



**Convention on the Rights
of Persons with Disabilities**

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**Consideration of reports submitted by
parties to the Convention under article 35**

**List of issues in relation to the initial report of
Latvia**

Addendum

Replies of Latvia to the list of issues*

[Date received: 6 June 2017]

* The present document is being issued without formal editing.



Used abbreviations

Convention — UN Convention on the Rights of Persons with Disabilities

Plan — “On implementation of Plan on the UN Convention on the Rights of Persons with Disabilities 2010-2012”

Constitution — The Constitution of the Republic of Latvia

Ombudsman — The Ombudsman of the Republic of Latvia

MoW — Ministry of Welfare

MoES — Ministry of Education and Science

MoE — Ministry of Economics

State Commission — State Medical Commission for the Assessment of Health Condition and Working Ability

SEA — State Employment Agency

NCDA — National Council on Disability Affairs

NGO's — Non-governmental organizations

LAD — Latvian Association of the Deaf

LSB — Latvian Society of the Blind

CEC — Central Election Commission

LPC — Association “Latvian Paralympic Committee”

EU — European Union

MoH — Ministry of Health

SLI — Labour Inspectorate

MoEPRD — Ministry of Environmental Protection and Regional Development

ESF — European Social Fund

PRM — People with reduced mobility

LJTC—Latvian Judicial Training Centre

PRM — Persons with reduced mobility

LPA — Latvian Prison Administration

ERDF — European Regional Development Fund

Replies to the issues raised in the list of issues (CRPD/C/LVA/Q/1)

1. Awareness about persons with disabilities has been gradually changing following the ratification of the Convention. The Convention defines the transition from medical approach that emphasizes human inability and dependence on others towards social model focusing on the rights of persons with disabilities, independent living and active participation in social processes.
2. In cooperation with line ministries, MoW prepared answers to the list of issues in relation to the initial report of Latvia in order to emphasize the progress made after the submission of the initial report.
3. Apart from the autonomous functions defined in legislation for municipalities the provision of which is an obligation for municipalities (for example, organization of public services, improvement of environment, education, social assistance, provision of order a.o.), local governments implement and provide also various support measures for persons with disabilities that promote implementation of their rights, well-being and integration.
4. It shall be noted that the Constitution and legal acts prescribe the state obligation to comply with the equality principle and preclude discrimination including in relation to persons with disabilities. Work is continuing in order to achieve all aims of the Convention. In some cases an update of legal rules is needed to provide more efficient implementation in practice.

A. Purpose and General Obligations (Article 1-4)

5. Starting from January 1, 2011 the new improved disability determination system has been introduced. According to this system a disability is determined by assessing not only the person's health condition, incl. functional restrictions, but also the loss of ability to work (in percentages). In the improved system, the disability expert-examination, in addition to medical criteria, pays more attention to social criteria — assessment of functioning (ability of mobility and training, communication opportunities, self-care and integration in the society). The number of institutions involved in the disability expert-examination procedure has been increased — the responsibility of general practice doctors has been extended, municipal social services are involved, clinical psychologists — when necessary, and the person concerned needs to fill in a self-evaluation inquiry. Needs of persons with disabilities are generally the same as those of other people, though additional relevant support is needed according to the needs of a particular individual. However, this support should not lead to isolation of persons with disabilities from the rest of society.
6. It is important to efficiently use the existing legal mechanisms for the protection and implementation of the rights of persons with disabilities and ensuring non-discriminatory attitude and equal, fair approach in all spheres of life — education, health care, employment, family life, cultural and sports events and also political and social life. Similarly there are still measures needed to promote respect for rights and dignity of persons with disabilities and to increase their self-esteem.
7. With the introduction of the improved disability determination system, individual involvement and co-participation in disability determination has increased. Individuals take part in the disability examination procedure in person by performing self-evaluation of health status and physical and social functioning abilities. When completing the self-evaluation inquiry, a person has an opportunity to assess various aspects of his/her own health status and the related physical, mental and social abilities and inabilities: body functions, body structures, ability to perform different activities, participate in various processes, environmental factors and other aspects.
8. One of the autonomous functions of municipalities is to ensure social assistance (social care) to residents (social assistance for needy families and socially vulnerable persons, ensuring places for old persons in old-age homes, for orphans and children without

parental care in training and educational institutions, provisions of overnight shelters for the homeless, etc.). To ensure the performance of these functions, municipalities issue binding regulations ensuring their compliance with the Constitution and laws.

9. The exact terms set in the Convention have not been fully defined in legal acts, but still they are taken as a basis in disability policy planning. For example, in construction legislation the term “accessibility of environment” is used instead of the term “universal design”.

10. The Baltic Architect centre won International Design for All Foundation 2016 Award for the concept and Manifesto of barrier free environment in Kuldīga city. The goal of the concept was to promote universal design principles in a historical city centre in order to make it accessible for people with disabilities (sight, hearing, mobility and mental disorders). Jūrmala city won Eurocities Award 2016 for Accessible city. These are some of the good examples how small cities become friendly for the persons with disabilities with municipal support.

11. NCDA was established in 2007 by the Cabinet of Ministers and it has the following functions — to coordinate and to improve the integration of persons with disabilities, to promote public participation and integration of persons with disabilities, to follow the implementation policies in this area, to promote the related issues in action plans at ministerial level, to develop proposals for facilitation of integration of persons with disabilities and to coordinate cross-sectorial implementation of the Convention. Each year NCDA meets at least four times and annual reports with issues discussed and decisions taken are prepared. Annual work plans are prepared in cooperation with NGO’s and other members of NCDA.

12. Minister for Welfare chairs NCDA meetings. Other members of NCDA include Ministers from MoES, MoE, MoH, MoEPRD, Chairman of Public Utilities Commission, Ombudsman, President of LAD, Central Board Chairman of LSB, Chairman of Board of “Rīga City Care Children”, Chairman of Board of “Organisation of people with disabilities and their friends” “Apeiron”, representative of Latvian Free Trade Union, President of Latvian Paralympic Committee, director of “Resource Centre for People with Mental Disability” “ZELDA” and Director General of Latvian Confederation of Employers. MoW ensures the NCDA secretariat functions.

13. For the implementation of the Convention, MoW prepared an action plan “On Implementation of the UN Convention on the Rights of Persons with Disabilities (2015-2017)” (Cabinet of Ministers decree of December 16, 2015 no. 802). It is a short-term policy planning paper to improve the policy of equal opportunities for persons with disabilities and to introduce measures aimed at gradual implementation of commitments defined under the Convention. It was prepared in cooperation with line ministries, municipalities and NGO’s.

14. In 2015-2017, the focus is on encouraging persons with disabilities to live independently and to achieve progress as regards integration in various social processes. It is intended to ensure the availability of community based services — starting with inclusive education, ensuring quality and affordability, to develop inclusive employment measures, to provide opportunities to acquire vocational skills as well as to strengthen social protection measures. The plan identifies four priorities — education, work and employment, social protection and public awareness.

15. To comply with the aims defined in the Convention, there is still a range of improvements needed. However, several measures have already been implemented in respect of legal capacity institution, assistant services in municipalities and educational institutions, service of a sign language interpreter, service of a psychologist.

16. MoW is implementing ESF project aimed at developing professional social work in municipalities. One of the main activities is training of social workers to improve their professional working skills with different groups of clients including persons with different types of disabilities. There are more than 10 different training topics planned, and each municipality will be able to choose the topics which are necessary in their region according

to the needs of their residents. The training will include both — theory and integrated practice.

17. Besides, development of methodology for work with clients with mental disorders and a handbook (guidelines) are in preparation. An on-line training module is expected as one of the most progressive outputs which will be available for free at any time for specialists working with persons with mental disorders.

18. In 2016, various training seminars on disability issues were organized for policy makers. The Latvian Parliament organized a seminar on employment issues. MoW in cooperation with the Nordic Council of Ministers organized an international seminar on education and employment issues for line ministries and NGO's.

19. In 2014-2016, the Supreme Court issued 14 decisions on the articles of the Convention regarding the discrimination on the ground of disability — 6 cases in civil law matters and 8 cases in administrative law matters. Regarding disability matters as such, courts made decisions in 153 cases (57 civil, 7 criminal and 89 administrative). In administrative cases the main issues were about independent lifestyle, violations of integration into society, access to justice, access to education, access to medical treatment, a decent standard of living and violation of social protection. Participants in civil cases responded to the ban to terminate employment contract with an employee if he or she has been recognised as a person with disabilities and the recognition of equal capacity breaches.

B. Specific rights (Article 5-30)

Equality and non-discrimination (Article 5)

20. The Constitution and legal acts prescribe the obligation to comply with the equality principle and preclude discrimination including in relation to persons with disabilities. Concerning the progress made in the areas of equality and non-discrimination, Article 150 of Criminal Law criminalizes acts inciting hatred or enmity depending on the gender, age, disability of a person or any other characteristics in case of substantial harm.

21. Labour Law establishes the general principle of equal rights as well as the prohibition of differential treatment in employment. So, Labour Law provides that everyone has an equal right to work, fair, safe and healthy working conditions as well as fair remuneration without any direct or indirect discrimination — irrespective of a person's race, skin colour, gender, age, disability, religious, political or other conviction, ethnic or social origin, property or marital status, sexual orientation or other circumstances. Differential treatment is prohibited when establishing employment legal relationships as well as during employment.

22. Different treatment is permitted only in cases where an absence of particular feature is an objective and substantiated precondition, which is adequate for the legal purpose reached as a result, for the performance of the relevant work or for the relevant employment. In case of dispute the employer carries the burden of proof — it is the duty of employers to prove that differential treatment is based on objective circumstances. If the prohibition of differential treatment is violated, an employee, in addition to the right to bring an action to a court, has the right to request compensation for losses and compensation for moral harm. In case of dispute, a court at its own discretion shall determine the compensation for moral harm.

23. Labour Law sets the duty of employers to adapt the work environment to facilitate employment of persons with disabilities, including promotion possibilities, occupational training, raising of qualifications, etc., insofar as such measures do not place an unreasonable burden on the employer.

24. The function of SLI is the implementation of State supervision and control in the field of employment legal relationships and labour protection. Officials of SLI have the right to issue warnings and orders to employers to ensure the observance of the requirements of legal acts regulating employment and labour protection as well as to impose administrative penalties on employers or other persons for violations as prescribed

by law. When officials detect a violation, they evaluate its severity and other factors and accordingly make a decision on the type of measures to be imposed on the violator (an order to eliminate the detected violation within a given time period or an administrative penalty).

25. In 2014-2016, SLI received a number of complaints concerning the violation of the prohibition of differential treatment on the grounds of gender, race, skin colour, age, disability, etc. The available statistics do not contain information on the number (or specifics) of complaints received from persons with disabilities but only the general number of complaints that concern differential treatment. The table below shows that the number of cases where the actual infringement of the prohibition of differential treatment was detected (and accordingly administrative penalties were imposed) differs greatly from the total number of complaints received.

Table No.1

| <i>Year</i> | <i>Total number of complaints received by SLI concerning violation of prohibition of differential treatment</i> | <i>Number of cases where administrative penalties were imposed</i> |
|-------------|---|--|
| 2014 | 31 | 12 |
| 2015 | 32 | 7 |
| 2016 | 34 | 6 |

Source: SLI.

26. SLI also carries out preventive inspections. Thus, in 2014, SLI imposed 17 administrative penalties for violation of the prohibition of differential treatment. In 2015-2016, SLI examined possible violations of the prohibition of differential treatment, but no infringements were detected in these cases.

Women with disabilities (Article 6)

27. The Latvian disability policy aims to ensure equal rights and active participation for all persons with disabilities irrespective of their gender. The measures implemented to improve the quality of life for persons with disabilities, including in the areas of education, employment and health, are gender-neutral.

28. Additionally, MoH in cooperation with MoW and other line ministries is currently drafting a new policy document which aims to establish more accessible health care services for persons with oncological diseases. The Plan will include governmental commitments to perform informative, educational and other forms of preventive measures to reduce the prevalence of oncological risk factors (e.g., promotion of healthy life-style, healthy nutrition and the role of physical activities, campaigns against alcohol, drugs and substance abuse, etc.). All these measures must take into account gender differences to address both men and women.

29. As of December 2014, all victims of violence irrespective of their gender, health status, disability or any other grounds are entitled to social rehabilitation services. According to Law on Social Services and Social Assistance, all social services must be provided according to an individual assessment of person's needs and resources.

30. In recent years, the overall number of persons with disabilities has increased. The statistics show that the numbers of both men and women with disabilities have similarly increased. In Latvia, disability can be determined also at retirement age, and women form majority among elderly people with disabilities. This is the most rapidly increasing group of persons among newly granted disability status.

Table No.2

| | <i>Women/%</i> | <i>Men</i> | <i>Total number of persons with disabilities</i> |
|------|----------------|------------|--|
| 2012 | 79 612/ 50.49% | 76 065 | 157 689 |
| 2013 | 83 711/ 50.88% | 78 803 | 164 527 |
| 2014 | 87 599/ 51.25% | 81 309 | 170 922 |
| 2015 | 91 642/ 51.63% | 83 850 | 177 507 |
| 2016 | 95 900/ 51.96% | 86 659 | 184 575 |

Source: State Commission.

Children with disabilities (Article 7)

31. Orphans and children left without parental care shall be provided with care in a family-like environment (foster family, guardianship), and only if this is not possible institutional care is provided. The State provides long-term social care and social rehabilitation services for following social groups — orphans and children left without parental care up to two years of age, with mental and physical development disorders up to four years of age, with severe mental impairments from four to eighteen years of age.

32. There are five State social care centres subordinated to MoW. All five social care centres together have 4,306 places, including 416 places for children. At the end of 2015, 369 children received services in state institutions, including 275 children with disabilities, 33 from them aged up to 3 years. In 2002-2015, there was a significant decrease in the demand for institutional care services for children (in the beginning of 2002 1049 children received services, 2015-369 children).

33. Municipalities provide services of long-term social care institutions for orphans and children left without parental care above the age of 2 years, including children with disabilities. At the end of 2015, there were 75 children with disabilities in municipal long-term social care institutions. In 2015, 724 children left long-term social care institutions (242 returned to biological families, 118 were adopted, 65 — placed under guardianship, 94 transferred to foster care, 103 left for independent living).

Table No.3

Children with disabilities in residential institutions

| <i>Year</i> | <i>Children with disabilities</i> |
|-------------|-----------------------------------|
| 2015 | 350 |
| 2014 | 410 |
| 2013 | 444 |
| 2012 | 453 |
| 2011 | 466 |
| 2010 | 470 |
| 2009 | 520 |
| 2008 | 598 |

Source: MoW.

34. There is no statistics available on children with disabilities attending specialized schools. According to legal regulation in the field of education, the term “disability” is not used. Instead, statistical reports provide data on children with special needs. There are 60 special schools (schools for children with special needs) in Latvia. The number of schools has remained fairly settled over the years.

Table No.4
Students with special needs in day education programmes

| <i>Academic year</i> | <i>Students with special needs integrated in general education institutions and learning in</i> | | <i>Students in special education institutions</i> | <i>Students in special classes</i> | <i>Students with special needs (altogether)</i> |
|----------------------|---|------------------------------------|---|------------------------------------|---|
| | <i>General education programme</i> | <i>Special education programme</i> | | | |
| 2016/17 | 400 | 4 650 | 5 855 | 1 492 | 12 437 |
| 2015/16 | 376 | 4 211 | 5 830 | 1 429 | 11 846 |
| 2014/15 | 353 | 3 800 | 5 857 | 1 356 | 11 366 |
| 2013/14 | 356 | 3 421 | 5 805 | 1 283 | 10 865 |

Source: MoES.

Table No. 5
Students with special needs in vocational education programmes in general and vocational education institutions

| <i>Academic year</i> | <i>Students with special needs in vocational education programmes in general education institutions</i> | <i>Students with special needs in vocational education institutions</i> |
|----------------------|---|---|
| 2016/17 | 855 | 230 |
| 2015/16 | 810 | 304 |
| 2014/15 | 811 | 376 |
| 2013/14 | 860 | 387 |

Source: MoES.

35. There is no statistics available as to the exact number of children with disabilities living in foster families. However, according to a survey carried out among foster families, 18.6% of foster families have reported that their foster children have a disability. At the same time, they have noted other health issues for their foster children as well.

36. Regarding progress made in implementing the recommendations of the Committee on the Rights of the Child, the Latvian legislation states that a child with special needs has the same rights to an active life, the right to develop and acquire general and professional education corresponding to the physical and mental abilities and desires of the child, and the right to take part in social life as any other child.

37. In order to develop inclusive education and ensure that inclusive education is given priority over the placement of children in specialized institutions and classes and to organize data collection on children with disabilities and develop an efficient system for diagnosing disabilities, which is necessary for putting in place appropriate policies and programmes for children with disabilities, MoW has developed an information system "Information System of Welfare" (LabIS) (operational since October 2015). It helps to analyse the policies implemented by MoW and their impact on the society. The information system also collects data related to the situation of children with disabilities. The data are also collected from all the subordinated institutions of MoW. Connection of different information systems and data sources is enabling MoW to improve its ability to acquire much more exact statistics about the situation of certain target groups.

Awareness-raising (Article 8)

38. Awareness-raising activities to diminish prejudices against persons with intellectual or psychosocial disabilities take place within the process of deinstitutionalisation in the form of informative seminars and meetings with municipal employees concerning the right of living independently and being included in the community and the development of

appropriate community based social services. Broader awareness rising activities will take place in 2017-2018 (public procurement procedure for communication strategy on deinstitutionalisation was launched in February 2017).

Accessibility (Article 9)

39. From October 1, 2014, there is a new Construction Law in Latvia. The main developments regarding accessibility requirements relate to the introduction of the principle of environmental accessibility (according to which such environment is created during the construction process, in which any person may move with comfort and use the structure according to its purpose of use), the necessity to examine alternative technical solutions for ensuring the accessibility of the built environment, if necessary, requesting an expert opinion from NGO's working in the relevant field if conformity with the technical requirements of the construction standards is not possible in the building design. The structure and its elements of building must comply with essential requirements — safety of use and accessibility of the environment — during the whole economically justified term of service.

40. Riga International Airport (RIX) complies with the provisions of the Convention via continuously improving its infrastructure and services according to the EU law on PRM when traveling by air as well as respective national law. The new North terminal of RIX was completed in 2016 and is fully accessible for PRM passengers both from outside as well as inside the terminal (easy movement from one level to another, visual arrangements and contrasting markings, inside assistance in the facilities of terminal, designated PRM restrooms, evacuation routes with special evacuation chairs, etc.).

41. RIX has also established a continuous monitoring process lead by airport's PRM group which performs regular inspections of territory and terminals highlighting PRM-specific needs and necessary improvements to all departments within the RIX Airport authority. RIX runs continuous PRM satisfaction surveys covering such PRM service fields as satisfaction with service provided by PRM staff, satisfaction with equipment used, rating of accessibility, check-in and security process, etc. Airport commitments to treating each PRM passenger as a unique person by taking into consideration their individual needs is reflected in these surveys which show very high satisfaction with PRM services provided by RIX PRM service group.

42. The Cabinet of Ministers Regulation No. 599 "The Provision Of Public Transport Services and Conditions of Use" stipulated that 1) in the interior of the vehicle it must be ensured that passengers have access to audible or visual information about the stops on the route as well as schedules should be available for PRM at the construction of infrastructure (stops, platforms) and 2) public vehicle must be adapted according to the laws and regulations on vehicle production with the technical requirements for persons with disabilities, pregnant women and people with small children.

43. Domestic passenger services (for scheduled distance less than 250 km) follow the rules that carriers may not refuse to accept a reservation, to issue or to provide a ticket or to embark persons on the grounds of disability or reduced mobility (no extra cost for ticket reservations are allowed for persons with disabilities or persons with reduced mobility).

44. Carriers and terminal managers are responsible for the losses incurred if wheelchairs, other mobility equipment or assistive equipment are lost or damaged. The loss or damage shall be compensated by the carrier or terminal managing bodies. The amount of compensation should be equivalent to the lost or damaged device's or equipment's replacement or repair costs.

45. In order to improve the mobility of the persons with disabilities and according to Disability Law, persons with Group I (very severe) or Group II (severe) disability, persons with a disability up to the age of 18 years, and the person who accompanies a person with a Group I disability or a person with a disability up to 18 years of age, have the rights to use free of charge all types of public transport within Latvia, except for specific types of transport, like air transport, taxis.

Right to life (Article 10)

46. In 2015, 305 persons, including 123 men and 182 women, died in state social care institutions for adults with mental disabilities, in 2014 — 355 persons, including 163 men and 192 women.

Situation of risk and humanitarian emergencies (Article 11)

47. The Cabinet of Ministers Regulation No. 238 “On the Fire Safety” anticipate all legal entities to elaborate fire prevention instruction, including procedures and measures for proper evacuation of persons with functional impairments. The Regulation also determines regular trainings regarding necessary actions in case of fire. The owners of public, private buildings or critical infrastructure facilities are obliged to organize practical exercises at least once a year.

48. In October 2016, national civil protection specialists organized practical trainings on evacuation of a social care centre (with 96 persons). An evaluation of weaknesses was done and the plan of necessary improvements was prepared and submitted to the Crisis Management Council. Additionally, in 2015, within the Latvian Presidency of the Council of the EU, several activities and training were organized not only to representatives of the Latvian institutions, but also to representatives of other countries on evacuation and rescue activities for persons with disabilities in various crisis situations.

Equal recognition before the law (Article 12)

49. According to Civil Law, any person has legal capacity to be a holder of rights notwithstanding his or her condition of health, social status, or level or type of disability. Any person is recognized before the law and the capacity to be a holder of rights shall never be removed according to law in Latvia. The amendments to Civil Law (came into force in 2013) provide that legal capacity to act may be restricted in a particular area of economic rights by a court only in exceptional cases if it is in the interests of the person concerned and if it is the only way of protecting the person. In such case the guardianship is established. A guardian has rights to act only to the extent determined by the court. Furthermore, a guardian shall take into account the opinion of the person and shall assist him or her in acquiring the skills and abilities necessary to renew his or her capacity to act.

50. Temporary guardianship came into force in 2013 without restricting a person’s capacity to act. A temporary guardianship may be established if a person has health disorders of mental nature or other, cannot understand the meaning of his or her action or cannot control his or her action, it is urgently necessary in the interests of a person, disorders are temporary, a person cannot cause damage to himself or herself by his or her active action, if it is the only way how to protect person’s interests. In this case a court shall determine the guardian’s duty to conduct only certain matters related to performing certain duties to ensure the basic needs or care for the person concerned.

Access to justice (Article 13)

51. Foundation “Latvian Judicial Training Centre” (LJTC) provides initial and on-going training on legal matters and skills development for judges of the 1st and 2nd instance, Land Registry judges and court staff based on a long term cooperation agreement with the Courts Administration of Latvia. LJTC carries out annual state funded training programme and organises additional training events with financial support from various sources.

52. Law on Judicial Power states that judges have an obligation to perfect their knowledge and skills on regular basis. No other internal regulations state the amount and regularity of attending seminars or improving the professional qualification. Nevertheless, the attendance of training events is considerable — 87% in 2014, 88.2% in 2016 and 84.19% in 2016.

53. LJTC includes topics related to the rights of persons with disabilities in annual training programme for judges and court staff. Respective training has been organised for criminal, civil and administrative judges and also for trainee judges. To create common understanding, LJTC organizes some interdisciplinary training events. Lawyers,

prosecutors and other legal professionals are invited to selected training events together with judges and judges' assistants. Main fields of training include human rights, issues of restriction of the capacity to act of a person due to mental disorders, procedural laws — inviting to the court, forensic-psychiatric analysis, best interests of and communication with persons with disabilities.

54. In 2014-2016, LJTC organised 10 training events (17 lectures) on topics related to the rights of persons with disabilities. In total, 297 legal professionals (198 judges, 59 judges' assistants, 40 other legal professionals) attended the training.

55. Additional training on recent case law of the European Court of Human Rights is organised at least twice a year. During these lectures, violations of human rights of persons with disabilities are discussed. LJTC also offers international training opportunities to judges in cooperation with the Academy of European Law and the European Judicial Training Network.

56. LPA Human Resources Department regularly orders LPA officers and employees to attend training, seminars and qualification raising courses on different themes and content, organized by both LPA and cooperation partners. In 2014-2016, there were no special training courses for LPA officers and employees on the implementation of laws protecting and promoting the rights of persons with disabilities. However, LPA Training centre implements a professional development education programme "Junior inspector of imprisonment place" that includes a subject "Work with specific inmate groups" covering mental and behavioural disabilities, their forms and impact on inmate behaviour, mental underdevelopment and its forms, peculiarities when working with these persons in imprisonment places, etc. In 2017, within the framework of ESF project "Development of resocialisation system effectivity" implemented by the LPA, it is intended to provide 40 employees, who are involved in resocialisation activities, with theoretical knowledge regarding work with persons with mental disability as well as to raise awareness about quality support and assistance to persons with mental disability.

57. Training programmes for State Police College's officials include such topics as State police detention place officials with special service ranks on the legal and practical aspects, human rights in the work of the police, national police officers' psychological communication ability with mentally unbalanced persons, interrogation, psychological and tactical aspects and victim interrogation psychological features. Learning process focuses on a number of other issues in order to ensure that State police officers are properly trained to come into contact with the detainees, including with intellectual disabilities.

58. Norwegian Financial Mechanism Programme "Latvian corrections departments and the State police detention place reform" project "State police temporary detention standards improvement" was designed to guide State police detention place officials with special service ranks, which also includes the issues as how to talk, behave and act with persons with mental disorders. Moreover the National Police College in collaboration with the Resource Centre for People with Mental Disabilities "Zelda" developed and implemented a training course for the State Police officials in contact with persons with mental disorders.

Liberty and security of the persons (Article 14)

59. According to Law on Social Services and Social Assistance and the relevant Regulations of the Cabinet of Ministers, social services are provided and terminated on the basis of a person's voluntary application and other documents requested. The decision on granting or refusing a social service may be appealed in a court, if it is not otherwise specified in legal acts. Based on the legal acts, persons with disabilities have a right to take decisions independently even during their stay in a long-term social care and social rehabilitation institution.

60. Guidelines on Development of Social Services (2014-2020) approved by the Cabinet of Ministers define deinstitutionalisation (DI) as one of the main directions of social service development focussing on three target groups: adults with psychosocial and intellectual disabilities; children with disabilities; and children in out-of-familial care.

61. ESF and ERDF investments are envisaged for developing community based services and reorganization of long-term care institutions with strong emphasis on the planning phase — individual needs assessment closely related to local and regional planning and developing community based social services. In 2015, the legal base for implementation of ESF projects for DI was adopted by the Cabinet of Ministers. The Action Plans for Implementation of DI were approved by MoW. A call for project proposals was successfully completed with the signing of five agreements for project implementation with the Planning Regions of Latvia. The planning regions have managed to sign cooperation agreements with 97% of municipalities.

**Freedom from torture or cruel, inhuman or degrading treatment or punishment
(Article 15)**

62. State Police officers shall comply with the criminal provisions of the law which states that human rights may be restricted only in cases where required by public security considerations and only as provided by law. In order to completely ensure the rights and interests of a minor person who has the right to defence, the representative thereof may participate and, if it is necessary, the minor as a security measure can also apply for the transfer in the supervision of parents or guardians or the social correction educational institution.

63. The State Police should take in to account the Cabinet of Ministers Regulation on “Procedure for the police to ascertain whether the child has special needs, to invite competent professionals and to provide conditions for the child’s special needs’ requirement”. In practice, there have been few cases where children with hearing disabilities have been victims. In these cases, the staff members of the children’s educational institutions (teachers, psychologists) were involved. It should also be noted that, on February 8, 2016, the State Police and “LNS Rehabilitation Centre” entered into contract on deaf sign language translation services to be provided for the needs of the State Police for two years.

64. Regarding the progress made in implementing the recommendations of the Human Rights Committee and the Committee against Torture, a pilot project “Proposals for the client grouping and determining the amount of the required service” has been implemented. MoW developed methodologies to improve the contents of services in long-term social care institutions through the introduction of new activities, attracting highly qualified specialists for the care and rehabilitation process. In the long term, it will allow to reduce the symptoms of clients’ diseases by using alternatives to drug therapy.

65. As regards the recommendations on appropriate activities for clients, progress has been made to a certain extent. New classes have been created and equipment provided for the existing and new facilities. Greater attention is paid to the involvement of clients in relevant activities. To improve quality of health care for clients, MoW has established 25 health care units in state long-term social care institutions since 2013. Health care units are recorded in the Register of health care institutions. If psychotropic or other medications have harmful side effects, they are controlled by medical staff of health care units. These health care units provide the opportunity to carry out laboratory examinations of clients to whom psychotropic drugs causing harmful side effects are prescribed.

66. On the prevention of isolation, Medical Treatment Law provides that if a person with mental disorders by his or her actions threatens the life or health or that of other persons, the head of the relevant institution or his or her authorized person may take a decision on isolation of the person for a period not longer than 24 hours ensuring the necessary care and continuous supervision in a specially equipped room for this purpose, providing corresponding documentation in the individual rehabilitation or care plan. In accordance with the recommendations of the Ombudsman, institutions are encouraged not to exceed the time of isolation for more than 3 hours or until the Emergency Medical Assistance Service arrives. Thus, only in cases where it requires medical indications (psychiatric disease flare, danger for him/her or others) the client can be isolated until medical practitioner (psychiatrist) takes a decision on the further tactics of medical treatment.

67. According to Article 69¹ of Medical Treatment Law, restrictive measures may be used for a patient by force only in such cases when a patient is hospitalized in a psychiatric medical treatment institution without his or her consent, a patient for whom medical treatment in a psychiatric medical treatment institution has been determined as a compulsory measure of medical nature, or in cases when there are direct threats that a patient due to psychic disorders may commit injuries to himself or herself or other persons or a patient demonstrates violence towards other persons and attempts to discontinue that threat by verbal convincing have failed. Furthermore, application of restrictive measures shall be proportional to direct threat caused by a patient and application thereof shall be immediately discontinued, if the threat caused by the patient does not exist anymore.

68. In relation to patients who have been hospitalized in a psychiatric medical treatment institution without their consent, as well as patients whose treatment in a psychiatric medical institution has been prescribed as a medical compulsory measure, their foreclosure procedures and conditions are regulated by the Cabinet of Ministers Regulation No. 453. This Regulation states that a doctor shall explain to a patient the reasons for application of restrictive measures, and it is prohibited to use restrictive measures as a punishment. In addition, every case of restriction is recorded in a registration journal (stating cases of restrictions), by indicating the reasons for application of restrictive measures, the starting and end time, the cause of using respective medicine as well as different circumstances around the restriction causes.

69. The conditions of psychiatric assistance without the patient's consent are laid down in Article 68(1) of Medical Treatment Law. Hospitalization without consent is practised only in cases when a patient is threatening other people or his or her own safety. Moreover, in providing psychiatric assistance without the consent of a patient, the necessity for providing compulsory psychiatric assistance shall be explained to the patient, if it is possible. Every patient has the right to receive information regarding his or her rights and duties.

Freedom from exploitation, violence and abuse (Article 16)

70. According to the Cabinet of Minister Regulation No.423 "Internal regulations of imprisonment place", Inmate placement commission, established by an order of the Head of imprisonment place, decides in which department, unit and cell of the imprisonment place an inmate will be placed (taking into consideration the available cells, psychological compatibility of inmates, level of education and health status). Foreign inmates in imprisonment are placed (if possible) so that those speaking the same language could communicate among themselves. Inmates who have a disability with reduced mobility are placed in cells, departments or units where they can move around. There are specially fitted cells for persons with functional disabilities in Riga Central Prison, Olaine prison (Prison Hospital), Valmiera prison and Cesis Correctional Institution for Juveniles. Accessibility of environment for persons with functional disabilities is provided also in the Medical departments of Jelgava prison, Cesis Correctional Institution for Juveniles and Olaine prison (Prison Hospital), it is partially provided in the Medical departments of Ilguciems prison and Jekabpils prison. LPA owns one mobile lift with the carrying capacity of 130kg, which is presently located in Riga Central Prison.

71. Criminal Information System includes details information regarding initiated criminal proceedings, determined criminal offences, persons directing the proceedings, persons who have the right to defence and victims Having regard to Personal Data Protection Law, only in certain circumstances transfer or accessibility of sensitive personal data will be allowed, if it is necessary as an evidence in the criminal proceeding. As regards statistics on crime victims, breakdown of data according to their state of health (the fact and the type of disability) is not available.

Protecting the integrity of the persona (Article 17)

72. According to Sexual and Reproductive Health Law termination of pregnancy is allowed only in the following cases: at the wish of a woman until the twelfth week (11 weeks 7 days) of pregnancy in medical treatment institutions and medically indicated abortion — termination of a pregnancy due to medical indications until the twenty-fourth

week (23 weeks 7 days) of pregnancy or if pregnancy is a result of rape until the twelfth week (11 weeks 7 days) in a medical treatment institution. Forced abortions are prohibited and the applicable punishment is temporary deprivation of liberty or community service, or a fine.

73. The termination of pregnancy due to medical indications is allowed only upon a written confirmation of the council of doctors and a written consent of the woman (in the case of a woman lacking the capacity to act — upon the written consent of a guardian). There is no set list of medical reasons for abortion but they are related to physical health of a woman or complications in development of fetus.

Liberty of movement and nationality (Article 18)

74. The restrictions in relation to free movement outside an institution of the client who is completely dependent on the help of others (the presence of personnel or a relative) are set for the safety of both clients and other persons. In addition, legislative amendments have specified that the head of an institution or his or her authorized person may take a decision regarding restriction of a person's rights to free movement during a specified time period, if the necessity of such restriction is based on the person's health condition and documented in the individual rehabilitation or care plan.

75. Since February 2017, the Law provides for the principle of "gatekeeping" regarding state-funded long term social care institutions: limiting to 6 months state-funded period of institutional care for orphans and deprived of parental care children under the age of 2 years and establishing social care client grouping in 4 levels, defining each level of care and providing social care services according to the level of needs, preventing persons with moderate care needs entering long-term social care services institutions. According to Law on Social Services and Social Assistance and the Cabinet of Ministers Regulation, social services are provided on the basis of a person's application and other documents requested. The decision on granting or refusing the service may be appealed in a court. The person still has the possibility to decide independently in so far as it is without prejudice to the rights and freedoms of other persons or does not threaten the life or health of the person.

Living independently and being included in the community (Article 19)

76. In 2016-2017, individual needs assessments and preparation of individual support plans for the DI project target groups are carried out. By the end of 2017, elaboration of regional DI plans, including mapping of further ERDF investments for social service development and reorganization plans for long-term care institutions, will be finalized. Provision of community based services according to individual support plans is gradually starting within the DI projects. Development of social service infrastructure according to the regional DI plans will start in 2018. Communication strategy for changing public attitude towards DI and its target groups has been elaborated and its implementation will start in the second half of 2017. NGO's providing community based social services have been involved in dissemination of good practice in service provision for municipalities. Institutional care still remains as option for persons with severe care needs if appropriate community based services are not sufficient.

Personal mobility (Article 20)

77. Information on the number of the State provided technical aids included in the table below.

Table No. 6

| <i>Types of technical aids provided by State budget</i> | | <i>2014</i> | <i>2015</i> | <i>2016</i> |
|---|----------------------------------|-------------|-------------|-------------|
| 1. | Prosthetic | 1 026 | 1 531 | 1 501 |
| 2. | Orthoses | 1 933 | 2 396 | 2 566 |
| 3. | Orthopaedic shoes | 2 035 | 1 983 | 2 081 |
| 4. | Personal mobility technical aids | 2 316 | 2 758 | 2 786 |

| | | | | |
|----|------------------------------|-------|-------|-------|
| 5. | Personal care technical aids | 2 178 | 2 456 | 1 743 |
| 6. | Tiflotechnology | 3 147 | 2 641 | 2 560 |
| 7. | Surdotechnology | 5 355 | 4 780 | 3 348 |
| 8. | Communication technical aids | | 23 | 79 |

Source: MoW.

Freedom of expression and opinion, and access to information (Article 21)

78. Section 3, Article 3 of State Language Law defines that the State shall ensure the development and use of the Latvian sign language for communication with people with impaired hearing. The State budgetary resources are available to acquire the profession of a sign language interpreter. The State also provides services of sign language interpreters to acquire vocational and higher education and to communicate with physical and legal persons.

Respect for privacy (Article 22)

79. The practice of maintaining a centralized register on persons with intellectual and/or psychosocial disabilities is revised. Starting from September 1, 2017 the data will be collected in the e-health system where access to these data for medical personnel is strictly limited. To gather the statistical data on persons with intellectual and/or psychosocial disabilities, non-personalised data from the e-health system will be transferred to the register.

Respect for home and the family (Article 23)

80. In 2014-2016, preconditions were created (Cabinet of Ministers regulations prepared, implementation of projects launched) to start, in 2017, a DI support measure for parents having a child with a disability. The types of services provided include social rehabilitation, like psychologist, rehabilitator, physical therapy, educational support groups. It is intended to provide two types of services for up to 10 times each. Services within these projects will continue until 2020.

Education (Article 24)

81. Education Development Guidelines (2014-2020) promote the implementation of the principle of inclusive education, which ensures equal opportunities regardless of students' needs and abilities, economic or social status, race, nationality, gender, religious or political beliefs, health condition, occupation or place of residence. According to these guidelines, it is planned to implement the principle of inclusive education by: availability of teachers' assistants; measures to integrate youth with special needs (visual disorders, hearing disorders, physical development disorders, somatic illnesses, etc.) in education institutions, including individual learning schedules, support measures for students with learning difficulties and learning disabilities; support to ensure the necessary teaching personnel and support personnel; provision of the necessary additional teaching tools; promotion of early diagnostics of special education needs; availability of support personnel — psychologist, speech therapist, special educator — in education institutions and involvement of youth at risk of social exclusion in non-formal education programmes.

82. In order to reach the goals set in the guidelines, the implementation of ESF projects has begun in 2016, where the inclusive education approach to learning and teaching is one of the major requirements for the development of competence based education content and new education standards. The ESF funded projects "The Competence Based Approach in Education Content" and "Support for the Development of Individual Competencies" promote diversity in education by providing teachers' professional development; development of learning materials for students with special needs that could be used in all education institutions; development of diagnostic instruments to test the education needs of students; development of new ICT tools (e.g. text-to-speech, textbooks in Braille) that could be used by students to make the learning process more accessible; support to education institutions in provision of education for all students.

83. In order to develop the support system in the country, Inclusive Education Support Centres were established in eight cities of Latvia that provided support to individual learners, schools and local authorities. These Centres is working on assessment of the needs of learners, consulted schools and families, and conducted the work of pedagogical medical commissions. The specialists (psychologists, special teachers, speech therapists) were educated in assessment of the needs of children, and were taught how to issue recommendations for the appropriate educational programmes and support measures.

84. The National Centre for Education is developing guidelines for education institutions on the implementation of inclusive education. These guidelines are due to be adopted by the end of 2017. Guidelines will focus on such topics as the definitions and understanding of inclusive education, interaction between students and teachers, teaching and learning methods and strategies, development of positive education environment, cooperation with parents, and interdisciplinary approach to assessment of needs of students. Principle of inclusive education is being implemented in vocational education, acknowledging the main challenges and searching for innovative solutions, including improvement of infrastructure. Assistant's service is available for students with disabilities in order to help them to move around the vocational education institutions. Vocational education institutions provide each integrated student with special needs with individual plan for acquiring the education programme. Students with special needs are able to acquire vocational education programmes both in general education institutions and vocational education institutions.

85. Access to education for persons with special needs was promoted within a range of ESF and ERDF support measures. With the support of ERDF, infrastructure of all kind of education institutions — general, special, vocational and higher education institutions — was modernized, including adjusting premises to persons with functional impairments. As a result, 62 (all) special education institutions, 36 general education institutions, 32 vocational education institutions, and 31 higher education institutions were modernized and adjusted.

Health (Article 25)

86. Within the framework of health care reforms MoH is planning to improve outpatient service accessibility in 2017-2023 by funding specialist consultations: EUR 6.52 million in 2017, EUR 2.53 million in 2018, EUR 5.07 million in 2019 and 2020, EUR 6.58 million in 2021, EUR 11.10 million in 2022 and 2023. The increase of specialist service availability will apply to all population groups, including women with disabilities as well as persons with visual, hearing, intellectual or psychosocial disabilities.

87. Additionally, starting with 2018, MoH is planning to improve outpatient service accessibility by increasing financing for predictable disability prevention by EUR 1.5 million to prevent sustainable diseases among working age persons.

Habilitation and rehabilitation (Article 26)

88. On July 24, 2014 MoH established a working group to asses and to develop proposals for changes in medical rehabilitation services. The working group assessed the organizational principles of medical rehabilitation and developed proposals for organizational structure of medical rehabilitation for stroke, child and oncological patients as well as proposals for MoH and MoW to establish cooperation in the field of medical rehabilitation.

Work and employment (Article 27)

89. According to SEA data, there were 9,441 registered unemployed persons with disabilities at the end of 2016 (8,343 at the end of 2015 and 8,355 at the end of 2014). Out of all unemployed with disability 50% (4,748) were women and 50% (4,693) — men. At the end of 2016, 3% of the registered unemployed with disabilities were 15-24 years old, 71% — 45 years or more (12% 45-49 years, 19% 50-54 years and 40% 55 years or more). It means that 2/3 of the unemployed with disabilities are people above the age of 45 years.

90. Subsidized employment measures (co-funded by the State budget and ESF) play a major role in returning unemployed people with disabilities back to the labour market. Within this measure, a monthly wage subsidy (36 months for the unemployed with disabilities) is provided to a company which establishes a new workplace for a person with disability. A supervisor assists a person in acquiring basic skills and abilities the work demands. The minimum wage subsidy for an unemployed person with disability equals to the minimum monthly wage set by the Government (380 EUR) and it cannot exceed 1.5 minimum monthly wage per month. Additional expenses are also covered by the State (support of work supervisor, working place adaptation, involvement of different specialists, such as assistants, sign language experts, etc.).

91. Also, since 2016, additional support is provided to the unemployed with mental disorders — a mentor or support person at work. This person helps both a person with disability and an employer to adapt to working duties and environment. This support is provided for 12 months (a support person guides a person with mental disorders full-time at first week of work, not more than three hours per day from the 2nd to 5th week of work, twice a week for not more than one hour from the 6th to 9th week, and not more than one hour per week starting from the 10th week). A support person can be reached also by phone and should be available for consultation during other working time.

92. In 2014-2016, 916 subsidized employment workplaces were created (311 in 2014, 203 in 2015 and 402 in 2016) and 1,347 unemployed persons with disabilities took part in these measures (522 in 2016, 305 in 2015 and 520 in 2014). That composes 35% of all participants in subsidized employment measures and 8% of all unemployed persons with disabilities who started participation in different active labour market policy measures. In 2014-2016, after health inspections, 777 subsidized working places were adjusted accordingly to needs of persons with disabilities (474 in 2016, 122 in 2015 and 181 in 2014). Working place adaptation costs are covered by the State. Simultaneously, ergotherapist services were provided to 368 persons, sign language interpretation — to 4 persons and assistance — to 3 persons.

93. In 2016, the unemployed persons with disabilities were employed in the following types of enterprises: 30% of all companies were non-governmental organizations, 53% — private small companies, 5% — companies in agriculture sector and 12% — other companies. In 2016, persons with disabilities received 12,194 services provided by SEA (in 2015 — 10,891, in 2014 — 18,574). 3,322 persons with disabilities received career consultations. In addition to these measures, persons with disabilities received such services as the adjustment of a workplace, sign language interpretation and occupational therapy.

Adequate standard of living and social protection (Article 28)

94. The data collected by MoW about children with the status of a needy person and those who need social assistance from the local government is included in the table below.

Table No. 7

| <i>Year</i> | <i>2010</i> | <i>2011</i> | <i>2012</i> | <i>2013</i> | <i>2014</i> | <i>2015</i> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Number of families (persons) with the status of a needy person | 88 748 | 87 629 | 71 657 | 57 856 | 46 594 | 39 309 |
| Number of persons in those families | 227 811 | 212 876 | 176 042 | 134 397 | 104 569 | 82 361 |
| Including children | 80 342 | 74 163 | 61 734 | 46 334 | 36 078 | 26 707 |
| From them: | | | | | | |
| Number of children with disabilities | 2 309 | 2 462 | 2 256 | 1 927 | 1 629 | 1 366 |

Source: MoW.

95. The main social protection measures provided for families with children with disabilities from the State budget are:

- (1) Supplement to the family state benefit for a disabled child who has not reached the age of 18 years (EUR 106.72). Supplement to the family state benefit for

a disabled child is granted from the day of establishment of the status of a disabled child until the day when the disabled child reaches the age of 18 years, regardless of the payment of the family state benefit;

(2) Disabled child care benefit. The amount of the disabled child care benefit is EUR 213.43 per month. The benefit is granted for the child with disabilities who needs special care in relation to serious functional disorders. The necessity for special care is reviewed by the State Commission;

(3) Allowance to compensate transport expenses for persons with mobility impairments. The allowance is granted to a person to whom or to whose child a disability has been specified and taking into account the opinion of the State Commission.

If the allowance is requested for a disabled child it is granted to one of the parents, guardian or person who actually raises the child, including a foster family. The amount of the allowance is EUR 79.68 for each six month period;

(4) State support for a child suffering from celiac disease. The amount of the support corresponds to the amount of the supplement to the family state benefit for a disabled child, namely, EUR 106.72. The following children suffering from celiac disease are entitled to receive the state support: children up to 18 years of age; 18-20 years old students studying in institutions of general education or vocational education and full-time (day) students studying in institutions of higher education (not older than 24 years).

96. During economic crisis, no austerity measures were applied to persons with disabilities. To protect socially vulnerable groups of persons, some changes to legislation have been made since 2008. For example, social assistance shall be provided on the basis of an evaluation of a household's material resources — income and property, individually providing for participation of each client in conformity with legal acts.

97. When evaluating clients' resources to assess the eligibility for social assistance, the following benefits are not considered as income: supplement to the family state benefit for a disabled child, disabled child care benefit, benefit for the disabled who are in need of care, benefit for the use of assistant service, allowance to compensate transport expenses for persons with mobility impairments, state support for a child with celiac disease, child birth benefit, funeral benefit, and social assistance benefits provided by local municipalities.

98. In accordance with Law on Social Services and Social Assistance, an unemployed working age person applying for a social assistance benefit, except a one-time allowance in an emergency situation, shall register with SEA as an unemployed person, except when the person concerned is:

(1) a recipient of a disability pension, old-age pension or State social security benefit;

(2) a woman on maternity leave or a parent or other person during a child care period;

(3) one of a disabled child's parents, if the child does not receive appropriate care services;

(4) a person at 15 years of age who is acquiring full-time education in general secondary or vocational secondary education institution or who is a full-time student in an institution of higher education.

99. Subsequent to the assessment of income and other material resources of a person and his or her family members, a local government social service office shall decide on the granting of a social assistance benefit to the person who has claimed such benefit.

100. Since January 2013, municipalities are eligible to determine differentiated level of guaranteed minimum income (GMI) for varied social groups, including persons with disabilities (from EUR 49.80 to EUR 128.06). Amendments to Law on Social Services and Social Assistance came into force in February 2017 and they include some significant improvements, including the provision that, when a person starts to work, the income of the

last three months is not taken into account in calculating GMI. In May 2017, MoW submitted to the Cabinet of Ministers “The Government Action Plan for the development of minimum income support systems in 2017-2020”.

Participation in political and public life (Article 29)

101. In Latvia, the polling stations are located in the governmental or municipal premises and their furnishing is the responsibility of local municipalities. Thus CEC cannot influence directly the arrangement of the polling stations and their adaptation for the needs of the voters with disabilities. At the same time, in 2014-2016, CEC implemented the project “On the realization of the right to vote for persons with disabilities”.

102. During the run of the project, all the polling stations in Latvia were inspected (952 in total at that time) and the entrance accessibility for voters with disabilities was evaluated. In December 2016, the number of polling stations that were not accessible for all groups of voters comprised 40%. The information about the accessibility of the polling stations for voters with disabilities is published in the CEC homepage (www.cvk.lv). Since 2013, voters have the opportunity to change their polling station online within a specified time prior the elections.

103. CEC elaborates easily comprehensible information about the election procedure and voting conditions before the parliamentary and local elections. The informative video clips produced by CEC contain also written information for voters with hearing disabilities. Election programmes and candidate lists are recorded in audio format before the parliamentary and the European Parliament elections. The voters who are not able to reach the polling station because of their health status can apply for voting in their location. If a voter is not able to sign personally in the voters list because of his/her physical condition or is not able to put marks in the ballot paper, his/her trust person is allowed to do it following an oral instruction.

Participation in cultural life, recreation, leisure and sport (Article 30)

104. The European Commission’s proposal to ratify the Marrakesh Treaty was challenged by some EU member states, therefore the Commission asked the Court of Justice of the EU (CJEU) to provide a legal opinion on the matter. On February 14, 2017, the CJEU concluded that the EU has exclusive competence to ratify the Treaty. Therefore the ratification of the Treaty will be done by the EU in the name of its members.

105. According to Sports Law, the Latvian Paralympic Committee manages and coordinates types of sports for people with disabilities. The Latvian Paralympic Committee receives State budget financing for its activities, including those aiming to ensure that persons with disabilities have access to sports activities on an equal basis with others (EUR 224,062 in 2014; EUR 350,000 in 2015, EUR 414,623 in 2016).

106. Athletes with disabilities receive financial awards for outstanding achievements. This process and the amount of financial awards are regulated by the Cabinet of Ministers. The Latvian Paralympic Committee has granted the following total amount of financial awards in the recent years: EUR 74,419 in 2015, EUR 847,894 in 2016. The amount of financial awards for outstanding achievements in adapted (Paralympic) sports is equal to the amount of financial award in other types of sport.

C. Specific obligations (Article 31-33)

107. Information concerning persons with disabilities is entered into the Disability Information System of the State Commission. The Disability Information System was created to ensure an accurate and timely data storage about all persons with disabilities in the country broken down by gender, age, region of residence, diagnosis, services, etc. The information is published only in an aggregated form in such a way as to ensure the protection of personal data and not violating the rights whereof. Personalized data for each of the state social insurance contributions as well as the received services or benefits are also available in the portal.

108. The implementation of the Convention is coordinated by MoW, but its implementation is monitored by the Ombudsman in accordance with Law on the Convention on the Rights of Persons with Disabilities (Section 2). The Ombudsman is an independent institution whose function is to encourage individuals to contribute to the protection of human rights and compliance with the principle of equal treatment and the prevention of any kind of discrimination.
