|  |  |  |  |
| --- | --- | --- | --- |
|  | United Nations | CRPD/C/CYP/Q/1/Add.1 | |
| _unlogo | **Convention on the Rights of Persons with Disabilities** | | Distr.: General  6 January 2017  Original: English  English, French, Russian and Spanish only |

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

**Seventeenth session**

20 March-12 April 2017

Item 7 of the provisional agenda

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

List of issues in relation to the initial report of Cyprus

Addendum

Replies of Cyprus to the list of issues[[1]](#footnote-1)\*, [[2]](#footnote-2)\*\*

[Date received: 15 December 2016]

Replies of Cyprus to the list of issues

1. The present Reply was prepared by the Department for Social Inclusion of Persons with Disabilities -being the Focal Point in Cyprus for matters related to the implementation of UNCRPD - based on the official contributions of the public services shown in ***Appendix 1***.

A. Purpose and general obligations (art. 1-4)

Reply to the issues raised in paragraph 1 of the list of issues (CRPD/C/CYP/Q/1)

2. The CRPD ratification law 8(III)/2011 is superior to any other national law relating to disability. In the National Disability Action Plan (NDAP), 2013-2015, a specific action was included concerning the reconsideration of all laws regulating the rights of persons with disabilities and the identification of necessary improvements for further strengthening the existing legislative framework to ensure the rights of persons with disabilities. For amendments in the domestic legislation after 2013, either completed or still in progress, please see ***Appendix 2***. In particular, 5 laws were amended/approved and modernized, whereas 15 laws and regulations are under amendment/approval procedures. The effort for further harmonization with CRPD is gradual and continuous.

Reply to the issues raised in paragraph 2 of the list of issues

3. After the ratification of CRPD in Cyprus any new legislation or schemes/programs concerning disability issues when drafted take into account the scope of disability within the framework of CRPD and ensure that the definition of “persons with disabilities” is in line with the Convention. The CRPD definition is the basis to build upon and combine necessary adjustments according to the scope and targeting of specific new laws/schemes/programs and the government policy in the specific field.

4. Persons with disabilities have different needs and are entitled to different benefits and services. Therefore, apart from the general definition of disability, it’s common to have adjusted definitions in different laws, programs and schemes of social benefits and services because each one is targeting specific needs of specific groups of persons with disabilities and is based on government’s policies regarding eligibility criteria, terms and conditions.

5. An example is the new legislation regulating Guaranteed Minimum Income (GMI) approved in 2014. The GMI and General Social Benefits Law (109(I)/2014), provides for a GMI covering person’s basic needs plus two extra disability monthly allowances for persons who fulfill the definition of a “person with disability”. This is the definition given in CRPD adjusted to the scope of GMI and the related government’s policy (the definition limits the need to receive these disability allowances to persons with severe physical, sensory and mental disability and persons with moderate or severe intellectual disability).

6. Apart from legislative and regulatory approach to the concept of disability other measures have also been taken in the fields of education and training and the assessment and certification of disability.

7. Education and training are the most effective mediums to cultivate understanding of the scope of disability in the framework of UNCRPD. Examples of specific actions implemented are presented analytically in Issue 10.

8. Understanding, using a common language, assessing, explaining and certifying disability is very complicated as disability is very wide and complex and with different characteristics from individual to individual and from environment to environment. Cyprus has recognised that the WHO’s “International Classification of Functioning, Disability and Health, ICF” is a very helpful, scientific and effective tool to deal with the disability concept. The way ICF approaches disability complies with CRPD as it takes into account the physical, mental, intellectual and sensory impairments of persons as well as the various barriers in the environment of persons that may hinder their full and effective participation in society. ICF uses the biopsychosocial approach to disability combining and taking into account all possible personal and environmental factors that create disabilities. In view of the above, the Department for Social Inclusion of Persons with Disabilities has implemented a new System for the Assessment of Disability and Functioning, which encompasses all disabilities.

Reply to the issues raised in paragraph 3 of the list of issues

9. The concept of reasonable accommodation is adequately regulated in the Persons with Disabilities Laws 2000-2015. Article 5 regulates the obligation of employers to provide reasonable adjustments in employment and Article 9 regulates the obligation for reasonable adjustments in access to all goods and services. Both Articles provide for the implication of fines and/or imprisonment in cases of violations of them.

10. An amendment of this Law was approved in 2014 (see *Appendix 2*) in order to further modernize the application of reasonable accommodation and abolish previous provisions which defined reasons for disproportionate burden and could lead to restriction of reasonable adjustments. No other amendments have been made in other laws in relation to this issue but it must be noted that the Persons with Disabilities Law is a general horizontal law applying to all sectors, public and private.

11. The number of complaints on disability discrimination in general (employment, education, access to other CRPD rights), is high, according to the Office of the Ombudsman. The number of complaints by citizens for discrimination on the basis of disability in employment, in the private sector is low. The Equality Authority which is the independent competent body to examine complaints for discrimination in employment has received between 2013-2015 three complaints by persons with disabilities for discrimination in employment in the private sector which were proved to be fair.

12. Within the Ombudsman, the majority of disability discrimination cases are examined under the authorities of the Independent Authority for the Promotion of the Rights of Persons with Disabilities while some exceptions are also examined by the Anti-Discrimination Body. Before 2016, no statistics were kept for complaints for discrimination specifically on the ground of disability with the exception of some discrimination that has occurred in the area of employment, but according to the Independent Authority for the Promotion for the Rights of Persons with Disabilities since 2012 the number of complaints on discrimination on the ground of disabilities is constantly increasing in all areas not only in the area of employment and especially in the area of education.

Reply to the issues raised in paragraph 4 of the list of issues

13. The National Disability Action Plan (NDAP) 2013-2015 was the first action plan on disability that covered all Ministries and public services dealing with disability issues. It was the first that was prepared as a common and collective effort through the contact points in all public services and after consultation and close involvement of the organizations of the disabled. Unfortunately it coincided with the period of the second severe economic crisis that Cyprus faced in its history as a state. Thus, no extra economic resources were allocated for the implementation of the action plan or the UNCRPD, than those already allocated in the state budgets for the three year period.

14. Implementation indicators were unsatisfactory because of one or more of the following reasons: (a) severe understaffing of public services due to massive retirements during 2012-2014 and no replacement of vacant posts because of the economic crisis, (b) non effective coordination among some public services, (c) the existence of priorities in some Ministries deemed as more urgent (d) slow rhythm or freezing of implementation in actions where the consensus of the Confederation of the Organizations of the Disabled was not achieved.

15. The overall implementation assessment shows that 30 sub-actions out of the 70 (43%) contained in the NDAP were fully implemented, 26 (37%) were partly implemented and 14(20%) were not implemented. ***Appendix 3*** presents the NDAP implementation report.

16. It must be noted that NDAP included 39 actions and 70 sub-actions targeted to add value to all other actions already taken. The complete picture of all actions and measures implementing CRPD in Cyprus is reflected in the initial report and the reply to the list of issues.

Reply to the issues raised in paragraph 5 of the list of issues

17. The Consultation Process between the Government and other Services for Issues concerning Persons with Disabilities Law of 2006 (L.143(I)/2006) affirms the obligation of every public service to consult with the Cyprus Confederation of Organisations of the Disabled (CCOD) before deciding on issues concerning persons with disabilities.

18. CCOD is recognised in the law as the official social partner of the state on disability issues, however the Confederation represents only 8 organisations (see ***Appendix 4***). Additional organisations representing a large number of persons with disabilities are not members of CCOD. Public services also consult with these organisations thus implementing the UNCRPD provision requiring the close involvement in decision making processes of representative organisations. A list of the main organisations not being members of the CCOD is shown in ***Appendix 5***. Most of them are the organizations, which participated in the Pancyprian Alliance for Disability, the umbrella of NGOs constituted to submit an alternative report to the UN Committee.

19. Concrete examples of the various ways of organisations’ involvement are listed in ***Appendix 6***.

Β. Specific rights (arts. 5-30)

Equality and non-discrimination (art. 5)

Reply to the issues raised in paragraph 6 of the list of issues

20. Culture against discrimination of any kind is cultivated through media and education. Thus, the following are two examples of plans and measures that are in place:

(a) With regards to MME, according to the Radio and Television Organizations Law of 1998-2016 MME service providers are forbidden to broadcast programs which contain any incitement to hatred based on race, sex, religion or nationality. Moreover audiovisual commercial communications must not include or promote any discrimination based on sex, racial or ethnic origin, nationality, religion or belief, disability, age or sexual orientation. In order to address further intersectional discrimination on all grounds through radio and television programs the Radio and Television Authority has submitted to the Ministry of Interior a proposal for amending the relevant law.

(b) With regards to education, the Ministry of Education and Culture (MoEC) in collaboration with the Anti-Discrimination Body (ADB), introduced in 2014 the “Code of Conduct Against Racism and Guide for Managing and Reporting Racist Incidents in Schools. The Code discusses research and policy which identifies the need for a whole-school antiracist policy, with a broad conceptualization of racism in all forms, in order to include all sorts of discrimination. It also provides schools and teachers with a detailed plan on how to deal with and prevent racist incidents, which they may adjust to their specific needs before they adopt it and begin its implementation. It includes definitions of basic concepts, outlines the responsibilities and commitments expected by each member of the school community and provides the steps to be followed by schools in a practical rubric. The Code views diversity as a multiple phenomenon, involving various aspects of people’s identities, and it contributes to the decrease of bullying and discrimination based on any form of diversity in schools. In March 2015, the MOEC organized a National Pupils’ Forum against Racism and Discrimination in collaboration with the Youth Board and the ADB.

Women with disabilities (art. 6)

Reply to the issues raised in paragraph 7 of the list of issues

21. Women and girls with disabilities have all the rights and are entitled to all support services and benefits as all persons with disabilities.

22. Social Welfare Services (SWS) provide a range of horizontal services covering social needs of citizens belonging to vulnerable groups, including services for the prevention and combating of violence within the family or child sexual abuse. There is a close cooperation and communication between NGOs offering services to persons with disabilities and SWS in cases where violence within the family is known.

23. For police, women and girls with intellectual disabilities, who are victims or witnesses of crimes, are considered as witnesses in need of protection and may benefit for special protective provisions with regards to accessing the criminal justice system. These measures include video recording of their statements by specially trained interviewers and other facilities Court proceedings (eg. testifying via CCTV).

24. Women with intellectual or psychological disabilities are not subject to forced sterilization by the Ministry of Health.

Children with disabilities (art. 7)

Reply to the issues raised in paragraph 8 of the list of issues

25. Please refer to the reply to issue 30 for early intervention services to children with disabilities and their families.

Reply to the issues raised in paragraph 9 of the list of issues

26. Children and their families are included in decision-making processes of the Ministry of Education and Culture regarding the assessment and allocation of support. Under the Education and Training of Children with Special Needs Laws 1999-2014, parents have the right to refer their children to the Educational District Committees (EDC) for assessment. In case where the referral is made by a person other than the parent, the parents shall be immediately informed by the EDC, for their permission, before the commencement of the assessment procedure. Parents have the right to participate during their child’s assessment making representations and submit relevant information regarding their child. They also have the right to be accompanied by any other specialist of their preference. In the case where parents disagree with the decision of the EDC regarding the placement or any other provision, they have the right to object and even address to the Central Committee of Special Education in order to be heard regarding their objection. Parents also get involved in the design of Individualized Education Programs (IEPs), which help to determine appropriate settings and services for their children. Educational Psychologists and other specialists involved in children’s assessment as well as teachers involved in their educational program, take into consideration children’s views.

27. Parents have the right to participate during their child’s disability assessment making representations and submit relevant information regarding their child at the Disability Assessment Centre. This assessment is arranged by the Department for Social Inclusion of Persons with Disabilities for the purpose of certification of disability financial and social benefits. The assessment considers the child’s views during the interview.

28. The opinion of the interested organisations, which are mostly represented by the families of children and adults with disabilities, are taken into consideration by the Social Welfare Services when evaluating the efficiency of the organisations’ service provision in order to receive a state aid.

29. Children with disabilities are generally indirectly involved in decision-making processes through their parents’ representative organisations, participating in the Pancyprian Federation of Associations of Parents of Children with Special Needs.

Awareness-raising (art. 8)

Reply to the issues raised in paragraph 10 of the list of issues

30. Awareness raising campaigns and training aim to inform and educate people of all age groups, health or other professionals, parents, government officials, and the general public. Depending on the target group tailored awareness-raising campaigns and training are developed. These campaigns and trainings are provided in the form of presentations, interactive workshops, publications, informative leaflets, MME public announcements, conferences, educational curricula enhancements, school activities, and concrete case studies. Their scope is always not only to raise awareness and educate, but also to change views and prejudices that will allow individuals with disabilities to fully and equally enjoy all the benefits that the society, community, schools, and professional life could offer. Awareness raising activities are also organized as core activity of NGOs and they are subsidized for this by the state. Several concrete examples of awareness raising actions offered by public services are listed in ***Appendix 7***.

Accessibility (art. 9)

Reply to the issues raised in paragraph 11 of the list of issues

Access to the Physical and Built Environment

31. As stated in the initial report the “Streets and Building Regulation Law CAP. 96” and the “Streets and Building (Amendment) Regulations 86/1999” and particularly Regulation 61 H is the existing legislation that regulates accessibility of **public buildings** providing technical constructional specifications that have to be satisfied for the building to receive all permits before and after construction. The Ministry of Interior, in the framework of harmonization with the provisions of the EU Regulation 305/2011 on the structural products and the basic requirement “Safety in Use and Accessibility” has prepared, after consultation with involved stakeholders, the “Approved Document of Accessibility and Safety in Use” which was submitted to the House of Representatives for voting. The above document will replace the existing Regulation 61H and enhances accessibility requirements. The field of application of the new draft legislation is analyzed at ***Appendix 8***.

32. Based on the results of a special survey on the accessibility of public service buildings carried out (action 8.1 in the National Disability Action Plan) the Public Works Department (PWD) has implemented a series of improvements in accessibility of **government-owned buildings for public services** that serve the public as well as of **public roads** under the responsibility of PWD. As shown analytically in ***Appendix 9a*** in total 25 buildings have improved accessibility over 2013-2015 with a cost of approximately €300.000. A significant number of roads also had accessibility improvement projects with a cost over the period 2013-2015 of €1.2 m.

33. Accessibility for disabled pupils in **public school buildings** is a continuing objective for the Technical Services Department of the Ministry of Education and Culture. Public school buildings have accessibility infrastructure as this is required according to the current legislation. This includes elevators, accessibility ramps, toilets and parking spaces for the disabled, lighting and paint schemes to support visually impaired children, carpeting of classrooms to support hearing impaired pupils etc. School buildings accessibility is gradually being improved when extension, refurbishment or seismic upgrade construction projects take place in a school. In 2014 and 2015 accessibility improvements were carried out in 33 school buildings with a cost of €668.755 as analyzed in ***Appendix 9b***.

34. Accessibility projects for disabled persons in **public hospitals** concern construction and reconstruction of ramps and parking places, signs, alarm systems in hygienic places, adjustments at reception desks, transportation services etc.

35. The Cyprus Tourism Organization (CTO) has been running, a subsidy scheme for **hotel establishments**, and since 2014 for **catering establishments** also, with the purpose of adding, improving and enriching the required facilities for disabled guests-customers.

36. CTO supports works and equipment for **beach accessibility** in the fields of its scheme of sponsorships for works/equipment regarding the safety and organization of the beaches. This applied to local authorities and NGOs. The available budget for 2013 was €30.000, for 2014 €100.000, and for 2015 €100.000. About 20% of the total budget was used for beach accessibility. More details for accessible beaches in Cyprus are given in ***Appendices 10a, 10b***.

Accessibility to Transportation

Road Transport

37. Concerning the accessibility of people with special needs and disabilities to public transportation and specifically buses, special handling operations — such as accessibility and staff training — are included and undertaken as obligations by the six Contractor Companies in their agreements with the State. Cyprus is in accordance — since 2014 — with the Regulation (EU) No 181/2011 concerning the rights of passengers in bus and coach transport, which outlines passenger rights, including the rights of passengers with special needs and disabilities. The Contractors undertake to: provide sufficient information at the stations/bus stops; provide assistance when needed; organize relevant staff training annually; not to discriminate against passenger with disabilities in relation to ticket availability and staff behavior; and investigate any complaints arising from passengers with special needs. Passengers with disabilities use the public transport on a daily basis thus regular inspections are carried out by State Officials to ensure the proper application and enforcement of both the relevant laws and the State agreements. Nevertheless, there is — of course — room for improvement.

38. The Contractors have also been instructed by the government to set up a database which, by 2017, should provide statistical information in relation to the use of the bus network by passengers with special needs. It is expected that during 2017 the Information Technology Systems (ITS) will be introduced, which will solve — to a great extent — any audio-visual issues arising and which will render more efficient the purchase of tickets and cancellation of cards. In addition, the government is promoting the construction of bus stops and stations, in many areas of the country, which will be adequately and appropriately equipped to facilitate the best and easiest accessibility to all passengers, including those with special needs and disabilities.

Air Transport

39. Larnaca and Paphos Airports have several mechanisms and procedures to facilitate transport of persons with reduced mobility when travelling by air in the framework of E.U. Regulation 1107/2006 on “The rights of disabled persons and persons with reduced mobility when travelling by air”. Hermes Airports, which is the private operator of both airports, ensures high quality service provided by setting the highest standards ([www.hermesairports.com](http://www.hermesairports.com)). For more information about the facilities offered to persons with disabilities please see ***Appendix 11***.

Marine Transport

40. 40. The Department of Merchant Shipping (DMS) issued a number of Circulars relating to Regulation (EU) No 1177/2010 to ensure awareness of European citizens about their rights when travelling by sea. DMS has been designated as the Cyprus national enforcement body to ensure compliance with the Regulation’s provisions thus is responsible for receiving complaints from any passenger about an alleged infringement of the Regulation and for providing the passengers with a substantiated reply to their complaint within a reasonable period of time. The DMS shall accept only those complaints that have been first submitted to the carrier or terminal operator concerned and examine the alleged infringement following it up with the imposition of appropriate sanctions where necessary.

Accessibility to information

41. Concerning accessibility to media services and to public websites please see Issue 24.

Situations of risk and humanitarian emergencies (art. 11)

Reply to the issues raised in paragraph 12 of the list of issues

42. In 2016, the Civil Defence with the approval of the Minister of Interior formulated a plan called “Tripos”, aiming to provide assistance to individuals with special needs during any kind of disasters (earthquakes, floods, soil landslides, cyclones, storms, fires, explosions, industrial accidents, epidemics etc.). Among the features of this plan is the creation of an electronic data base with contact details of individuals with special needs, in order for Civil Defence officers to easily locate them and provide the necessary assistance in case of a local or nation-wide emergency. According to the plan, the Civil Defence will send SMS or electronic messages to individuals with special needs in order to early warn them about an upcoming disaster and will immediately inform the competent officers to provide the necessary assistance to the individuals with special needs. Applications by citizens with disabilities to participate in the plan have begun to be submitted.

Equal recognition before the law (art. 12)

Reply to the issues raised in paragraph 13 of the list of issues

43. The concept of legal capacity for persons with intellectual disabilities under Law No. 117/89 (Law for the Protection of Persons Mentally Retarded) is referred to be treated as in Law 23(I)/96 (The Administration of the Property of Incompetent Persons Law). Law 23(I)/96 concerns all persons who either due to a disability or due to other factors, after a medical evaluation are considered to be unable to exercise judgment and free will and cannot manage financial and other affairs. The competent court has the power to appoint an administrator of the legal and financial affairs of the individual. More details have already been presented in Cyprus Initial Report on the implementation of CRPD.

44. Recognizing the need to harmonize existing law with Article 12 of CRPD the Ministry of Labour, Welfare and Social Insurance in November 2014 submitted to the Law Office for legal approval a draft new law to replace Law 117/89. The draft law named “Law for the Protection and Promotion of Rights of Persons with Intellectual Disabilities” was prepared by the Department for Social Inclusion of Persons with Disabilities (DSID) after long consultations with involved organisations. The purpose of it was the modernization of existing legal framework encompassing all developments since 1989. The right to legal capacity was proposed to be regulated by the introduction for the first time of the concept of self-advocacy and supported decision making. Provisions were included for certified and trained teams providing maximum possible support to the person leaving as a last resort, the appointment by court of an Administrator under Law 23(I)/96.

45. As organizations of the disabled continued to disagree with the draft law the Minister of Labour, Welfare and Social Insurance decided and informed the Law Office to freeze further work on the proposed law and ordered the continuation of consultation so as to find another legal solution. In May 2015 a special working group was set up consisting of representatives of all involved parties.

46. In four meetings the group discussed extensively the concept of legal capacity and the ways that a person maybe supported in decision making and coded the parameters that will synthesize any new law or amendment of existing law. There was consensus on: (a) the basic principles that will govern the new legislation, (b) the field of application of the new legislation, (c) the types and duration that support in decision making may take, (d) the qualifications and skills of support providers in decision making, (e) the training and certification mechanisms for providers of support in decision making.

47. Different views though were noted mainly on the legal basis for the reform. A report of the working group’s results of work was submitted to the Ministry in February 2016 and is under study. As soon as further directions are given the working group will continue its work, probably assisted by a legal team in order to draft the new or amended legislation to regulate the right for legal capacity and supported decision-making.

48. In the meantime, the Committee for the Protection of Persons with Intellectual Disability in cooperation with the Independent Authority for the Promotion of the Rights of Persons with Disabilities, translated in December 2015 the UN General Comment N.1 /2014, Art. 12, “Equal Recognition before the law” in easy to read format in the Greek language. In addition they organized seminars in 2015-2016 explaining the concept and the right to legal capacity and self-advocacy for persons with intellectual disability.

Access to justice (art. 13)

Reply to the issues raised in paragraph 14 in the list of issues

49. Although some older court buildings exist physical access is assured. Newer buildings (existing and planned), such as the Superior Court, are accessible to individuals with motor difficulties. Necessary measures are taken to accommodate individuals in courts in need of sign language interpretation or visual difficulties. Additionally, several police stations and detainment centres were planned and developed in order to be accessible and individuals with disabilities are directed to such stations and centres. For example, in Cyprus there are three detention centers, in which persons with motor or sensory disabilities can be held (Lakatamia, Polis Chrysochous and Paphos Regional Police Detention Center).

50. According to current EU directives, national laws and best practices victims or persecuted individuals with sensory, motor, intellectual and/or psychosocial disabilities need to be supported in the justice system at any point of the judicial procedure. Particularly, for persons with intellectual or psychosocial disabilities national law has been harmonized with EU directives for assuring that each case is accommodated with regards to: a. comprehension of rights b. processes followed c. right to be escorted by medical and/or social work personnel d. right to be represented by attorneys. In case that an attorney is not hired by the individual, a list of available attorneys is offered to the individual for them to appoint an attorney of their choice.

51. The E.U. directive 2012/29/EU of 25 October 2012, establishing standards on the rights, support and protection of victims of crime is enforced. On 22/04/2016 Cyprus enacted a ratifying Law N.51 (I)/2016, which adopted the provisions of the Victim’s directive. With regards to arrest and detainment of alleged perpetrators in the judicial system there are special detailed provisions in the relevant legislation for persons with disabilities to the Rights of Detained Persons Law (L.163(I)/2005). Detailed provisions of both laws are listed in ***Appendix 12***.

Reply to the issues raised in paragraph 15 of the list of issues

52. Police officers, at all hierarchical levels, receive empirically and scientifically supported training by professionals and academics in Police Academy with regards to individuals with disabilities (motor, sensory, and/or intellectual or psychosocial disabilities). The Law Office is also planning the creation of a school for future judges that will include intense coursework on this subject matter. The officers of the ombudsman participated in workshops organized by the Cyprus Academy of Public Administration regarding quality services to citizens under the CRPD.

Liberty and security of the person (art. 14)

Reply to the issues raised in paragraph 16 of the list of issues

53. The Mental Health Services (MHS) offer a variety of community based services that aim to prevent and eliminate involuntary detention of people with disabilities. All involuntary detentions for mental health patients are court induced and regulated under the Mental Health Laws 1997-2007. The only approved institution for involuntary detention of mental health patients is the Psychiatric Hospital.

54. When an individual is deemed an immediate threat to themselves or others and their cognitive capacity is limited they could be involuntarily committed only after: a. the agreement of the closest of keen (or a person holding power of attorney), b. two mental health professionals (at least one attending psychiatrist), c. Cyprus Mental Health Commission is notified (www.[mentalhealthcommission.org.cy](http://mentalhealthcommission.org.cy)).The involuntary commitment cannot exceed 72 hours. When 72 hours need to be exceeded then the aforementioned committee needs to be notified and a court of law needs order it following a presentation of the case and after convincing the court of law. This court order can last up to 8 days in most cases. In extreme cases the court could order longer periods of involuntary treatment. The general and specific rights of patients (including psychiatric patients) are also protected by yet another law, The Protection of Human Rights of Patients Law 2005.

Freedom from torture and cruel, inhuman or degrading treatment or punishment (art. 15)

Reply to the issues raised in paragraph 17 of the list of issues

55. There is no data on the number of cases of involuntary treatment of persons with disabilities.

Freedom for exploitation, violence and abuse (art. 16)

Reply to the issues raised in paragraph 18 of the list of issues

56. The Social Welfare Services (SWS) provide a range of horizontal services for meeting the social needs of citizens belonging to vulnerable groups, including services for the prevention and combating of violence within the family, child sexual abuse and for the provision of services to victims of trafficking. These services do not exclude persons with disabilities. Also the SWS operate one state institution for victims of trafficking and subsidise, through the state aid schemes, a shelter for victims of domestic violence.

57. The creation and implementation of the National Referral Mechanism (NRM) provides appropriate guidance and a guide for handling cases of trafficking in human beings, so that victims and potential victims receive proper handling from all services involved. Among others, the NRM states that, victims and potential victims, immediately after their identification, are referred to the SWS, which is the competent authority to inform them of their rights according to the Law. These rights include information on who can provide them support, the kind of support, etc.

58. In several cases, victims of trafficking are persons with mental or psychiatric problems. In such cases, the victims are referred to the Mental Health Services to receive psychological support and the necessary assistance. The clinical psychologists with their specialized knowledge and training provide the victims with the appropriate treatment.

Protecting the integrity of the person (art. 17)

Reply to the issues raised in paragraph 19 of the list of issues

59. Medical interventions without the person’s consent may only be used in the Psychiatric Hospital in rare occasions such as extreme violence, towards self or others or property, and if there is an immediate life threatening concern. More details were given in reply to Issue 16.

Reply to the issues raised in paragraph 20 of the list of issues

60. The current legislation protects women and children with disabilities from forced sexual and reproductive health procedures, such as forced sterilization under Mental Health Laws 1997-2007 where the doctor is obliged to obtain informed consent from the patient or their legal representative for any intrusive therapy. Sexual and reproductive education is provided on a regular basis by specialized NGO family planning services and within the mental health interventions, through individualized interventions and psychoeducation.

61. In 2015 the Ministry of Education and Culture (MOEC) established a Committee for combating sexual abuse and protecting children. After close communication and cooperation with other Services and Ministries, the Committee has prepared an action plan for the next three years which includes every action of the MOEC for protecting all the children from sexual abuse. This action plan is part of the Cyprus National Strategy for protecting children from sexual abuse. A circular was sent to schools which include clear steps that need to be followed when there is suspicion that a child is experiencing sexual abuse.

62. Among others, this action plan intents to organize training for special educators (Primary and Secondary Education) in order to strengthen their students with disabilities to protect themselves from sexual violence and sexual abuse. As part of this training, the educational programme “Keep me Safe” will be used. “Keep me safe” is a programme that is particularly designed to offer the best practice, expertise and proven strategies on the prevention of sexual abuse and violence against young people with disabilities. The programme will disseminate the skills, tools and strategies on the intervention of young people with learning disabilities and their careers. MOEC will cooperate with the NGO Cyprus Family Planning Association for its implementation.

Liberty of movement and nationality (art. 18)

Reply to the issues raised in paragraph 21 of the list of issues

63. According to the Refugee Laws 2000-2016 the rights of refugees for social assistance and health care are ensured and are equal to the rights of Cypriot citizens.

64. The Social Welfare Services provide a range of social services for the care of unaccompanied minors and people seeking asylum, refugees, and migrants.

65. The Service for the Administration of Welfare Benefits administrates the provision of a Guaranteed Minimum Income to refugees, asylum seekers and migrants and in case of disability provides a disability allowance over and above the GMI in order to cover disability costs.

66. Regarding health care there is no discrimination and refugees, asylum seekers and migrants enjoy all health services at public hospitals as the rest of the population.

67. Availability of nursing care for most refugees, asylum seekers and migrants with disabilities and their families, usually is provided when needed. The nursing services in an asylum seekers housing now are provided 24 hours, and the plans for another one (for illegal persons) is provided 3 days per week and is planned to be 24 hours.

Living independently and being included in the community (art. 19)

Reply to the issues raised in paragraph 22 of the list of issues

68. Persons with all types of disabilities, exercise their choice for where to live and with whom mainly through the state social financial benefits to which they are entitled to. A series of support services are also provided directly by the state or indirectly through NGOs and Local Authorities. It is generally recognised though that future direction should be towards more services to be available — rather than financial benefits — especially in the case of persons with severe and multiple disabilities.

69. The four main public services that take measures in this sector are the Social Welfare Services (SWS), the Welfare Benefits Administration Service (WBAS), the Department for Social Inclusion of Persons with Disabilities (DSID), and the Mental Health Services (MHS).

70. SWS provide support services and facilities to improve the living conditions of persons with disabilities in their own social environment. Such services are:

(a) home care (personal care, house cleaning, laundry, escort to the hospital, outside work e.g. bill payments, shopping, etc. and also enhancement and education of family members in key domestic and family work),

(b) day care through the Adult Day Care Centers

(c) institutional care (provided for persons who need constant care and whose needs cannot be met by their families, and neither from the support services offered in the environment in which they live in).

71. The above services are provided either directly or indirectly through the following routes: (a) assessment of social care needs of recipients of General Minimum Income (GMI) for eligibility to monthly care benefit, (b) subsidization of the operation of social programs operated NGOs and Local Authorities, and (c) operation of state institutions (child and adolescent protection, care for the elderly, care for people with mental disabilities, day care preschool child services and for victims of sexual exploitation and unaccompanied children). Moreover, counseling and support services to individuals and families who due to special psycho-social situations require either short-term or long-term support are provided by the SWS.

72. Based on 2015/2016 data, SWS subsided 20 day Care Centers and 14 residential (24-hour) care centers which specifically address the care needs of persons with disabilities. These centers serviced 508 persons with disabilities. The state institutions operated by SWS include 8 Homes in the community for 45 persons with various severe disabilities.

73. The monthly financial care benefit is administered by WBAS based on SWS assessment for care needs but also on criteria set by the relevant legislation. According to the Guaranteed Minimum Income and in General the Social Benefits (Emergency Needs and Care Needs) Decree of 2016 (Reg. 162/2016), the monthly care benefit is up to €400 for home care, up to €137 for day care and up to €745 for institutional care. Additional benefits may cover diaper expenses, furniture and fixture expenses, travelling expenses and emergency expenses.

74. DSID operates a number of social benefits schemes and services regardless of income criteria, which aim to offset the cost of disability experienced by persons with disabilities and facilitate their participation in the local community and personal assistance. The benefits as analyzed in ***Appendix 13*** and summarized below were granted in 2015 to 7.000 citizens with all types of disabilities with a total cost of €29m:

* 5 laws/schemes for monthly cash allowances irrespective of income being: a) Care Allowance Scheme for Quadriplegic Persons €854 monthly, b)Care Allowance Scheme for Paraplegic Persons €350 monthly, c) Severe motor disability allowance €337 monthly, d) Allowance for the blind €317 monthly, e) Mobility allowance €51-€102 monthly. The aim of these monthly disability allowances is to enable persons with severe disabilities to obtain any type of personal care and assistance service on their own choice.
* 3 schemes for one-off financial assistance being: a) Financial assistance for the purchase of a wheelchair, b) Financial assistance for the provision of technical means, instruments and other aids, c) Financial assistance for the provision of a car for disabled persons.
* 3 schemes without any financial charge to the citizen being: a) the granting of the EU Parking Card (Blue Badge), b) the scheme for lending wheelchairs, c) the scheme for lending technical means and aids.

75. MHS operate programs on a daily basis through the Mental Health Day Care Centers with the primary objective of promoting psychosocial rehabilitation of persons with chronic mental health problems. The Day Centers greatly assist in developing and improving social skills, self-care skills and independent living.

76. Concerning deinstitutionalization MHS promote independent living, social inclusion and community support that ensure the individual participation in the local community. This is achieved mainly through collaboration of the Mental Health Services with the Social Services, the family and supporting the person to live independently or by support. In an attempt to strengthen the legal and institutional framework for persons with mental disabilities living and be included in the community supported by all types of services by MHS the Ministry of Health has submitted to the Law Office for legal study a new draft law.

77. DSID implemented in 2016 a special deinstitutionalization project in cooperation with MHS which for years was recommended to Cyprus by the European Committee for the Prevention of Torture. Eight persons with severe intellectual disability and mental health disorders, who were long-stay inpatients in the Athalassa Mental Health Hospital, are living as from April 2016 in a home under the responsibility of DSID. Multidisciplinary services support the persons through individualized and group therapeutic, learning, socialization and entertainment programs and have enabled the 8 persons to improve their self-care, daily living skills, abilities and interests and increased their participation in the home and community life.

Personal Mobility (art. 20)

Reply to the issues raised in paragraph 23 of the list of issues

78. The Disability Parking Card issued by DSID provides a right to park at a preferential and specifically designated parking space for persons with motor, visual, and intellectual disabilities in order to facilitate their mobility.

79. In order to support children and adults with visual impairment in the areas of personal mobility and active participation in the local community, the St Barnabas School for the Blind, which operates under the Ministry of Education and Culture, has included in its syllabus the subjects “Orientation and Mobility” for children and adults with visual impairment (body awareness, various concepts, development of senses including residual vision, sighted guide skills, guided indoor and outdoor routes, independent indoor routes by using trailing and landmarks, training in the use of the long cane, outdoor routes by using the long cane and landmarks).

80. In order to facilitate the mobility, the Department for Social Inclusion of Persons with Disabilities (DSID) provides a monthly mobility allowance of €102 to persons with visual disabilities, who are working or studying, a monthly allowance of €51 to persons with severe mobility problems who are working or studying and a monthly allowance of €102 to persons with quadriplegia, regardless if they are working or studying. A total of 1034 persons were entitled of these allowances and the total cost for 2016 is expected to be €980.000. To enhance the mobility of persons with disabilities DSID provides also financial assistance for the purchase of wheelchairs, mobility aids and a disability car, and lends wheelchairs and mobility aids.

81. In addition, DSID runs the “Scheme for Subsidization of Social Assistants for Adults with Severe Disabilities” through which NGOs are subsidized by an amount of up to €10.000 yearly to employ social assistants to support their members in visiting hospitals, banks, shops, leisure events, sport events etc. In 2015, 13 programs operated through 5 NGOs serving 135 persons with deaf blindness, blindness, autism and intellectual disability.

Freedom of expression and opinion and access to information (art. 21)

Reply to the issues raised in paragraph 24 of the list of issues

82. Measures are taken to ensure the availability and sufficient funding of qualified sign language interpreters and to promote accessibility of information in relation to education and lifelong learning, health, employment, leisure and participation in general, media services and public websites. More analysis is given in ***Appendix 14***.

Education (art. 24)

Reply to the issues raised in paragraph 25 of the list of issues

83. The enforced Laws for the Education and Training of Children with Special Educational Needs (1999-2014) ensure that all children with disabilities are included in the school environment and specific measures are promoted to attend all their needs. The Laws assure the constitutional right of children with special needs to education. The goal is that all children have the right to be educated together regardless of any special need or disability.

84. The Ministry of Education and Culture (MOEC) provides special educational services at all levels of education (pre-primary, primary, secondary and higher education). In keeping with current philosophy the Laws ensure that the majority of children with special educational needs are educated within the mainstream classroom at their local school where special tuition in a resource room is provided for a specified period of the day. For those children in pre-primary and primary settings this will be provided by special education teachers and/or speech pathologists. In high schools and technical schools this is provided by specified subject teachers. Special emphasis is given to ensure curriculum access with assistive technology, changes to teaching and learning arrangements, classroom organization, and timetabling.

85. Special educational provision is also provided in Special Classes within mainstream schools and in special schools. There are 9 special schools operating. 7 special schools for children with severe or multiple and profound difficulties, 1 school for the blind and 1 school for the deaf. Special schools have the appropriate staff (psychologists, speech therapists, occupational therapists, music therapists, physiotherapists and other specialists as well as auxiliary staff) in order to support and provide the essential means to ensure the meeting of a child’s special needs. Special schools’ curriculum contains a major element of self-help and independence skills, social and emotional skills development, recreational skills, communication skills and vocational training. Special schools also have pre-vocational and vocational training programs designed to assist the transition from school to work or from school to other vocational training authorities.

86. The goal is that all children, regardless of any special need or disability, have the right to be educated together. Since the implementation of the aforementioned laws, the education of children with special needs has progressed greatly. The MOEC’S budget regarding Special Education is increasing every year in order to meet the needs of disabled children’s education in regards to provision of all necessary means, assistance by special educators, speech pathologists, physiotherapists, occupational therapists, care assistants, specialized equipment, assistive technology, exemptions, transportation etc. As shown in ***Appendices 15a, 15b and 15c*** during the school year 2015-2016, 8.118 children with special needs and disabilities in total (4.465 in primary education and special schools and 3.653 at secondary education) received special education services. MOEC employed for this purpose 639 professionals (407 special educators, 163 speech pathologists and 69 other therapists).

87. MOEC recognizes that there is still room for improvement of the overall process for the provision of special Education and is actively working to resolve issues which may negatively affect this. In order to further improve the Education System, MOEC is moving towards an educational reform and is in the process of developing a platform for an open debate in order to hear views from those who have a formal role in the education system but also from parents, associations of persons with disabilities, professionals from related fields, practitioners, other stakeholders and the wider community.

Reply to the issues raised in paragraph 26 of the list of issues

88. According to the most recent data (for school year 2015-2016) the number of children with disabilities who do not attend their nearest local community schools are the following:

(a) Children attending Primary Schools: 288

(b) Children attending Special Schools: 385

(c) Children attending Secondary Schools: 175

(d) Children with Special Needs receiving education at home (secondary education): 124

It is noted that these children cannot attend school primarily due to health problems or severe psychiatric problems (cancer, children who have been operated and cannot attend school etc.).

Reply to the issues raised in paragraph 27 of the list of issues

89. Children with disabilities (boys and girls) are accepted and not deprived of equal treatment. They have access to all levels of education as well as vocational training. They attend school on an equal basis with other children and their best interest is the primary consideration of the education system. All schools have suitable infrastructure to accommodate the needs of the children. Schools increase access for individual pupils by making various adjustments as already described under issue 11.

90. Access to the curriculum is provided through the following:

* Curriculum is made accessible with assistive technology. Examples of technology that children with disabilities use include: touch-screen computers, joysticks and tracker balls, easy-to-use keyboards, communication devices, interactive whiteboards, specialized software, Braille-translation software, software that connects words with pictures or symbols etc.
* Information that is normally provided in writing (such as handouts, timetables and textbooks) is made more accessible by providing it: in Braille, in large print, on audiotape, using a symbol system
* Lessons provide opportunities for all pupils to achieve and are responsive to pupil diversity
* Sign language interpreters are provided to deaf children who need it
* Teachers allow additional time to disabled pupils to finish an exam, or use equipment in practical work
* Teachers allow for the mental effort expended by some disabled pupils, for example using lip reading
* Home schooling by special educators or classroom teachers is also available if a child can’t go to school because of health problems
* School visits and day trips, are made accessible to all pupils irrespective of impairment
* Other adjustments that help children to have better access to the curriculum include: changes to teaching and learning arrangements, classroom organization, timetabling and support from other pupils.

Health (art. 25)

Reply to the issues raised in paragraph 28 of the list of issues

91. The measures taken to ensure access to health facilities, health treatment and training equipment for all persons with disabilities, regardless of their impairment are:

(a) Accessibility improvements as described under issue 11

(b) Free or special pricing for medical and pharmaceutical care

(c) Home nursing

92. The Mental Health Services offer a variety of community based outpatient services that offer easy access for persons with disabilities, at different mental health professionals. The community centers serve 50,000 to 80,000 habitants of Cyprus, in urban and rural areas.

Reply to the issues raised in paragraph 29 of the list of issues

93. Persons with disabilities enjoy on an equal basis with others the existing insurance schemes. Social Insurance Services are responsible for the enforcement of the government policy in the area of social insurance with the implementation of specific schemes and measures.

94. The new National Health System draft law which has been submitted to the House of Representatives for approval is based on the fundamental principles of social solidarity, equality and universality. With the implementation of NHS an equitable sharing of costs is achieved, on the basis of the economic potential of citizens and not on the basis of their needs in health services, resulting in the NHS to act as a shield to the patient from catastrophic health expenditures. Therefore, all persons with disabilities will be eligible in the new health system having access to health professionals in both the public and private sector.

Habilitation and rehabilitation (art. 26)

Reply to the issues raised in paragraph 30 of the list of issues

95. Children with disabilities (including autism or high support needs) and their families have access to early health and social interventions and support. The Mental Health Services for Children and Adolescents offer outpatient and community services in all major cities. Amongst others, they receive referrals of families and children with disabilities from birth onwards and from the multidisciplinary professional teams (child psychiatrists, clinical psychologists, occupational therapists and mental health nurses) which provide the necessary interventions and support in collaboration with other Services such as the Social Services and the Health Visitors Services.

96. Diagnosis and intervention is set from birth, especially at the public hospitals whereas a multidisciplinary team from health professionals cooperates and provides services according to the child needs. There is only one referral hospital in Nicosia district to which all difficult and neonatal cases are referred from private and public sector. From the age 0-3 years old neonates are followed up, once a week by neonatologists and pediatric physiotherapists. Also, a genetic clinic and a pediatric neurology clinic are in function for all children from 0-15 age years old.

97. Moreover, within the scope of services offered by Health Visitors in Maternity and Infant Welfare Clinics as well as in the School Health Services offered to all public schools in Cyprus, both preventive examinations and the informative lectures offered to all children, including children with disabilities attending schools. In addition, the preventive examinations and informative lectures are conducted in the School for the Deaf and the School for the Blind.

98. Τhe School for the Deaf created early Intervention and education Service since 1990 and serves all families with a deaf child aged 0-3 years old. The program includes: information about deafness, update on fitting and utilization of technical devices, evaluation of the child’s potential and development of a personally tailored multidisciplinary intervention, and family counseling and liaison services. Similar programs are implemented by the School for the Blind for children 0-7 years old.

99. Children with moderate or severe intellectual disability or severe physical, sensory or mental disability are entitled, irrespective of their family income, a General Minimum Income for basic needs plus Disability Allowances. This monthly benefits of average €850 monthly enables the family to buy a series of therapies for the child from birth and onwards.

100. Several NGOs employ rehabilitation professionals to offer services at lower prices to their members. Most of them receive subsidization for their operation by the Social Welfare Services through the State Aid Scheme.

101. Moreover, the Committee for the Protection of Persons with Intellectual Disabilities co-ordinates the Early Childhood Intervention Service, providing support to more than 1000 families, see Table 3 in ***Appendix 16***.

Work and employment (art. 27)

Reply to the issues raised in paragraph 31 of the list of issues

102. To increase opportunities for access in employment in the open labour market as analyzed in ***Appendix 17*** the Department for Social Inclusion of Persons with Disabilities runs three programs (subsidized units for self-employment, supported employment programs and quota system for employment in the wider public sector), the Human Resource Development Authority offers incentives for acquiring work experience, the Department of Labour provides employment counseling and runs three incentive schemes through the European Social Fund and the Unit for Administrative Reform (Unit) - Presidency has taken the initiative to develop the legal framework for social enterprises on a horizontal basis for Cyprus.

Adequate standard of living and social protection (art. 28)

Reply to the issues raised in paragraph 32 of the list of issues

103. The austerity measures, which commenced in 2012, affected all the population. The Memorandum of Understanding between the Cyprus government in 2012 with Troika affected two disability benefit schemes of the Department for Social Inclusion of Persons with Disabilities being: the decrease in the annual budget for the Scheme for financial assistance for the provision of a car for disabled, b) the freezing of the scheme for subsidized vacations of persons with disabilities. No cuts were applied on disability monthly benefits. Other implications of the severe financial crisis between 2012-2016 were a) the massive retirement of public servants in fear of losing retirement benefits which in combination with the freezing of vacant posts in the public service led to a sever understaffing of a great number of public services, b) the lack of financial resources to pursue and implement new programmes and actions fulfilling the rights of persons with disabilities.

104. To mitigate the consequences of the financial crisis regarding poverty the government introduced in 2014 the Guaranteed Minimum Income (described in issue 33).

Reply to the issues raised in paragraph 33 of the list of issues

105. The Guaranteed Minimum Income (GMI), beginning in 2014 based on the GMI and General Social Benefits Law 2014 (L. 109(I)/2014), is the main tool to ensure that Cypriot citizens are protected from poverty (administered by the Service for the Administration of Welfare Benefits). The aim of the law is to support people facing poverty and ensure a socially acceptable minimum standard of living for persons (and families) legally residing in the Republic of Cyprus whose income and other economic resources are insufficient to meet their basic and special needs. GMI covers basic needs up to €480 per month, a rent allowance or mortgage interest allowance, municipal or similar taxes allowance, allowance in case of extraordinary needs. Moreover, a person with a disability who becomes GMI beneficiary, is entitled to an additional monthly amount €368, as disability allowances (€226+€142), over and above the amount calculated for basic needs and housing.

106. Persons facing disability during their working life are entitled to social benefits by the Social Insurance Services based on their insurance contributions. The purpose of invalidity pension and disability pension is to enable the person to meet basic needs because of loss of income from work. These pensions are considered as income for GMI purpose described above. In 2015, 6.716 persons received an invalidity or disability pension with a total cost of €52 m.

107. Disability financial benefits irrespective of income administered by the Department for Social Inclusion of Persons with Disabilities also cover disability-related costs. The series of these benefits have already been described under issue 22 (***Appendix 13***).

108. As an additional measure, the Electricity Authority and the Ministry of Energy, Commerce, Industry and Tourism offer a discount in electricity duty for persons with disabilities among others. More specifically, vulnerable consumers’ categories and measures to protect them were defined in a Ministerial Decree which entered into force in 2015. The Ministerial decree included measures such as (a) reduced prices on electricity tariffs, (b) financial incentives for participating in a support scheme for setting up a photovoltaic system at their house with a capacity of up to 5kW with the net-metering method, (c) financial incentives for upgrading the energy efficiency of their houses, and (d) safeguarding the continuous supply of electricity during critical periods, for those vulnerable consumers that uninterrupted power supply is essential for reasons related to their health. In 2016 the vulnerable consumers’ categories to receive a discount in electricity duty were enlarged therefore persons with severe motor disability, paraplegia, quadriplegia, multiple sclerosis and hemodylitic patients are now allowed to the discount.

109. Within the framework of Cyprus Telecommunication Authority’ s obligations to provide universal service, Special Tariff Telephone Connection Packages are also provided to persons with severe motor disabilities,, deaf, blind or families with a similarly disabled child. These specific packages concern the provision of analogue line, free subscription, and free connection.

Participation in political and public life (art. 29)

Reply to the issues raised in paragraph 34 of the list of issues

110. Every citizen has, subject to the provisions of the Constitution and any electoral law of the Republic or of the relevant Communal Chamber made thereunder, the right to vote in any election held under article 31 of the Constitution. During elections the president of every election’s centre has the discretion to decide whether a person needs support and reasonable adjustments to exercise the right of voting and provide this support.

Statistics and data Collection (art. 31)

Reply to the issues raised in paragraph 35 of the list of issues

111. The Statistical Service is the authority that provides EUROSTAT with national statistics. Data on people with disabilities are collected through the survey Statistics on Income and Living Conditions (SILC) on an annual basis, the European Health Interview Survey (EHIS) every 5 years, and the Labour Force Survey (LFS) every 10 years. Regarding EHIS 2014, the Statistical Service included, after a request of the Department for Social Inclusion of Persons with Disabilities, specific questions concerning persons with disabilities. The main results of the Survey will be published at the Statistical Service Website ([www.cystat.gov.cy](http://www.cystat.gov.cy)).

112. The Department for Social Inclusion of Persons with Disabilities maintains databases for persons receiving disability benefits. In addition as from 2014 a new database was created with disability assessment data disaggregated by impairment, sex, age, ethnicity and other grounds. This database is based on the International Classification of Functioning, Disability and Health issued by the WHO.

113. Moreover, statistical data on persons with disabilities are held by the responsible bodies for specific purposes in the framework of their activities.

Reply to the issues raised in paragraph 36 of the list of issues

114. Available data on persons with disabilities living status are the following:

* 45 persons with severe intellectual or multiple disabilities live in state homes operated by the Social and Welfare Services (SWS).
* A numbers of persons with all types of disabilities live in institutions and homes in the community run by NGOs with SWS subsidization.
* The state Athalassa Psychiatric Hospital still houses a small number of people with mental disabilities.
* According to the Committee for the Protection of Persons with Intellectual Disabilities in 2015, 1049 (all ages) were receiving services like day care programs or 24hours care, about 2% of persons with intellectual disabilities registered, live on their own, 3% in homes in the greater community, 85% with their family, and 10% in an institution (Appendix 15).

Reply to the issues raised in paragraph 37 of the list of issues

115. Each organization keeps its own database and statistics. Public services encourage the organizations to maintain such statistics, as they are required to be submitted with their applications for subsidization. Such organizations’ databases are utilized for policy making decisions through written or oral consultation with them.

International Cooperation (art. 32)

Reply to the issues raised in paragraph 38 of the list of issues

116. When formulating national policies for disability issues the international framework is considered, i.e. the Sustainable Development Goals, the Council of Europe Disability Strategy, and the European Union Disability Strategy. The first National Disability Action Plan complied with the above and the Cyprus Confederation of Organizations of the Disabled was involved in the Thematic Technical Committees, which formulated the plan.

National Implementation and Monitoring (art. 33)

Reply to the issues raised in paragraph 39 of the list of issues

117. The Office of the Commissioner for Administration and Human Rights (Ombudsman) was set up in 1991 by virtue of Law no. 3(I)/1991 (the Law on the Commissioner for Administration), as the independent authority responsible to deal with individual complaints concerning maladministration, misconduct and human rights violations by state authorities or officers. With the amendment of 2011(Law no. 158(I)/2011), the institution was renamed to Commissioner for Administration and Human Rights Protection with broad functions of protecting, promoting and guaranteeing human rights as National Institution for Human Rights (NHRI), in line with the Paris Principles.

118. According to the Council of Ministers Decision (no 73.519,9/5/2012, ***Appendix 18***) the Ombudsman and Commissioner for the Protection of Human Rights is the Independent Mechanism for the promotion, protection and monitoring of CRPD. The competences of the Ombudsman were based on:

(a) the article 33 (2) of the UNCRPD,

(b) the status of the Ombudsman as National Human Rights Institution - NHRI (Paris Principles) (Accreditation outcome is B status), and

(c) the Law 42 (I) /2004 on *Combating Racial and Other Discrimination* which already covered discrimination on all grounds in the public and private sector including employment, in most areas. The Law governs all other mandates of the Ombudsman such as the Equality Body and Anti-Discrimination Authority.

119. The Ombudsman covers the private sector throughout the implementation of the CRPD as stipulated in the CRPD itself given the incorporation of the CRPD into Law 8 (III)/ 2011.

Reply to the issues raised in paragraph 40 of the list of issues

120. No extra budget was allocated for the independent monitoring mechanism. No measures were considered such as independent budget or independently selecting the NHRI’s personnel as budget and personnel resources are ensured for the Ombudsman Office through the ordinary state procedures.

1. \* The present document is being issued without formal editing. [↑](#footnote-ref-1)
2. \*\* The annexes to the present report are on file with the Secretariat and are available for consultation. [↑](#footnote-ref-2)