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SOCIETIES

SUPPORT OF CSOS IN EMPOWERING TECHNICAL SKILLS,  
INCLUSION OF PEOPLE WITH DISABILITIES AND EU STANDARDS  
IN SOUTH EAST EUROPE

# SOCIAL DISTANCES AND COMMUNITY BOUNDARIES

*Project Societies 2.0*

Research on Advocacy Capacities of Civil Society Organizations in South East Europe





Financed by European Union



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Disability Advocacy Research  
on Civil Society Organizations  
in South East Europe



This research has been conducted with the support of European Union. The contents of this publication are the sole responsibility of the partners of project “SOCIETIES 2 - Support of CSOs In Empowering Technical skills, Inclusion of people with disabilities and EU standards in South East Europe, 2nd phase” and do not necessarily reflect the opinion of the European Union.

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## LIST OF ACRONYMS

<b>AL</b>	Republic of Albania
<b>APP</b>	Application
<b>BIH</b>	Bosnia and Herzegovina
<b>BLG</b>	Republic of Bulgaria
<b>CAF</b>	Charities Aid Foundation
<b>COVID-19</b>	Corona Virus Disease 2019
<b>CSO</b>	Civil Society Organization
<b>EC</b>	European Commission
<b>ELBA</b>	Emergenza Lavoro Balcani project
<b>EU</b>	European Union
<b>EUR</b>	Euro
<b>EUROSTAT</b>	European Statistical Office
<b>GDP</b>	Gross Domestic Product
<b>ICMC</b>	International Catholic Migration Commission
<b>ISTAT</b>	Italian National Institute of Statistics
<b>KS</b>	Kosovo**
<b>MNE</b>	Republic of Montenegro
<b>NGO</b>	Non - Governmental Organization
<b>PWD</b>	Persons with Disability (including people with mental diseases)
<b>SEE</b>	South East Europe
<b>SME</b>	Small and Medium Enterprise
<b>SOCIETIES</b>	Support Of CSOs In Empowering Technical skills, Inclusion of people with disabilities and EU standards in South east Europe
<b>SR</b>	Republic of Serbia
<b>UK</b>	United Kingdom
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>USA</b>	United State of America
<b>WB</b>	Western Balkans

Kosovo\*\*: This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo\* declaration of independence.

## THE PROJECT SOCIETIES 2

Ettore Fusaro

*Networking Expert of Project Societies 2.0*

The project “SOCIETIES 2 – Support Of CSOs In Empowering Technical skills, Inclusion of people with disabilities and EU Standards in South East Europe, 2nd phase” is a multiannual project financed by European Commission and co-financed by Caritas organizations. It represents the 2<sup>nd</sup> phase of the project SOCIETIES<sup>1</sup>. The project is financed within the EU program *Support to regional thematic networks of civil society organisations, support to a regional network for women's rights and gender equality and support to small scale projects promoting cooperation between communities and citizens from Serbia and Kosovo\*\**.

The SOCIETIES 2 project has its “core business” in empowering civil society to actively take part in decision making and stimulating an enabling legal and financial environment for civil society and pluralistic media.

The project is proposed by an **alliance for social inclusion**, composed of 10 CSOs in the Western Balkan region: Caritas Serbia and Civic Initiatives (Serbia), Caritas Bosnia and Herzegovina and Association of Parents and Children with Special Needs “Vedri Osmijeh” (Bosnia and Hercegovina), Caritas Albania and Project Hope (Albania), Caritas Kosova and Support Centre for Persons with Mental Disabilities “Centre for Independent living” (Kosovo\*\*), Caritas Montenegro and Association of Paraplegic of Montenegro (Montenegro), with the external support of Caritas Italiana (Italy) and Caritas Bulgaria (Bulgaria).

These partners have worked together on different projects, sharing common values, joint mission and strategies; they are active in the field of social inclusion of disadvantaged groups, experienced in implementing actions for PWDs by promoting social economy and empowerment of CSOs.

The consortium created the Action on the capitalization of past and ongoing activities in similar fields of work. In fact, it is called “SOCIETIES 2” as it represents the continuation, extension and upgrade of the regional project SOCIETIES, implemented in the same 5 countries, with the involvement of the majority of the Co-Applicants.

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<sup>1</sup> Project “SOCIETIES - Support Of CSOs In Empowering Technical skills, Inclusion of PWDs and EU standards in South East Europe” (2016-2019, contract nr. 2015/370-229), granted through Civil Society Facility and Media Programme 2014-2015 - Support to regional thematic networks of CSOs

**In details, the project SOCIETIES 2 aims at:**

Overall objective: To strengthen the CSOs' participation in public dialogue with the Public Authorities and influence the decision-making processes, by increasing their expertise and capacities in the fields of social inclusion for PWDs and de-institutionalization policies.

Specific Objective 1: To increase CSOs' capacities, accountability and effectiveness in managing social inclusion and de-institutionalization initiatives as well as in promoting and advocating for social inclusion of PWDs, in line with the EU accession standards.

Specific Objective 2: To foster a conducive environment for civil society activities by establishing permanent structures and mechanisms for the cooperation and dialogue between CSOs and Public Authorities.

The cluster of activities related to Specific Objective 1 includes: a regional Capacity Building Program for CSOs; Study visits; a Sub-granting Scheme for CSOs; Monitoring and Mentoring activities; and a Regional Fair.

The cluster of activities related to Specific Objective 1 includes: a regional Kick-off Conference and 5 local informative sessions; regional Research and Mapping; the Task Forces on Advocacy; a Network creation; Awareness campaigns; and a Regional Forum together with local Final Conferences.

The project started on 1<sup>st</sup> April 2020, during the COVID-19 pandemic. Concerned about the impact of this crisis on the already fragile CSOs of people with disabilities in the region, the Project management proposed this Research about the impact of the pandemic on civil society organisations and social enterprises in South East Europe.

## THE SURVEY RESEARCH TEAM

Andrea Barachino

*Scientific Coordinator and President of Consorzio Communitas Milano, Italy.*

### WHO WE ARE?

Founded in 2009, the Communitas Consortium aims to create a flexible, but permanent form of collaboration between the member bodies (cooperatives, foundations, associations) to develop, coordinate and implement initiatives aimed at studying and developing knowledge of coordinated initiatives for the accompaniment and assistance of people at risk of social exclusion and in conditions of poverty, as well as to develop and coordinate initiatives for a better knowledge of migratory movements and integration of migrants themselves (in particular asylum seekers and groups entitled to international protection). Communitas Consortium aims also at promoting intercultural and interfaith dialogue between people of different cultures and religions and European and Italian citizens, with special regards to the youths.

### RESEARCH AND PUBLICATIONS

Consorzio Communitas carries out research and studies on its own, and/or in collaboration with its consortium members. The most relevant recent publications are:

- “Fostering Community Sponsorship in Europe”, ICMC e Caritas Europa, 2019
- “Family first: In Italy together with your family; Report on the family reunification of refugees in Italy”, UNHCR Italia, Caritas Italiana and Communitas, 2019 – “Maximizing Migrants' Contribution to Society: 1) Immigration and culture, 2) Migration and social change, 3) Migration and public opinion, 4) Report on the sphere of economy”, MAX Project 2019
- “Presidio in no-man’s land”, First Report on labour market exploitation in agriculture, 2015 - “Life under cost”, Second Report on labour market exploitation in agriculture, 2017

### SURVEY RESEARCH TEAM

To accomplish the requirements of the project SOCIETIES 2, the Consorzio Communitas, thanks to its network of partnership and associated members, avail itself of the collaboration of a multidisciplinary team of 7 experts, plus specific contribution of different authors. **Researchers (corresponding authors):** Andrea Barachino, Daniele Bombardi, Alberto Fabbiani, Ettore Fusaro, Lorenzo Leonardi, Cristiana Melis, F Anxhela Zeneli.



## INTRODUCTION AND METHODOLOGY

Andrea Barachino

*Scientific Coordinator and President of Consorzio Communitas Milano, Italy.*

Consorzio Communitas has conducted this survey titled “**Social distances and community boundaries - Disability Advocacy Research on Civil Society Organizations in South East Europe**” in order to analyze the COVID-19 pandemic impact on more than 250 Civil Society Organizations in the South East European region.

What are some ways ‘advocacy’ has been defined from Project Societies’s experience?

- Advocacy is a means of providing a voice for CSOs, PWDs and other stakeholder to better communicate their problems and seek support from key partners to address them.
- Advocacy is about promoting behavioral change (personal and CSOs attitude), which may or may not involve changing mindsets to influence policy and practice at any level.
- Advocacy is making a case for positive change which can involve both talking and doing; it is usually enhanced by collaboration and most often focused in the public sphere.
- Advocacy can have a discrete timeline or be a way of life.

### **Methodology adopted**

Consorzio Communitas drafted a Survey Questionnaire with more than 40 questions, and developed a related specific Advocacy page within the SOCIETIES 2 database. Meanwhile, as required by SOCIETIES 2 project partners, a Business Intelligent App has been developed for creation of dashboard and online daily updates.

The Survey Questionnaire has been translated into different languages (Albanian, Bosnian, Croatian, English, Montenegrin, Serbian) and later on, with the contribution of Local Coordinators of project “SOCIETIES” and in synergy with the Coordinators of “Employ Yourself” and “Elba” projects, it has been spread all over the region.

The respondents to the Survey were the leaders of 121 CSOs: majority of them are registered as Associations and as National NGOs/not for profit organizations; then we can find Social Enterprises, Faith-based Organizations, Foundations, and “others” (such as informal groups). They are located in Albania, Bosnia and Herzegovina , Kosovo\*\* , Montenegro, Serbia. Their macro-areas of work are: disabilities; social development and care.

With the data available, Consorzio Communitas produced a Report Updates with the most relevant information for SOCIETIES 2 project partners. Moreover, with the data collected, Societies 2.0 project

partners had been able to promote 5 national focus group involving all the networks and communities with the topic of Advocacy and Gender analysis in the framework of SEE initiative in favor of PWDs.

The results of the Survey presented in this Research will be used for the following purposes:

- to lobby and advocate for policies and measures of the local/national/regional/EU Institutions which focus on CSOs service providers in favor of PWDs.
- to re-modulate the multiannual project SOCIETIES 2 activities and actions, taking into consideration the new needs emerged after 2 years of project;
- to transfer to the members of the CSOs network involved in SOCIETIES 2 the most relevant key findings and recommendations;
- to assess the current challenges that civil society organizations and social service providers are facing whilst working with PWDs and other beneficiaries, as well as and map the assistance models;
- To implement specific campaigns, regional round tables and regional initiatives with full involvement of different consortium or networking operating in the field of disability and Mental Health

**Survey Data Collection Mode:** via Web and email + Phone or web Interviews, Focus groups and meeting reports

**Time frame of implementation:** data collection 01<sup>th</sup> April 2021 – 31<sup>st</sup> May 2022, then Analysis and Elaboration.

**section II**  
**RESULTS OF THE**  
**RESEARCH**

## PROFILE OF THE CIVIL SOCIETY ORGANIZATIONS INTERVIEWED

Angela Zeneli<sup>1</sup>, Alberto Fabbiani<sup>2</sup>

<sup>1</sup> *Expert for South East Europe, Consorzio Communitas Milano, Italy, CBC IPA Cross Border Project Manager.*

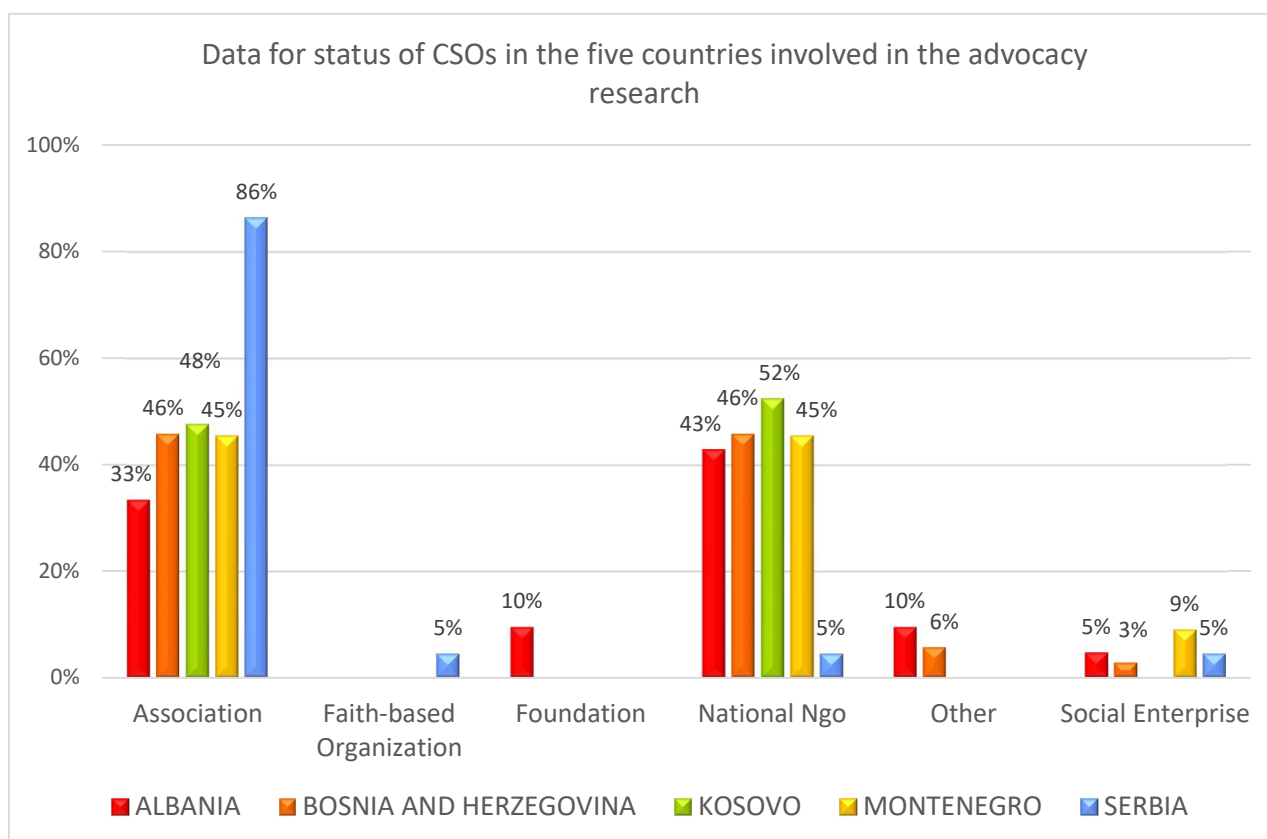
<sup>2</sup> *Researcher and Statistical Computing, & Digital Publishing Web Specialist – con2b Senigallia, Italy.*

This Advocacy Research on disability related topics has been conducted in five different Regions in South East Europe: Albania, Bosnia and Herzegovina, Kosovo\*, Montenegro Serbia. The research is part of a series of activities under the framework of SOCIETIES 2 Project financed by the European Commission with the aim to empower technical skills and to include people with disability into the community.

The Survey has reached 121 Civil Society Organisations, 21 in both Albania and Kosovo\*, 35 in Bosnia and Herzegovina, followed by 22 in Montenegro as well as Serbia. The goal of this research is to collect both quantitative and qualitative data to promote understanding and respect for all human rights. It also aims to encourage best practices in relation to fundamental rights as well as to raise awareness and equip advocates to effectively support people with disabilities to secure their rights, influence legislation, policies, practices and services. People with disabilities in the SEE countries continue to face a number of important challenges. After the destruction of the centrally planned economies in Eastern Europe, the economic challenges associated with the transition to a market economy have served as an excuse for not treating people with disabilities in a dignified way. Attitudes and bad practices, that are deeply rooted in society, represent a reason for not taking actions towards the plight of the PWD in these societies. There is a lack of awareness among the community concerning the difficulties faced by people with disabilities, many of whom are prisoners in their own flats. In a way, policies and habits dating back to the communist regime, which deliberately separated people with mental and physical disabilities from the rest of society, continue to persist. People with disabilities remain invisible and effectively excluded from full participation in the political, social, economic and cultural life of their communities.

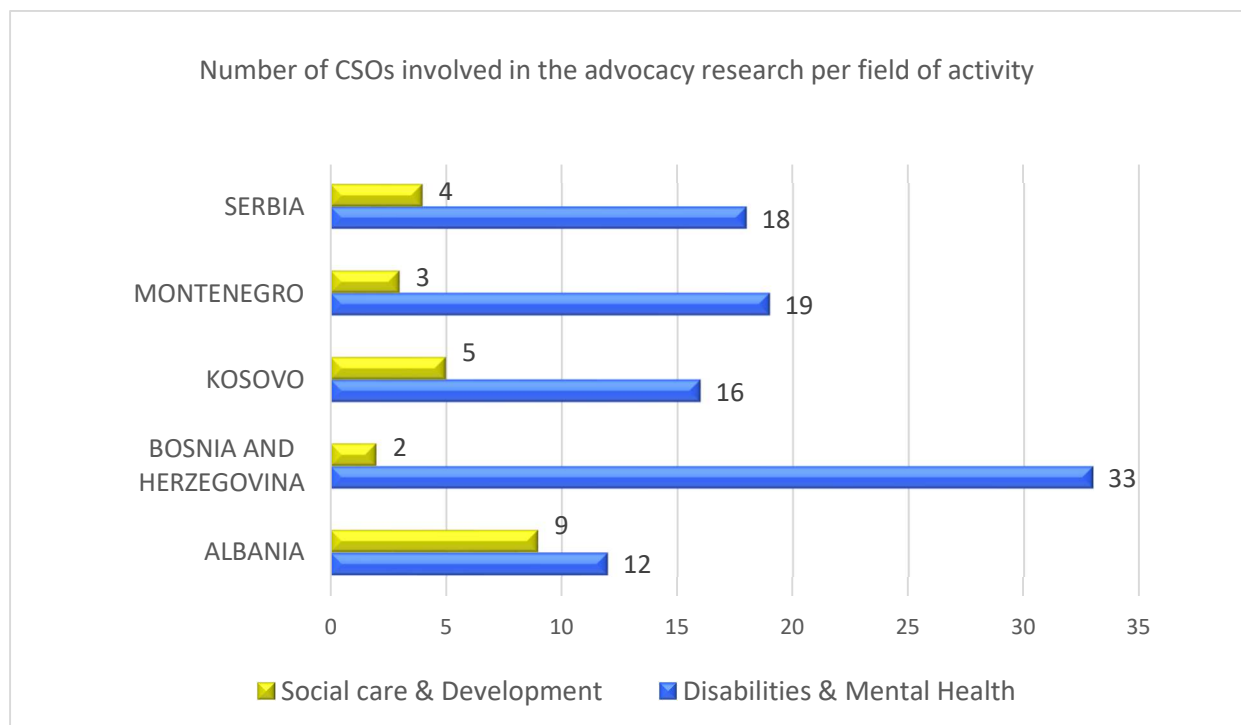
Regarding the methodology used, throughout a standardised questionnaire, during the data collection phase, gives the opportunity to have an understanding and assessment of the current situation, in terms of violation of PWD's fundamental rights, involvement of CSOs to public consultation tables, in disability related reforms and on legislations in social protection besides the perception and attitudes of people with disabilities as key actors.

As for Albania, the majority of the answers to the questionnaires submitted came from Associations (33%) and National NGOs (43%). A similar positive trend is also followed by countries such as Bosnia and Herzegovina (with 46% for both statuses), Kosovo\* with a majority of NGOs at 52% and of Associations at 48% and finally Montenegro with 45% in both areas. A total absence of responses from faith-based organisations was found in all the countries involved, except for Serbia which recorded 5% of responses in this status. The same pattern is followed by all countries participating in the research as for the questions coming from foundations where no one has answered apart from the 10% located in Albania. Finally, few responses were received from social enterprises located in Albania and Serbia with both 5% of answers, Bosnia and Herzegovina (3%) and Montenegro (9%).



With regard to the area of activity of the CSOs interviewed in the Balkan Region, most of them cover the field of disability and mental health (98) and some others the social care development (23). Specifically, a higher presence of CSOs working in the field of disability can be found in Bosnia and Herzegovina (33), followed by Montenegro (19), Serbia (18), Kosovo\* (16) and finally Albania with the lowest number of 12 CSOs. The presence of CSOs participating in the research

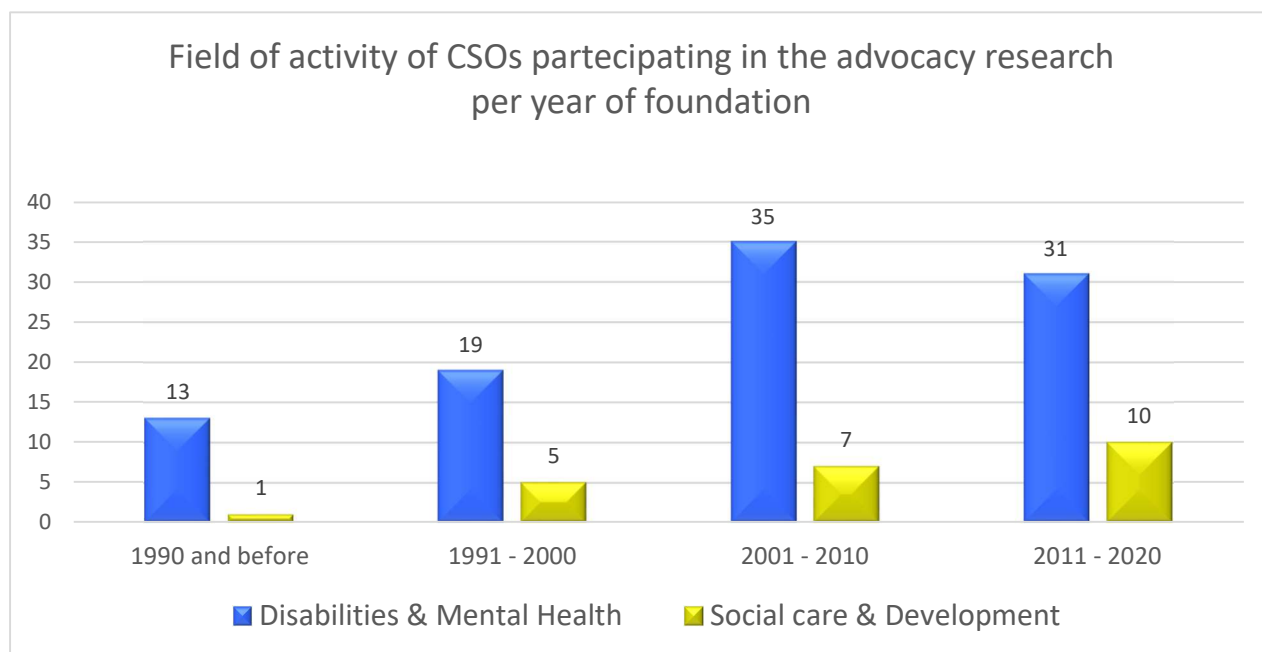
under the field of development and social care is much lower, with the lowest figures in Bosnia and Herzegovina (2), Montenegro (3) and Serbia (4).



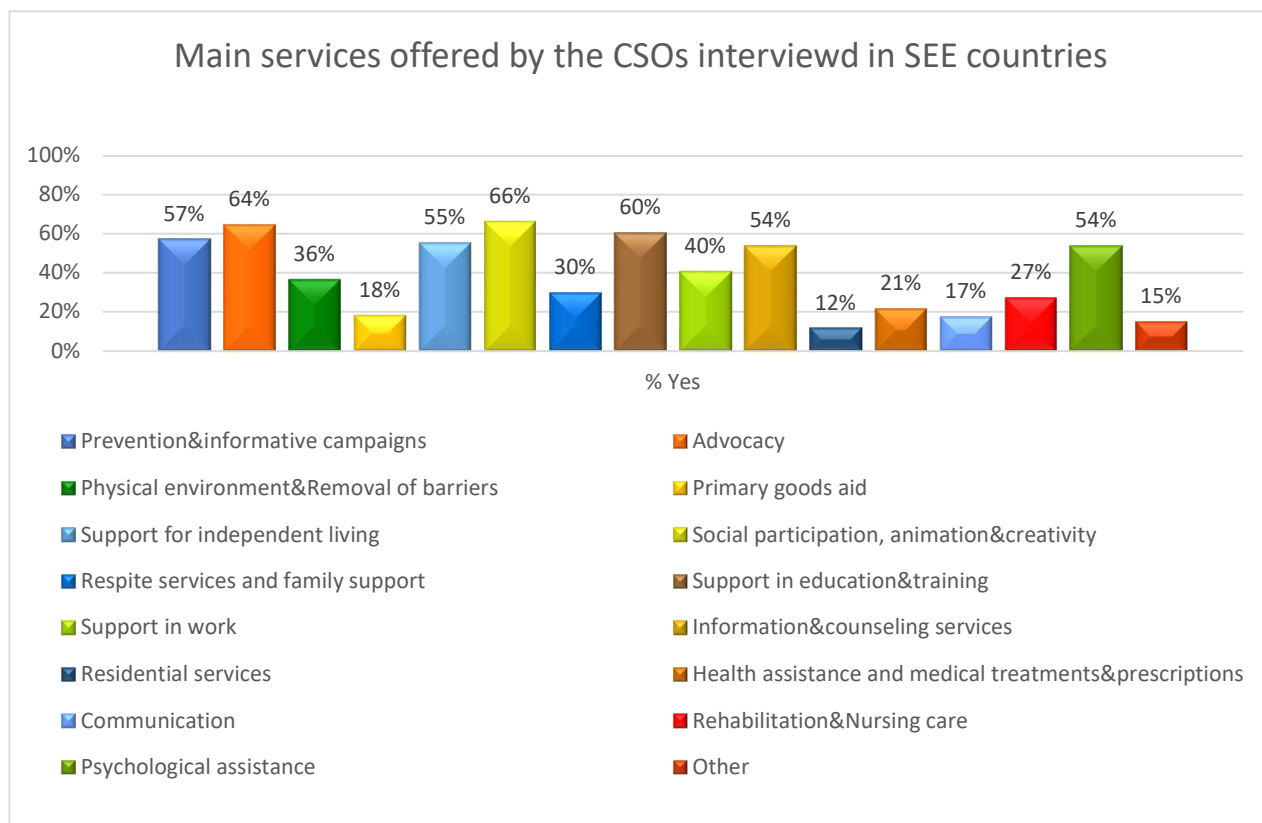
Year of foundation of CSOs	Number of CSOs
1990 & before	14
1991 - 2000	24
2001 - 2010	42
2011 - 2020	41
TOTAL	121

When it comes to the foundation of the CSOs covered by the research, most of them were established at the beginning of the new millennium, specifically 42 CSOs were set up between 2001-2010 and 41 CSOs took off between 2011-2020. While 24 organisations were created towards the end of the 20th century, around 1991-2000, and 14 more were established before

1990. In recent years, there has been a positive trend in enhancing cooperation between civil society organisations and local governments, when it comes to improving the living conditions and integration of people with disabilities, which explains the positive development in the establishment of numerous CSOs in recent years. However, SEE countries continue to discriminate and exclude people who are seen and labelled as disabled, and this issue is increasingly becoming a topic for emancipation in the disability research sphere.



Among the 121 organisations interviewed, respectively 35 and 31 are those that were founded between 2001-2010 and 2011-2020 dealing with mental health and disability issues, while 13 and 19 were established before the 2000s. Development and social care, on the other hand, is less represented as a field of activity and only 10 organisations have been registered in the last decade according to the data.



The CSOs sector throughout South East Europe is vast and highly differentiated and the mapped CSOs are covering a wide variety of organisations. The profile of CSOs activities has largely increased in the last 2 decades beyond those activities traditionally covered. Organisations in the Balkans Region are no longer concerned with providing only material support to vulnerable groups. CSOs have recently become more aware towards those activities which are less tangible, but that aim to create a change in the mindset of people and society. Therefore, prevention activities and information campaigns (57%), advocacy (64%) and social involvement (66%) are becoming increasingly popular among the services provided by organisations. In addition, also education and training support services (60%) that aim to strengthen the skills of beneficiaries and empower them towards independence and greater self-reliance.



## FUNDAMENTAL HUMAN RIGHTS: STEPS TAKEN IN SEE COUNTRIES

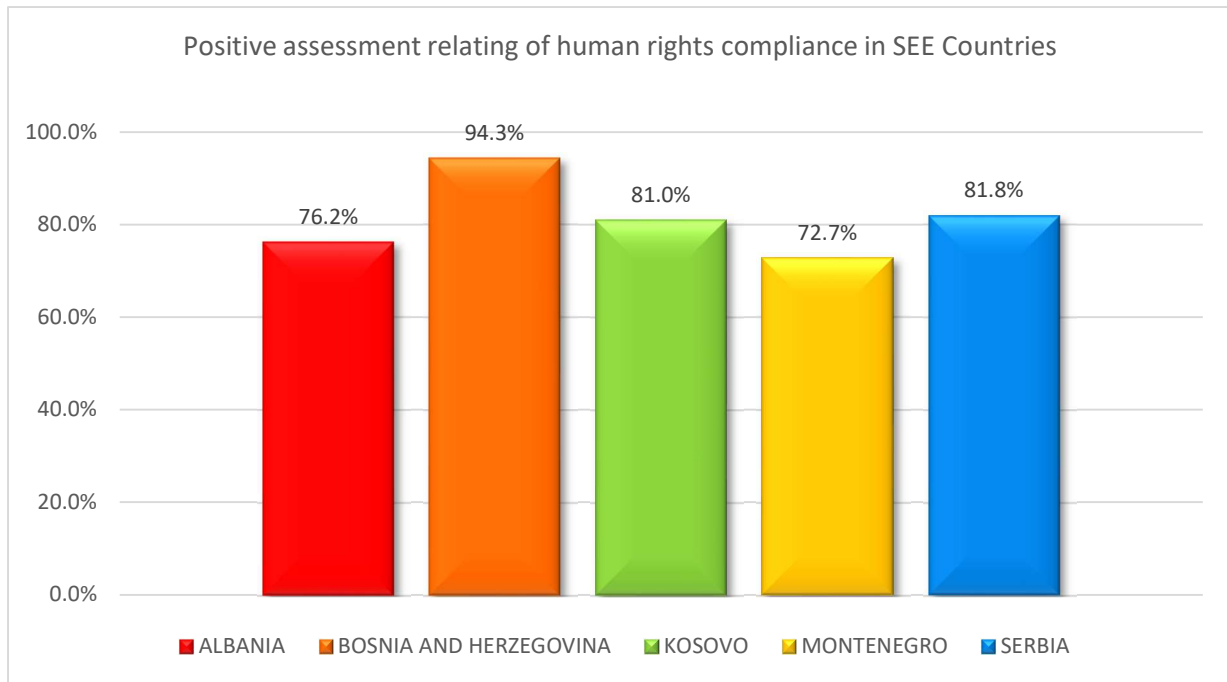
Angela Zeneli<sup>1</sup>, Lorenzo Leonardi<sup>2</sup>

<sup>1</sup> *Expert for South East Europe, Consorzio Communitas Milano, Italy, CBC IPA Cross Border Project Manager.*

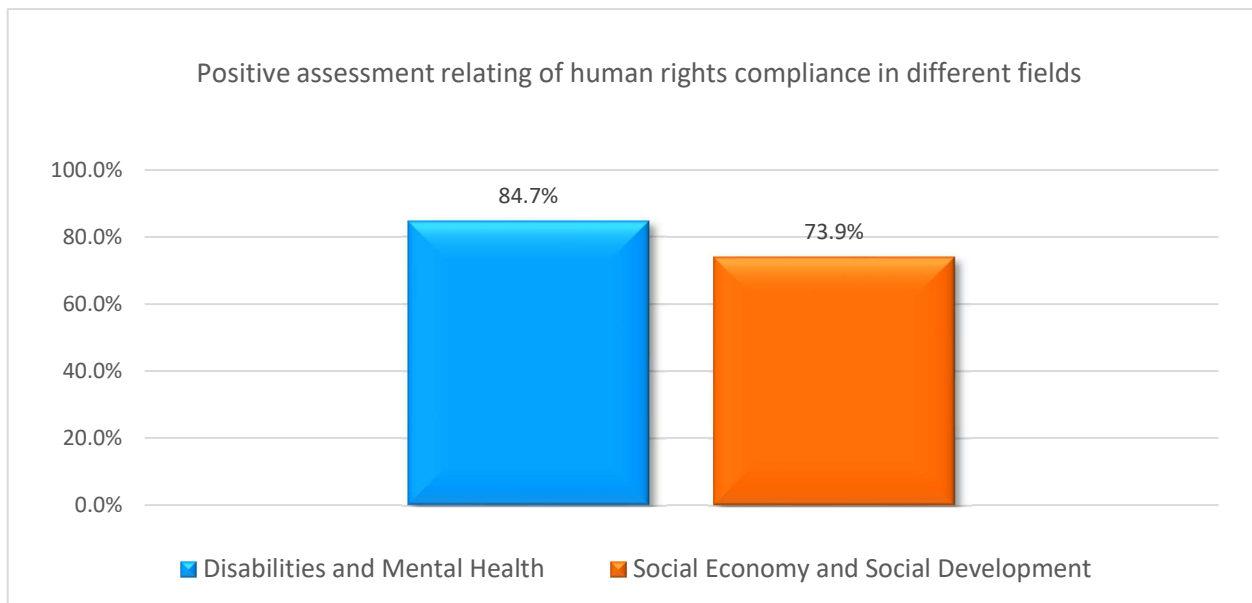
<sup>2</sup> *Expert for South East Europe, Consorzio Communitas Milano, Italy, PM of Humanitarian programs in Albania and Greece.*

Developments in the Western Balkans show a positive trend in many areas, but also continued political and economic challenges. The countries are pursuing important reform efforts, but the pace is uneven and further action is needed. The countries of the Western Balkans are candidate countries or potential candidate countries for EU membership. Closer ties with the EU require extensive reforms and are a central driving force for development in the region. Focus is on strengthening democracy, the rule of law, respect for human rights, gender equality and establishing a functioning market economy. In several of the countries, reform efforts are being hampered by a polarised political environment and widespread corruption. In some of the countries, the democratic space is shrinking and the opportunities for media and civil society to operate freely are being curtailed.

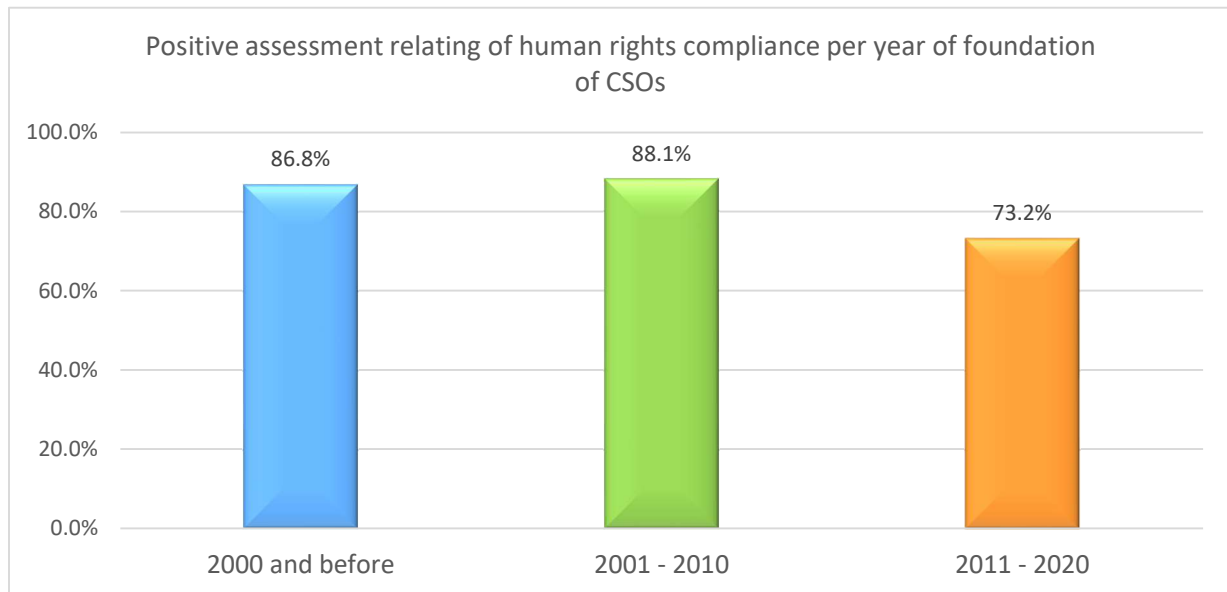
As far as the observance of human rights in the Balkan Region is concerned, according to SOCIETIES2 interviews, the CSOs in Bosnia Herzegovina registered a higher percentage of affirmative responses (94.3%) on the evaluation of the situation of their beneficiaries, followed, with a difference of little more than 10 percentage points, by Kosovo\* (81%) and Serbia (81.8%). On the contrary, the CSOs in Montenegro registered a lower percentage, compared to the other SEE Countries, of affirmative responses about the compliance of their beneficiaries with the human rights norms, but in any case, the figure remains high at 72.7%. However, entrenched social discrimination and stigma, are still severe for PWDs in Western Balkan Countries.



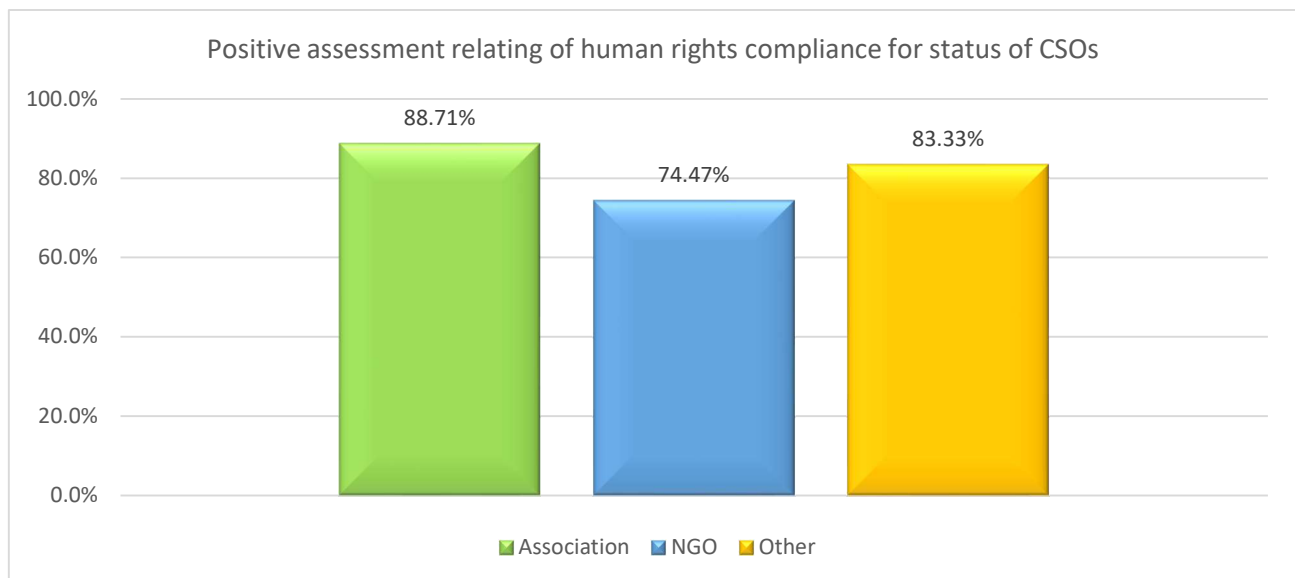
From the perspective of the field covered by the CSOs interviewed in SEE Countries, the respect of the fundamental of the human rights is about 10 percent more observed according to civil society organisations dealing with disability and mental health (84.7%), compared to 73.9 % represented by those whose activities are mostly related to the social economy and community development



However, from the perspective of the year of establishment by the CSOs interviewed, looking at the data the 73.2% of CSOs established in more recent years find that the fundamental freedoms are met in the various Balkan peninsula countries involved. This figure is lower than that emerging from CSOs that have been founded between 2001-2022 and those before the 2000s, whereby 88.1% and 86.8%, respectively, hold positive perceptions in reference to fundamental freedom observed in their countries.



Whereas, among the survey respondents, in terms of CSOs' status from the 5 countries where the project is implemented - Albania, BiH, Montenegro, Serbia and Kosovo\* - high is the number of Associations (88.7%) that find themselves fulfilled with the progress made in terms of human



rights. Other non-profits, such as NGOs, on the other hand, are found to be lower in percentage numbers (74.5%) with regard to this aspect.

On this topic, the European Parliament resolution of 18 June 2020 on the European Disability Strategy post-2020 called for a renewed disability strategy covering all areas of the Convention, and the Council is committed to continue work on its implementation. This Strategy aims to improve the lives of PWDs in the coming decade, in the EU and beyond, such as the Balkan area. The objectives of this Strategy can only be reached through coordinated action at both national and EU level, with a strong commitment from Member States and regional and local authorities, even from potential candidate countries to the European Union, in order to deliver on the actions proposed by the Commission.

This Strategy promotes an intersectional perspective, addressing specific barriers faced by PWDs, taking into account the diversity of disability, resulting from the interaction between long-term physical, mental, intellectual or sensory impairments, which are often invisible, with barriers in the environment, as well as the increased prevalence of disabilities with age.

Complementing the equality strategies adopted to combat discrimination in all its forms, this Strategy will help to achieve a Union of Equality and to strengthen Europe's role as a global partner in combatting inequalities, achieving the UN Sustainable Development Goals and promoting human rights.

A prerequisite for the full participation as well as an element enabling the exercise of rights of PWDs, is the accessibility to the built and virtual environments, to information and communication technologies (ICT), goods and services, including transport and infrastructure.

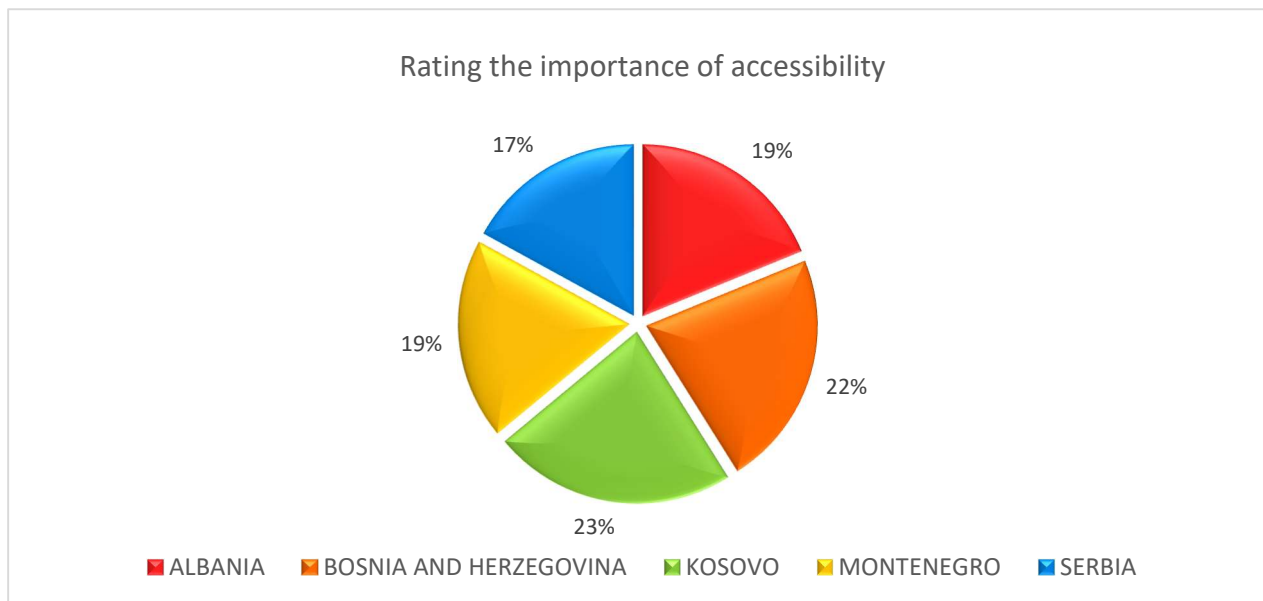
During the last decade, in order to be more accessible for PWDs, a number of EU rules have been adopted in different areas. This refers specifically to the European Accessibility Act covering products and services, the Web Accessibility Directive, the Electronic Communications Code, the Audio-visual Media Services Directive and copyright legislation.<sup>2</sup>

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<sup>2</sup> Directive 2019/882/EU European Accessibility Act; Directive 2016/2102/EU Web Accessibility Directive; Directive 2018/1972 European Electronic Communications Code; Directive 2018/1808 Audio-visual Media Services Directive and the copyright legislation adopted under the Marrakesh Treaty (2013) to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled

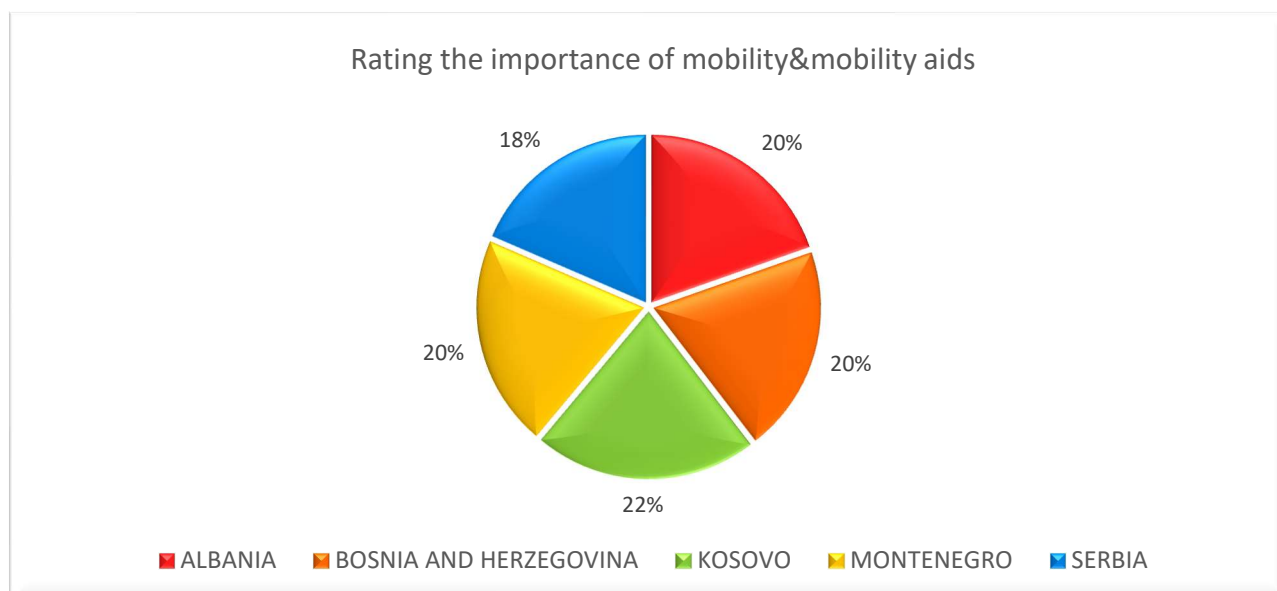
European accessibility standards have been put in place to support implementation in the built environment and ICT and for organisations to adopt a Design for All approach. European policies promote a digital transformation and digital public services that are inclusive of and accessible for PWDs.

EU rules make accessibility requirements compulsory for the Member States to benefit from shared management funds, and buying accessible goods, services and infrastructure is an obligation in public procurement. However, barriers PWDs remain yet, hindering mobility within countries and across Europe, and preventing access to information, products, services and housing.



From a preliminary assessment following research data collected by SOCIETIES2, when rating the importance of accessibility in the Western Balkan, the data are not very promising. In the area of accessibility to services and facilities, figures are very similar. Averagely, CSOs report that their

beneficiaries have not seen much improvement. Although in Kosovo\*, CSOs claim a greater interest in the issue around 23%, while the issue is less important in Serbia (17%).



Similarly, the importance of mobility aids for PWDs and mobility within urban areas and facilities, i.e., interventions aimed at removing architectural barriers that allow people to move independently, do not seem to show any improvement. Countries such as Albania, Bosnia Herzegovina and Montenegro declare an importance to the topic of 20%, a few points less than Serbia with its 18%. Indeed, the process of adjusting physical infrastructure to the needs of PWDs impairments is very slow, including physical access to public spaces. Support services are also limited, being concentrated in large cities, unaffordable and inadequate.

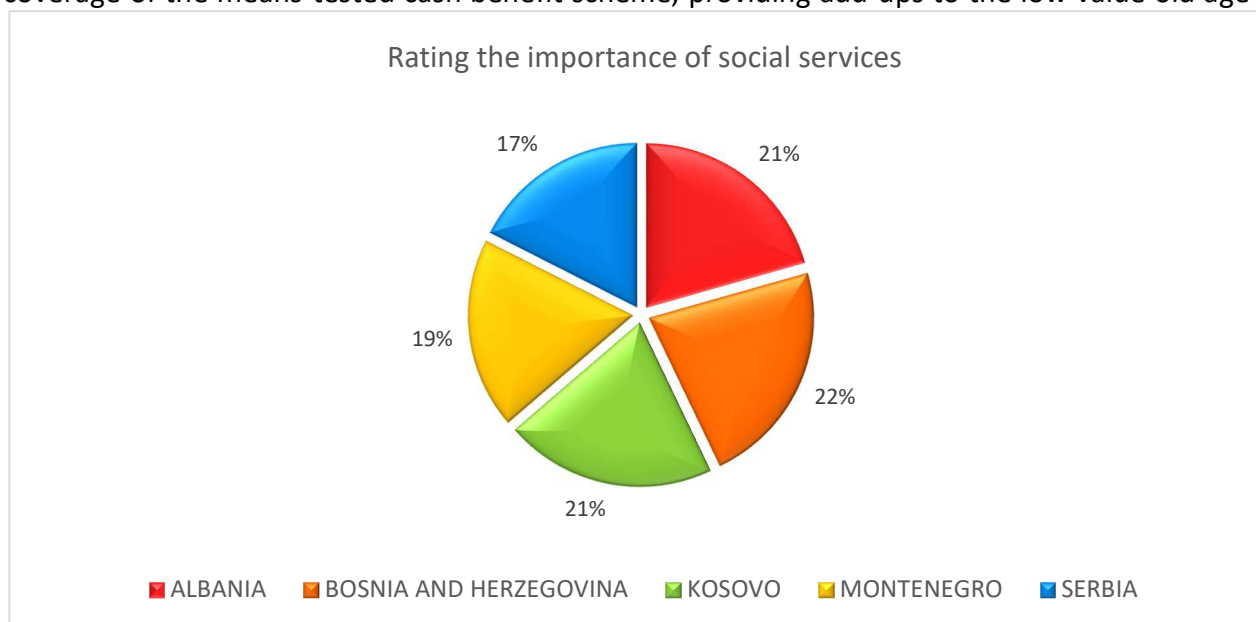
As for the investments in key social infrastructure sectors (such as education and health) are below EU averages, and existing spending is considered insufficient to meet medium and long-term investment needs, in most Western Balkan countries.

There is an underlying concern that governments in the region are not dedicating sufficient attention and resources to tackling some of the region's underlying quality of life issues, primarily investment in social infrastructure such as education and healthcare. In 2020, roughly 22% of the population believed that social infrastructure should be an investment priority of public authorities, up from just 7% in 2015.

This is also evident according to the EU's Economic and investment Plan for the Western Balkans which has underscored the importance of increasing investment attention to the region's social infrastructure in order to develop human capital, strengthen the region's economies and mitigate brain drain and its effects.

The historic underinvestment in the social sector may generate negative long-term economic impacts for the region's countries. Firstly, inadequacies in social infrastructure limit the capacity to strengthen and develop the human capital in the region and, in turn, economic growth and new opportunities. Secondly, people become frustrated by the low quality of social infrastructure as it limits the development of their human capital and quality of life, thus adding another factor that motivates people to move.<sup>3</sup> The Western Balkan region has been put to the test as well as by the consequences of the COVID-19 pandemic, when it comes to social protection systems. In fact, it proved relatively inflexible in quickly responding to income loss, especially to target the most vulnerable. Dedicated measures have been put in place to alleviate the impact of the income loss: new emergency programmes were introduced in Albania, Kosovo\*, Montenegro and Serbia.

Albania had a two-measure support programme (for individuals and businesses) of a total value of 2.85% of GDP. Bosnia and Herzegovina's social spending response to COVID-19 had most of the measures at the entity and local level. Kosovo\* doubled the amount and increased the coverage of the means-tested cash benefit scheme, providing add-ups to the low value old age



<sup>3</sup> Union of Equality: Strategy for the Rights of PWDs 2021-2030, March 2021

pensions. Montenegro offered financial support to low-income families, pensioners that received the minimum pension and the unemployed. The Montenegro government also offered subsidies for electricity bills to households with children while Serbia introduced a one-off payment (emergency universal basic income) programme for all citizens and pension supplements during the lockdown.

Over the years, the total social protection spending slightly increased in the region, but overall, it is lower than the EU-27 average. In Albania, the overall social protection spending was 11.5% of the GDP in 2019, of which 7.8% was spent on social insurance. Bosnia and Herzegovina's social protection spending slightly decreased in 2019 and most of the social spending covers social benefits. Kosovo\*'s social spending is low, and amounted to 6.5% of GDP in 2018 (WB, 2018). Most of the social protection spending in Kosovo\* is allocated to covering the old age pension and benefits for war veterans. Montenegro spends about 16% of GDP in 2018 on social protection and most of it is social insurance spending. From the above-mentioned research, when rating the importance of social services in terms of respect of the essential human rights the figures are very similar among countries in the Balkan area. The figures are on average around 20%, with a few points less for Serbia at 17%. Overall, the data are not very encouraging. In general, social services measures are inadequate for the real needs of PWDs. For instance, the disability pension (although increasing) is low in all economies across the region.<sup>4</sup>

As for the education, PWDs have the right to participate in all educational levels and forms including early childhood education and care on an equal basis with others.

From pre-primary to secondary level, current education systems in the Balkan Region face a shortage of qualified teachers and educational material alike. In turn, this contributes to education outcomes that are among the lowest in Europe, with inequalities in education throughout the region, which display wide disparities between socio-economic groups. Moreover, pre-primary education is still not fully available in all countries, exacerbating existing within-country education inequalities.

In particular, although educational institutions and relevant legislation have to provide the conditions for an integrative and inclusive approach, there remains a significant need to act, as

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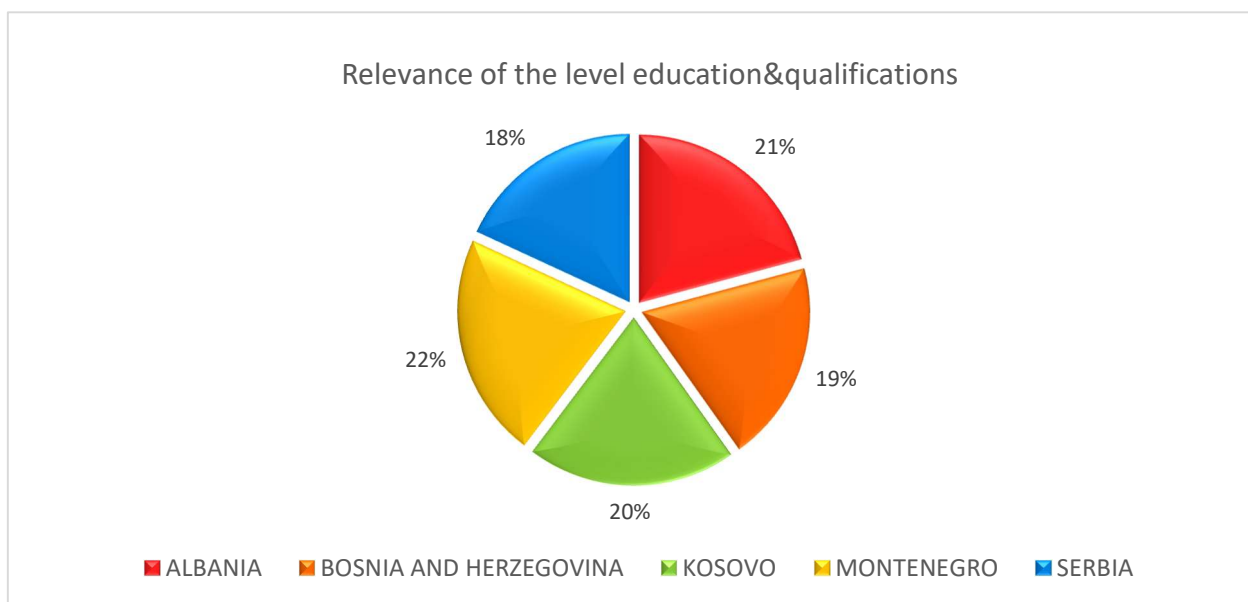
<sup>4</sup> Regional overview of Western Balkan Economies regarding the European Pillar of Social Rights 2021, Regional Cooperation Council, p.40



demonstrated by the gaps in academic achievement between students with and without disabilities. In fact, from research, younger PWDs leave school early and fewer learners with disabilities complete a university degree.

A great number of children and young PWDs are often enrolled in special schools that do not always offer effective pathways to mainstream education, lifelong learning or the labour market.

In September 2020, the European Commission presented its vision for the creation of a European Education Area by 2025 and proposed concrete measures to achieve it on the basis of 6 dimensions: quality, inclusion and gender equality, green and digital transition, teachers, higher education & geopolitical dimension.



One of the six axes of the European Education Area<sup>5</sup> is dedicated to inclusive education and lifelong learning for all, starting with early childhood education and care. Related initiatives such as the Pathways to School Success<sup>6</sup> initiative has a special focus on groups at risk such as pupils with disabilities and special educational needs. The European approach to micro-credentials, announced in the European Agenda for Skills, published on 1 July 2020, as one of the 12 main actions to support skills for employment across the EU through flexible and modular learning pathways, can positively impact employability and the lifelong learning process of PWDs. Micro-

<sup>5</sup> <https://education.ec.europa.eu/>

<sup>6</sup> <https://education.ec.europa.eu/levels/school/pathways-to-school-success>

credentials are flexible, short-term, and open to all types of learners, and, if accessible, could give access to training and formal recognition of skills to PWDs according to their needs. Therefore, an EU system for micro-credentials could support the inclusion of PWDs in society.<sup>7</sup>

The level of education achieved by PWDs in SEE Countries and their professional qualifications, on average, are considered slightly higher in Montenegro at 22%, followed by Albania at 21% while in last place there is Serbia at 18%. Despite the many positive steps taken by governments across the region, inclusive education, early identification, and intervention programmes remain major challenges for the area, as can also be seen from the data collected.

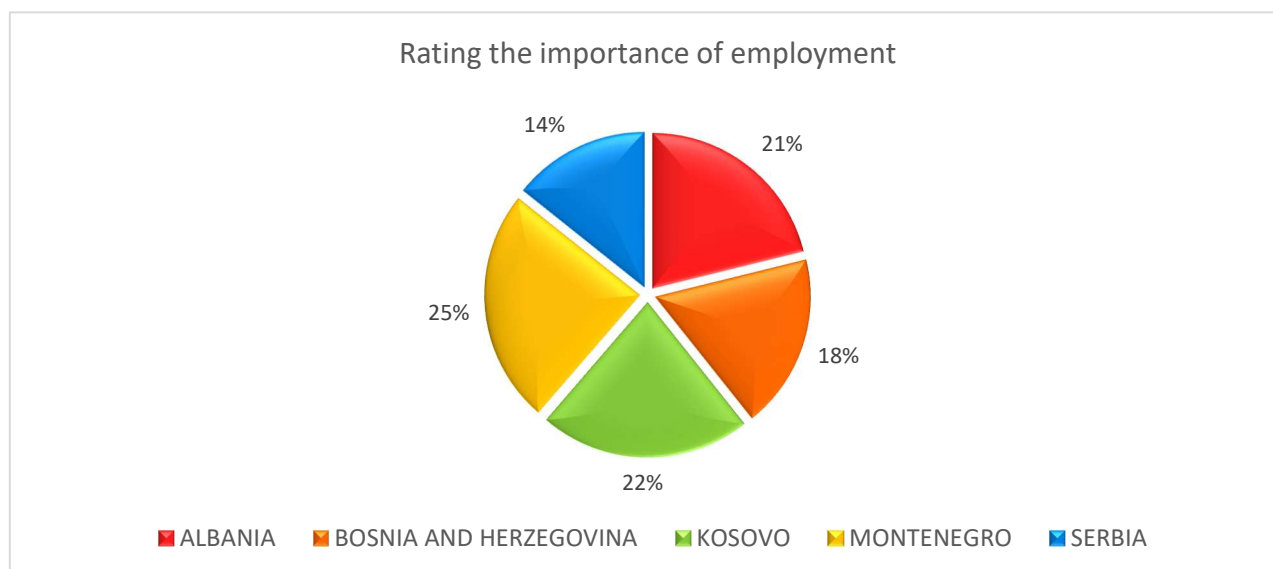
As for the participation of PWDs in the labour market is low. Legislations were changed to support PWDs to access the labour market, through requalification training, awareness raising campaigns, adult education and employment promotion programmes. Some economies-imposed quota requirements for employers to employ PWDs, in line with the 2008 Convention on the Rights of PWDs. In fact, its article 27 sets out obligations in many fields, regulating work and employment.

It obliges state parties to recognise the right of PWDs to work on a basis of equality with other individuals and outlaws' discrimination based on disability with regard to all employment-related matters. Among the other measures listed in the article, the Convention requires states to employ PWDs in the public sector and to promote their employment in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other steps.

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<sup>7</sup> A European approach to micro-credentials, EASPD

Kosovo\* legislation stipulates that per each 50 employees the employer must hire one PWDs; in Montenegro, employers with more than 50 employees are obliged to ensure that 5% of total workforce are PWDs.<sup>8</sup>



In Albania, the law provides the possibility for every public and private entity to employ at least 1 disabled person for every 25 employees. It also qualifies employers for a monthly payment to ensure reasonable accommodation and accessibility for PWD. Under this scheme, the PWD employee is entitled to a monthly payment of up to 100% of the national minimum wage for the first 6 months of employment and up to 50% the second 6 months of employment without losing disability protection benefits. However, the impact of these provisions on the actual employment of PWD is marginal. Labour market is extremely weak, thus calling for urgent implementation of policy measures. The regulatory framework with regard to employment of PWDs may seem properly developed to a certain point, but its implementation is rather poor.

Despite all efforts, PWDs are still at a higher risk of poverty and social exclusion than persons without disabilities. Access to healthcare, lifelong learning, employment, and leisure remains difficult, participation in political life is limited, and PWDs are still discriminated against. Furthermore, the COVID-19 pandemic has exacerbated existing inequalities.

<sup>8</sup> Regional overview of western Balkan economies regarding the European pillar of social rights 2021

Over the past ten years, the European Disability Strategy 2010-2020 placed support for PWDs high on the agenda, and it brought improvement in the areas of accessibility, awareness-raising, education and training, social protection and health, among others. In line with the Treaty on the Functioning of the European Union and the Charter of Fundamental Rights of the European Union, which establish equality and non-discrimination as cornerstones of EU policies, the strategy was the main instrument for the European Union to implement the United Nations Convention on the Rights of PWDs (UNCRPD), to which the European Union as well as all EU Member States are parties.

To achieve further progress in ensuring the full participation of PWDs, the new and strengthened Strategy for the Rights of PWDs 2021-2030 will guide the action of Member States as well as EU institutions, building on the achievements of the previous ten years and offering solutions to the challenges ahead.

The Strategy for the Rights of PWDs 2021-2030 intends to tackle the diverse challenges that PWDs face. It aims to progress in all areas of the United Nations Convention on the Rights of PWDs, both at EU and Member State level.

The goal is to ensure that PWDs in Europe, regardless of their sex, racial or ethnic origin, religion or belief, age or sexual orientation: enjoy their human rights, have equal opportunities, have equal access to participate in society and economy, are able to decide where, how and with whom they live, can move freely in the EU regardless of their support needs, no longer experience discrimination.

As for the political participation, as required by the UN Convention, where PWDs can vote and stand as a candidate in political elections on an equal basis with others, yet many face difficulties in exercising their rights due to limited accessibility (including a lack of information and communication in sign language), or due to restrictions in their legal capacity. As announced in the 2020 Citizenship Report, the Commission will work with Member States, including through dedicated discussions in the European Cooperation Network on Elections and the European Parliament, to guarantee political rights of PWDs on equal basis with others. In 2023, the European Commission will issue guidance on the participation of PWDs in the electoral process.

It will also support inclusive democratic participation, including for persons with a disability, through the new Citizenship, Equalities, Rights and Values programme.<sup>9</sup>

However, several times in this research the UN Convention of PWDs has been mentioned, but not yet more carefully addressed as a topic.

There are seven landmark United Nations human rights treaties that protect the rights of women, children, migrant workers and others, but until the Convention on the Rights of Persons with Disabilities entered into force on 3 May 2008, there has been no specific global treaty addressing the needs of persons with disabilities, the world's largest minority.

The Convention marks a major shift in the way societies view persons with disabilities, promoting human rights standards and their application from a "disability perspective", by fostering equal citizenship after a long history of discrimination.

Indeed, the Convention's purpose, as stated in Article 1, is to *"to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity."*

States that ratify the Convention are legally bound to treat persons with disabilities not just as victims or members of a minority, but as subjects of the law with clearly defined rights. They will have to adapt their domestic legislation to the international standards set forth in the treaty.

However, although the Convention sets global standards on disability rights, many countries still do not have laws on disability. According to the Inter-Parliamentary Union, only one third of countries have anti-discrimination and other disability-specific laws. The Convention will prompt governments to create legislation or improve current laws to bring them up to the standards it sets.<sup>10</sup> The following will outline the changes that the convention has made in the 5 countries on which this research focuses.

But first it is better to make a preliminary statement, namely that in 2009 the Committee on the Rights of Persons with Disabilities (hereinafter, the Committee) has been established and

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<sup>9</sup> [https://ec.europa.eu/commission/presscorner/detail/en/qanda\\_21\\_813](https://ec.europa.eu/commission/presscorner/detail/en/qanda_21_813)

<sup>10</sup> Backgrounder: Disability Treaty Closes a Gap in Protecting Human Rights, United Nations Department of Public Information

regularly interacted with independent Monitoring Frameworks and National Human Rights Institutions which monitor the implementation of the Convention. Since then, they have made effective contributions to the Committee's reporting and inquiry procedures. In September 2014, the Committee held its first meeting with National Human Rights Institutions (NHRIs) and independent Monitoring Frameworks to discuss ways in which monitoring activities of the Convention at the national and international levels could be mutually reinforced. Moreover, the Convention on the Rights of Persons with Disabilities is one of the human rights treaties that expressly provides for the designation of one or more focal points within the government for issues related to the implementation of the Convention and the establishment of a framework for monitoring its provisions at the national level. The Convention goes even further, and is unique in this regard among human rights treaties, on requiring State parties to take into account the Principles relating to the Status and Functioning of National Institutions for the Protection and Promotion of Human Rights, in accordance with the Paris Principles and General Assembly Resolution 48/134, when establishing a monitoring framework, and that civil society, in particular persons with disabilities and their representative organisations, participate fully in the monitoring process.<sup>11</sup>

Speaking of this, on March 2022, representatives of national human rights institutions, PWDs and their representative organisations, civil society representatives from the Western Balkan region, along with their peers from other European countries participated in the regional conference, organised by the United Nations family in North Macedonia, on Strengthening National Human Rights Institutions as independent monitoring mechanisms for the implementation of the UN Convention of the Rights of Persons with Disabilities with the goal to encourage a constructive, action-oriented dialogue on accelerating inclusive, equitable, sustainable development in the Western Balkans, guided by the international human rights standards and the 2030 Agenda's promise to leave no one behind.<sup>12</sup>

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<sup>11</sup> Committee on the Rights of Persons with Disabilities, Guidelines on Independent Monitoring Frameworks and their participation in the work of the Committee

<sup>12</sup> <https://northmacedonia.un.org/en/173767-fostering-greater-exchange-enhance-inclusion-people-disabilities-focus-regional-conference>

This stands as an indication that recent steps have also been taken in sharing experiences, good practices, challenges, opportunities, and initiatives on the existing monitoring frameworks, in order to effectively fulfil the CRPD and Agenda 2030 commitments.

About Albania, it signed the Convention on the Rights of PWDs in December 2009, and ratified it in February 2013. Only in 2019 was the UN Committee on the Rights of PWDs in Geneva to discuss the initial report of Albania prepared in accordance with the Committee's reporting guidelines. Although Albania received congratulations for the adoption of the Law No. 93/2014, on inclusion and accessibility for persons with disabilities, in 2014, the order No. 195, which establishes the "*inclusive teacher profile*" in 2016 and the National Action Plan on Disability 2016–2020, different advices came with no shortage of recommendations. In fact, the UN Committee expressed concern about the insufficient efforts made to revise existing legislation and to bring it into full compliance with the Convention, in particular with regard to the State party's use and interpretation of the "bio-psycho-social model" in reforming disability assessment systems. Plus, the lack of a harmonized concept of disability and the denial of reasonable accommodation in discrimination legislation and the lack of mainstream and disability-specific services provided for PWDs at the local level has been another source of concern so as the use of derogatory language against PWDs in laws, policies and public discourse. For these reasons the Committee recommends Albania to adopt the human rights model of disability enshrined in the Convention just as to review existing and draft laws, including the disability assessments for social protection entitlements established in Law No. 121/2016 on social services and in Law No. 15/2019 on employment promotion, together with Council of Ministers decision No. 380 (2019), in close consultation with organisations of PWDs, and to ensure them mainstream access and disability-specific services at the local level. The Committee further recommends that the State party ensure that the use of all derogatory language in reference to persons with disabilities is eliminated from all legislation, public documents and public discourse. In addition, the Committee recommends ensuring that the use of any derogatory language referring to people with disabilities is eliminated from all legislation, similarly to public speech documents. Another concern that has touched the Committee is related to the lack of legislation, transparent procedures, and information regarding consultations with organisations of PWDs along with the lack of their regular and sustainable financial support, especially at the local level, so as the fact that the official Albanian translation of the Convention incorrectly refers to organisations "for"

PWDs, which does not accurately reflect the language of the Convention. For this reason, the Committee additionally recommends Albania to take into account general comment on the participation of PWDs, including children with disabilities, through their representative organisations, in the implementation and monitoring of the Convention. It also recommends all legal and other measures necessary for the nomination and election of representatives of organisations of persons with disabilities in the National Disability Council, including representatives of women and children with disabilities, persons who are deaf or hard of hearing, and persons with psychosocial or intellectual disabilities, to provide sufficient and regular financial and administrative support to the Council and ensure the participation of a greater variety of representative organisations of persons with disabilities nationwide in order to guarantee the quality of the experts and an adequate representation of the interests of persons with disabilities, especially women and girls with disabilities and to correct the official translation of the Convention to ensure equal opportunities for organisations of PWDs.<sup>13</sup>

As for Bosnia and Herzegovina, it ratified the UN Convention on the Rights of Persons with Disabilities as well as the Optional Protocol on 12 March 2010, and the Convention entered into force on 11 April 2010. On 2017, after the first report submitted to the Un Committee, it congratulates the State party on the adoption of a policy on disability by the Council of Ministers of Bosnia and Herzegovina on May 8, 2008, the new strategy to advance the position of PWDs in Bosnia and Herzegovina for the period 2016-2021. It also welcomes the state party's support for associations of people with disabilities in 2016 and the intention to increase this support in the coming years. As well as the first conference on women with disabilities in Bosnia and Herzegovina, held on March 6, 2015, and the establishment of the Gender Equality Agency. However, just as for Albania's status, once again the Committee manifests its apprehension about the lack of transparent procedures and legislation regarding the consultations with organisations of PWDs. It is also concerned about the lack of structured financial support and capacity-building for these organisations, particularly at the local level. For these reasons the Committee encouraged the State party to adopt formal and transparent mechanisms for regular consultations with organisations of PWDs, including those representing women and children with disabilities, persons who are deaf or hard of hearing, and persons with psychosocial and/or

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<sup>13</sup> Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Albania\*, 2019



intellectual disabilities, in all entities and cantons. The Committee also recommends that the State party provide sufficient and regular financial resources to such organisations.<sup>14</sup>

With regards to Kosovo\*, on the other hand, it is at the stage of the inquiry procedure under the Convention on the Rights of Persons with Disabilities, pending on acceptance.<sup>15</sup> As Kosovo\* is a partially recognised state and is not a member of the United Nations, it cannot become a state party to UN conventions. However, the Government of the Republic of Kosovo\* has not stood still on this aspect and presented the National Strategy on the Rights of Persons with Disabilities 2013-2023, that aims to provide a stable framework of actions that will address the challenges and obstacles and promote an all-inclusive society. Additionally, it will serve the coordination and integration process of all policies and relevant initiatives in the field of Disabilities as an important mechanism to ensure that principles embodied in the UN Convention on the Rights of PWDs are incorporated in the policies and programs that impact the life quality of People with Disabilities in the Republic of Kosovo\*.<sup>16</sup>

Moving to another country, the UN Convention on the Rights of Persons with Disabilities was signed by Montenegro in September 2007 and ratified in November 2009. On 2017 after the UN Committee on the Rights of PWDs in Geneva was to examine Montenegro steps, it commends the State party for the adoption of a series of improving legislative and institutional framework for the protection of PWDs through the adoption, in June 2015, of the Law on Prohibition of Discrimination of PWDs, which had achieved a high level of compliance with the Convention and the adoption of a strategy for the protection of PWDs from discrimination for the period 2017-2021, which followed the areas of activities and timeframe of the European Disability Strategy 2010-2020. Nevertheless, the UN Committee did not fail to make a number of recommendations. The first was to encourage Montenegro to adopt a human rights-based approach to disability in all its laws, policies and measures. It also recommends that the State party educate and raise the awareness of its policymakers, professionals and the public in general on the rights of persons with disabilities enshrined in the Convention and its Optional Protocol. It further advise Montenegro to: (a) Continue its efforts to regularly review existing and draft legislation in regular and fully accessible consultation with persons with disabilities and their representative

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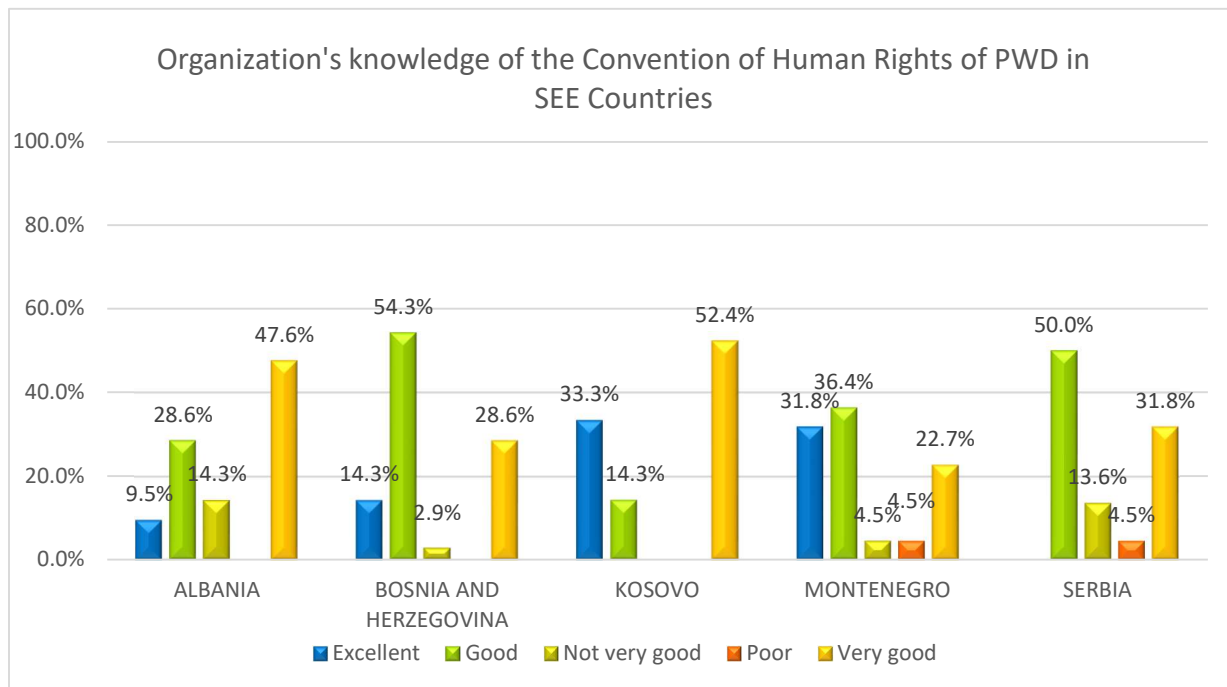
<sup>14</sup> Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of BiH\*, 2017

<sup>15</sup> United Nations Human Rights Treaty Bodies, UN Treaty Body Database

<sup>16</sup> National Strategy on the Rights of People with Disabilities 2013-2023, Pristina 2013

organisations and ensure that disability rights impact assessments form an integral part of the legislative process; (b) Allocate identifiable, sufficient, coherent and continuous budget resources to the development and implementation of laws, policies and strategies that are relevant for the implementation of the Convention, including the Strategy for the Integration of PWDs. Moreover, the Committee suggests Montenegro to provide adequate and sustainable financial resources to organisations of persons with disabilities as well as ensuring effective participation of and consultation with organisations of persons with disabilities, including those representing women with disabilities, children with disabilities, persons with hearing impairments and the deaf, and persons with psychosocial and/or intellectual disabilities at the national and local levels through transparent frameworks in relation to law and policy making.<sup>17</sup>

On March 2016, was the turn of the UN Committee on the Rights of Persons with Disabilities (CRPD) sessions gathered to review steps taken by Serbia who is one of the 162 States Parties to the Convention on the Rights of PWDs signing and ratifying it in respectively December 2007 and July 2009. After the first 10 years of the Convention anniversary, the Committee encourages Serbia to review its legislation, by assessing disability and support schemes, and harmonise it with the Convention, including the human rights model of disability and to promote, in consultation with organisations of PWDs, the training of professionals and staff working with



<sup>17</sup> Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Montenegro\*, 2017

PWDs in the rights recognized in the Convention in order that they may better provide the assistance and services guaranteed by those rights.<sup>18</sup>

Although the UN Convention on the Rights of PWDs has been in force for more than a decade, it is not guaranteed with the CSOs questioned, to be familiar with its implementation and aware of the rights it enshrines. On average, awareness is very good in countries such as Kosovo\* (52.4%) and Albania (47.6%), averagely good in BiH (54.3%) and Serbia (50%). Full and deep knowledge is again for a little more than 1/5 found in Kosovo\* (33.3%) and Montenegro (31.8%). From the evidence, it may be comforting, as none of the states have a poor knowledge of the rights at an international level on disability protection and development integration.

On the side of participation and contribution to public consultation tables, awareness with these concepts again turns out to be highly variegated among the CSOs interviewed in SEE Countries.

In general, when talking about public participation and public consultation, both terms refer to a process of involving the public (stakeholders) in providing their views and feedback on a proposal to consider in the decision-making.

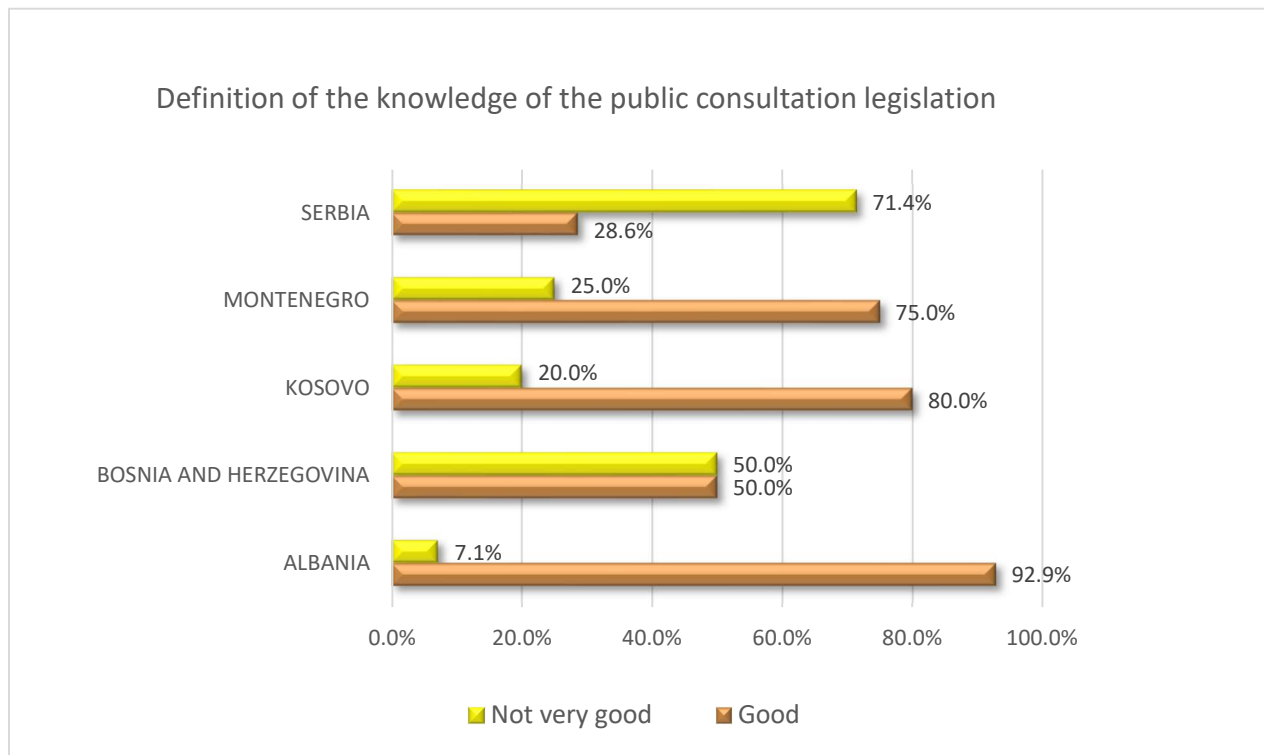
Although most people use these terms to describe the same process, most agree that “**consultation**” and “**participation**” are two forms of interaction that are often mingled with public consultation programs, complementing and overlapping each other. In detail:

A) Consultation means actively seeking the opinions of interested and affected groups. It is a two-way flow of information, which may occur at any stage of a project development. It may be a one-stage process or, as it is increasingly the case, a continuing dialogue.

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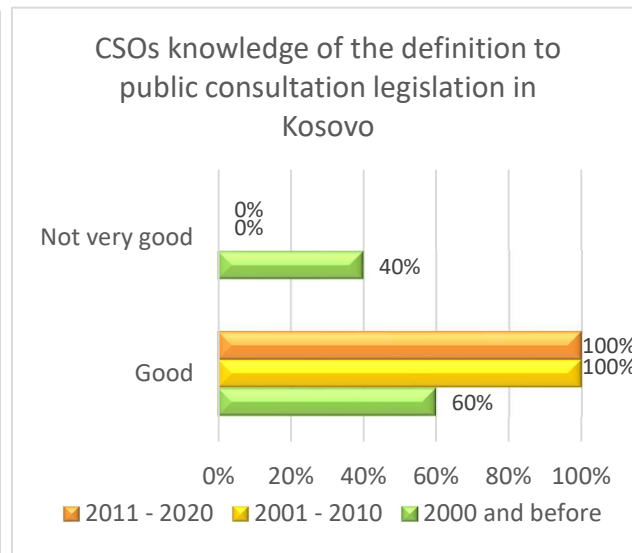
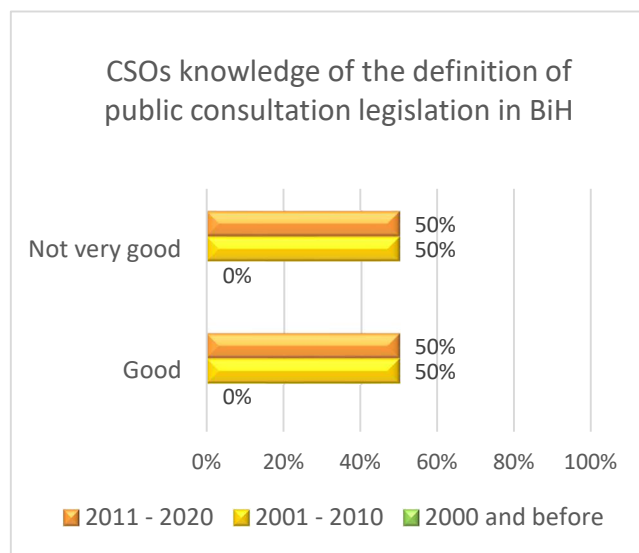
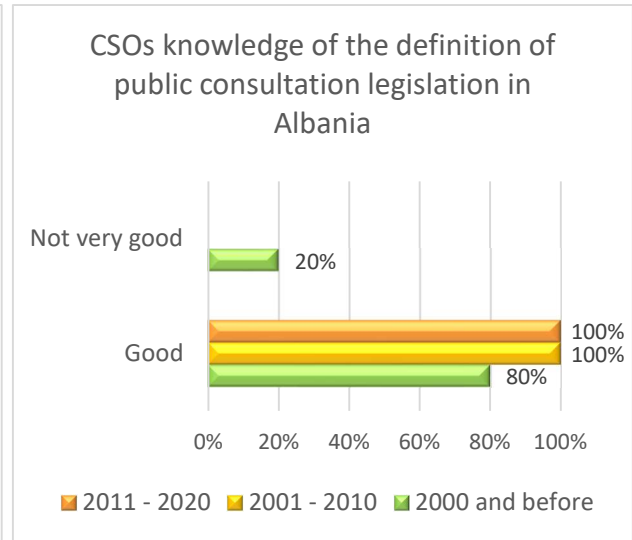
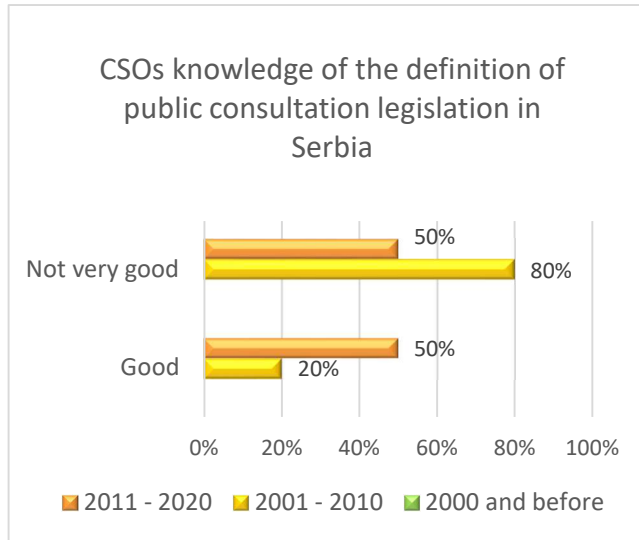
<sup>18</sup> Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Serbia\*, 2016

B) Participation means the active involvement of interest groups in the formulation of decisions or solutions. For this reason, the participation level implies a higher level of public impact on decisions than the consultation level.



Among the questionnaire respondents, most of the actors of the organisations involved on the level of SEE Countries demonstrate a good knowledge of the definition of public consultation. Generally speaking, there is a positive inclination in countries such as Albania, with almost the absolute proportion of affirmative responses (92.9%), Kosovo\* and Montenegro with 80% and 75% respectively, and on a scale BiH with 50%.

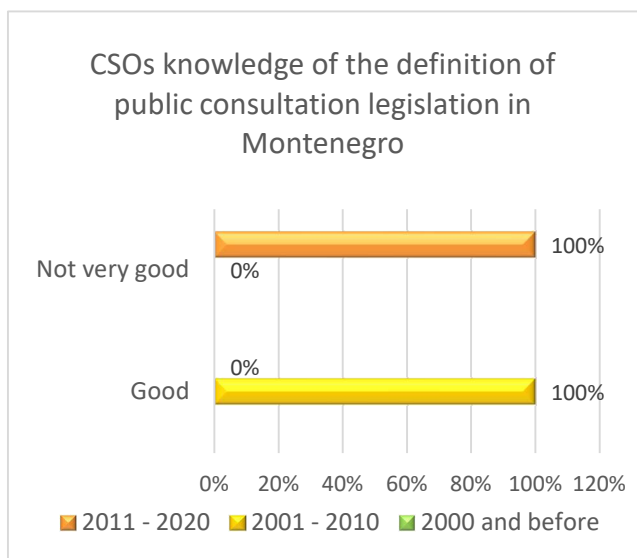
Only Serbia stands out from the other countries since it displays a negative phenomenon of the knowledge of processes involving participation in legislative consultations. As much as 71.4% of Serbian actors do not have a great knowledge of it.



From the graphs, some correlation can be seen with respect to the more or less in-depth notion about public legislative consultations and the year of foundation of the surveyed organisational entities.

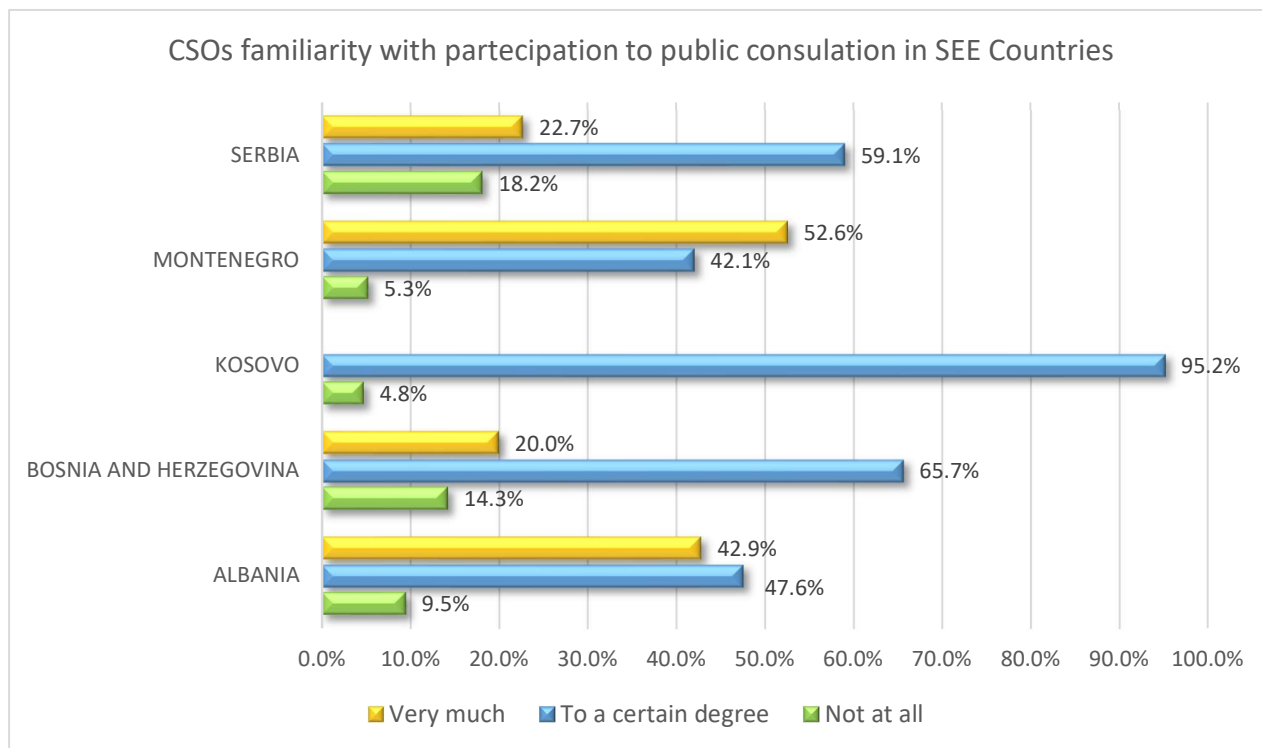
When examining, in order, the lack of knowledge of CSOs founded before the coming of the new millennium, it can be seen that only data from organisations from Albanian-speaking countries are available, such as 40% Kosovo\* and 20% Albania. The missing information from the other countries, such as Serbia, BiH, and Montenegro, reflects the fact that the CSOs surveyed were established after the 2000s and, therefore, we do not have their testimony on this subject. Referring to the first decades of the 2000s instead, there is a greater aptitude on the part of the organisations interviewed to describe themselves as good acquaintances with the definition of public legislative consultations, especially for countries such as Albania, Kosovo\*, and Montenegro whose operators of the respective CSOs achieve 100% of knowledge. In contrast, over this time horizon, only Serbian organisations defined themselves as 80% not very familiar with the subject matter.

As for CSOs founded between 2011 and 2020, the same trend as before is confirmed for Albanian-speaking states. Whereas in Serbia and BiH respondents of those years define themselves as half as good acquainted and half weak aware of the definition. In Montenegro, on the other hand, a distinctly negative figure is observed, with 100 % of respondents saying that they do not really



know what public legislative consultation means. It could be deduced from this that although there is an absence of comparative data related to the years earlier than 2000, the actors in the relatively more recent CSOs are demonstrating moderate-to-good knowledge. This indicates that with time CSOs also get more aware of the dynamics involving them.

Let now turn to analyse how CSOs, on the other hand, are familiar no longer with the definition, but with participation in public consultation sessions.

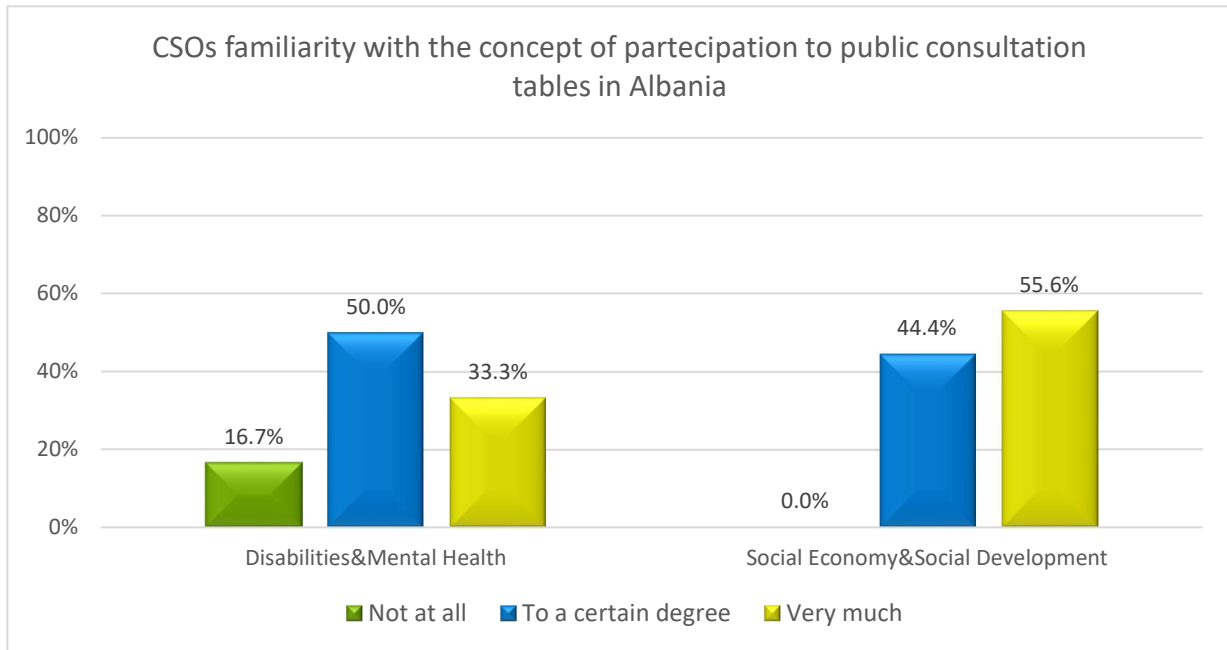


Quite confidently, countries such as Montenegro and Albania are familiar with the idea that stakeholders such as CSOs also have some influence in political decision-making by participating in consultative tables. The 52.6% of Montenegrin and 42.9% of Albanian respondents' organisations claim to have a great deal of knowledge about the participatory processes.

However, the third sector entities responding in Kosovo\* are overwhelmingly (95.2%) among those with intermediate knowledge of the possibility of being involved in processes that involve the public in providing their views and feedback on a proposal to consider in the decision-making, followed by Bosnia and Herzegovina (65,7%) and Serbia (59,1%) that seem to be aware to a certain degree.

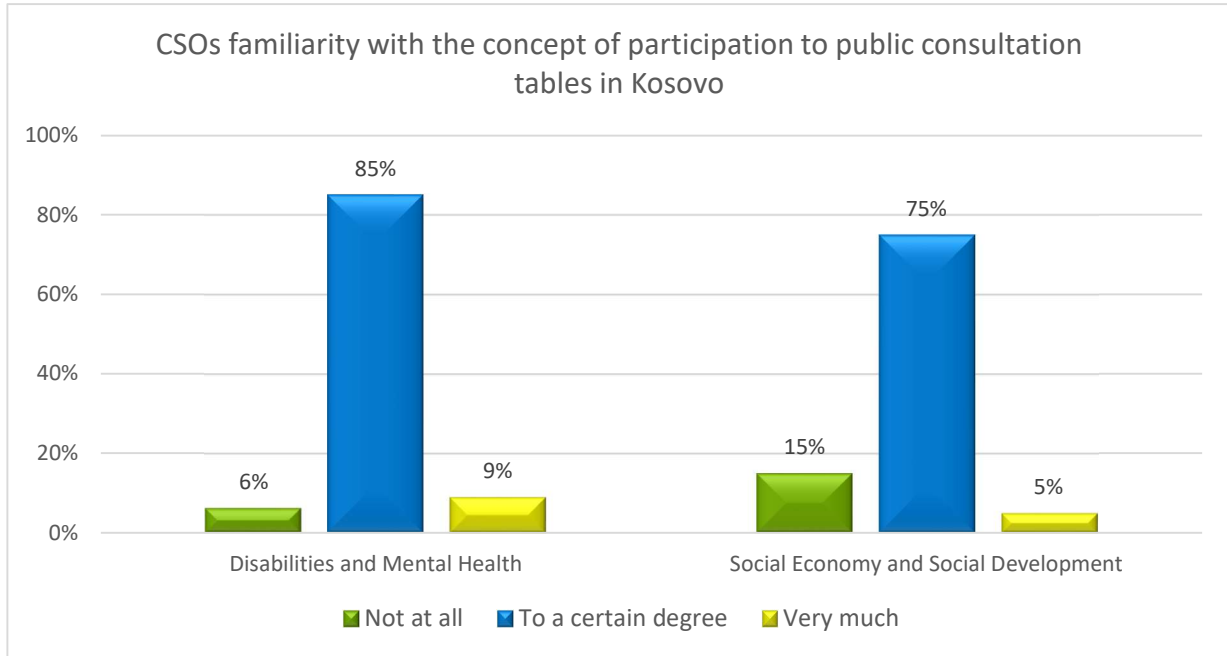
Overall, the level of knowledge in the surveyed countries is considered sufficient regarding the participatory processes of special interest groups. The total lack of information is altogether very low in terms of percentages: 18.2% in Serbia, 14.3% in BiH, 9.5% in Albania, 5.3% in Montenegro and 4.8% in Kosovo\*.

While knowledge and awareness of these public policy advisory processes is relatively well known, it is also not obvious to what extent CSOs interviewed are satisfied and engaged in public consultations on disability-related legislative and policy reform in SEE Countries involved in the SOCIETIES2 project.

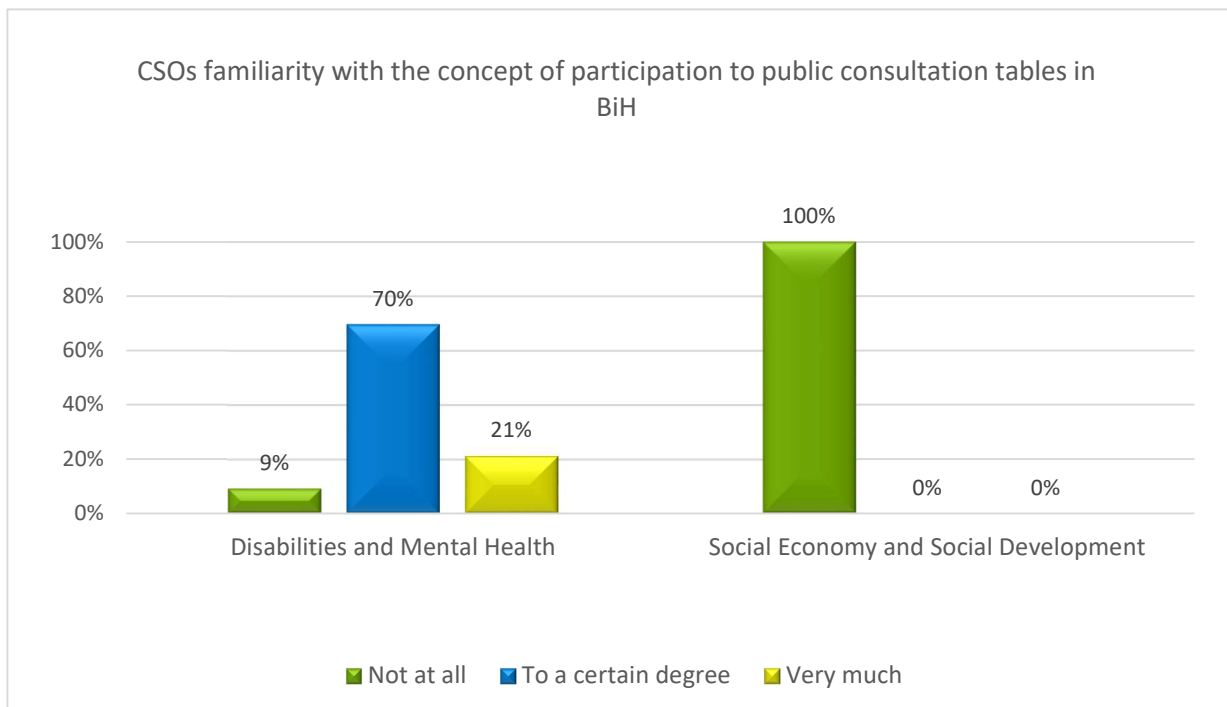


More in detail, with reference to the Albanian country, CSOs, engaged in the two major sectors involved in the research, display results that on average are similar and do not differ much from each other. In the disability sphere, there is a familiarity to a certain degree (50%) with the concept of public participation, as well as a good level of knowledge represented by the social economy and development sector (55.6 %).

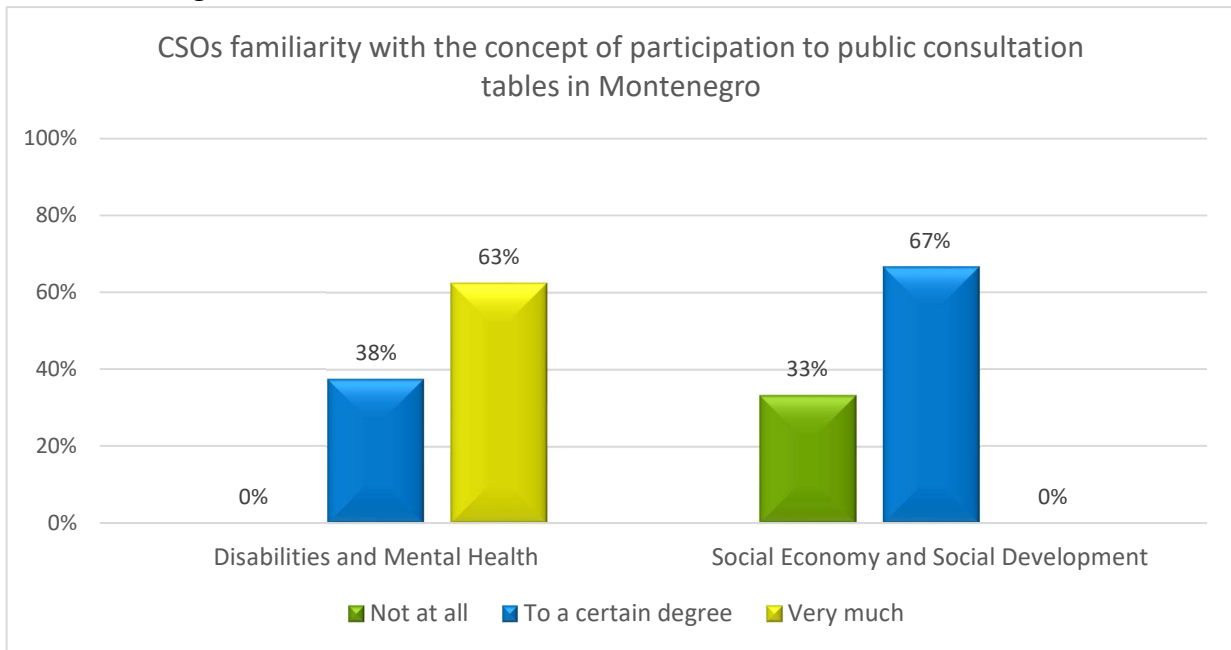




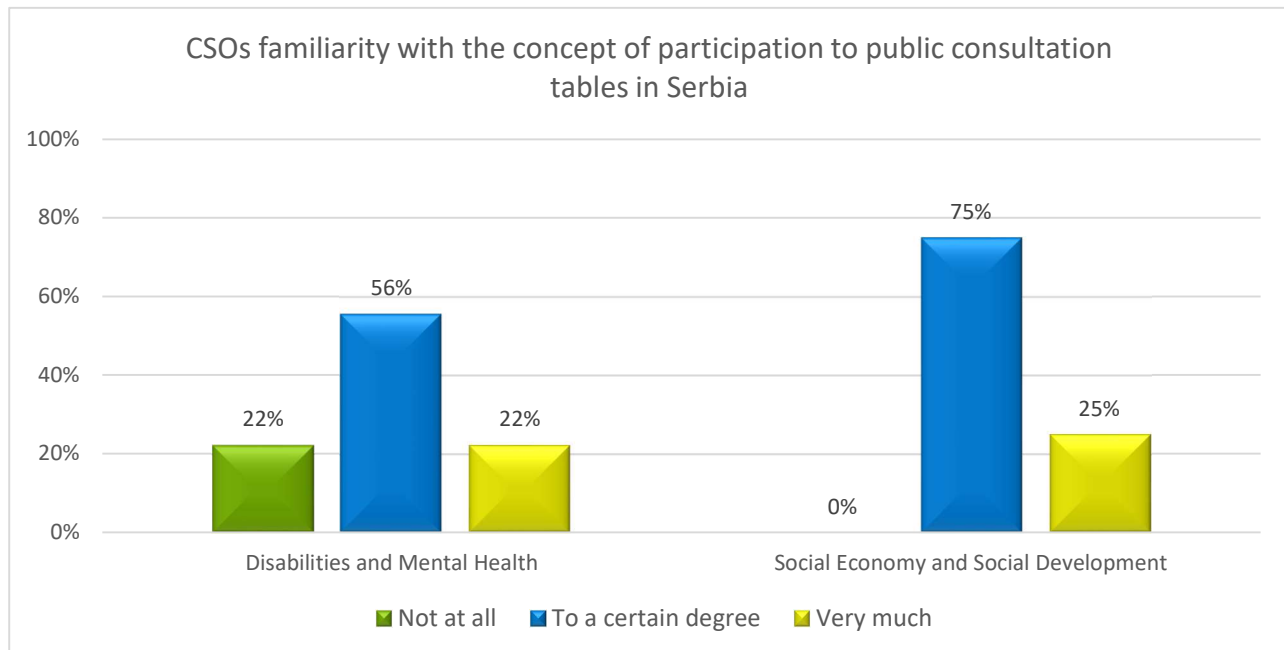
As for Kosovo\*, overwhelmingly it has intermediate knowledge of the possibility of being able to participate in public consultation tables organised by the various institutional actors in their country. Both fields share similar results. 85% of CSOs operating in the field of physical and mental disability claim to be fairly familiar with their knowledge, as do 75% of those operating in economic and social development sectors.



The situation changes when referring to BiH. The two areas perform markedly differently, which could be a sign that the information conveyed to them by local institutions may be fragmented or unclear. In the disability sphere familiarity is 70% quite satisfactory; however, what rather confuses is that 100% of respondents in the social development sphere, had never heard of any before the opportunity to participate in consultation round tables with purposes aimed at normative changes.



In the state of Montenegro, on the other hand, the data are in line with the findings given so far, with fairly good awareness when it comes to CSOs working in the area of social economy and

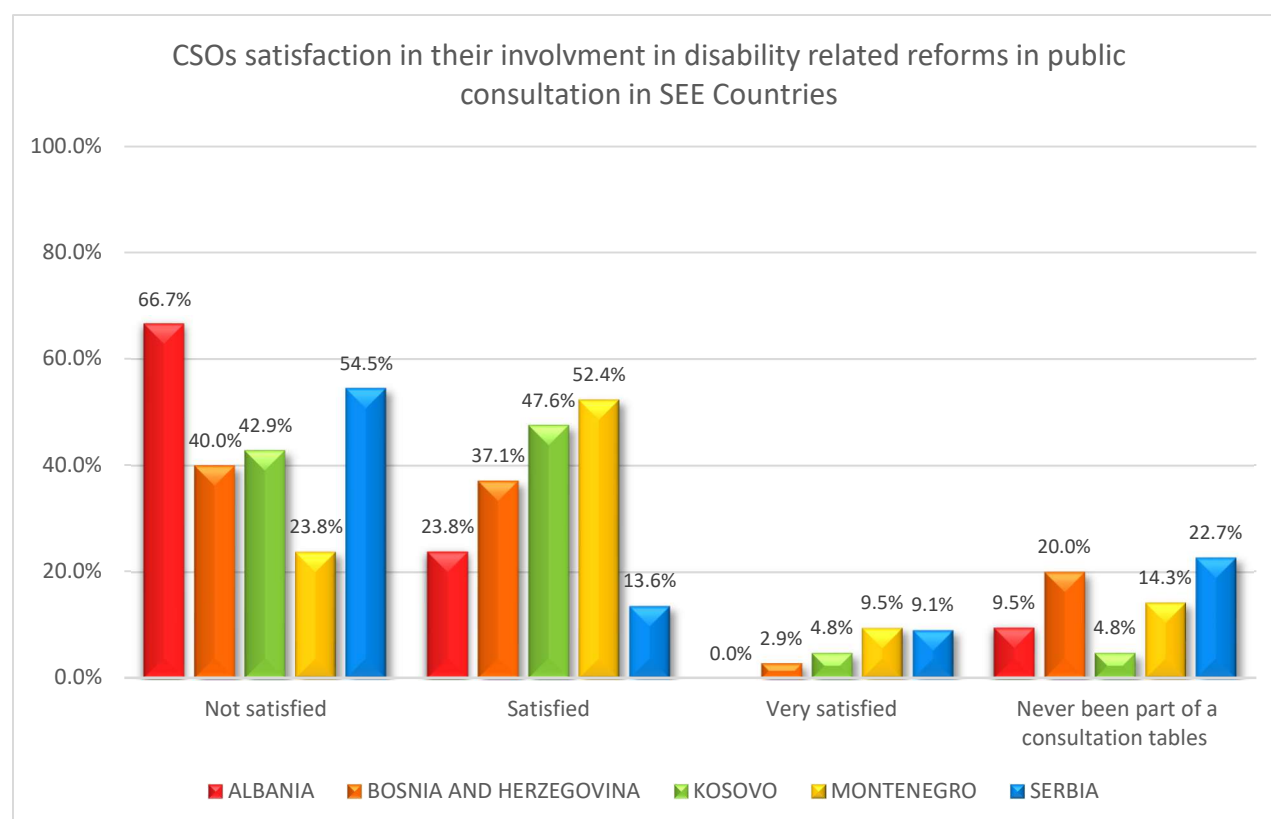


development (67%) and a more than satisfactory awareness when it comes to the ongoing involvement among the surveyed stakeholders in the area of disability and mental health (63%).

Lastly, as for Serbia, there is a predominance concerning a partial knowledge of consultation tables in both spheres respectively 56% for the disability area and 75% in the social development area. As well as 22% in the first and 25% in the second respectively about a good knowledge of the concept of participation.

In general, it can be seen that with the exception of the case of BiH, the total lack of knowledge about the possibility of being able to participate in thematic consultative tables is very low in all the countries included in the survey.

This could mean that there is some effective sharing and openness toward an efficient integrated interpretation of the needs in different domains and enhancement of an institutional dialogue.

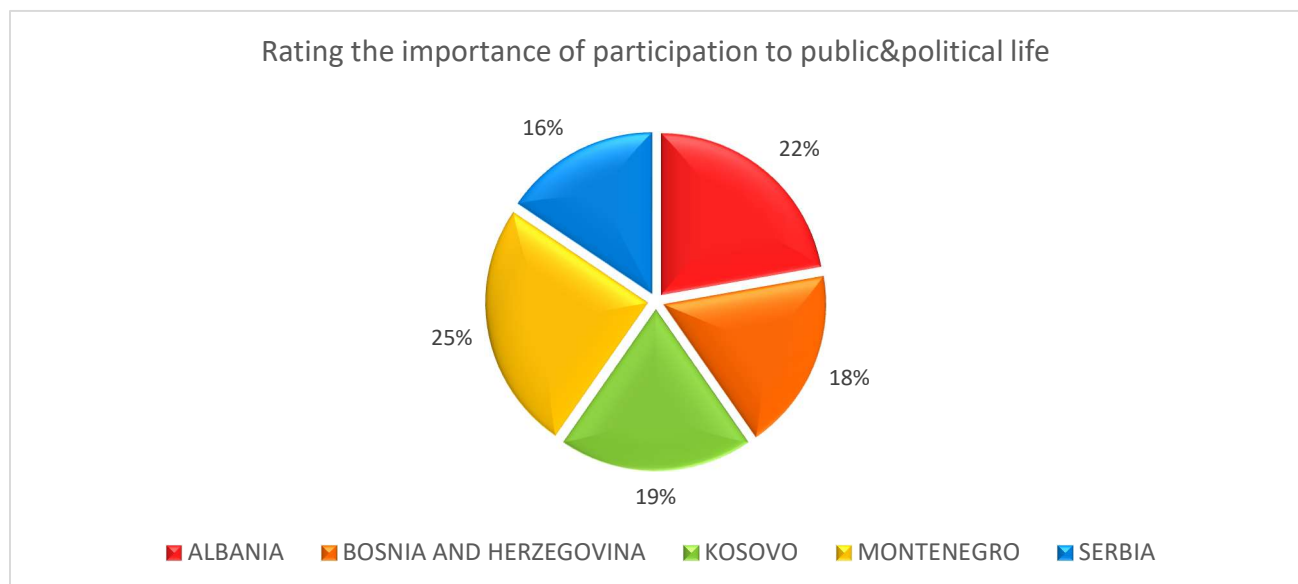


When measuring the satisfaction with respondents' involvement in disability-related reforms during public consultation tables in the Western Balkan countries, the trend is mostly negative.

Albanian CSOs, among those most familiar with these participatory processes, reconfirm themselves among those who are not satisfied at all with the participatory processes implemented in their country. Their degree of non-satisfaction stands at 66.7%, followed by the dissatisfied Serbian organisations at 54.5%. As for the satisfaction rating, in accordance with what has been expressed previously, CSOs from Montenegro are 51.5% satisfied, followed by those from Kosovo\* (47.6%), and BiH (37.1%).

There are few third sector entities from these countries that are dissatisfied with the process of involvement in disability-related reforms. As the column chart shows, the estimated figures are below the 10% mark, while in some cases they exceed 20% when it comes to the fact that there are CSOs surveyed that have never taken part in consultation tables.

When rating the assessment of the respect of human rights, on beneficiaries of the SOCIETIES project interview, in terms of importance of the participation to public and political life, on average MNE participants seem to be the most involved (25%) followed by Albania with only a few percentages of points less (22%). Serbia would certainly seem to be less involved in community and political life initiatives, as it has the lowest percentage of average responses, around 16%. A few percentage points more are registered in BiH (18%) and Kosovo\* (19%).



Moving towards common European standards in Civil Protection operations, the Commission will include awareness raising to improve the safety for vulnerable groups. EU funding will be used

to raise awareness for the needs of PWDs using civil protection meetings with the Civil Protection Forum and the Union Civil Protection Knowledge Network. With this Strategy, the EU will reinforce its role globally as an advocate for rights of PWDs through cooperation, humanitarian action and dialogue with the international UNCRPD community. While recognising the different challenges partner countries face and the variety of cooperation frameworks in place with the EU, this Strategy will serve as inspiration to guide reform efforts and planning of assistance with partner countries and relevant stakeholders. The EU calls on all states to respect, protect and fulfil the rights of PWDs as reflected in all policy initiatives shaping the next decade. It is essential that external action respects and implements the UNCRPD principles alongside the Agenda 2030, mainstreaming the Universal Design approach for better accessibility and provision of reasonable accommodation for PWDs into all actions. The EU will do this using all its tools ranging from political, human rights and trade dialogues, to cooperation with third countries in the EU's neighbourhood, enlargement and international partnership policies covering humanitarian action and cooperation with multinational organisations. The EU supports reforms of public policies globally to make these more inclusive and strives to ensure that all human rights, including the rights of PWDs, remain at the core of the response to the COVID-19 pandemic and the global recovery. EU delegations provide support to advance the rights of PWDs, guidance to implement accessibility and ensure meaningful consultation of PWDs, including through their representative organisations based on existing good practices. The EU strives for targeted action on disability as well as disability mainstreaming in its external action. The EU's Action Plan on Human Rights and Democracy 2020-2024 and the EU Gender Action Plan III 2021- 2025 lay out the EU's ambitions to step up action to combat all forms of discrimination that PWDs face, with a specific attention to multiple and intersecting forms of discrimination, in accordance with its human rights guidelines on non-discrimination in external action.

Multi-faceted policies are needed to better support and protect the safety of PWDs in all situations. To ensure better protection against violence and crime, the EU has put in place a strong legal mechanism, and the Commission will carry out targeted actions within the Gender Equality Strategy 2020-2025. Furthermore, the Commission will ensure mainstreaming of disability-related aspects of violence and abuse into relevant future EU policies. Policies should include monitoring of institutions and systematic identification and investigation in case violence, crimes or abuse occurs.

In the EU Countries, PWDs or with health problems experience a higher prevalence rate of violence (17% compared to 8% of people without) and experience harassment at a higher rate (50% compared to 37% of people without disabilities). They face a higher risk of becoming victims of violence and abuse both in their home environment and in institutions, in particular women, older persons and children with disabilities. Plus, they are also targeted by hate speech and bullying, including in education institutions.

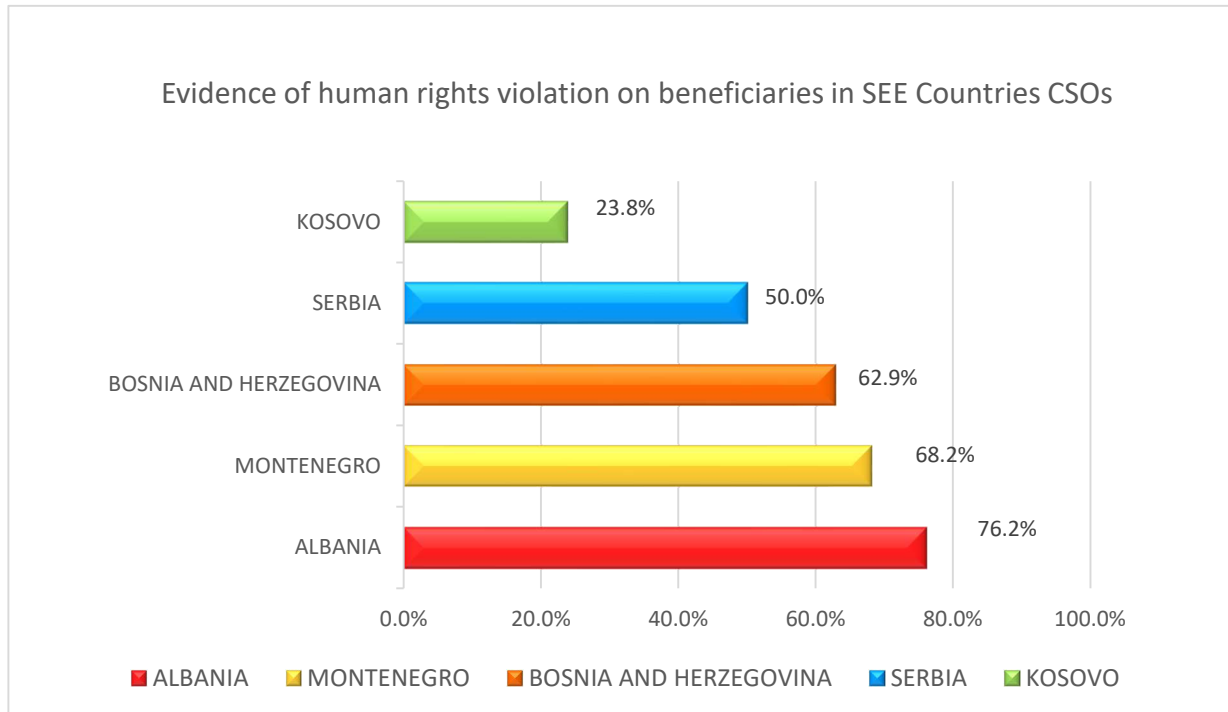
Even though the countries of the Western Balkans (except Kosovo\*, due to its non-full member status in the Council of Europe) are signatories or parties to all relevant international documents guaranteeing the protection and advancement of human rights, according the interviews of this research, evidence of human rights violations on beneficiaries in the different SEE Countries are more than present and visible, although variegated among the different nations.

A predominant proportion of the survey respondents in Albania state that their beneficiaries with disabilities have experienced some form of prevarication or violation in terms of inviolable rights. This figure is alarming, as it represents nearly four-fifths of the users of Albanian organisations (76.2%).

Still significant, but slightly lower, figures are also evident in Montenegro (68.2 %) and BiH (62.9 %) implying that these countries, as well, are susceptible to high levels of abuse targeting people in particularly vulnerable circumstances.

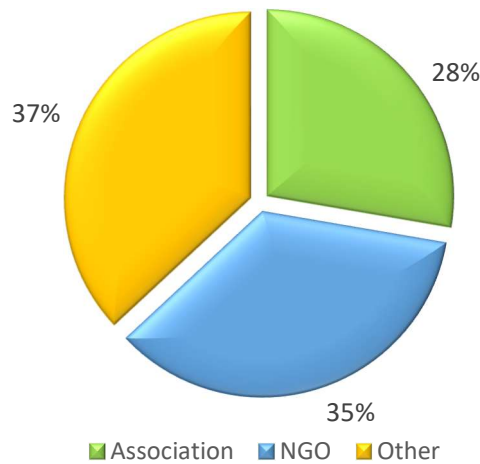
Half of the respondents (50%) in Serbia, on the other hand, make no secret of the fact that there are countless transgressions against PWDs.

This stands in contrast to the interview responses of those surveyed in Kosovo\*. Only 23.8% of civil society organisations have replied that there are forms of prevarication against their users whether they are disabled or not.



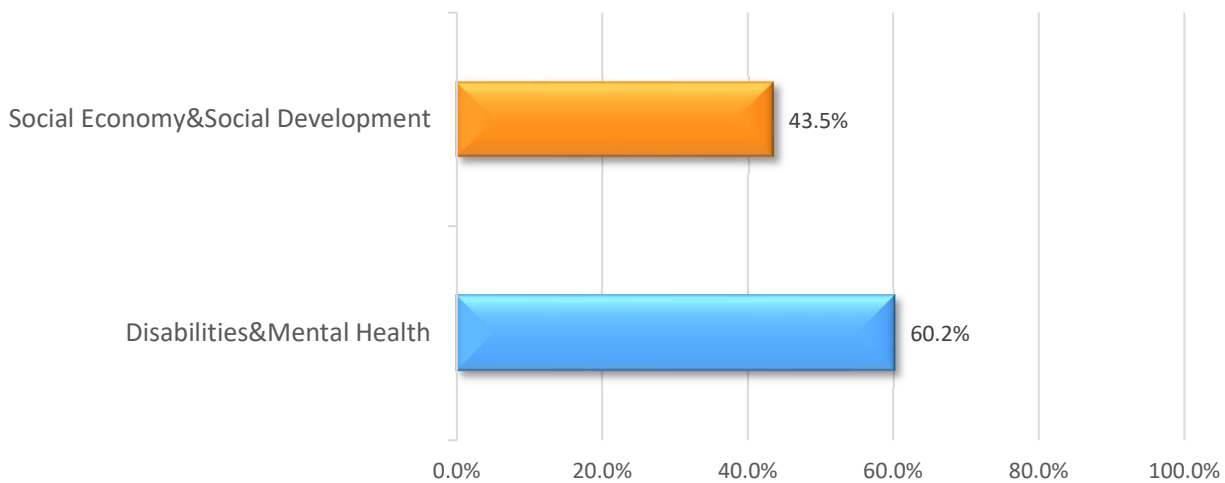
In terms of the CSOs' status involved in SOCIETIES2 research, such violation of human rights is most perceived by NGOs (35%) and other third sector entities (37%), and fewer by Associations by 28%.

Evidence of human rights violations on beneficiaries per status of CSOs



Among these CSOs, those involved in activities targeting people with disabilities are the ones reporting more abuses (60.2%), a much higher amount than that highlighted by organisations dealing with social development issues (43.5%).

Evidence of human rights violations on beneficiaries on different fields in SEE Countries



It can be assumed that the national legal frameworks of relevance are largely in place in all of the countries and, despite emerging downward trends in some states, it is assessed that the national legislation is significantly in line with international standards in the field. However, the legislation

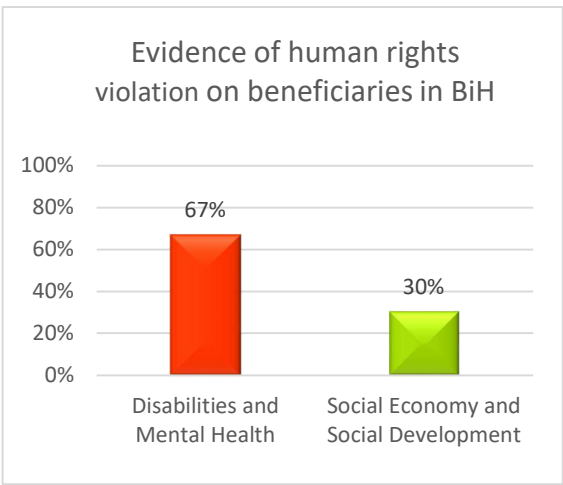
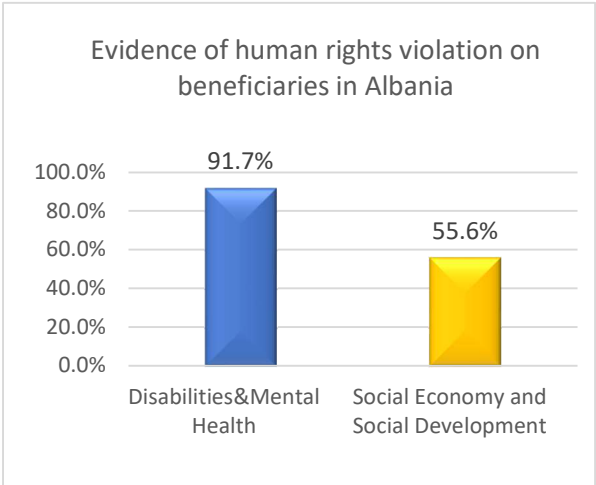


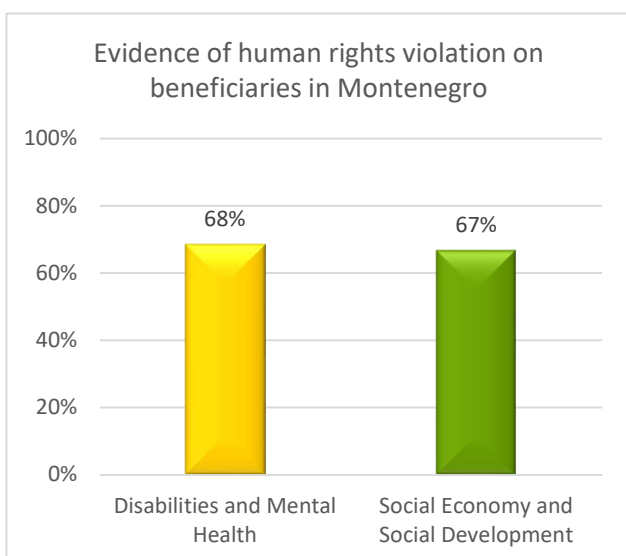
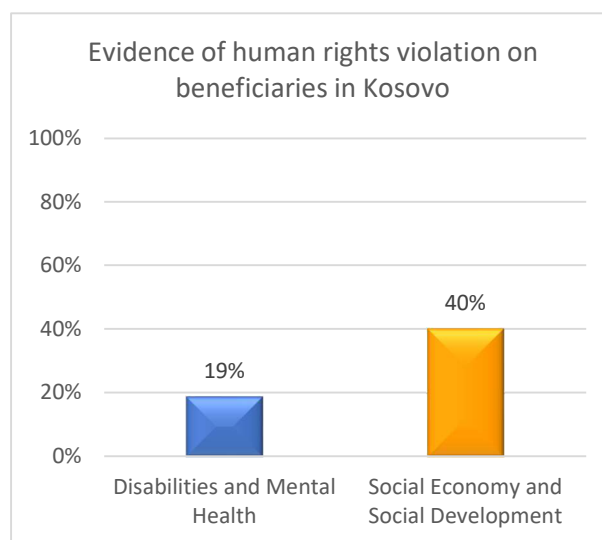
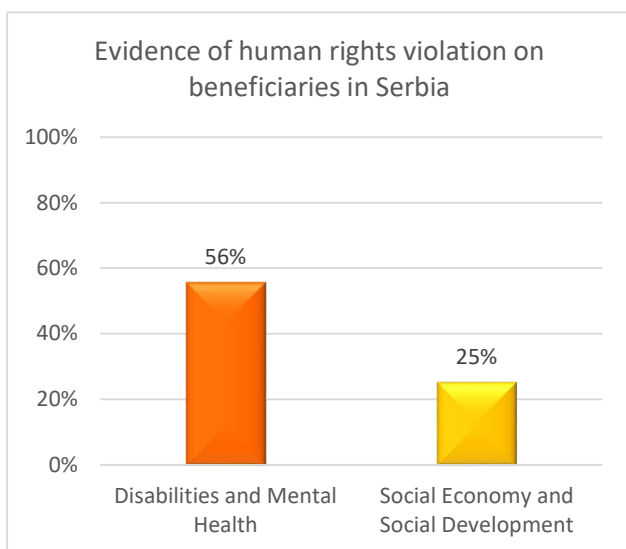
is considered general and not adjusted to accommodate for the particularities. Across the Balkan Region, there are clear cases of failure to implement legislation. Cases were noted where the legal framework was either disaggregated or where damaging practices have been developed. In addition, it notes that rights are limited due to the ignorance or unwillingness of some states to cooperate, or even communicate, as well as the unavailability of information and lack of readiness by state authorities to provide data of public importance.

In fact, there is a discrepancy between the legislative framework and the results on the ground. While the legal framework for protection of human rights in these Countries is broadly in line with international standards, the implementation of these instruments is limited and the enforcement of human rights remains significantly insufficient.

By continuing on the issue of the violation of human rights on the topic of disability, it is worth mentioning that the **UNCRPD** adopts its own definition of discrimination. For the purposes of the UNCRPD, "**discrimination on the basis of disability**" means any distinction, exclusion or restriction on the basis of disability that has the purpose or effect of impairing or invalidating the recognition, enjoyment and exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation (Art. 2).

Unfortunately, even in a society like ours, which proclaims equal rights and equality of opportunity for all citizens, many people with disabilities experience daily negative and unjustifiable of their diversity that effectively limits their participation in social life.



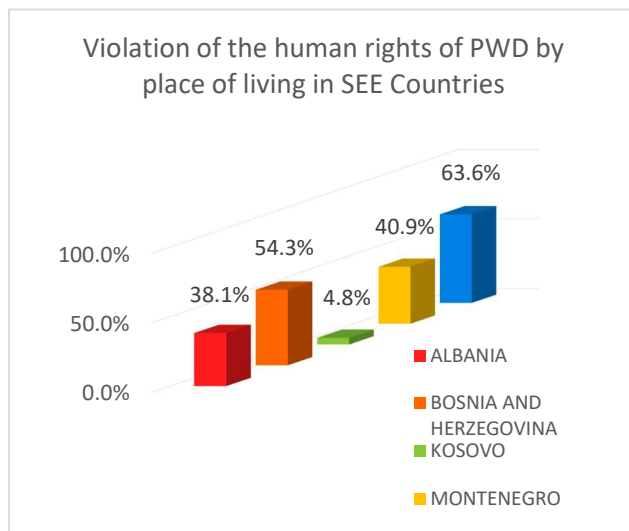
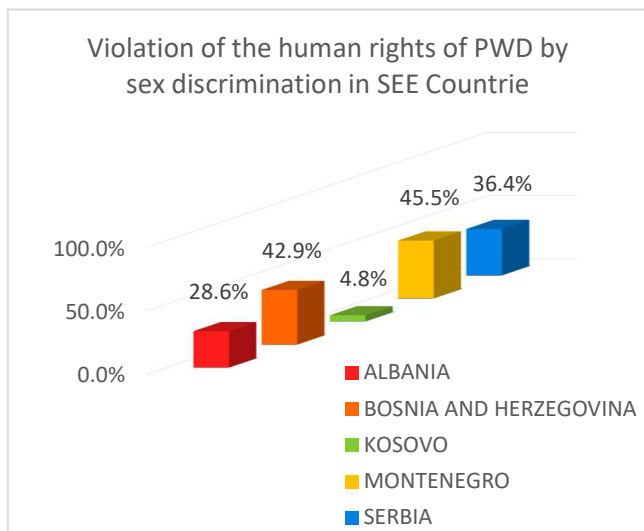
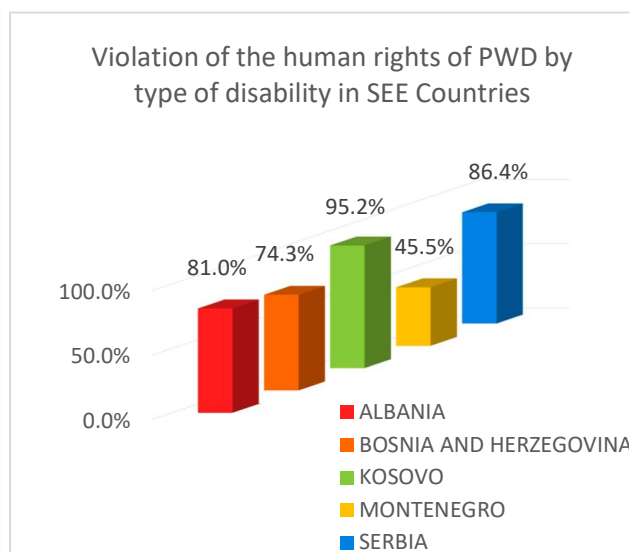
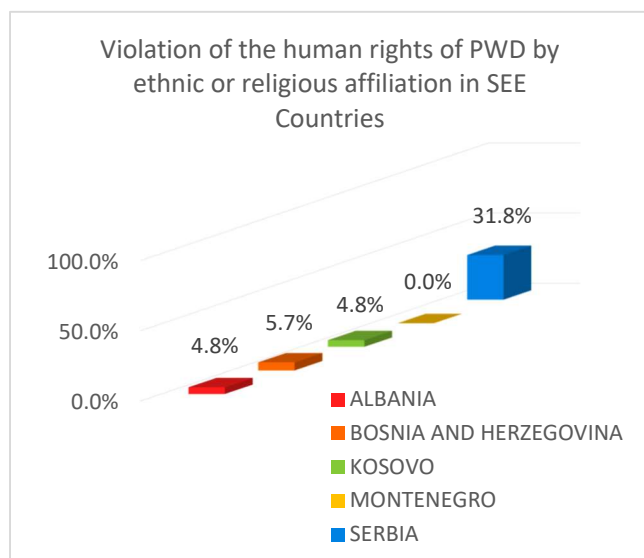


As an additional illustration of the previous observation, taking a more concrete look at the results of the interview findings shows that across the countries involved within this study, most of the evidence of human rights violations occurred from those CSOs having disability and mental health as their focus. Therefore, the greatest harms suffered are those against disabled and intellectually

impaired individuals. In Albania there is almost an overwhelming majority of (91.7%) third sector entities witnessing abuses suffered directly by their beneficiaries, followed by Montenegro (68%), BiH (67%) and Serbia (56%). The only state against the trend turns out to be Kosovo\* where CSOs working in the social development sector (40%) are the ones experiencing the greatest violations among their beneficiaries.

In more detail, as the greatest injustices are inflicted against people with disabilities, from the charts displaying the aggregated data following the questionnaire submitted to civil society organizations in the five countries of the Balkan Region involved, it can be seen that the human

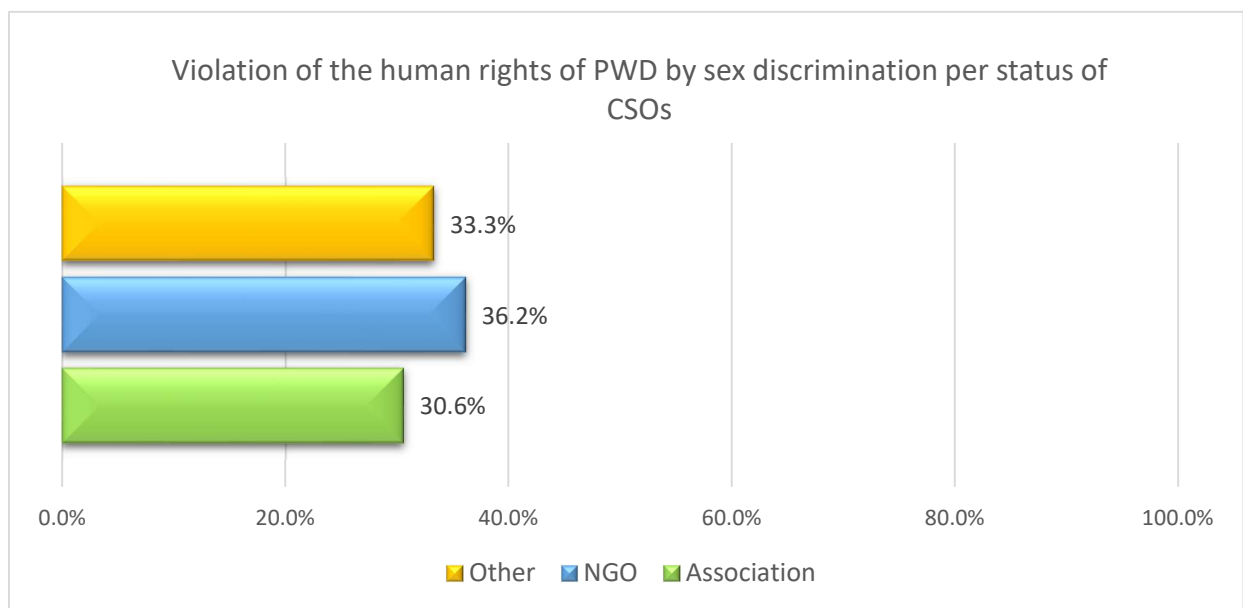
rights violation on PWDs is more or less grounded on a series of variants such as discrimination based on a person's gender, the type of disability individuals carry, or rather their faith and the place they live. In fact, it can be seen how the data changes considerably depending on the variability.



Gender discrimination on PWDs is a major problem in Montenegro (45.5%), followed by BiH (42.9%), but it turns out not to be a concern for Kosovo\*, which differs from the other four countries for a very low figure (4.8%).

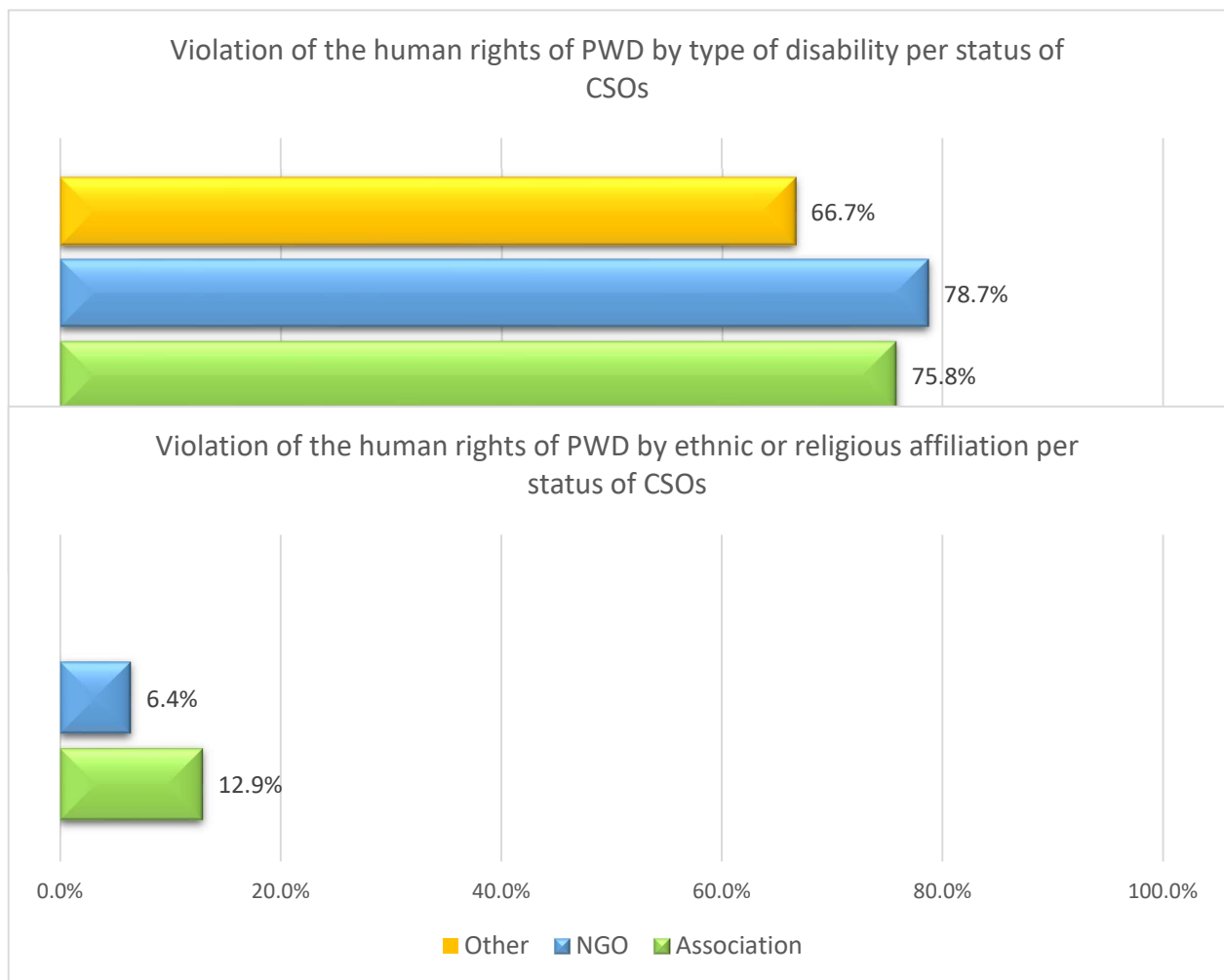
However, it is surprising how precisely Kosovo\*, turns out to be the most discriminating country when it comes to the violation of PWDs' rights according to the type of disability they hold. The 95.2% of the responding CSOs state that unlike other variants such the religion or the place where they live as well, PWDs in Kosovo\* are more discriminated against by the inability form they have. The kind of disability held is also a discriminating factor present in other countries, such as Serbia (86.4%) and Albania (81%). However, in this last case the discrimination on religious basis is almost absent (4,8%). As a matter of fact, it is well known that despite the presence of different faiths, the Albanian people have never, at any time in their history, experienced episodes of religious conflict, outlining a great religious tolerance. Along the same track are Kosovo\* (4.8%) and BiH (5.7%), all of which clearly differ from Serbia, where 31.8% of the responding CSOs, on the other hand, identified some sort of discrimination that penalizes PWDs from the religious perspective. Apparently, practising a religious confession, rather than another, causes challenges in Serbia, which is Christian Orthodox majority. People with disabilities in Serbia face another kind of difficulty because of the place they live. It has to be noted that in rural areas people with disabilities tend to face more challenges than their counterparts in urban areas. They are less likely to have attended school and to be employed. Based on the personal experiences of the CSOs, interviewees perceive that rural areas are generally less sensitive to disability access issues than urban areas. Rural residents often confront significant barriers when seeking health care, including limited numbers of primary care and specialist physicians nearby, the absence of sophisticated inpatient and diagnostic services, lack of public transportation, and inadequate or absent health insurance coverage, compounded by widespread poverty, low rates of employment-related health insurance, and fragile socio-economic infrastructures.

The violation of human rights, however, is perceived differently when looking at the organisational structure of the entity. Where discrimination based on the gender of the person with a disability is concerned, the data are very similar. It stands to represent that in this aspect, which there is no difference, gender discrimination is a relatively low factor found equally by Associations located in the Balkans (30.6%), as well as for NGOs (36.2%) and other bodies (33.3%).



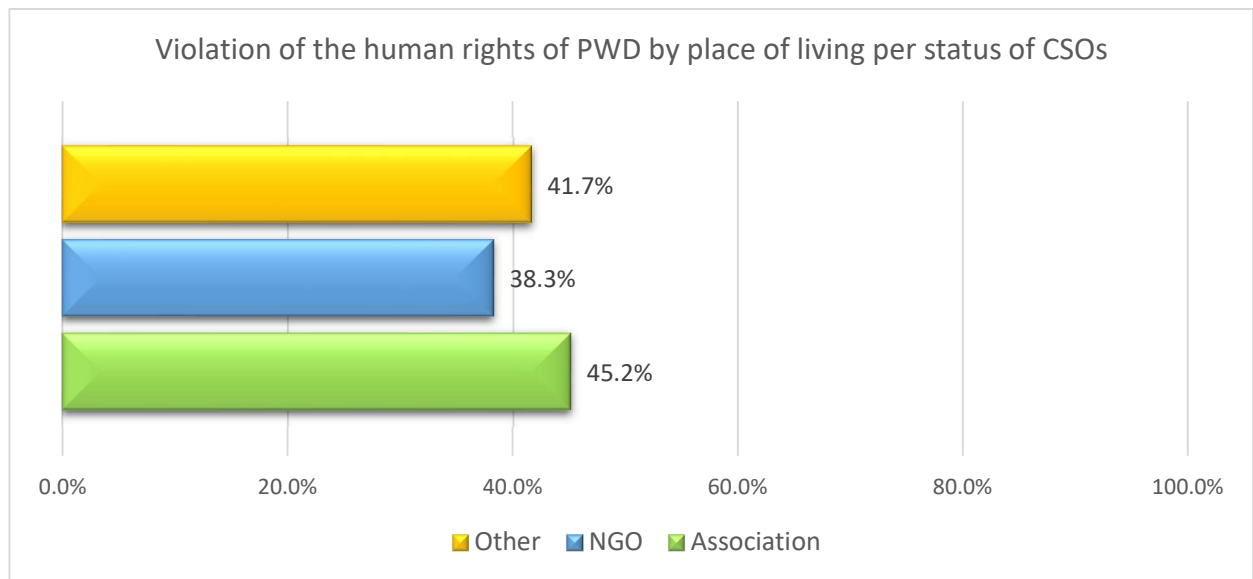
Diametrically opposite findings are observed in case of the kind of disability an individual incurs. Here, the violation is highly perceived by civil society organisations, whether associations (75.8%), NGOs (78.7%) and slightly less by other legal forms of the non-profit sector (66.7%). Hence it can be assumed that the factor related to the form of disability, still is perceived to be deeply uneasy in the reality of the Balkans, although the area shares borders with states where

there are more evolved forms of realities from which examples and good practices can be gained.



Nevertheless, religious confession among individuals experiencing forms of disability is not a factor that leads to large forms of rights violations. In fact, although South East Europe has been particularly affected by conflicts that are not only ethnic, but primarily religious, this fades into the background when it comes to disability. The data are derisory, and this is evident by looking at how only 12.9% of Associations and 6.4% of NGOs at the regional scale may have experienced abuse related to this issue.

Meanwhile, the place where a disabled person lives has an impact in their lives, and this is manifested by the institutions through their responses to the questionnaire submitted to them. In fact, it is 45.2% of Associations, 41.7% of other legal forms and slightly less (38.3%) NGOs. Although these figures are not overly impressive, nevertheless they do denote a certain relevance and should not be overlooked or even underestimated.

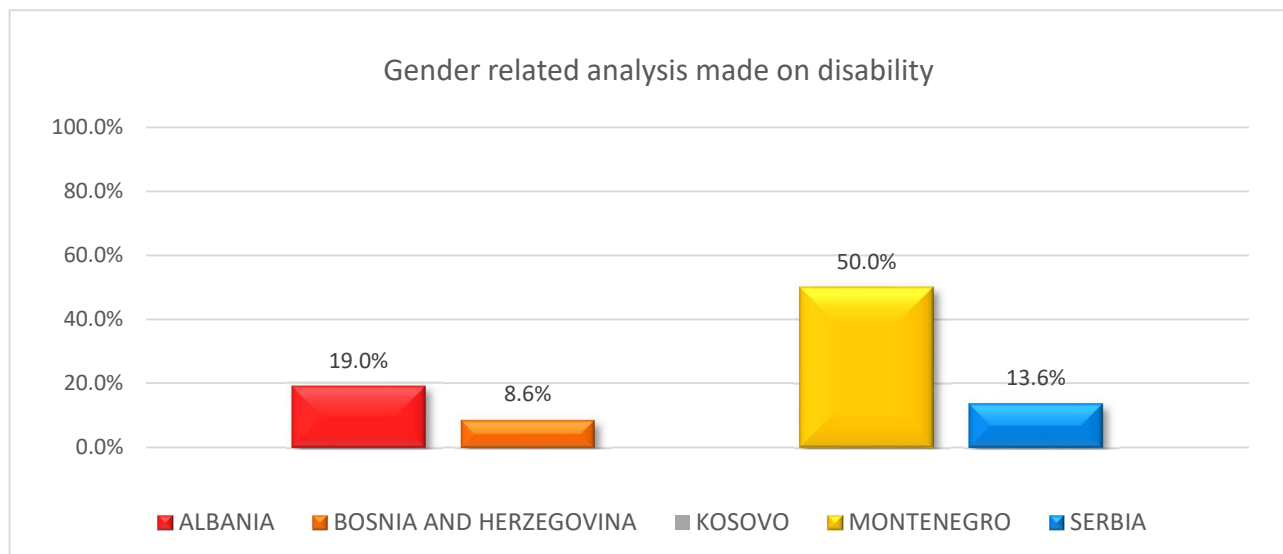


## GENDER RELATED ISSUES

Angela Zeneli<sup>1</sup>,

<sup>1</sup> Expert for South East Europe, Consorzio Communitas Milano, Italy, CBC IPA Cross Border Project Manager.

To better map the needs of people with disabilities, an attempt was made to see if a gender report had been conducted, in order to delineate their different needs by gender and discrimination. It is relevant to understand that gender discrimination does not replace discrimination caused by disability, but adds to it, thereby producing an extremely heavy multiplier effect. Women with disabilities will thus have the same difficulties encountered by men with disabilities when accessing the labour market (prejudice regarding disability, inaccessibility of work environments and equipment, lack of mobility services, lack of personal care services, etc), but will also have additional disadvantages because of her being a woman. It is still easy to find families that are much more overprotective with women than with males with disabilities, families that instead of encouraging the disabled woman's personal independence discourage, inhibit, postpone it in every way. Women have to suffer unequal distribution of care responsibilities, which, combined with the scarcity of childcare and caregiver services, forces them to reduce or give up work. Of these mechanisms, a large majority of women with disabilities have no awareness, and are convinced that, in the end, all problems arise exclusively from having a disability.



From the completed questionnaires, it emerges that a study about gender disability was mostly conducted by the Civil Society Organisations of Montenegro (50%), but quite residually by the



rest of the involved countries' organisations. The inference may be that the topic is not yet of general interest in the remaining countries involved and that improvements should be made regarding gender analyses, which are scarce or almost absent.

Let's now delve into the collected evidence regarding some more detailed analysis that defines the effective proportion of women within the CSOs taking part of the gender study section of the interview.

The following sections were framed as an open-ended question, where interviewees had the freedom to articulate their responses without restriction, about the gender related situation among the organisation membership and senior management.

From a Gender related analysis, overall, there is generally a preponderant female presence in Albania from the 20 responses reached out compared to the male presence as members of an organisation. Just in very few cases there has been a balance between the two sexes. In the cases of organisations dealing with the issue of disability, they claim that most of organisation's members are mothers, as they are the ones who take care of the children of his target group; in addition, the participation of women is significant, as they are, for the most part, supportive of their children with disabilities.

As for BiH, on the other hand, there is a greater male presence within the membership of its organisation. In fact, out of a total of 30 responding organisations, 20 have more male figures in their organisational structure, approximately about 64%. Among the remaining 10 responding CSOs, they are composed on average of 62% of women. Only in three cases there is a balance in gender presence within the organisational structure.

With regard to Kosovo\*, there is an average balanced situation. In fact, out of 20 responding CSOs, in 2 cases there is a clear preponderance of female presence, while all other respondents claim that the gender balance is being respected and at a rather good level.

In contrast, among the 20 responding CSOs in Montenegro, quite variegated views emerge with respect to this issue. However, only in relatively few cases, roughly 7, the representative roles of both sexes or the preponderance of the female gender within the members of their organisation are observed.

Finally, out of 21 participants from Serbia, nearly half declare having a female bias within their organisational structure.

Now let's turn to the data related to the organisational senior management to verify whether there is an effective female leadership in the non-profit sector or if equality in the upper levels remains a long way off in the Balkan region.

A female preponderance is reconfirmed in Albania even at the top organisational ranks, whether they are president, executive director or board members. As much as in the specific case of Albanian Association of Invalid Workers, in all 61 branches of the Secretaries, women are predominant and in the 7 branches of the Association even the Presidents are women as well. Specifically, out of 20 interview participants, only 2 organisations claim having male management.

As for BiH, the situation is reversed. In contrast to the male dominance among the members of the organisational structure of the participating CSOs, at the head of the 32 answering organisations, an impressive 19 specify that they have a female figure with an average of 69%, while 6 others state that their top two figures are equally balanced.

As for Kosovo\* on the other hand, out of 19 contributors to the response to this question, an overwhelming majority said that the gender balance is respected and at a satisfying management level.

In Montenegro there is an intermediate situation, whereby out of 18 respondents to this question, about half state that there is an effective majority in leadership roles of women within the CSOs surveyed.

Finally, as for Serbia, out of 21 CSOs surveyed, 10 are those proud to have in-house female management, reaffirming the trend also found in the organisational structure, which has been mentioned just above.

From the revised collected data above, a significant gender gap does not appear to be present. The Third Sector is generally not exempt from gender disparity issues either. Although the number of women employees is particularly high, management positions are often held by men.

Yet, from the responses received, CSOs in the South East Countries would seem to be focusing on them, benefiting from their considerable transformative and generative capacity.

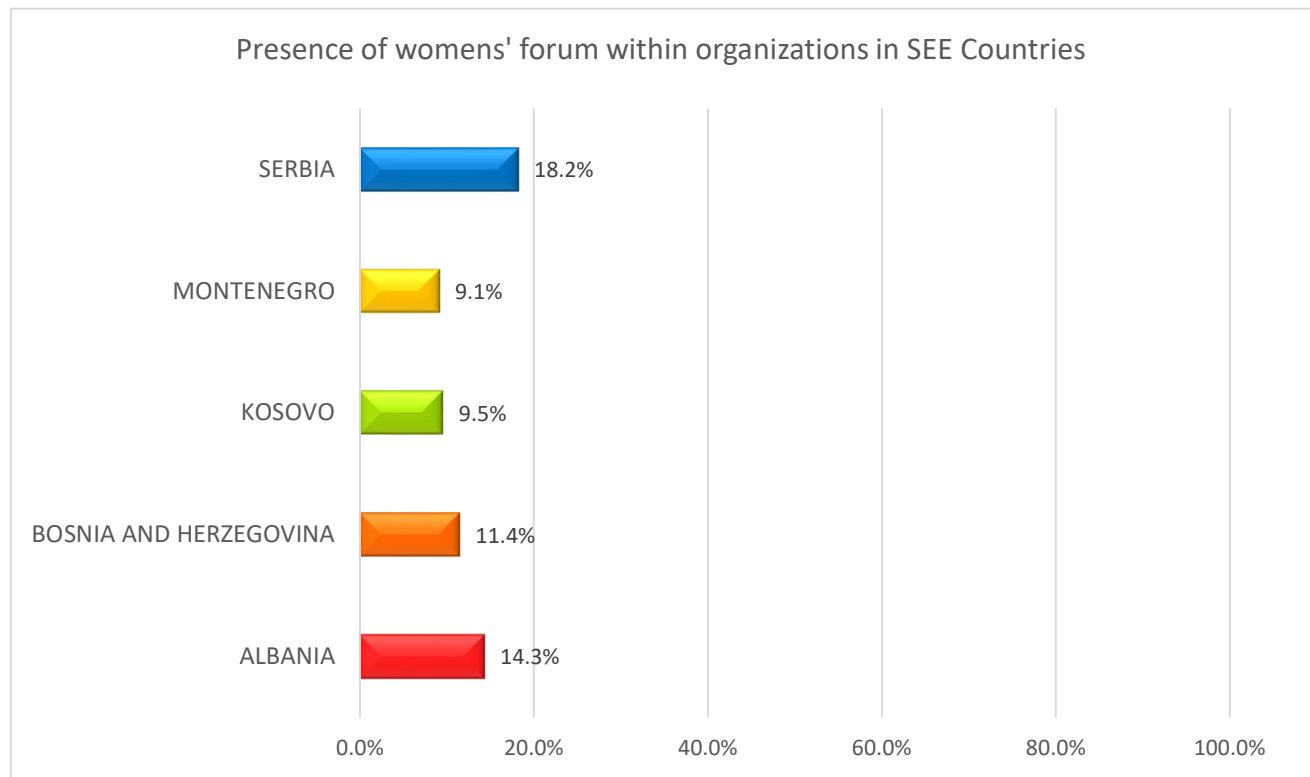
Evidence of women's involvement in the third sector appears to be very high, explained by the areas of intervention, which are traditionally those in which women spend the most, but also by the kind of context that enables forms of engagement which are more compatible. This makes the non-profit sector surveyed to record positive data.

However, although the data recorded, generally speaking things may not be that rosy. It would indeed seem paradoxical, how in such a highly female-dominated sector, governance is still heavily male-dominated. Overall, there is still much work to be done to achieve a real gender equality in leadership roles. There is also often a form of reticence on the part of women with respect to awareness and accountability, i.e., to be able to hold "positions of power" without self-limitation. Aware also of its role in the community, the third sector should promote social change and economic development, while also addressing these forms of gender inequality.

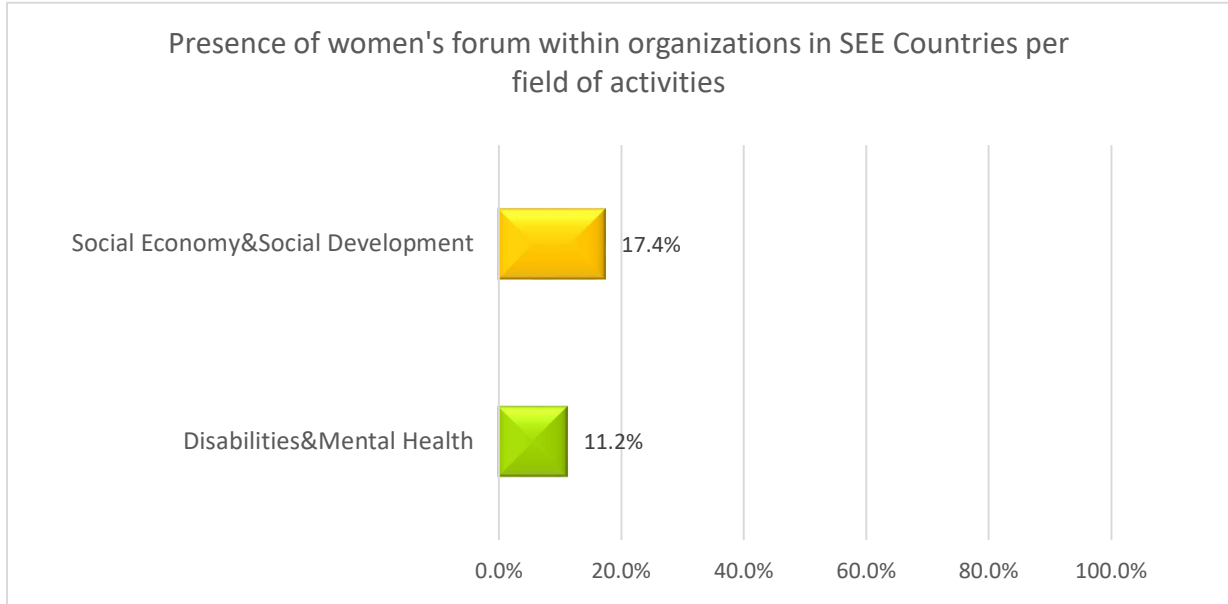
Over the next section, an analysis of the collected data concerning the presence of a women's forum within the organisations surveyed as part of the SOCIETIES2 project in the SEE Countries will be conducted. But before, some of the followings might represent some valid reasons for establishing a women's forum within organisations. In fact, it works toward a gender sensitive and safe environment, as broadening the knowledge domain and improving the skills of women in the community, pursuing a comfortable atmosphere for female visitors and dealing with cases such as sexual/ emotional harassment in work place within time and appropriate approach.

At the Balkan regional level, responses received on the topic reveal how negative the data generally collected. It may be assumed the extent to which there is still a low culture about women's participation. As a matter of fact, forums enable the achievement of equal opportunities and guide the creation of organisational dimensions capable of enhancing full gender inclusiveness and collective intelligence.

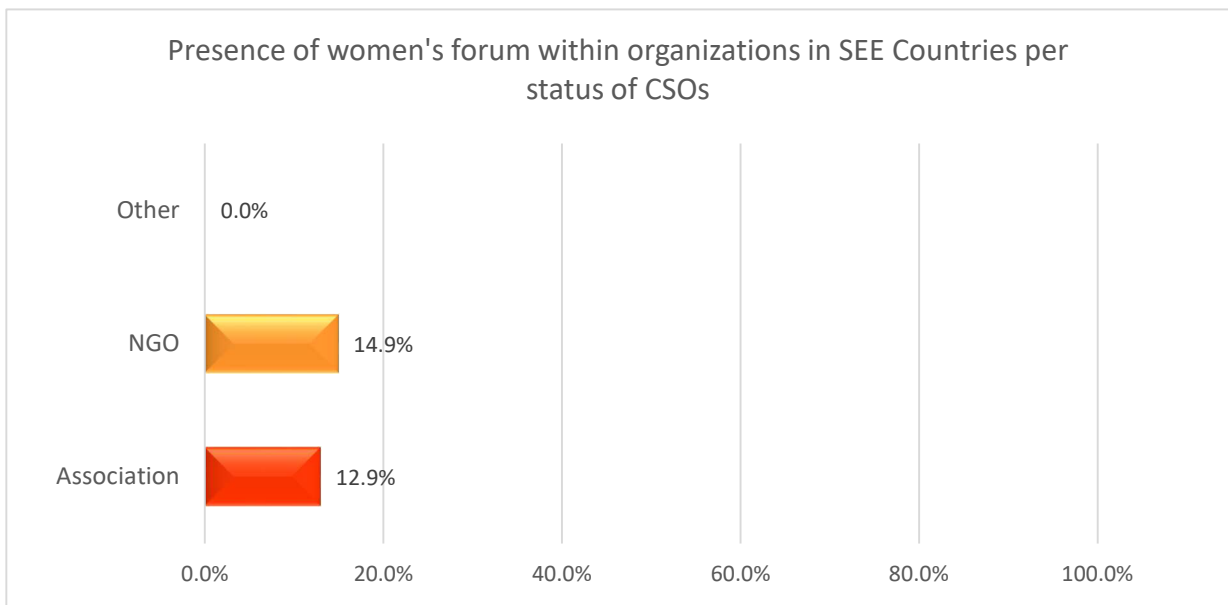
Specifically, Serbia turns out to be the country with a slightly higher presence of forums among the respondent organisations (18.2 %), compared to Albania (14.3%) and BiH (11.4%). At the bottom of the ranking lies Kosovo\* with (9.5%) and Montenegro (9.1%).



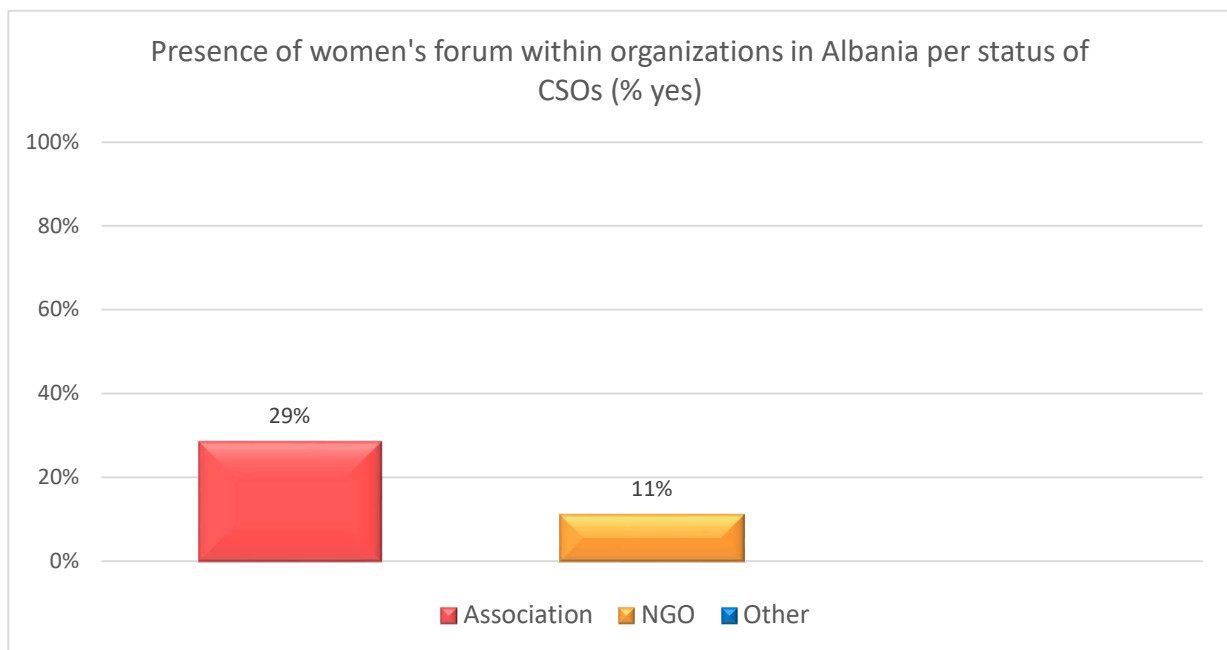
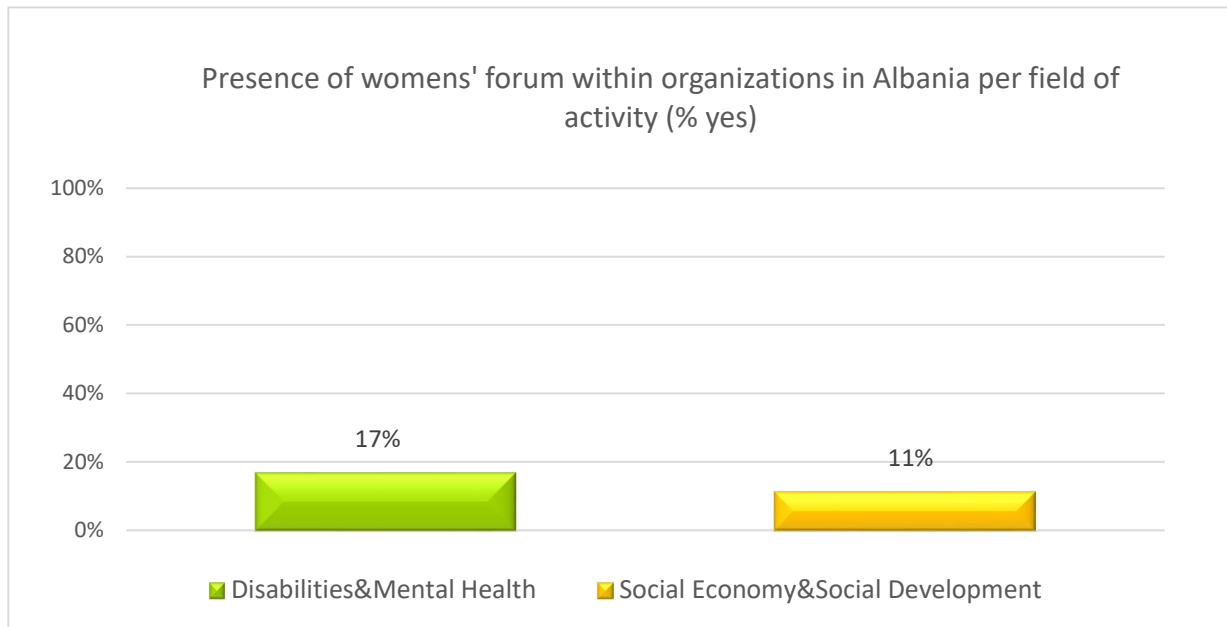
Among the third sector respondents in the Balkan region, those operating in the field of social economy tend to have a greater percentage of women's forums within them (17.4%) than those operating in the field of disability and mental health (11.2%). Overall, these values, however, are not altogether encouraging.



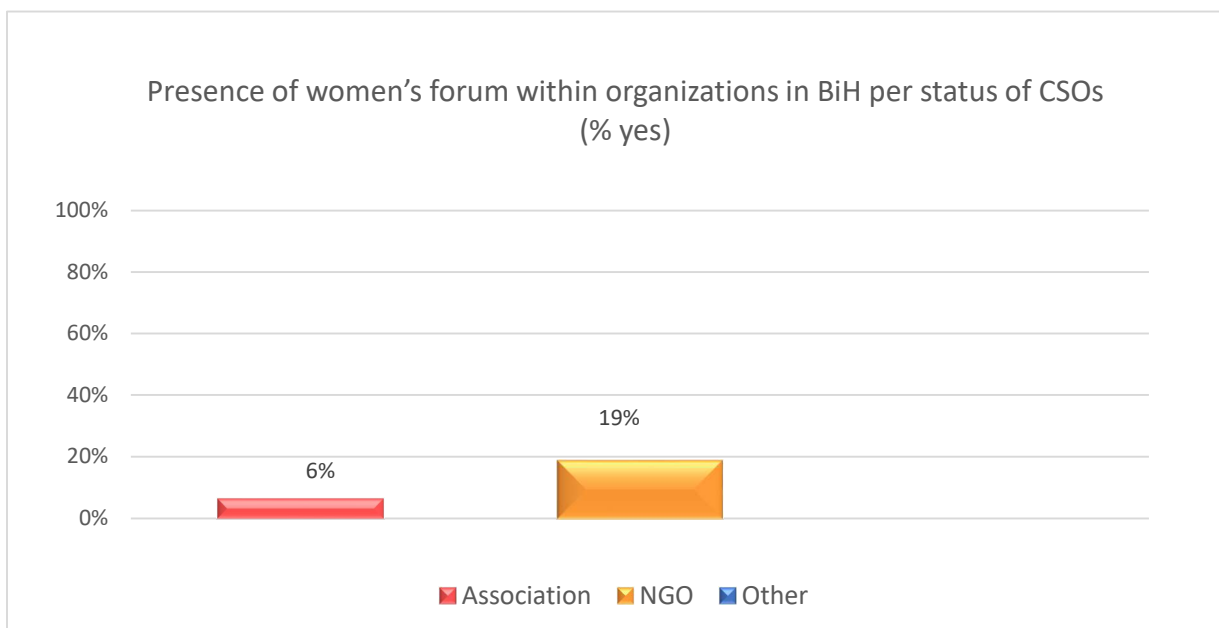
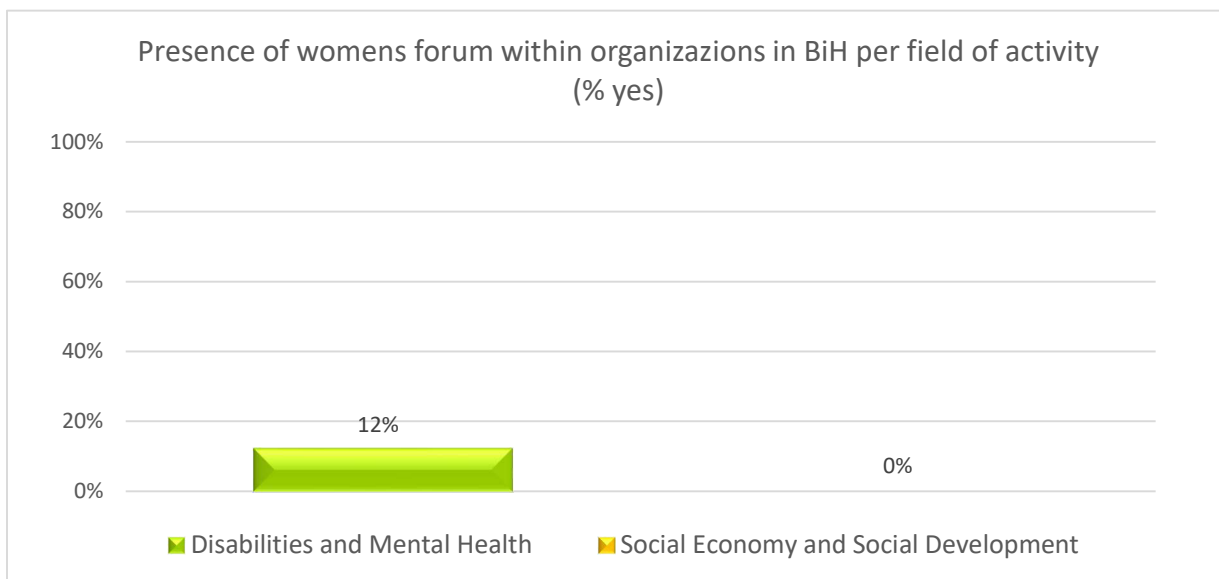
Whereas, by taking a look at the status of the responding CSOs, those that promote women's forums in their workplaces are NGOs (14.9%) and associations (12.9%). Once again, this data, gathered from SEE Countries, reveals not that much commitment to this aspect.



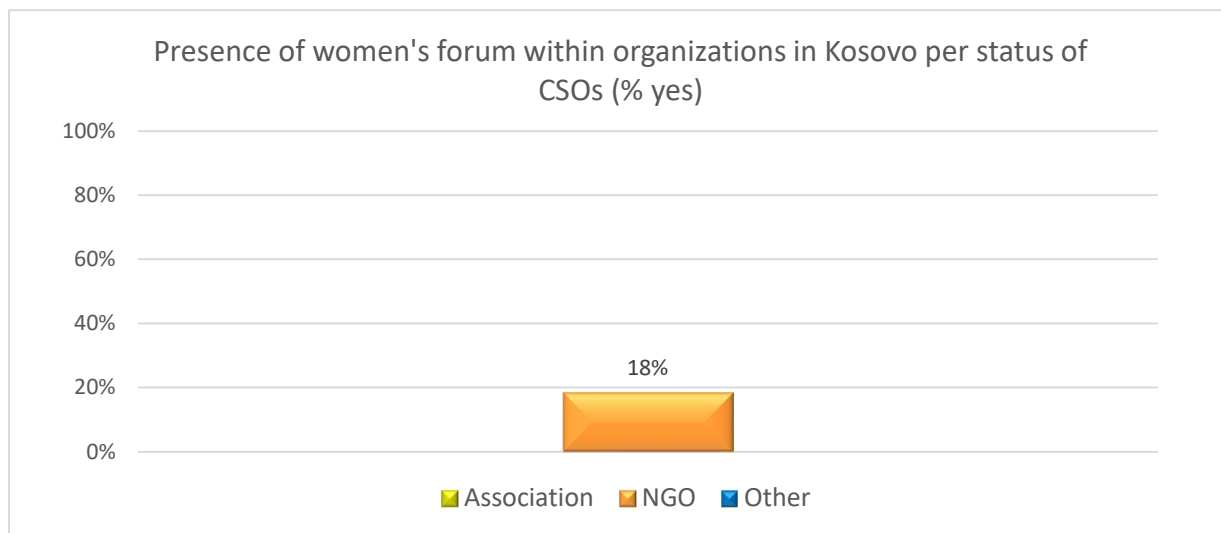
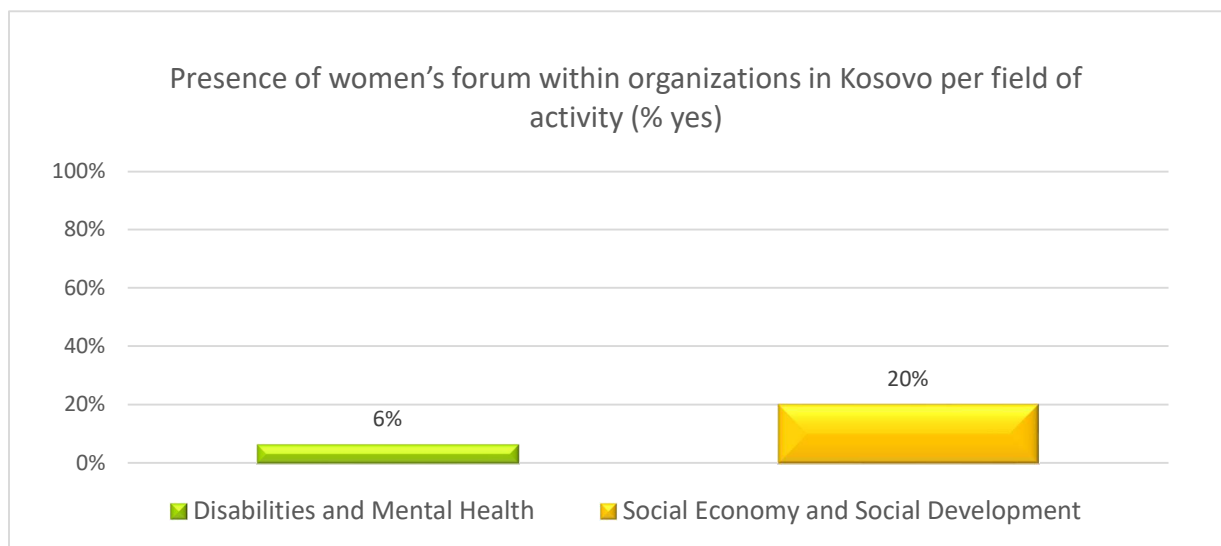
In Albania, out of 20 respondents, only three CSOs claimed that they provide a women's forum within them, and among these responses, 17% were from the disability and mental health field while 11% were from the social development sector. As well as 29% of affirmative responses came from the association community and 11% from NGOs.



The same dynamic applies to Bosnia and Herzegovina, where out of 36 CSOs surveyed, only 4 of them have internally established a women's forum with 12% of them operating in the disability sector. Concerning their field of origin, 19% represent the NGOs while the 6% the associations.

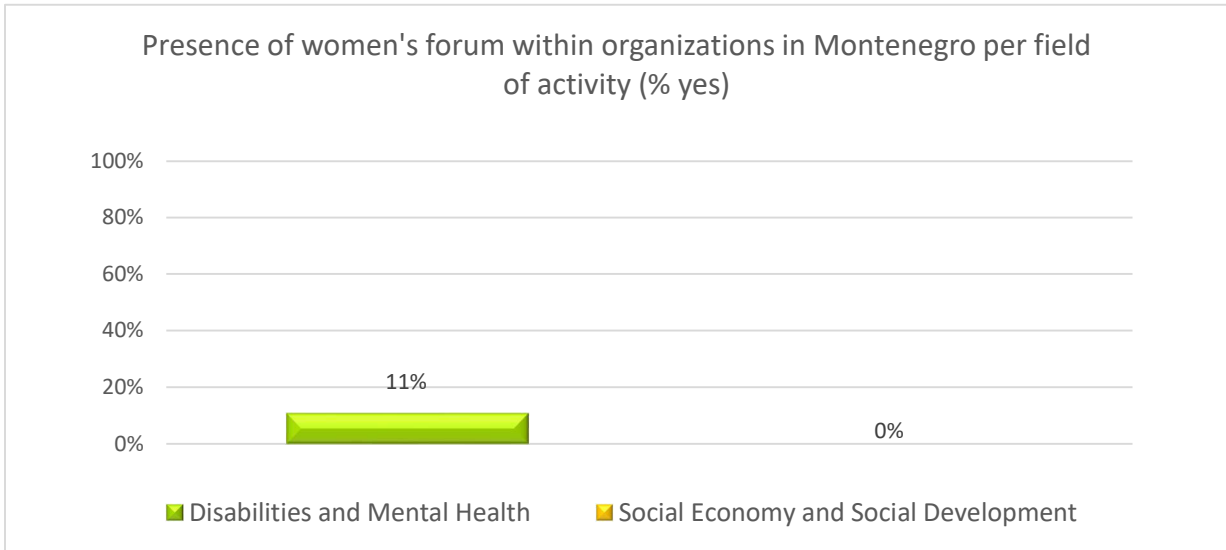


There is no improvement observed even in Kosovo\*, where out of 21 organisations questioned only 2 CSOs were found to have adopted this best practice, and among them, 20% were from the social economy and development field, while 6% were from the disability field. In this case, all the affirmative responses belong to the NGO world for 18%.

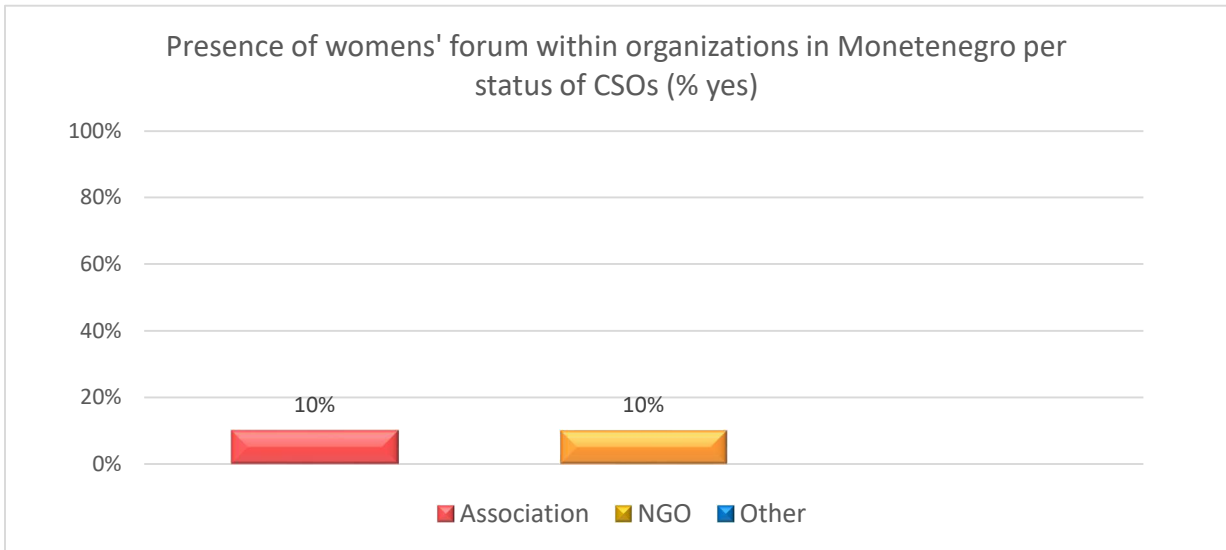




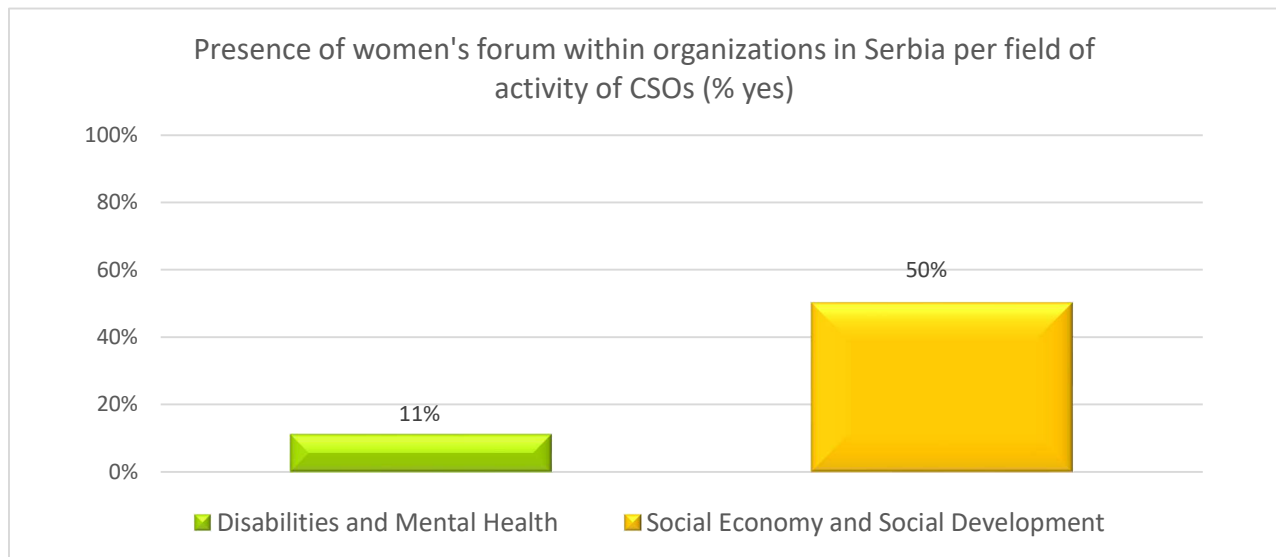
Along with the previous responses, Montenegro is not spared either. In fact, only 2 organisations surveyed out of 20 CSOs possess a women's forum within it and 11% of them belong to the disability and mental health field. Their status is equally represented by associations and NGOs



by 10 % each.



Finally, as for Serbia, out of 22 organisations, 4 are CSOs affirmatively responding with 50% having economics and social work as their field of activity, whereas 11% being disability related and in both these cases they were associations (21%).



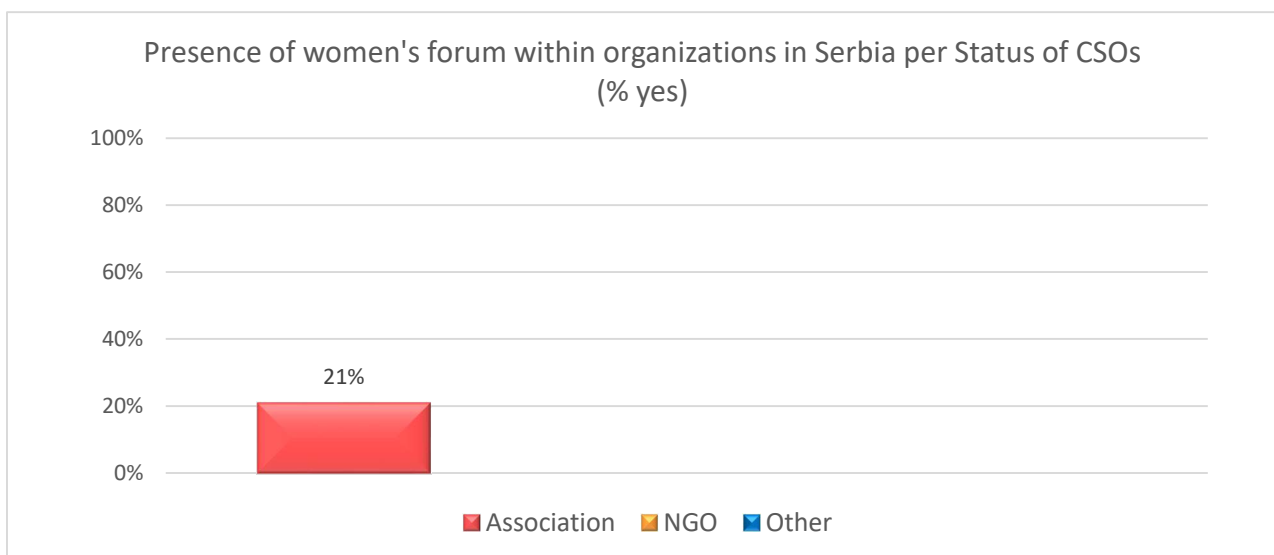
## ABOUT WOMEN AND GIRLS WITH DISABILITIES

Angela Zeneli<sup>1</sup>

<sup>1</sup> Expert for South East Europe, Consorzio Communitas Milano, Italy, CBC IPA Cross Border Project Manager.

It is estimated that more than one billion people in the world experience some form of disability, and that the average prevalence rate in the female population 18 years and older is 19.2%, compared to 12% for males.

When talking about women with disabilities, they do not represent a homogenous group. Nevertheless, they experience various types of impairments, including physical, psychosocial, intellectual and sensory conditions, that may or may not come with functional limitations. Systemic barriers and exclusion lead this target group to lower economic and social status, so as to increase the risk of violence and abuse including sexual violence, to early and forced marriage



discrimination as well as harmful gender-based discriminatory practices and barriers to access education, health care including sexual and reproductive health, information and services, and justice, as well as civic and political participation. Women and girls who experience intersecting forms of discrimination also experience higher rates of unemployment and encounter other gender-based barriers such as precarious livelihoods, unequal access to and control over assets and resources, child care responsibilities and a lack of access to maternity protection.

Therefore, several international, national and regional norms and standards, including human rights treaties and outcomes of various global conferences, directly or implicitly call for the

inclusion and empowerment of all women and girls with disabilities across their life course. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)<sup>19</sup>, the Convention on the Rights of Persons with Disabilities and its Optional Protocol (CRPD)<sup>20</sup>, the Convention on the Rights of the Child (CRC)<sup>21</sup>, the Beijing Declaration and Platform for Action<sup>22</sup>, and the 2030 Agenda for Sustainable Development.

More specifically, CEDAW does not explicitly refer to women and girls with disabilities, but the General Recommendation of the Committee on the Elimination of Discrimination of Women No. 18 notes that women with disabilities are doubly marginalized and recognizes the scarcity of data, and calls on States parties to provide this information in their periodic reports and ensure the participation of women and girls with disabilities in all areas of social and cultural life. As for the CRPD, it includes equality between men and women as one of its general principles, while the CRC recognizes the rights of children with disabilities in Article 23 that states that children who have any kind of disability have the right to special care and support, as well as all the rights in the Convention, so that they can live full and independent lives. Instead, the **Beijing Declaration and Platform for Action**, identifies specific actions to ensure the empowerment of women and girls with disabilities in various areas, bringing disability inclusion into the general efforts to address the multiple barriers to empowerment and advancement faced by women and girls.<sup>23</sup>

Nevertheless, despite the involvement of international and national levels, PWDs have historically witnessed the negation of aspects related to gender equality. Similarly, laws and policies addressing gender equality have traditionally ignored the rights of women and girls with disabilities.

Systemic barriers, combined with the inability to properly prioritise the collection of data on the situation of women and girls with disabilities, to disaggregate and accordingly report them, continue to perpetuate their invisibility and marginalisation.

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<sup>19</sup> <https://www.un.org/womenwatch/daw/cedaw/cedaw.htm>

<sup>20</sup> <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

<sup>21</sup> <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

<sup>22</sup> <https://www.un.org/womenwatch/daw/beijing/platform/plat1.htm>

<sup>23</sup> THE EMPOWERMENT OF WOMEN AND GIRLS WITH DISABILITIES Towards Full and Effective Participation and Gender Equality, UN Women 2018

Following the idea that aggregate data should be provided as more representative women's with disability condition, **5 gender focus groups** were conducted within each of the respective countries where this research was carried out, and efforts were made to find common points of gender mainstreaming into programs that bring Organisations (structure, policies, procedures, culture) together with communities they serve, Civil Societies, Households, socio-cultural economic environment and last but not least National Governments with their specific policies, programs, structures and procedures. A set of questions regarding the survey was prior prepared to be used during the meetings whose questions were asked and answers elaborated into 5 separate reports, each for each SOCIETIES2 project implementation Regions.

As for **Serbia**, 12 girls and women with disabilities from Serbia, 20-40 years, have participated in the gender focus groups organised. The group of participants consisted of girls and women with physical and sensory disabilities, as well as a couple of them who had rare and chronic diseases from Užice, Gornj Milanovac, Knjaževac, Čuprija, Trstenik, Belgrade, Smederevo, Ruma, Vranje and Novi Sad. Some of them work in associations of persons with disabilities, others are members of associations, students or are on a disability pension.

It was talked about difficulties and discrimination, at all levels of society, in order to identify existing problems and to define recommendations for improving their position. Focus groups were held through the Zoom platform so that participants from different parts of Serbia could get involved and participate equally in the conversation. During the meetings, it was emphasised that participation is completely voluntary, that participants are not obliged to answer questions or provide personal information, talk about their experiences if they do not want to.

When asking the types of disabilities in place in the community of the participant and if they differ from the disabilities of girls and women, the participants agreed that *“there are physical and sensory disabilities in their communities, intellectual and mental, i.e., visible and invisible, and that the disability itself as far as there is no difference between men and women.”*

However, participants state that *“there is a difference in the way society and the family treat men with disabilities in relation to girls and women with disabilities, and that this difference is reflected in social roles and expectations based on traditional beliefs and values”*. They agree that *“families and societies on the one hand have a more positive approach to men with disabilities as far as employment and family formation are concerned, while women with disabilities are usually*

*denied these rights. On the other hand, women are expected to fulfil their obligations at home (procurement, food preparation, maintenance of room hygiene, care for parents, brothers, sisters...), sometimes despite the disability, while men with disabilities such things are not sought and not expected."*

Girls and women who acquired a disability later in life state that *"the expectations of their partner, parents as well as individual colleagues, employers have changed significantly in a negative sense, although there are also positive examples."* Discrimination, humiliation, non-recognition of the right to sick leave are just some of the things they stated.

One of the major problems mentioned by all participants is the fact that professionals (doctors, gynaecologists, teachers, social workers...) are not sufficiently familiar with the abilities and capabilities of women with disabilities, so due to ignorance and personal prejudice they often do not know how to help them, or give themselves the right to comment on the personal choices of girls and women with disabilities, which directly discriminates against them, puts them in a vulnerable position by influencing their sense of self-confidence and self-esteem.

When asked if there are services in their communities that provide support and assistance to women with disabilities, all beneficiaries said that *"there are generally no support services in their communities or they are difficult to access"*. Services that exist in their communities and that are initiated at the request of associations and people with disabilities and their parents are mainly related to personal companions of children with disabilities and personal assistance, but even these services cannot meet the existing needs of people with disabilities. The procedure for applying for these rights is sometimes too complicated. One user stated that she barely managed, after several months of efforts with the centre for social work, to get help at home, i.e., gerontology.

As for **Bosnia and Herzegovina** involvement, 13 girls and women with disabilities from Serbia have participated in the one gender focus group organised, between the ages of 18-42, in Monstar. The group of participants consisted of girls with physical and intellectual disabilities from Mostar. Three of them have physical disabilities, two of them have Down syndrome and nine of them are women with intellectual disabilities. Four of them work in associations of persons with disabilities, two of them are employed outside of their association and others are members of associations.

All members of the focus group introduced themselves and got to know each other. In the presentation, the members stated their name, age, association, type of disability and what their biggest obstacle is in everyday life.

From the presentation it could be concluded that most of the girls present but also others from their associations have intellectual disabilities. Each of them is either employed or is an active member of their association. The biggest obstacles they singled out were: not enough opportunities to show their abilities, underestimation of what they can do and rejection by society due to their disability.

When asked about the differences between them and men with disabilities in everyday life, they said that *“men are considered more competent and that they are given more opportunities and more responsibilities both at work and in associations”*. Participants agreed that expectations of men and women are different, even for those without disabilities. There are predetermined roles for each gender and it is very difficult, if not impossible, to go beyond the framework in which society and their families place them.

In addition, women with disabilities experience much more abuse than men, and even by men with disabilities. The most common types of abuse are psychological and emotional but there are examples of both physical and sexual abuse and exploitation. Unfortunately, many women have accepted this because they have the experience of having no one to turn to when these situations arise, neither in their associations, nor in the family, and especially not in public institutions. And they singled this out as the biggest change they want, the protection of women with disabilities.

Regarding other experiences with public institutions such as hospitals and schools, they did not have any particular negative experiences to single out. But most of them visit public institutions accompanied by a family member or guardian and the question is what would be the situation if they visit them on their own.

Moreover, when asked about the changes they would introduce to improve women with disabilities' positions they stated that *“services for women with disabilities where they could be trained to be more independent and develop their skills and knowledge which would increase their employment opportunities”*. In addition, places where their family members and experts in public institutions could be trained to be able to help people with disabilities more adequately,

especially people with physical and sensory disabilities. But in order for people with disabilities to access these trained professionals at all, the infrastructural barriers that still exist in many places need to be addressed first. And as already mentioned, they need a place, in a public institution or in some non-governmental organisation, where they will always be able to turn for help and protection from abuse.

In **Montenegro**, 17 (5 male and 12 women) were the participants to the focus group held. According to the group *“one of the most important areas for the inclusion of women with disabilities is work and employment, since through it, they can get a unique chance to go beyond isolation, overprotection and often violence within their own families”*. Without economic independence, for which employment and its retention are prerequisites, women with disabilities have no chance to live a dignified and independent life.

According to data from the Agency for unemployed persons in the last five years the number of unemployed women with disabilities has increased significantly in Montenegro. In 2016 there were 2268 women with disabilities (8.78% of the total number of unemployed women) while in 2020 there were 6612 women with disabilities (23.66%, total number of unemployed women). As can be observed, the number of unemployed women with disabilities in the last five years has increased by 191%.

When asking about policies related to gender equality, the group claimed that *“women with disabilities are often neglected and the gender aspect is often not taken into account in many disability activities. Plus, due to the high level of discrimination, women with disabilities ignore the fact that they are doubly discriminated against - both on the basis of disability and the gender”*.

In addition, being women according to nature destined to reproductive activities, women with disabilities find even more difficulties in this segment. They state that *“there are just several adapted hospitals with specialised tables for gynaecological examination of women with disabilities and that they encounter constraints in the use of these services on local level. Moreover, many times, doctors are not sufficiently aware of the needs of people with disabilities and it is not uncommon for a person with a disability to wait several hours for a specialist examination”*.



Not to mention the accessibility. The group argues that *“although it is a legal obligation to adjust all facilities, finances are an excuse to do so. There are many examples that access ramps have been built but cannot be used, which is a worse situation than not having them. A large number of parking lots are not still marked, which is especially present in the health, social, employment and educational institutions”*.

With regard to **Kosovo\***, 13-woman, women with disabilities, and housewives have participated in a focus group organised in Prizren. Furthermore, it was emphasised in the Focus Group Discussion that Women with disabilities are usually not married and are considered to remain a “burden” for their families.

From the focus group discussion, everyone agreed on the following issues: *“women and girls with disabilities face significantly more difficulties in all spheres of life. Compared to women and girls without disabilities, girls with disabilities experience double discrimination, which place them at higher risk of exclusion from community. The main barriers identified by participants in this meeting include; prejudices, inaccessibility of infrastructure, access to appropriate education, work opportunities and the lack of institutional support from institutions. Therefore, girls with disabilities are the most vulnerable and marginalised group in society. In case of domestic violence, women and girls with disabilities have difficulties to go to the court and report these incidents, because of lack of access to justice. That could be, for example, because there are no systems to support their communication such as hearing loops, speech text support, sign language interpreter, etc.”*

In **Albania**, 13 participants (3 men, 10 women), between the ages of 20 to 40, took part in the gender focus groups organised in Tirana. All participants, but one, were professional persons working directly with PWDs, or academic staff well-acquainted with disability-related issues.

The meeting aimed to put Gender Mainstreaming and Equality on the Social Development Focus, referring to the SDG 2030 regarding an inclusive development of PWDs and in line with the SOCIETIES 2 objectives with the purpose to analyse specific inequalities affecting girls and women with disabilities.

At the question on how does the community treat women with disabilities compared to the men with disabilities treatment, the group were quite agreed with the fact that gender influence the

integration of a PWD into the community and community life and that it is more probable that we see more often men and boys with disabilities going out with their family members, due to the lack of negative attitude or stigma toward them while women and girls are at risk of being kept isolated. *“The situation might disfavour women and girls. “There are certainly differences in the way society treats women and girls with disabilities vs men and boys with disabilities; this is confirmed by studies. In terms of family life and reproduction rights, men are favoured. For instance, within the blind community, there are much more married men than women. Moreover, by statistics, a woman who gains disability during her marriage has 99% chances to get divorced as a consequence. It is very less probable for a married man in the same situation to get divorced. Talking about ratio here, about gender impact. Because a woman is seen as a nurturer in the family, and a woman with disabilities cannot be perceived as such in our mentality. In addition, a man with disabilities is regarded as a sexual being rather than a woman with disabilities. In other words, men have reproductive rights while women do not”.*

Even when talking about barriers that women and girls face to accessing services or participating in Advocacy activities, the participant where were unanimously supportive about the fact that *“a toxic environment is the first barrier for a PWD, since a person has their own desires, their own needs, their own preferences, like everyone else in the community. Service centres must be seen as a safe environment, free from toxicity as a first pre-condition. Yes, to therapy, yes to specialised services, yes to every kind of services deemed necessary in accordance with various needs, but a safe environment comes first and foremost. While implementing a project focused on the employment and employability of PWDs, there were evidence that while the CSOs have a very positive approach, much more need to be done with the public sector, which tends to evaluate a PWD under some strict bureaucratic criteria rather than on what the person really represents, what their needs, abilities potentials are”.*

These 5 focus groups revealed how women and girls with disabilities face multiple and intersectional discrimination in all areas of life, including, socio-economic disadvantages, social isolation, violence against women, lack of access to community services, low-quality housing, inadequate healthcare and denial of the opportunity to contribute and engage actively in society. They also display another main obstacle in exercising the right to use support services, that in addition to the existence of physical barriers, institutions and the local community itself do not

recognize the need to establish and finance these services and that associations and unions of PWDs do not advocate or put pressure on decision. In some Countries, participants also state that unions and associations operate in a non-transparent way, they do not work on involving and motivating new, younger members, nor do they launch new initiatives that would meet needs.

When talking about advocacy, it is a process that can be accomplished along two ways. Through the **systemic advocacy** that embraces working for long-term social change to make sure legislation, policies and practices support the rights and interests of people with impaired decision-making ability. This may include influencing **a)** the creation of new laws or changes to current laws, **b)** the priorities and plans of government and non-government agencies, **c)** the policies and procedures that relate to services or systems, **d)** the way in which government and non-government agencies provide services, **e)** systemic advocacy seeks to make positive changes for a whole group of people rather than one individual.

Another way consists in **self-advocacy** as the ability to speak up and communicate one's needs empowering to find solutions to problems that others might not be aware of. In the specific case, in order to Self-advocate, the person involved must be **self-aware** of his/her disability and know his/herself weaknesses and strengths. With a clear understanding of the disability, someone can **determine the specific types of needs**. Moreover, **practising assertiveness**, means vocalising the needs and involves taking responsibility for one's disability without expecting others problem solving and decisions. Other relevant aspects of good self-advocate are **developing self-confidence** and **leverage on other's support and help**, joining self-advocacy groups to support each other to speak up.

Given the above, **self-advocacy** is one of the most important ways in which PWDs, especially women, have a voice of their own. If people have a voice of their own, they can comment on the services they use, can define how they want to be known- as people with intellectual disabilities rather than "*handicapped*", can campaign for issues which are important to them. **Self-help groups**, which are unfortunately underdeveloped, can play an important role in supporting people with disabilities, especially women with disabilities, as well.

According to updated data referring to the European Union region, women with disabilities constitute 16% of the total population of women in Europe and 60% of the overall population of

100 million persons with disabilities. This corresponds to an estimated 60 million of women and girls with disabilities; equivalent to the total population of Italy. However, women with disabilities are two to five times more likely to face violence. The status of women and girls with disabilities is not only worse than that of women without disabilities but also worse than that of their male peers. This is especially so in rural areas with fewer services and opportunities for this group than in urban environments.

For instance, according to data from 2021 **Gender Equality Index** published by the European Institute on Gender Equality, 22% of women with disabilities are at risk of poverty, comparing to 20% of men with disabilities and 16% of women without disabilities; 20% of women with disabilities are in full-time employment, comparing to 29% of men with disabilities and 48% of women without disabilities; 15% of women with disabilities graduate tertiary education, comparing to 17% of men with disabilities and 30% of women without disabilities; 7% of women with disabilities have unmet needs for medical examination, comparing to 6% men with disabilities and 2% women without disabilities.

This negative trend involving women and girls proves how there is still a lack of measures to ensure their rights in all areas, including education, work and employment, and access to justice.

Equality between men and women is not only part of the EU's Agendas but also a general principle of the Convention on the Rights of Persons with Disabilities (Article 3). In addition, article 6 of the Convention specifically recognises that women and girls with disabilities are subject to multiple discrimination and requires States parties to *“take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms”* and *“ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights”* set out in the Convention. However, in practice, even if women and girls with disabilities were included in both the EU Strategy for equality between women and men 2010-2015 and a Strategic engagement for gender equality 2016-2019, they both failed to address the specific situation of women and girls with disabilities.<sup>24</sup>

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<sup>24</sup> <https://www.edf-feph.org/women-and-gender-equality/>

Given the fact that no Member State has achieved full gender equality and that the progress achieved is slow, in March 2020 the European Commission adopted a new **Gender Equality Strategy 2020-2025** that includes the rights of women and girls with disabilities in action on combating violence against women. Member States on average scored 67.4 out of 100 in the EU Gender Equality Index 2019, a score which has improved by just 5.4 points since 2005.<sup>25</sup> In addition, the Commission's proposals for the **Multi-Annual Financial Framework 2021-2027** (MFF) ensure the integration of a gender dimension throughout the financial framework, and more specifically throughout various EU funding and budgetary guarantee instruments, in particular the **European Social Fund Plus**, the **European Regional Development Fund**, **Creative Europe**, the **European Maritime and Fisheries Fund**, the **Cohesion Fund** and the **InvestEU Programme**. Funding will support actions to promote women's labour market participation and work-life balance, invest in care facilities, support female entrepreneurship, combat gender segregation in certain professions and address the imbalanced representation of girls and boys in some sectors of education and training. This is in line with the expressed needs for donor agencies to work with the priorities of Organizations of Persons with Disabilities, to acknowledge the unique space that OPDs occupy. The need to carry out assessments of their capacities with the aim to strengthen them. In terms of fundings, a way would be to push for a **re-look at some standards that put forward stringent criteria which locks out most OPDs from applying**. Yet, the need to look at OPDs as equal partners in projects and make visible the work that they do. Additionally, a support network should be built on synergies through collaboration and partnerships, to strengthen the capacities, knowledge and networks that each OPDs partner brings. The **leadership of partners** – including organisations and networks of women and girls with disabilities, their representative organisations, other women's organisations, organisations of persons with disabilities, foundations, international non-governmental organisations (INGOs), Member States, the private sector, and research and academic institutions – can strategically contribute to the empowerment of women and girls with disabilities.

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<sup>25</sup> A Union of Equality: Gender Equality Strategy 2020-2025, European Commission, 2020

Turning to women and girls with disabilities position in South East Europe Countries involved in the research, in order to enhance them, it is necessary to work on a **gender action plan**, that aims at a meaningful inclusion support into society and their empowerment towards full and effective participation and gender equality, within a **gender mainstream plan** rather than having a separate plan. **Mainstream** is defined as dominant, main ideas, attitudes, practices or trends. It is the level at which the choices are made and where decisions are taken to put economic, social and political options into practice. Mainstreaming determines who will receive and what and establishes the logic by which resources and opportunities are allocated. More specifically, when referring to **gender mainstream**, the aim is to make gender equality an integral part of this dominant trend (mainstream) at the societal level so that women and men can enjoy the same benefits. It consists of a "*process aimed at assessing the implications for both women and men of every planned action at all levels (normative, policy and program). It constitutes a strategy to make women's as well as men's concerns an integral part of the design, implementation, monitoring and evaluation of policies and programs in the political, economic and social spheres so that women and men benefit equally and inequality does not continue to be perpetuated. The ultimate goal lies in achieving gender equality.*"<sup>26</sup>

**Gender mainstreaming:** **a)** relates to reducing poverty, improving economic growth and strengthening of citizenship; **b)** consists of a proactive process designed to address disparities that can constitute, and do in fact constitute, gender discrimination; **c)** targets comprehensive economic and social policies that allocate significant resources; **d)** adopt an economically meaningful approach aimed at ensuring that women and men are professionally active, utilizing 100% of the productive workforce, **e)** represents an additional step in the pursuit of equality; **f)** recognizes that the gender element constitutes one of the fundamental factors influencing organization at a social level and influences our lives since birth; **g)** presumes the recognition of male and female identity; **h)** recognizes that there are differences in men's and women's lives in terms of needs, experiences and priorities; **i)** involves the willingness to achieve a balanced distribution of responsibilities between men and women; **l)** requires strong political action and

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<sup>26</sup> United Nations, ECOSOC, 1997

support with clear indicators and targets; **m)** will not be realized in a short time and is an ongoing process.

**Gender mainstreaming is not:** **a)** an issue reserved for women; **b)** not only to do with improving access or balancing statistics data, **c)** does not mean adopting well-worded statements, **d)** does not mean blaming someone for existing inequalities, **e)** does not mean that it should only be women who take action, **f)** does not imply that it is only women who should benefit, **g)** does not mean ending or "replacing" specific gender policies and projects aimed at either women or men.<sup>27</sup>

This research section conducted in the 5 Countries where Societies2 Project is implemented, represents also a gender analysis, which through reliable data collection and analysis on women and girls, with and without disabilities, seeks to decline the gender mainstream by some further recommendations and to enable gender action plan realisation. These data, rather than quantitative, are intended to be qualitative, meaning to represent women's needs and desires.

Given that, as mentioned above, very often women with disabilities find it difficult to recognize the discrimination and violence that affects them with intersectionality as an aggravating factor. Hence, significant and relevant work needs to be performed within OPDs. The latter, which remain largely affected by traditional forms of paternalism and low representation of women's leadership in decision-making and apex bodies, should **encourage**, within them, **encounters among women, identifying the most appropriate ways to facilitate their participation**. It would be fruitful to discuss and explore many important aspects of awareness development, such as the recognition of different forms of discrimination; autonomy and empowerment of skills and self-esteem; self-awareness and self-determination in every life aspect; the freedom to pursue an independent living choice; guidance to education and work activity; affectivity, sexuality and reproductive life training; violence recognition and knowledge of victim-centered services; identification and deconstruction of prejudices and stereotypes affecting women with disabilities.

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<sup>27</sup> Guide to Gender Mainstreaming, EQUAL Phase II, European Commission

**Such efforts could be joined synergistically by competent feminist association figures, using their extensive and long-standing experience acquired when investigating gender issues.** In turn, they would gain fundamental insights into women with disabilities' life.

Support for parents and families of daughters and sons with disabilities is another important area of intervention. Often, at child birth or in the early years of a disabled daughter/son's life, the urgency to deal with health aspects is likely to put a shadow over the child's life itself. Parents have to struggle with so many ongoing, often pressing, issues of medical nature and strive to find strategies for adapting their respective existences within their families, that the very idea of disability-led life education is set aside, consequently also neglecting aspects of socialisation, relationships, the affective sphere, etc. Nevertheless, **it would be important for parents to always find, through social and health services networks involved, as well as the associations of the people with disabilities, supportive, guidance and coaching figures to help alleviate their burdensome parental commitment, and to enrich it with specialised educational professionals' expertise.**

Other places where disability awareness ought to be expanded and/or deepened would be counselling centres, anti-violence clinics, and generally speaking, women's health and reproductive places. **Specific training and education on gender and disability issues for women workers and practitioners become essential, considering also the sensitive circumstances that women with disabilities, who have suffered violence, harassment, mistreatment, and intimidation might possibly find themselves.**

A further strategic area of relevance is the cultural sphere. It is crucial that all communication and information media, opinion makers, journalism, and those working in the fields of advertising, art, culture, science, as well as sports, commit their efforts to represent women with disabilities as active subjects, part of social processes, and holders of potential and rights. **CSOs carrying interests should develop more advocacy initiatives in cooperation with entities and models working in the field of information and culture that would lead to overcome a compassionate and welfare approach towards people with disabilities, and promote one in which they become an active and proactive figure, driven to express their dignity and citizenship fully.**



To conclude this section, the responses provided by participants in the SOCIETIES2 Project questionnaire were compiled. The open-ended question asks for specific advocacy recommendations in their respective Countries.

Some responses were repetitive and consequently merged. Evidence that the issue of rights awareness touches SEE Countries to an equal degree. A brief summary is given below.

It has been stated to keep advocating for accessible environments, accessibility in all its dimensions, to the physical environment, to information, communication and technology as well to social environments.

Throughout advocacy should be increased also numbers of women in organisations of persons with disabilities, to add weight, to push different agenda and issues affecting women and girls with disabilities.

A working group, operating at the regional level of SEE Countries, should be established in order to design and organise an advocacy process, reaching as many organisations and with the participation of all disability groups to determine priorities, areas of intervention and to accelerate rights acquisition and awareness in society and institutions. This should happen by being creative, connecting with national networks/alliances, and looking for collaborators who have access to decision makers.

Holding training in lobbying and communication advocacy training for PWDs, to be mandatory from local communities of the city and municipality that have a minimum of 20 beneficiary members with the aim of forming advocacy coalitions from the participants in the training.

An interconnected advocacy process should begin with a very strong team and with a long-term strategy. In addition, secure funding for an effective secretariat and working agenda.

In addition, more specific lobbying projects, strengthening CSOs in the field of advocacy continuously, should be developed.

## **section III**

# **MAIN FINDINGS AND RECOMMENDATIONS**

## SUMMARY OF FINDINGS AND RECOMMANDATION

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FINDINGS from Questionnaires: From this qualitative study the medical model that looks at people with disabilities as carriers of disabilities is preponderant. The model sees these women in need of social protection and care, since it is their condition that makes them victims of social exclusion. Our recommendation is instead to suggest a new point of view. Taking the social perspective means, on the other hand, believing that the condition of disability does not come from subjective qualities, but from the relationship between the characteristics of people and the ways in which society structures itself and organizes access to rights and services. So a person is in a condition of disability not because she moves with a wheelchair, communicates with different language, has a guide dog. In contrast this happens because the buildings are built without ramps, it is thought that communication is only possible through oral language and that orientation takes place through the use of the sense of sight.

1. The CSO's of Montenegro emerges as the most virtuous to participate in gender studies for disabilities. Deepening the reasons that caused the absence from our sample by other countries is required.
2. Regarding the research question that asks our participants about the presence of women in organizations we have a variety of results. The most virtuous country for greater female presence is Albania, while the least one is BiH. Introducing active labor policies that facilitate the recruitment of women in organizations is necessary. To do this, it is first of all necessary to provide the basis for social, cultural and political change and thought within the Balkan societies which often binds the female figure to the social roles of mother and caregiver rather than of worker.
3. The result obtained from the research question relating to the presence of women in senior management tells us that: although the data collected indicate a positive trend, the suggestion is to continue to make women aware of the possibility of being able to fill senior management

roles. To do this, it is certainly necessary that those who already hold this position can act as a driving force for the others. New interventions within organizations are needed. Building the commitment and accountability of management in organizations, associations and CSO's is a key element of any

renewal of the intervention. Taking this step in view of the gender issue for the Balkan area and in the countries that have taken part in this research is required.

### **FINDINGS from Focus group:**

1 . Through the focus group in Serbia, a negative overall picture emerges. In this section, problems with unprepared assistance service have particularly emerged. Furthermore, the differentiated treatment between men and women both with disabilities also are considered. Women are always victims of social stigma and the role of care is demanded of them. In contrast to this vision, their life is reduced to being taken on as pure welfare. They are not perceived as workers or people who can participate in city life. We recommend an improvement in the service and support centres that seems extremely necessary. The staff must be adequately trained to know the characteristics of the beneficiaries in order to best meet the needs. These places created to provide support, need to improve performance and facilitate access to all. Therefore, it is recommended to ensure that in every district, region and hospital there are health professionals who have received detailed training on working with people with disabilities. Training and education alone may not be enough. Therefore, effective and supportive leadership may be needed, showing the way forward in terms of inclusive behaviour towards women with disabilities.

2. In BiH one of the main problems presented by the interviewees is related to a prejudice about their real ability to lead an active life. The women with disabilities interviewed report conditions of discrimination and lack of equal opportunities. The transition from the medical approach to the social approach is necessary. The qualification starting from the individual characteristics acts to develop skills to be autonomous and able to act in full autonomy. Tools such as social inclusion, mainstreaming policies, also empowerment and participation suggest an important turning point. Facilitating access to everyday life for women with disabilities represent an important key of protection also from the violence and exploitation in which they are often involved. The need to implement governmental and non-governmental places of women and for women, where they

can feel understood and protected when the workplace or home context becomes perpetrators of violence has emerged.

3. In Montenegro the number of unemployed women with disabilities is growing. As already found for the previous countries, these women experience a double discrimination of exclusion from work, they are excluded because they are women and with disabilities, it is an intersectional discrimination. They are so forced into housework where they often experience psychological and physical violence. Furthermore, access to services is often difficult, in particular, the presence of architectural barriers has emerged. In addition, women ask to be able to interact with medical health personnel and social workers who are more trained and qualified on disability. We again suggest intervening on the system of training and selection of professionals around women with disabilities, as well as carrying out constant monitoring activities of the interventions and evaluation of the results obtained. Again, the design of suitable services is required. It should also consider the involvement of beneficiaries to ensure the personalization of interventions.

4. In Kosovo\* the situation that emerges is similar to the previous ones. Women with disabilities in particular report a difficulty in accessing legal protection services in case of a report of abuse and violence. Here, what was reiterated earlier still emerges. Creating a culture of disability is important, especially in the context of double gender discrimination. The development of new anti-violence centres with personnel specialized in violence against women with disabilities is necessary.

5. For how to concern Albania the findings of this study have implications that should not be ignored. It is shown that women with disabilities want to get married and have children as much as women without disabilities. The desire to challenge the stigma and negative stereotype about disability is very strong. However, there is an increased exposure to divorce and domestic violence. The support of professional counsellors and other women with disabilities helps the individual to get to know each other and to be known, facing problems that others have already experienced is an important support tool. The peer group emerges as a safe space. Our recommendation is that community-based communication on disability issues, as well as the integration of disability issues into social development and health care policies and programs can be an incentive to change some of these stereotypical assumptions about women and girls with disabilities.

## **OTHER RECOMMENDATIONS ON:**

### ***Advocacy and Cooperation***

*Create cooperation mechanisms: it is recommended to support the development and operationalization of participatory mechanisms at national and local level for engaging the persons with disabilities in the policy-making processes, as valuable stakeholders in shared governance and community building. Strengthen cooperation of public and CSOs starting and increasing the database and the mapping already in house within project societies 2.0*

### ***Advocacy and CSOs Capacities Building***

*Increase capacities to work with the target group and It is recommended to **further support the processes related to contracting of social care services already delivered by CSOs***

*Provide capacity building in advocacy and lobbying for a better service for PWDs, Strengthening especially beneficiary Grass-root association associations, Increasing the capacity to work with their target group*

*It is recommended to involve professional social and health workers in the work of CSOs and to boost and Promote and develop community-based services as core of the deinstitutionalization process with common standard of operation and services that the CSOs can provide.*

### ***Advocacy and Economic Sustainability***

*It is recommended to advocate for public funding at national and local level and also continuing in EU finding proposals. Especially it is recommended for relevant public and non-public actors to contribute in strengthening the capacities of CSOs in fundraising, proposal writing, project management and monitoring and impact assessment.*

### ***Advocacy and Prejudices***

*It is recommended to developed more media campaigns (Sensibilization in local community), supporting the CSOs also in Monitor the media, It is recommended to strengthen the capacities of local government, in parallel with the capacity building efforts addressing CSOs, in order to maximise the impact and establish a common level of knowledge of the key actors involved. It is recommended that awareness raising and capacities building activities addressing advocacy and*

*lobbying should have a special focus on Grass Root CSOs for and of persons with disabilities operating in rural area.*

### ***Advocacy and regional cooperation***

*It is recommended to strengthen cooperation and boosting the network of already 417 CSOs on regional level met during the 6 years of project Societies life. This action is recommended for especially because national government of WB can implement the necessary improvements of their laws on CSOs, in order to make possible the formal registration of networks and coalitions at regional level.*

*It is recommended Organize joined campaign with same messages, organize regular meetings of CSOs on national and regional level, promoting thematic meetings (also online groups for cooperation and exchange) is becoming fundamental. Project Societies 2.0 can create a regional catalog of "good practices" in the region and build a CSO's network of competences, sharing and transferring capacities, professionals, volunteers, expertise, opportunities.*

*It is recommended to determine coordination of the network and formalize relationship among the CSOs within the consortium to encourage the local government, CSOs and other relevant actors to strengthen their cooperation and improve service delivery at local level.*

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## ANNEX I – DATABASE OF CSOs COLLABORATING WITH PROJECT SOCIETIES 2.0<sup>1</sup>

1931	Organization of the Blind for Bar and Ulcinj	30863	Small development Bossiness Centre Kosovo* S.D.B.C.
30894	Centar za monitoring i aktivizam CEMA - Centre for monitoring and activism	30903	Antidiskriminacijski forum Brčko distrikta BiH
30869	Roma center for democracy	1910	Udruženje mladih Ružičnjaka - Los Rosalesa
30974	ALBANIAN CENTER FOR POPULATION AND DEVELOPMENT	30915	Humanitarna organizacija Partner
26920	Udruženje amputiraca Istočno Sarajevo	26912	Radin doo
30985	NVO Centar za Razvoj zena/Center for women development	1833	Shoqata Projekti Shpresa- Association The project HOPE
1794	Shoqata Rreze Shprese (Ray of Hope)	30896	Organizacija amputiraca UDAS Republike Srpske
26923	Savez slijepih Republike Srpske	1783	Udruzenje za unapredjenje mentalnog zdravlja DUSEVNA OAZA - Association for mental health promotion
30920	Savez distrofičara Republike Srpske	26939	SCRIPT Berane
1876	Udruženje slijepih Kantona Sarajevo	19375	EVO RUKA
2631	Fondacioni "Së Bashku"	19413	New chance in Herceg Novi
30880	Kuca za nas	27048	Shoqata Kombëtare Shpresë për të Verbërit
30963	Beogradski psiholoski centar	1927	Adria NGO
27032	Shoqata Invalideve Para-Tetraplegjike - Shkoder	1948	Association for help Persons with Psychophysical disabilities Niksic
1919	Shoqata e Invalideve te Punes e Shqiperise	1952	Network for Education and Development support service for people with disabilities MERSP
30980	Consulting and Development Partners (CODE Partners)	1928	Association Right to life/ PRAVO NA ZIVOT
30895	Centar za samostalni život osoba sa invaliditetom Kragujevac	1916	Global Care Albania Foundation
30922	UG Tračak nade Foča	1939	NGO Oaza Association of parents of children and youth with special needs Bijelo Polje
30918	Klub specijalnih sportova Bakovići	30972	Protection of the Rights of Persons with Disabilities(MEDPAK)
19392	ProReha Association - Center for professional rehabilitation, retraining and training of persons wit	1812	Hendikep Kosova - Mitrovica branch
1885	Regionalno udruženje distrofičara Doboj	26963	ASSOCIATION OF DISABLED PEOPLE SRCE
26921	Udruženje djece i omladine sa posebnim potrebama Zagrljaj	30858	Citizens association for development and improvement of riding GRIVA
30899	Udruženje Multiple skleroze regije Istočna Hercegovina	1985	Caritas Albania
1878	Udruženje paraplegičara i oboljelih od dječje paralize Zenica	1922	Caritas Barske nadbiskupije
30919	Udruženje roditelja hendikepirane djece i omladine „Leptir,, Srebrenica	1731	Udruzenje gradjana VIDEA - Association of citizens VIDEA
30959	Informativni centar za osobe sa invaliditetom Lotos		
1730	Humanitarni centar Duga - Humanitarian centre DUGA		

1744	Association for support to people of development disorders NASA KUCA		Udruženje roditelja djece sa smetnjama u fizičkom i psihičkom razvoju Neven Prnjavor
2001	Help the Life	30923	1742 Caritas Valjevo
1797	Association of the paraplegic and paralysis of children from Prizren - HANDIKOS	30917	Udruženje za pomoć licima sa posebnim potrebama Podrška Sokolac
1917	Down Syndrome Albania Foundation	30914	Udruženje za pomoć mentalno zaostalim licima Nada
30973	QENDRA RINORE MOTRAT VENERINI (Shtepia Rozalba)	1935	Udruženje za podršku osobama sa psihofizičkim smetnjama "ZaJedno"
27058	Club Kombetar i Prinderve te Femijeve me CSA&PAK	1738	Udruženje za podršku osobama sa neurozom HERC - Association for support of people with neurosis HERC
1816	Association of People with Disabilities - Handikos Mitrovica	30921	Udruženje za pomoć mentalno nedovoljno razvijenim licima Banja Luka
1800	Association of the paraplegic and paralysis of children from Kosova - HANDIKOS	30958	Sunce nam je zajednicko Trebinje
1793	International Association of the Blind	19376	Association for mentallly challenged persons PLAVA PTICA
1824	Association of People with Disabilities - Handikos Ferizaj	30976	Power of Education
1929	Association of parents of children with special needs Bar	1897	Dom za djecu ometenu u tjelesnom i/ili psihičkom razvoju MARIJA - NAŠA NADA
30931	Udruženje roditelja djece i omladine sa smetnjama u razvoju „Staze“	26911	Udruženje za uzajamnu pomoć u duševnoj nevolji TK Feniks
1924	Caritas Montenegro	1789	Udruženje za pomoć osobama sa smetnjama u razvoju Stari Grad ŽIVIMO ZAJEDNO
30930	Organizacija slijepih za Pljevlja i Žabljak / Organization of the blind for Pljevlja and Žabljak	19377	Cep za hendikep
1796	Regional Association of the Deaf Prizren	30913	Udruženje roditelja, djece i omladine sa posebnim potrebama Rastimo Zajedno
26952	Association of paraplegics Bar	1879	Udruženje oboljelih od cerebralne paralize i distrofije Bosansko - Podrinjskog Kantona, Goražde
1949	Paraplegyc Association Podgorica	1909	Udruženje za podršku osobama sa intelektualnim i kombinovanim teškoćama Sunce
26981	Inkluzioni NGO	26959	ASSOCIATION OF PARAPLEGICS KOTOR
30975	Center Sole	30859	Okular
1801	Deaf Association Anamorava - Gjilan	30916	UDRUŽENJE RODITELJA I PRIJATELJA DJECE I OMLADINE SA POSEBNIM POTREBAMA ZRAČAK LJUBINJE
1791	Association of paraplegic and paralyses of children from Gjilan-Handikos	1872	Udruga roditelja i djece s posebnim potrebama Vedri osmijeh
1813	Deaf Association of Kosova - Mitrovica	30978	Association Madonnina del Grappa
26980	Organization for Education, Culture and Democratization Plus	1938	Association of paraplegic for Bijelo Polje and Mojkovac
1822	Handikos-Peje	26989	Prostor
30878	DEBRA		
30898	Udruženje za zaštitu mentalnog zdravlja Menssana		
30979	Center for Psychological Counseling and Services		
30902	Udruženje amputiraca Trebinje		

1784	Caritas Šabac		Albanian National Association of the Deaf
26900	Duart Plote Meshire	27053	
30929	NVO Olaksajmo zivot djeci s posebnim potrebama Rozaja	26988	Ambasadoret e Paqes
26935	Savez udruženja za pomoć mentalno nedovoljno razvijenim licima Republike Srpske	27070	Antigone – Center for information and documentation about racism, ecology, peace and non-violence
30897	Udruženje Dlan Zenica	27004	Ararat non-profit organization
26916	Udruženje distrofičara Cazin	27018	Armenian Catholic Church of Athens
Id	Name	27030	Association for Mental Handicaps
27015	Qendra e Kujdesit Ditor – PEMA	1996	Association Community Papa Giovanni XXIII
30892	Association of people with disability Belgrade	1854	Association for Autism Kruševac
1964	Regional Association of the Deaf Mitrovica	1936	Association for civil society development
26969	Shoqata Rajonale e të Shurdhërve në Prizren	1855	Association for help of mentally underdeveloped people BISER
1811	OPFAKKOS Center of parents for children with disabilities of Kosova - Mitrovica	1842	Association for help of Mentaly Underdeveloped Children/Youth
1912	Wounded Association of Civil Mine	1860	Association for help to mentally insufficiently developed people
1920	MOTRAT “BIJAT E ZELLIT HYJNOR” / Shkolla Effata	26947	Association for helping persons with disabilities Bijelo Polje
26950	Biznis Start Centar Bar	1848	Association for support of people with autism
26953	Legal center	1865	Association for support to mentally insufficiently developed people
1951	Center For Family counseling NARATIV	1849	Association for support to mentally insufficiently developed people Jagodina
1867	Udruženje H.O. Lotosice	1862	Association for support to mentally insufficiently developed people ZAGRLJAJ
26958	AIESEC Montenegro	27034	Association of Albanian Labor Invalids
26945	Braille Printing House	1963	Association of disabled women of Montenegro
26954	Center for Democracy and Human Rights CEDEM	1930	Association of nurses and technicians
26962	Center for Environmental Initiatives	26986	Association of Paraplegics Rožaje
1815	Wheelchair basketball club Trepça	26909	Association of People with Disabilities - Handikos Drenas
26888	(SHKNMGV) Shoqata Kombetare ne mbeshtetje te grupeve vulnerabel, dega M. Madhe	26965	Association of People with Disabilities - Handikos Vushtrri
1836	KEC Kreativno edukativni center- KEC Creative Educational Center	1998	Association of Physical Benefits
1986	Life in development Center	1825	Association of Psychosocial Rehabilitation Albania
26948	PROFI OSI	1925	Association of the Blind of Montenegro
27028	Act Now	26905	Association of the paralegic and paralysis of children from Gjakova - HANDIKOS GJAKOVË
27072	AgroID SCE		
27047	Albanian Disability Rights Foundation		
1991	Albanian Foundation for the Rights of Persons with Disabilities		

1735	Association of users for mental health SUNCE	1839	Center for independent living of people with disabilities of Serbia
1947	Association young people with disabilities Montenegro	1817	Center for Society Orientation - COD
26966	Associazione Filizat	1953	Center for support and assistance to children and youth with disabilities
26993	Avlija održivog razvoja	27046	Center Red House
1918	Blind Association Drita Jone Vushtrri	1845	Centre for work with children, youth and family VRDNICAK
1814	Blind Association of Kosova - Mitrovica Branch	27005	Citizens in Action
26997	Boroume SAVING FOOD SAVING LIVES	26944	Coffee roaster S
26994	Caritas Aleksinac	1995	Community integration initiatives - IPIK
1786	Caritas Apostolskog Egzarhata - Caritas Apostolic Exarchate	2092	Crea Thera International
26987	Caritas Beograd	27073	D-Exodos SCE
26934	Caritas biskupije Banja Luka	1987	Daily Center Shenkoll
26907	CARITAS BOSNE I HERCEGOVINE	1847	Daun sindromom - Association to help people with Down syndrome
26837	Caritas Dioqezan Lezhë	1921	Day care center Life skills
26835	Caritas Dioqezan Rrëshen	19417	Daycare center Pema Ferizaj
26859	Caritas Dioqezan Sapa	1832	DECA U SRCUAss. for support of children with disabilities
26833	Caritas Dioqezan Shkodër-Pult	1781	Diocesan Caritas Zrenjanin
26830	Caritas Dioqezan Tiranë Durrës	26977	Dječji vrtić Anđeli čuvari
26998	Caritas Hellas	27012	Dnevni center Becej - Daily center Becej
1769	CARITAS KOSOVA	26904	Dobri ljudi
1923	Caritas Kotorske biskupije	26975	Dom za socijalno i zdravstveno zbrinjavanje osoba s invaliditetom i drugih osoba
1787	Caritas Novi Sad	26932	Dom za stare i iznemogle osobe s hospicijem Betanija
27011	Caritas Saint Anastasia	27038	Domovik
27036	CARITAS SERBIA	26956	Don Bosco Center
26995	Caritas Srem	26955	Don Bosco Education and Training Center
1788	Caritas Subotica	26831	ENGIM Albania
27025	Caritas Vitania	26991	Etno udruženje KORMAN
26974	Caritas Vrhbosanske nadbiskupije	1795	Fjala e Jetes - Word of Life
26899	Caritasi i Shqiperisë së Jugut	1904	Fondacija Centar za djecu i omladinu sa smetnjama u razvoju
1829	Cent. za samostalni život osoba sa invaliditetom-Cent. for Indep.Living of Persons with Disabilities	1901	Fondacija za socijalno uključivanje u Bosni i Hercegovini (FSU u BiH)
1895	Centar za radno osposobljavanje osoba s razvojnim poteškoćama NAZARET	19416	Fondacija Zajednički put
1790	Centar za razvoj inkluzivnog društva CRID - Center for development of inclusive society	27060	Forum mladih sa invaliditetom Kragujevac
1954	Center for assistance and support to children and youth with disabilities	2632	Foundation for the development of Mirdita
1838	Center For Independent Living Of People With Disability	26942	Golden hands
19418	Center for Independent Living- Vitimirice/Peja		

1893	Gospodarsko društvo za upošljavanje osoba s invaliditetom RAD-DAR d.o.o. Mostar	1946	Local democracy agency Nikšić
26929	Gradska organizacija saveza slijepih Zvornik	19379	Luznicke rukotvorine
26926	Gradska organizacija slijepih i slabovidnih Istočno Sarajevo	26896	Madonnina del Grappa
26915	Greens d.o.o.	27027	Makedonski Karitas
26903	Handikos Mitrovica	1915	Marburger Mission Foundation - Heartbeat Project
26897	Healthy Bakery "Te mullini"	26834	Mary Ward of Loreto Foundation
26985	Help Hilfe zur Selbsthilfe	1850	Međunarodna mreža pomoći I.A.N. - International Aid Network
27071	HIGGS - Higher Incubator Giving Growth and Sustainability	26931	Međupštinska organizacija saveza slijepih MOSS Prijedor
27002	Hostel Teresijanum	1830	Missionaries of Charity contemplative - Brother of Mother Teresa
27052	Humanitarna udruga Caritas biskupija Mostar-Duvno i Trebinje-Mrkan	26964	Missionaries of Contemplative Charity – Brothers of Mother Teresa
1899	Humanitarna udruga Cvijet	26941	MIT-BERANE DOO
1871	Inkluzivni vrtić Sunčani most, Ured strane NVO Diakoniewerk Austrija	26943	MLADIINFO MONTENEGRO
1853	Intermunicipal organization of blind Pozarevac	1880	MNRO Bor
27017	lotel SCE	1826	Ms udruženje kolubarskog okruga - MS association of Kolubara district
27020	Ippokratia Diaviosi SCE	1881	Municipal Association for support to children and adults with developmental disabilities
26922	J.U. Centar za djecu i omladinu sa posebnim potrebama Los Rosales	26930	Muzej ratnog djetinjstva
26885	Jehona e Kelmendit	27009	Nacionalna Alijansa za lica so posebni potrebi
1997	Jonathan Center	26976	Nadbiskupijski centar za pastoral mladih Ivan Pavao II
26949	Jugopapir doo	1950	Nepsis NGO
1866	Kantonalno udruženje roditelja osoba oboljelih od cerebralne paralize i drugih onesposobljenja	27039	NGO Lighthouse
1852	Kantonalno udruženje za uzajamnu pomoć u duševnoj nevolji Apel	26960	NVO ADAMAS
27019	Karitas Naxos Tinos Andros and Mykonos	26984	NVO Lim Consulting
26902	Klubi Basketbollit në Karoca Trepça	26901	Organizata e prindërve të fëmijëve me aftësi të kufizuar
1858	KNOW HOW Center	1933	Organization of Blind for Berane, Andrijevisa, Plav and Gusinje
26898	Kolping	1926	Organization of Civilian War Disabled Person for Bar and Ulcinj
27050	Kooperativa Bujqësore EVA Kooperativë	26951	OUR ID CARD
1827	KORAD NAPRED - Club for people with disabilities Korak napred	27074	Pammakaristos Childrens Foundation
27037	Kosovar Centre for Self-Help	27006	Pelion Oros
27000	Kucursko udruženje mladih KUM	26884	Perdoruesit e Gjeoparkut Kelmend (Enhancement of forests and pastures)
26940	Laundry Mondo Bianco	27043	Pomoc porodici
26999	Lavanda Lux	1959	PRIJATELJI TITELA - udruženje za cerebralnu i dečiju paralizu
26982	LIM Berane		

26924	Privredno društvo Naša Vizija		
1840	PSIHOZON Center for Individual Development and Social Improvement	26887	Shoqata e tetraplegjikve dhe paraplegjikve
27021	Psychiatric center of Elbasan	26968	Shoqata këshillimore për Njerëzit me Aftësi të Kufizuar Shkodër
26978	PU Dječji vrtić Sveta Obitelj		Shoqata Kombëtare Shqiptare e njerëzve që nuk dëgjojnë
1803	Qendra Drita e Shpreses- Light of Hope Center	26933	Shoqeri bashkëpunimi reciprok "Fryma e Kelmendit"
26895	Qendra e Artizanatit Lezhe	26892	1766 Shtëpia e yjeve / House of the stars
27064	Qendra e Shendetit Mendor "DREJT ZHVILLIMIT"	1802	Social Enterprise Gracanica
27035	Qendra e Zhvillimit per persona me Aftesi te kufizuar	27024	Social Enterprise CaritArt
1967	Qendra per Jete te Pavarur / Center for Living Independent	27014	Social enterprise Printica
27016	Qendra Sole	26990	Social enterprises Radanska Ruza
26946	Radio Feniks	1851	Society for support to mentally underdeveloped people ČUKARICA
1841	RAŠKI OKRUG Udruženje distrofičara - Muscular Dystrophy Association	27001	Socijalna sinergija
1990	Red House Center	26937	Socijalno-edukativni centar
26983	Regional Business Center Berane	26957	SOS phone for women and children victims of violence Niksic
27063	Regionalna alijansa za cerebralnu paralizu	1934	Step Hope NGO
1863	Rehabilitacijski centar za osobe s posebnim potrebama Sveta Obitelj	1965	Stone Flower
26889	Salvia Nord	26992	Suncev zrak
27022	Savez paraplegičara, oboljelih od dječije paralize i ostalih tjelesnih invalida Republike Srpske, Bi	27007	Suore Francescane Alcantarine Babice
26910	Savez SUMERO	1890	Svijet u slikama
26917	Savez za sport i rekreaciju invalida općine Breza	26836	Tartan Onlus
26961	SCRIPT BAR	27003	ThessPro SCE
27013	Servis za bicikle	27065	THY NGO
26880	SFYN MALESI E MADHE (Slow Food Youth Network Malesi e Madhe )	26996	TRISKEFTIKI KINOTITA PAPA IOANNI 23
26891	SH.B.R Agro-Reçi	26925	Udruga građana roditelji djece s posebnim potrebama Djeca nade
26881	SH.B.R Reçi Prodhimtar (Shoqeri bashkëpunimi reciprok Reçi Prodhimtar)	26971	Udruga osoba s posebnim potrebama PUT U ŽIVOT
27069	Shedia Social enterprise	1888	Udruga Pužnica - Udr. rod. djece sa kohateralnim implantom (umjetnom pužnicom) i dr. slušnim pot
26894	Shoqata Bjeshka	1887	Udruga roditelja djece i osoba sa posebnim potrebama Orašje
26890	Shoqata "Blini"	1903	Udruga roditelja i građana za pomoć djeci s poteškoćama u učenju i učešću Naša djeca
26886	Shoqata "Pajtimi i Gjaqeve"	1861	Udruga Susret
26883	Shoqata "Te verberit" Dega Malesi e Madhe	1869	Udruga za Down sindrom
27067	Shoqata Bletare Melissa	1898	Udruga za zaštitu i unaprjeđenje mentalnog zdravlja In Spe
26970	Shoqata e të Shurdhërve në Gjakovë	27059	Udruzenja za pomoć MNRO Čačak
		1884	Udruženje amputiraca Dobož

26918	Udruženje distrofičara Bužim		
26919	Udruženje djece i omladine oboljele od dijabetesa USK	26927	Udruženje slijepih i slabovidnih Istočne Hercegovine Bileća
1870	Udruženje djece sa poteškoćama u razvoju Mala sirena	1892	Udruženje za pomoć u duševnoj nevolji Ruka Ruci
1886	Udruženje Duga	1900	Udruženje za pomoć deci sa posebnim potrebama Naši snovi
1733	Udruženje Dusa - Association of psychiatric users and their families DUSA	1905	Udruženje za pomoć mentalno nedovoljno razvijenih osoba Novi Pazar
1828	Udruženje gluvih i nagluvih Valjevo- Association of deaf and hard of hearing of Valjevo	1837	Udruženje za pomoć MNRO Trstenik - Association for Assistance to Persons with Mental Disabilities
1734	Udruženje građana MIR - Association of citizens MIR	1889	Udruženje za pomoć osobama s posebnim potrebama Svitac
1785	Udruženje građana RIME - Citizens association RIME	27061	Udruženje za reviziju pristupacnosti
1732	Udruženje građana VALENCA - Citizens association VALENCA	1891	Udruženje za uzajamnu pomoć u duševnoj nevolji Sonata
1736	Udruženje građana Zrak nade - Citizens association Zrak nade	1908	Udruženje za zaštitu mentalnog zdravlja Tunel
1875	Udruženje građana oboljelih od distrofije TK	1859	Udruženje Zajedno za podršku porodicama, licima, i zajednici u mentalnom zdravlju Banja Luka
1883	Udruženje građana za podršku osobama u duševnoj nevolji Most	26914	Udruženje žena Podstrek
1782	Udruženje korisnika servisa za mentalno zdravlje i članova njihovih porodica Nova Vizija	27010	Udruženje žena Ruza - Association of women Rose
1882	Udruženje Lotos - zaštita mentalnog zdravlja djece i odraslih lica	26908	Udruženje žena sa invaliditetom NIKA
26913	Udruženje omladine sa invaliditetom Infopart Banja Luka	26936	Udruženje Život sa Down sindromom FBiH
1874	Udruženje osoba sa cerebralnom paralizom i drugim onesposobljenjima Sapna - UOCPO	1737	Udruženje Zracak - Association Zracak
1956	Udruženje osoba sa mentalnim smetnjama LUNA	1864	Udruženje/Udruga roditelja, građana i prijatelja za pomoć osobama sa posebnim potrebama Osmijeh
1955	Udruženje osoba sa razvojnim smetnjama Jednakost	1896	Ug i prijatelja djece bez roditeljskog staranja i osoba s pos. potr. Naša djeca- Our kids u BiH
1877	Udruženje paraplegičara i oboljelih od dječje paralize Općine Doboj Jug	1906	UG Zvonik
26928	Udruženje paraplegičara oboljelih od dječije paralize i ostalih tjelesnih invalida Prijedor	1843	ULOP Udruženje lečenih od psihoze - Association treated for psychosis
1902	Udruženje porodica djece i osoba s poteškoćama u razvoju Dajte nam šansu	27040	Unicef
1856	Udruženje roditelja, djece i mladih sa posebnim potrebama I mi postojimo	1857	Union for cerebral and infantile paralysis of Belgrade
		1873	USPON d.o.o.
		26972	Ustanova za stručno obrazovanje odraslih WMTA
		26906	VedriMo d.o.o.
		26882	Veleciku

26893	VIS Albania (Volontariato Internazionale alla Sviluppo)
27049	Vita Honesta
27068	We do it 4you
1962	Women`s safe house
26938	Youth for Peace
27029	Za deciji osmeh
27041	Zadream
19378	Zajedno
27008	Zdrozenie Sonce
27042	Zdruzenie na građani za pomoš i poddrška na lica so daun sindrom Vera
27023	Zdruzenie na slepi lica Strumica
27033	Zdruzenie za lokalna demokratija CENTAR NA ZAEDNICATA NA OPŠTINA STRUMICA
27062	Zdruzenie za turizam i ugotitelstvo Krusevo
26973	Zemljoradnička zadruga Livač
27026	Zerlpr Ednakvost Strumica





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<sup>i</sup> Profile of the organizations: The Profile of each Civil Society Organization listed in this research document was based on information provided by the organization through the DATABASE developed by Consorzio Communitas for project SOCIETIES 2, and previously also for other research developed within Societies 2.0 Project. This information was neither created nor modified by the Consorzio Communitas. The profiles are only provided for information purpose.





