. Moreover, separate funds have not been allocated for inclusive education, but they have been planned in both entity budgets to finance the operations of special schools for individuals with disabilities, which indicates that the authorities are not yet ready to implement inclusive education. A further consideration affecting the practical application of inclusive education is the lack of regulations and codes.

While education is supposed to be accessible to all under equal conditions, the forms of support PWDs require for equal participation are not specified, still less provided. There is no clear obligation to ensure physical accessibility or to provide textbooks and teaching aids in appropriate formats and appropriate techniques (Braille, large print, or Easy-Read) or various assistive devices and aids, teaching assistants, sign language interpreters, and so forth, all of which results directly in exclusion.

Similarly, the shortage of sign language interpreters, assistants and materials in Braille or other formats suitable for the blind or visually impaired means the range of occupations they can train for at secondary school level is remarkably narrow. Children and young people with multiple and/or complex impairments (like autism spectrum disorder, deafblindness, cerebral palsy, various syndromes or medical conditions) have little opportunity to avail of education even in special schools. Finally, most children with disabilities from rural communities are still not included in regular preschool activities, whether for education or socialisation.

Focus on Accessibility

Architectural accessibility (access to and within buildings) is a major problem for PWDs in BiH. This is at least in part due to the inconsistent application of legal provisions and regulations and the lack of effective sanctions. Even though new regulations have entered into force in both entities, a number of public facilities have been built or reconstructed (schools, public administration buildings, and cultural, sporting and recreational facilities) that are not in compliance with accessibility standards. No sanctions have been applied. That the responsible institutions take such an approach results in a significant restriction of access to public premises, with a long-term impact on PWDs' exclusion from various social processes.

There is generally poor awareness of the importance of accessibility standards throughout the whole system of designing, building and supervising construction and they are often only partially applied, so that there is only partial access to facilities (e.g. there may be ramp access to the building, but no ramps or lifts within it).

While provision of orthopaedic and other devices, assistive technology and forms of human assistance is mandated by law, the extent to which these entitlements can be availed of is severely limited, because the associated regulations have not been adopted or are too restrictive or are simply not enforced. Similarly, there are no systematic arrangements for training to allow PWDs to be independently mobile, with or without the aid of appropriate assistive devices. The system of support to the right to personal mobility is totally unresponsive to individual needs and has a particularly negative impact on those with more severe degrees of impairment.

In addition, the right to accessible public transport is ignored. The regulations governing public transport do not clearly oblige service providers to provide PWDs accessible facilities or information, significantly limiting their freedom of movement.

Focus on Healthcare

PWDs' right to healthcare is not guaranteed. PWDs have no automatic right to health coverage on the basis of their disability under the laws on public health insurance. They have to derive their right on some other basis (through an insured person, social welfare status, etc.), which can result in them having no access to public healthcare. Nor is their right to habilitative or rehabilitative services guaranteed by law. The question of early habilitation and rehabilitation is not treated in detail in any law. For those who acquire a disability during their lifetime, the only rehabilitation dealt with in law is primary medical rehabilitation.

Even though the legislation governing healthcare does explicitly forbid discrimination on the basis of disability, its application in practice nonetheless leaves individuals with disabilities unable to enjoy their right to healthcare to the same degree as other citizens. There are physical obstacles to access to most institutions of primary healthcare in both urban and rural environments. Diagnostic and other instruments and equipment suitable for the varying needs of persons with disabilities within health and dental care does not exist or has not been adapted which particularly affects individuals with more severe forms of impairments as well as adults and children with intellectual impairments. Nor is it possible to make use of specific rare medicines that can help prevent an increase in degree of disability or of specialised dietary programs aimed at preventing or moderating disability. There are no services specially targeted at women with disabilities (gynaecological services associated with maternity or counselling on reproductive health; the equipment for gynaecological examinations, birthing, etc. is unsuitable/unadapted). Nor are there training programmes for medical or paramedical staff on how to work with PWDs. Medical rehabilitation programmes are not available to all PWDs who need them. There are no programmes to accurately assess the need for orthopaedic and other assistive devices, adapted to the individual's needs, any more than there are programmes to provide hygienic and sanitary materials.

Focus on Employment

Legislation does not ensure PWDs equal opportunity to work. Whatever the intention in principle of the various regulations, individuals with disabilities, particularly those with more severe impairments, are not generally in a position to find employment on the open labour market. There are few companies focusing on the employment of PWDs and those that do are active only in major urban centres. Because of insufficient promotion of the existing incentives, only a small number of employers choose to start-up companies for the employment of individuals with disabilities and, while self-employment is envisaged as a possible form of employment, the regulatory framework is still not in place. The laws on the professional rehabilitation, preparation and employment of PWDs in both entities envisage quota systems intended to stimulate PWDs' employment on an open labour market and include incentives for adapting workplaces and the work environment, but there are no regulations or codes that set standards and stipulate mechanisms, rendering the legal requirements unenforceable. Nor are there any Centres for the Work Training of Persons with Disabilities.

Focus on Poverty and Social Exclusion

According to a World Bank investigation in 2011, around 22% of the general population of Bosnia and Herzegovina live below the general poverty line, but 2/3 of adults with disabilities do. The laws on social protection in either entity provide no guaranteed minimum income even for PWDs and cash benefits for individuals with disabilities – personal invalidity benefit, cash payments for the help and care of third parties (carer's allowance), and the orthopaedic allowance – are very frequently treated, even by the responsible institutions, as financial resources to cover basic living costs. This is a consequence of the inadequate determination of the right to social security.

The family represent a major resource for PWDs in Bosnia and Herzegovina in this regard, particularly given the state's failure to provide an enabling environment for them. As a result, the families carry a significant additional burden of obligations and costs. Family members can become increasingly socially excluded themselves and are at increasingly risk of themselves falling into poverty. The families of PWDs are unmentioned in any legal framework or policy programme.

A further problem is that the relevant state or government institutions are under no legal obligation to develop programmes of social housing or assisted housing for PWDs, who are consequently often not able to provide themselves with adequate living conditions or to form their own families.

The family is an important source of emotional and material support for PWDs and their connection with family members makes them feel proud and useful. There are no legal or programme guidelines that guarantee individuals with disabilities their right to intimacy or a sexual and family life. It is one of the whole package of prejudices regarding PWDs that they are supposed not to be capable of an independent life and therefore of founding a family.

Finally, we may note that there is no requirement of inclusion in decision-making processes or promotion of social inclusion. PWDs are excluded from most social processes and have little opportunity to participate in decision-making of relevance to them either as having disabilities or as members of the public. Women and girls with disabilities are subject to multiple discrimination, as they are isolated and excluded, even from the activities of DPOs, as reflected in their reduced participation in the governing bodies of such organisations and their lower degree of inclusion in informal educative or training programs organised by such organisations. There is also an evident dismissiveness regarding projects which might focus on forms of support to and greater inclusion of women with disabilities in society.