



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Croatia

November 2021



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Directorate D — Social Rights and Inclusion

Unit D3 — Disability and Inclusion

European Commission

B-1049 Brussels

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This report has been developed under Contract VC/2020/0273 with the European Commission.

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Manuscript completed in March 2021

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1 Executive summary

Disability inclusivity of disaster and recovery planning

Croatia has not adopted specific national plans for protection against the COVID-19 epidemic. Activities are regulated by a series of measures, instructions and recommendations. Instructions and recommendations were issued by the Croatian Public Health Institute.¹ Measures related to restrictions or obligations were issued by the Civil Protection Headquarters and the Government of the Republic of Croatia. The measures were adopted based on current laws, the development of the health situation and the economic situation. On the basis of existing laws, measures were adopted that limited the mobility of citizens, some business activities and physical contacts. The measures were adopted on the basis of the rise and fall of the number of infected persons and the capacities for the provision of adequate health care. Economic activities that could be continued in the conditions of an epidemic were also taken into account. Persons with disabilities were required to adhere to the same general protection measures as the general population, noting that they should continue the therapy recommended so far by their doctor.²

The National Civil Protection Headquarters is the main body that adopts certain measures. It also takes into account the proposals of regional (county) headquarters,³ because the situation varies across different regions.

The regulation of activities during the COVID-19 epidemic in Croatia was strongly influenced by two strong earthquakes (in March and December 2020). This applies in particular to the accommodation of persons with disabilities, the inability to stay in their own apartments or the relocation from the institutions in which they are housed. This also increased health risks and had the effect of the inclusion of a number of new actors in their care (organizations, Red Cross, volunteers).

Impact of the virus on mortality among people with disabilities

According to available data from the Croatian Institute of Public Health on infected persons with SARS-CoV-2 virus for 2020 (as of 26 January 2021), out of the total number of infected persons (225 648), 26 811 are persons with disabilities, which is a share of 11.9 %. And out of the 4 684 deaths from COVID-19, 1 766 (37.7 %) were persons with disabilities.

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

The biggest negative effects on persons with disabilities are:

- Restriction of movement for people who are accommodated in institutions and are not older persons nor have any other forms of vulnerability.

¹ Croatian Public Health Institute: Latest recommendations, <https://www.hzjz.hr/sluzba-epidemiologija-zarazne-bolesti/koronavirus-najnovije-preporuke/>.

² Croatian Public Health Institute: Measures for protection from COVID-19 for persons with disabilities, <https://www.koronavirus.hr/sto-moram-znati/o-prevenciji/mjere-zastite-od-covid-19-za-osobe-s-invaliditetom/718>.

³ Official Government Website on COVID-19: Counties - <https://www.koronavirus.hr/zupanije/139>.

- Difficult care in conditions where the epidemic and earthquake effects have merged. In this case, the specific problem of persons with disabilities was not taken into account.
- Higher mortality than in the general population.

Examples of good practice

Positive examples can be seen in the following:

1. Strong initiative of the Ombudsman for Persons with Disabilities and prompt recognition of her initiatives or recommendations. Although persons with disabilities were not directly involved in the key bodies that regulated activities during the epidemic, the suggestions made by the Ombudsman for Persons with Disabilities have been taken into account; that way, most of the possible negative consequences for persons with disabilities were avoided.
2. Civil society organizations have played an important role in helping people with disabilities during the COVID-19 epidemic. Examples are associations of people with hearing impairments and deafblind people. They organized translation for people with hearing impairments, helped them with daily chores in their families (e.g. brought groceries). In doing so, they sought appropriate means of communication and protection that was adapted to sign language and communication of deafblind people.

Recommendations and opportunities for change

1. Involvement of persons with disabilities in the preparation and implementation of plans for the situation of crisis and emergency. In addition to experts and state representatives, representatives of the umbrella national associations of persons with disabilities or a representative of the office of the Ombudsman for Persons with Disabilities should certainly be included. Special attention should be paid to situations with multiple risks (epidemic, earthquake, economic crisis).
2. Accelerate the process of deinstitutionalization while strengthening the support for independent living in the community. This will help to avoid lockdown of persons with disabilities in “homes for the elderly and the infirm”.
3. In order to analyse all the short-term and long-term consequences of the epidemic, it is necessary to collect all the necessary data and make them available to researchers and to the public. New research needs to be encouraged that could provide deeper insights into the consequences of the COVID-19 epidemic on persons with disabilities.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

In key laws or documents relating to suppression of the epidemic, persons with disabilities are not specifically singled out. All key procedures and activities are based on the Law on the Civil Protection System and the Law on the Protection of the Population from Infectious Diseases (Official Gazette, 79/07, 113/08, 43/09, 130/17, 114/18, 47/20, 134/20).⁴ Despite several initiatives, the constitutional possibility of declaring a state of emergency (Article 17 of the Constitution) and protecting health in a state of emergency has not been used. In the Law on the Civil Protection System, persons with disabilities are mentioned (in Article 7) only as persons who should be provided with assistance without discrimination on the basis of their impairment.

Article 44 sets out the obligation to relieve a person of his or her civil protection duties for the category of "Persons caring for persons with disabilities, the older persons or an adult family member who is unable to take care of themselves and living in the same household, persons with disabilities and people permanently incapable of work". The Law on the Protection of the Population from Infectious Diseases does not mention persons with disabilities or the older persons.

All activities in the fight against the COVID-19 epidemic were carried out on the basis of individual measures, recommendations and instructions. With these measures, the state authorities adapted to the current situation. Asked about the Croatian strategy, Prime Minister Plenković answered that the Government thinks in the triangle of legal basis - health activities - economic activities and that he believes that this is a "wise and good strategy". In that sense, the Croatian Government does not have a written strategy.⁵

2.2 Involvement of people with disabilities in disaster management and recovery strategies

Persons with disabilities did not have their own representatives nor did they participate in the planning and implementation of key national activities related to COVID-19.

In October 2020, the Commission for the Prevention and Suppression of the COVID-19 Epidemic for the Older Persons and Persons from Other Vulnerable Groups was established in the Ministry of Labour, Pension System, Family and Social Policy. The Commission consists of experts and decision makers dealing with these target groups (Minister and representatives of the Ministry, representatives of the Teaching

⁴ <https://www.zakon.hr/z/1067/Zakon-o-za%C5%A1titi-pu%C4%8Danstva-od-zaraznih-bolesti>.

⁵ Index.hr (news portal): "Three members of the Scientific Council have had strange statements over the past month", <https://www.index.hr/amp/vijesti/clanak/djickic-bez-strategije-nece-biti-reda-gradjani-vise-nemaju-povjerenja/2236328.aspx>.

Institute for Public Health, members from various institutions in the field of health, social welfare and regional and local self-government units).⁶

2.3 Disability impact assessments and research to inform disaster management and recovery planning

There is no data on the impact assessment of measures related to persons with disabilities. In January 2021, the Report on the effects of the implementation of measures from the Law on protection of the population from infectious diseases during the epidemic of COVID-19 disease caused by the sars-cov-2 virus in the Republic of Croatia was published for the period from 11 March 2020 to 15 January 2021.⁷ There are no specifically analysed activities related to persons with disabilities in this report.

Data on persons with disabilities are systematically collected by the Croatian Public Health Institute, but no analyses of the implementation of measures and instructions related to Persons with disabilities have been published by the end of January 2021.

2.4 Use of disaster management and recovery planning funds

Recovery plans in Croatia address two main issues. One is the COVID-19 epidemic and the other relates to the earthquakes in several Croatian regions (March and December 2020). These plans are included in the regular planning documents of the Government and a special National Recovery and Resilience Plan. The Program of the Government of the Republic of Croatia 2020-2024⁸ provides HRK 10 billion for employment measures and programs, and special attention will be paid to groups that are most vulnerable in the labour market, including young people, women, the older persons, the long-term unemployed, the low-skilled, persons with disabilities and others (p. 17).

It is planned to introduce an inclusive allowance which will cover all the benefits of persons with disabilities and regulate the status of personal assistant (p. 17). Funding will be provided for teaching assistants, professional communication facilitators, personal assistants, sign language interpreters and seeing companions for students with disabilities and persons with disabilities. (p. 30) Investments will be made in increasing the accessibility of electronic media services to persons with disabilities. (p. 35). All forms of accessibility of digital content aimed at all citizens, especially persons with disabilities, will be developed, and for that, civil servants will be trained on the accessibility of websites (p. 50).

In the Elaboration of the state budget and financial plans of extra-budgetary users for 2021 and projections for 2022 and 2023, basic planned costs are stated. The budget is aimed at implementing activities aimed at recovery and strengthening the competitiveness and resilience of the economy, while ensuring adequate protection

⁶ Ministry of Labour, Pension System, Family and Social Policy: First meeting of the Commission for the Prevention and Suppression of the COVID-19 Epidemic for the Older Persons and Persons from Other Vulnerable Groups, <https://mrosp.gov.hr/vijesti/odrzan-1-sastanak-novoosnovanog-povjerenstva-za-spreccavanje-i-suzbijanje-epidemije-covid-19-nad-starijim-osobama-i-osobama-iz-drugih-ranjivih-skupina/11884>.

⁷ <https://sabor.hr/hr/izvjesce-o-ucincima-provedbe-mjera-iz-zakona-o-zastiti-pucanstva-od-zaraznih-bolesti-tijekom?t=123230&tid=209250>.

⁸ <https://vlada.gov.hr/kako-funkcionira-vlada/program-vlade/11688>.

of all segments of the population. Additional funds have been provided for a more adequate system of social benefits, primarily for the status of parents' caregivers and caregivers of persons with disabilities. It is also planned to increase funds for social assistance and benefits. This increase includes funds for the year-round application of the Amendments to the Law on Social Welfare, which increased the allowance for the status of the parents' caregivers and caregivers of persons with disabilities from HRK 2 500 to HRK 4 000.

The National Recovery and Resilience Plan has not yet been opened for public consultation by the end of January 2021, nor is its proposal publicly available (although a public consultation has already been announced for the end of 2020). For now, it is known that the plan will include funding for a further process of prevention of institutionalization for persons with disabilities. This includes the wider availability of existing services and development of new services in the community. Therefore, the use of non-institutional services in the community is expected to increase by 16 000 users.⁹

⁹ Draft is not publicly available.

3 Mortality connected to COVID-19 among people with disabilities

[Article 10 – The right to life](#)

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

The data are collected by the Croatian Public Health Institute, but are not available on their website. Data were requested and published by the Ombudsman for persons with disabilities on 28 January 2021.¹⁰ According to available data from the Croatian Public Health Institute for the past year (as of 26 January 2021) on infected persons with SARS-CoV-2 virus, out of the total number of infected persons (225 648), 26 811 are persons with disabilities, which is a share of 11.9 %. And out of the 4 684 deaths from COVID-19, 1 766 (37.7 %) were persons with disabilities. There are no comparative data for persons with disabilities from the previous years.

According to the Central Bureau of Statistics,¹¹ the total number of deaths from January to December 2020 increased by 8.3 % compared to the same period last year, i.e. there were 4 350 more deaths. Looking at the period from March, when the COVID-19 epidemic was officially declared in the Republic of Croatia, the number of deaths increased by 13.2 % from March to December 2020, compared to the same period last year, i.e. there were 5 523 more deaths. In December 2020, the highest number of deaths in the Republic of Croatia in one month was recorded, i.e. 7 395 deaths. Compared to December 2019, this is an increase of 77.3 % or 3 225 more deaths.

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

No data is available concerning how many people with disabilities have died from complications connected to COVID-19 during the period of the pandemic.

No data is available of all people who died from complications connected to COVID-19 during the period of the pandemic, what proportion were people with disabilities.

No data is available concerning the place of death of people with disabilities with a confirmed diagnosis of COVID-19.

No data is available concerning the place of residence of people with disabilities that have died with a confirmed diagnosis of COVID-19.

¹⁰ Ombudsman for persons with disabilities: Recommendations for persons with disabilities and the public regarding coronavirus, <https://posi.hr/koronavirus/>.

¹¹ Central Bureau of Statistics: Effects of the COVID-19 disease pandemic on socio-economic indicators, <https://www.dzs.hr/Hrv/Covid-19/stanovnistvo-umrli.html>.

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

Measures for protection from COVID-19 for persons with disabilities¹² were published by the Croatian Public Health Institute on 28 June 2020. Persons with disabilities should adhere to the same general protection measures as the general population, with a note that they should continue to use all the prescribed therapy. It is also stated that it should be borne in mind that persons with disabilities may be unable to wear a mask or carry out hand hygiene on their own due to the difficulties. All the more so other people close to the person with a disability need to implement all the recommended measures more consistently.

Also, personal assistants, seeing companions or other persons who in some way participate in the daily assistance of a person with a disability should wear masks while in contact with a person with a disability and regularly monitor their health on a daily basis. If they experience any COVID-19 related symptoms, they must contact their doctor and not come into contact with a person with a disability.

Rules regarding visitors for hospitalized patients with disabilities were the same as for the general population and they define conditions for visitors to enter the hospital (temperature lower than 37.2°C, lack of symptoms, no contact with COVID-19 positive persons).¹³ There is only a special instruction regarding duration of visits, which says that for the planning of visits to children and persons who are severely ill and/or have mobility impairments it is necessary to take into account specific needs of individual patients and adapt duration of visit as much as possible in accordance with general instructions.

However, these are general instructions, made on the national level. Depending on development of COVID-19 epidemic in individual counties, regional authorities could completely prohibit visitors in hospitals within that county.

Guidelines for treating COVID-19 disease¹⁴ describe appropriate medical procedures and treatments depending on the condition of the patient. Those guidelines do not mention persons with disabilities.

4.2 Access to hospital treatment for COVID-19

There is no available data on the number of hospitalized persons with disabilities due to COVID-19. Total number of persons with disabilities who were infected with

¹² Croatian Public Health Institute: Measures for protection from COVID-19 for persons with disabilities, http://www.ddz.hr/Upload/files/Prilog_Ad_5_%20Osobe_s_invalidietomi_Mjere_zastite_28_06.pdf.

¹³ Croatian Public Health Institute: Instructions for healthcare staff, patients and visitors during the COVID-19 epidemic, https://www.hzjz.hr/wp-content/uploads/2020/03/Upute_za_djelatnike_zdravstvenih_ustanova_pacijente_i_posjetitelje_21_06.pdf.

¹⁴ https://www.koronavirus.hr/UserDocImages/Dokumenti/Smjernice_COVID_19_27_11_2020.pdf.

COVID-19, according to Croatian Public Health Institute data,¹⁵ is 26 811, which means that they present 11.9 % of all persons infected with COVID-19 in Croatia (225 648).

There were complaints about the treatment for persons with disabilities for COVID-19 in hospitals. Ombudsman for Persons with Disabilities has warned about the situation in KB Dubrava Hospital, which was designated as hospital where COVID-19 patients are treated. KB Dubrava does not have antidecubital equipment (mattresses), and regular changing of patient position, or "turning" of patients, is not carried out, as a result of which there were cases of paraplegics and tetraplegics with COVID-19, who developed first degree decubitus after the first day of stay on treatment. She stressed that in spite of a high number of people infected with COVID-19, as well as the workload and lack of medical staff in KB Dubrava, it is necessary to provide adequate care for this category of patients.¹⁶

4.3 Treatment for COVID-19 in congregate settings

The COVID-19 Prevention and Control Guidelines for Social Welfare Providers for the Older Persons and People with Disabilities in the Social Welfare System¹⁷ state that users diagnosed with COVID-19, regardless of the severity of their medical condition, should be referred to hospital for treatment, so that it is necessary to call the emergency medical service and refer the person to hospital treatment with the objective of preventing the spread of infection in the premises of the service provider. In the event that asymptomatic and users with a milder clinical picture are not referred for hospital treatment but are still in the care of the service provider, the service provider should contact the family doctor to obtain advice on further adequate health care for the user and to arrange visits of the family doctors when it is necessary.

The service providers were required to monitor the user's health by measuring body temperature, pulse, blood pressure, respiratory rate (number of breaths per minute) at least twice a day, according to Guidelines for the treatment of patients with COVID-19,¹⁸ and blood oxygen saturation using a pulse oximeter. The staff were required to keep records of measured temperatures and other listed parameters and symptoms of respiratory diseases (cough, shortness of breath) and continuously consult with the family doctor. If the health condition of the infected user worsens, it is necessary to call the emergency medical service and refer the person for hospital treatment.

The service provider should use the recommended type of personal protective equipment according to the type of premises, target staff and type of activity, as

¹⁵ Ombudsman for persons with disabilities: Persons with disabilities and COVID-19 – Data, <https://posi.hr/wp-content/uploads/2021/01/Dokument1.docx>.

¹⁶ Ombudsman for persons with disabilities: Providing adequate care for persons with tetraplegia / paraplegia during treatment with COVID-19 in healthcare facilities, <https://posi.hr/wp-content/uploads/2020/11/Osiguravanje-pravilne-njege-za-dugole%C5%BEE%C4%87e-pacijente-u-KB-Dubrava-i-dr.-ustanovama-tijekom-lije%C4%8Denja-od-COVID-19.docx>.

¹⁷ https://www.hzjz.hr/wp-content/uploads/2020/03/Upute_smjestaj_stari_i_OSI_30_01_2021.pdf.

¹⁸ https://www.hzjz.hr/wp-content/uploads/2020/03/Smjernice_COVID_19_27_11_2020.pdf.

prescribed in the instruction.¹⁹ The service provider and / or the founder of the service provider is obliged to ensure the purchase of a pulse oximeter (one pulse oximeter per ten infected users).

There is no information available about the implementation of these guidelines in practice.

4.4 Public health promotion and testing during the pandemic

There were concerns, especially at the beginning of pandemic, about the accessibility of public health announcements for the deaf people. The Ombudsman for Persons with Disabilities has therefore requested that a sign language interpreter be provided at press conferences and public addresses of the crisis headquarters, so that vital information is available to deaf persons and persons with hearing difficulties on an equal basis with other citizens. She warned that such important information on health risks and developments in the current crisis situation is not equally available to deaf persons and persons with hearing difficulties, which is a serious omission and points to a situation where a number of citizens are disadvantaged.²⁰

The Croatian Society of Sign Language Translators for the Deaf has established an online service enabling deaf persons and persons with hearing difficulties to contact medical services in case of suspicion that they may be infected with COVID-19. This is done through online translations, carried out by long-term and highly qualified Croatian Sign Language translators, by video calls of deaf persons and persons with hearing difficulties. That way, translators themselves would not be exposed to an unnecessary risk of infection.²¹

On 21 October 2020, the Ministry of Labour, Pension System, Family and Social Policy launched a campaign to combat the spread of coronavirus among the older persons. The campaign is called “Odgovorni ostajemo bliski” (Staying close by being responsible) and its goals are educating and raising awareness of the general public about responsible behaviour and adhering to the recommended guidelines for combating the spread of the COVID-19 virus in order to protect senior citizens and people from other vulnerable groups. The campaign aims to raise the level of responsibility of the entire public in preserving public health and the health care system, by adhering to preventive measures such as physical distance, wearing masks, regular hygiene and hand disinfection.²²

Organization URIHO (Institution for Vocational Rehabilitation and Employment of Persons with Disabilities) created a manual “COVID-19 negative brochure” which brings together a collection of texts related to COVID-19, recommendations and

¹⁹ Organized community isolation for accommodation service providers for the older persons and adults with disabilities, https://www.hzjz.hr/wp-content/uploads/2020/03/Postupci_za_izolaciju_korisnici_23_10_11_2020-1.pdf.

²⁰ Ombudsman for persons with disabilities: Providing important coronavirus information for deaf and persons with hearing impairments, <https://posi.hr/wp-content/uploads/2020/03/Osiguravanje-informacija-o-koronavirusu-za-gluhe-i-nagluhe-osobe.doc>.

²¹ Ombudsman for persons with disabilities: Information of the Croatian Society of Sign Language Translators for the Deaf, <https://posi.hr/wp-content/uploads/2020/03/Obavijest-Hrvatskog-dru%C5%A1tva-prevoditelja-znakovnog-jezika-za-gluhe-i-nagluhe-osobe.docx>.

²² Ministry of Labour, Pension System, Family and Social Policy: Staying close by being responsible, <https://mrosp.gov.hr/vijesti/odgovorni-ostajemo-bliski-glavna-je-poruka-kampanje-o-suzbijanju-sirenja-koronavirusa-medju-starijom-populacijom/11959>.

advice by various professionals, research done during the corona crisis, translations of useful guides, information and instructions, recommended literature and links, and a number of other useful content related to COVID-19 and persons with disabilities.²³

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

Access to primary health care was meant to be continuous, in accordance with the instructions and recommendations of the Croatian Public Health Institute, with prior telephone contact with the family doctor. The provision of emergency medical care in the field was the responsibility of emergency medical service providers.²⁴

However, there were a number of complaints regarding uninterrupted access to health services during COVID-19 crisis. Especially, the provision of health services for persons with disabilities which are regularly, due to a person's disability, provided at home, has been disrupted as a consequence of COVID-19 epidemic. The Ombudsman for Persons with Disabilities has noted dozens of cases of non-provision of medical services at home (home health care, physical therapy) to which a person was entitled to, and problems arising from this. She has requested that staff providing medical care in the homes of persons with disabilities should be provided with adequate protective equipment, as well as safe and adequate medical transport, when necessary.²⁵

Inadequate situation in hospitals during the COVID-19 for persons with disabilities, as well as general population, especially during the beginning of the pandemic, was addressed in the research findings published by the Croatian Chamber of Nurses on 5 May 2020. The study involved 395 nurses and technicians, out of 1 800 working in total in the social welfare system. One of the respondents highlighted that only 1 nurse works with 89 users with psycho-social disabilities, and only 1 nurse and three or four caregivers take care of 150 patients with psycho-social disabilities in the other case. Also, protective equipment was still not provided in all social care institutions in Croatia, because as many as 20 % of nurses did not have a surgical mask at work, while as many as 43 % did not have protective clothing. 4 % of these health professionals still do not even have protective gloves. Furthermore, not all facilities were provided with sufficient disinfectants. Of particular concern is the fact that although more than two thirds (67 %) of nurses work in separate teams, in accordance with the recommendation of the Croatian Institute of Public Health, every second (53 %) in the survey said that some employees are in physical contact with both teams.²⁶

²³ URIHO: COVID-19 negative brochure, <https://uriho.hr/covid-19-negativna-knjizica/>.

²⁴ Coronavirus pandemic in the EU – Fundamental Rights implications – with a focus on older people – June 2020, https://fra.europa.eu/sites/default/files/fra_uploads/hr_report_on_coronavirus_pandemic_june_2020.pdf.

²⁵ Ombudsman for persons with disabilities: Communication regarding article published in Jutarnji list, <https://posi.hr/priopcenje-pravobraniteljice-vezano-uz-clanak-objavljen-u-jutarnjem-listu-6-11-2020/>.

²⁶ Nurses in social care institutions – Research of the Croatian Chamber of Nurses, <https://www.slideshare.net/HrvatskaKomoraMedicinskihSestara/medicinske-sestre-u-ustanovama-socijalne-skrbi/HrvatskaKomoraMedicinskihSestara/medicinske-sestre-u-ustanovama-socijalne-skrbi>.

Impact of COVID-19 on mental health was addressed by the recommendations of the Croatian Psychological Society which focused specifically on older persons. They noted how the coronavirus pandemic is accompanied by unprecedented social exclusion of the older persons, occasionally accompanied by a resurgence of prejudices about aging and the older persons which at the same time increases the health risks of the older persons not directly related to the pandemic. The combination of all these risks can negatively affect the mental health of an individual, due to the experienced stress, fear, anxiety and loneliness, can increase the health problems of the older persons and impair their quality of life and well-being. Although restrictions on movement and socializing and other protective measures apply to individuals of all ages, the older persons stand out in particular as a risk group in need of special protection.²⁷

4.6 Vaccination programmes

On 23 December 2020, the Ministry of Health published the Plan of introduction, implementation and monitoring of vaccination against COVID-19 disease in Republic of Croatia,²⁸ where the first priority group are beneficiaries of the homes for the older persons and adults with disabilities, and the second priority group are workers employed at providers of services of accommodation for older persons and adults with disabilities. Disability is not stated as criteria for priority vaccination for other groups of persons with disabilities, it is only stated that in the age group of those younger than 65 years of age, persons with specific chronic illness will have a priority.

With the initiation of vaccination against COVID-19, residential institutions were defined as a priority. Data shows that by mid-January, between 56 % and 73 %²⁹ of people in institutions in Croatia were vaccinated. Representatives of the Croatian Institute of Public Health stated in February 2021 that collective immunity had been achieved in homes for older persons and persons with disabilities.³⁰ Other older persons and persons with disabilities will be vaccinated at a later stage. According to the Plan for Introduction, Implementation and Monitoring of COVID-19 vaccination in the Republic of Croatia, the priority is “organised vaccination in providers of residential care for the older persons and adults with disabilities, and in health care institutions” (p. 25). On 30 January 2021, the amended Instruction for the Prevention and Suppression of the COVID-19 Epidemic for Providers of Social Residential Services for the Older persons and Persons with Disabilities in the Social Welfare System was adopted.³¹ The instruction applies to all providers of social residential care services for older persons and seriously ill adults, and adults with disabilities.

²⁷ Croatian Psychological Society – Well-being of the older persons in the COVID-19 pandemic, <http://www.psihologija.hr/strucne-sekcije/sekcija-za-psihologiju-starenja/clanak/dobrobit-starijih-osoba-u-pandemiji-covid-19-uz-medunarodni-san-starijih-osoba-2020.html>.

²⁸ <https://vlada.gov.hr/UserDocsImages/2016/Sjednice/2020/Prosinaac/32%20sjednica%20VRH/Prijedlog%20plana%20uvo%C4%91enja.%20provo%C4%91enja%20i%20pra%C4%87enja%20cijepljenja%20protiv%20bolesti%20COVID-19%20u%20Republici%20Hrvatskoj.pdf>.

²⁹ International “living” report: Long-Term Care and COVID-19 vaccination, prioritization and data, <https://itccovid.org/2021/01/11/new-international-living-report-long-term-care-and-covid-19-vaccination-prioritization-and-data/>.

³⁰ Kolarić: Collective immunity has been achieved in homes for the elderly. <https://www.tportal.hr/vijesti/clanak/kolaric-u-domovima-za-starije-postignut-je-kolektivni-imunitet-foto-20210211>.

³¹ https://www.hzjz.hr/wp-content/uploads/2020/03/Upute_smjestaj_stari_i_OSI_30_01_2021.pdf.

These instructions allowed persons for whom at least 14 days have passed after the second dose of the vaccine, as well as persons who already had COVID-19, within 90 days of the onset of the disease, to move freely. They no longer have restrictions on going outside the institution.

Vaccination in institutions has created high expectations for people to get out of the lockdown. Opportunities for freer movement are now at risk due to deviations from the planned dynamics of vaccination and the postponement of the second vaccination with the Pfizer vaccine.³²

During the vaccination process, there was great dissatisfaction, because in January 2021 the priorities set in the December 2020 plan were not respected (by politicians, university rectors, chamber presidents, members of the national headquarters for the fight against COVID-19 epidemic). Back in December 2020, the Association of Organizations for Persons with Disabilities warned that persons with disabilities should also have priority.³³ However, persons with disabilities are not a priority in the national plan. It depends on the family doctors how they assess the risks in individuals.

Moreover, the Ombudsperson for Persons with Disabilities warned in February 2021 that persons providing personal assistance to persons with disabilities and persons providing care and assistance to Croatian "war invalids from the Homeland War" were not listed as priority groups. The Ministry of Health responded that they are a priority and should be treated as health workers.³⁴

The director of the Croatian Institute of Public Health wrote an additional explanation of priorities on 15 February 2021. In the second phase of vaccination, older persons and the chronically ill are in the priority group. According to his interpretation, the "war invalids" with the highest level of disability fall into that category.³⁵ In February, the Ombudsperson for Persons with Disabilities recommended that, in addition to the older persons and the chronically ill, younger persons (16 years of age and older) who are less mobile and have impaired health be included in the second phase. This applies to pupils, students and other young people. The director of the Croatian Institute of Public Health accepted the recommendation on 19 February 2021.³⁶

All of these recommendations are addressed to family and school physicians who, based on these general guidelines, assess the order in which individuals are invited to be vaccinated.

³² Croatian Public Health Institute: Information on vaccination against COVID-19 in Croatia, <https://www.hzjz.hr/priopcenja-mediji/informacije-o-cijepljenju-protiv-bolesti-covid-19-u-hrvatskoj/>.

³³ <https://www.soih.hr/soih-novosti-detaljno/zasto-osobe-s-invaliditetom-nisu-medu-prioritetima-za-testiranje-i-cijepljenje-protiv-co>.

³⁴ <https://posi.hr/wp-content/uploads/2021/02/Obavijest-o-prihvatanju-preporuke-pravobraniteljice-vezano-uz-cijepljenje-protiv-Covid-19.pdf>.

³⁵ <https://posi.hr/wp-content/uploads/2021/02/Upute-HZJZ-za-OSI-osobne-asistente-i-njegovatelje-OSI.pdf>.

³⁶ <https://posi.hr/wp-content/uploads/2021/02/20210222085250.pdf>.

5 Income and access to food and essential items

Article 28 – Adequate standard of living and social protection

5.1 Emergency measures

On 17 March 2020, the Government adopted a package of 63 measures to help the economy with regards to the coronavirus epidemic. The measures refer to almost all economic sectors of the Government with the aim to preserve working places and payments of salaries, e.g., postponing of payment of public levies like income tax and profit tax etc. Additionally, it is ensured the payment of minimum wage for persons with disability in order to maintain their employment.³⁷

Access to food for persons with disabilities was partially addressed in Instructions for preventing and combating the COVID-19 epidemic for providers of social accommodation services for the older persons and persons with disabilities within the social welfare system.³⁸

According to these instructions, it is necessary to enable the delivery of hygiene supplies, food and beverages in original packaging, including fresh fruits and vegetables and other supplies by family members and friends without prior storage; the package must be wiped with disinfectant and then handed over to the user. Fresh fruits and vegetables should be washed properly before delivery to the service provider. Packages are handed over at the entrance to the service provider (social welfare homes/institutions). The service provider encourages users who are allowed to go out to comply with the above measures on the delivery of supplies when bringing hygiene items, food and beverages and other supplies into the home.

Provision of essential supplies during the COVID-19 epidemic has also been carried out by the Croatian Red Cross. The Red Cross Society has carried out regular visits to the “elderly and infirm” (people with disabilities) who were unable to access basic necessities on their own. For households with older persons, persons with disabilities, ill persons, or those currently in self-isolation, the Croatian Red Cross made purchases of basic groceries and medical supplies.³⁹ Grocery shops were open for the whole time, with appropriate protective measures (a limit on the number of customers, wearing of masks). Buying essential supplies was possible for the whole time for everyone, including persons with disabilities.

5.2 Impact of the COVID-19 crisis

Although there is still no exact data available, according to information from relevant organizations, COVID-19 crisis has decreased the level of income and increased the level of poverty in the general population.⁴⁰

³⁷ Government of the Republic of Croatia: “The government has adopted a package of measures to help the economy due to the coronavirus epidemic”, <https://vlada.gov.hr/vijesti/vlada-prihvatala-paket-mjera-za-pomoc-gospodarstvu-uslijed-epidemije-koronavirusa/29018>.

³⁸ https://www.hzjz.hr/wp-content/uploads/2020/03/Upute_smjestaj_stari_i_OSI_30_01_2021.pdf.

³⁹ Croatian red cross: “In just one week, more than 2 000 Red Cross volunteers visited 10 000 households”, <https://www.hck.hr/novosti/u-samo-tjedan-dana-vise-od-2000-volontera-crvenog-kriza-obislo-je-10-000-kucanstava/10303>.

⁴⁰ Dnevnik.hr: “Poverty in the age of COVID-19”, <https://dnevnik.hr/vijesti/hrvatska/u-slavoniji-samoposluge-ostaju-bez-hrane-korisnici-na-rubu-gladi---630506.html>.

Similarly, the assessment of the Ombudswoman of the Republic of Croatia is that the level of poverty will increase as a result of COVID-19 crisis.⁴¹ Data available for previous years shows that the disability poverty gap in Croatia was 13 percentage point, so that significantly more people with disabilities are at risk of poverty than persons without disabilities, especially low-income persons with disabilities (26.8 % compared to 13.8 % low-income persons without disabilities in Croatia). Also, the overall risk of household poverty or exclusion is twice less for population without disabilities (18.8 % vs. 38.2 %).⁴² According to this, the increase of the level of poverty of persons with disabilities during COVID-19 can be expected.

The pandemic has had a negative impact on social rights of the older persons, particularly among the older persons living in rural areas, who have difficulty accessing basic necessities such as food, medication, hygiene supplies and health care. Poverty among pensioners is generally a problem in Croatia and older people are additionally vulnerable during a pandemic, because they are unable to afford adequate protection in the form of health care and assistance due to their low income.⁴³

Jutarnji.hr: "Restrictions due to corona brought a wave of poverty"

<https://www.jutarnji.hr/vijesti/hrvatska/restrikcije-zbog-korone-donijele-val-siromastva-nekoc-situirani-danas-su-u-puckoj-kuhinji-15037153>.

⁴¹ Jutarnji.hr: "It is quite clear that poverty will increase after the COVID-19 pandemic",

<https://www.jutarnji.hr/vijesti/hrvatska/posve-je-jasno-da-ce-se-siromastvo-nakon-korone-povecati-zds-podrzavam-zabranu-svih-ustaskih-simbola-15045207>.

⁴² Ombudsman for Persons with Disabilities (2020) Report of the Office of the Ombudsman

⁴³ Coronavirus pandemic in the EU – Fundamental Rights implications – with a focus on social rights – November 2020,

https://fra.europa.eu/sites/default/files/fra_uploads/hr_report_on_coronavirus_pandemic_november_2020.pdf.

6 Access to transportation and the public spaces

Article 9 – Accessibility

6.1 Emergency measures

At the beginning of pandemic, all public transport was stopped.⁴⁴ While it was eventually re-established, with the new wave of pandemic, new restrictions were introduced. Beside mandatory wearing of masks, the maximum number of passengers in public transportation vehicles is set to 40 % of their maximal capacity.⁴⁵

Throughout the pandemic, a number of restrictions regarding public gathering and social distancing were put in place. Among other provisions, measures⁴⁶ from 29 January 2021, say that all public events with more than 25 participants are forbidden; private gatherings can include a maximum of 10 persons from a maximum of 2 households; restaurants and bars are closed; amateur indoor sports trainings and amateur art activities (choirs, etc.) are forbidden.

6.2 Impact of the COVID-19 crisis

There was no evaluation of an effect that these specific measures had on persons with disabilities, but there were a number of studies which showed negative consequences which isolation and lack of social contact had on mental wellbeing and mental health in general during COVID-19.⁴⁷ Results from these studies show that negative effects are strongest for population that is most vulnerable, such as older persons. There, symptoms of depression and anxiety are most often present. The survey carried out on a sample of persons with disabilities by the organization Centre for the Development of Values showed that 44,9 % of respondents experienced increased feeling of anxiety during the COVID-19 crisis.⁴⁸

⁴⁴ Decision on temporary suspension of public transport (Official Gazette, 34/2020) https://civilna-zastita.gov.hr/UserDocImages/CIVILNA%20ZA%C5%A0TITA/PDF_ZA%20WEB/Odluka%20o%20zabrani%20javnog%20prometa.pdf.

⁴⁵ Decision on the manner of organization of public passenger transport in order to prevent the spread of COVID-19 disease (Official Gazette, 131/2020) https://civilna-zastita.gov.hr/UserDocImages/CIVILNA%20ZA%C5%A0TITA/PDF_ZA%20WEB/Odluka%20-%20javni%20prijevoz.pdf.

⁴⁶ Decision amending the Decision on necessary epidemiological measures restricting gatherings and introducing other necessary epidemiological measures and recommendations in order to prevent the transmission of COVID-19 disease through gatherings (Official Gazette, 8/2021) https://civilna-zastita.gov.hr/UserDocImages/CIVILNA%20ZA%C5%A0TITA/PDF_ZA%20WEB/Odluka%20-okupljanja.%203.%20izmjena.pdf.

⁴⁷ Croatian Psychological Society – Well-being of the older persons in the COVID-19 pandemic, <http://www.psihologija.hr/strucne-sekcije/sekcija-za-psihologiju-starenja/clanak/dobrobit-stariji-osoba-u-pandemiji-covid-19-uz-medunarodni-san-starijih-osoba-2020.html>. Department of Psychology, University of Zagreb: How are we doing? Life in Croatia at the time of corona, https://web2020.ffzg.unizg.hr/covid19/wp-content/uploads/sites/15/2020/06/Kako-smo-Preliminarni-rezultati_brosura.pdf.

⁴⁸ Centre for the development of values: Persons with disabilities during COVID-19 pandemic, https://www.hzjz.hr/wp-content/uploads/2020/03/Rezultati_istrazivanja_Osobe_s_invaliditetom_u_vrijeme_COVID_19.pdf.

The Ombudsman for Persons with Disabilities has also warned about the negative effects of isolation and lack of participation in social and family life, which include worsening of mental and physical health.⁴⁹

⁴⁹ Ombudsman for persons with disabilities: Press release on the occasion of the International Day of Persons with Disabilities, <https://posi.hr/priopcenje-povodom-medunarodnog-dana-osoba-s-invaliditetom-kroz-teska-vremena-izgradimo-bolji-svijet-za-sve/>.

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

The restrictions that exist in the prison system due to the COVID epidemic do not specifically target persons with disabilities and the older persons.⁵⁰ The person approving the contacts is the warden. Visits are approved by the warden, when this is necessary to protect the rights of prisoners in court proceedings or in other unforeseen cases. All activities of civil society organizations in penal institutions have been suspended, and the use of video links with the courts has been intensified in order to reduce the number of situations when prisoners need to leave the facility. Longer and more frequent telephone calls are allowed for contacts with family.

On 23 March 2020, the Civil Protection Headquarters of the Republic of Croatia issued the "Decision on the Prohibition of Leaving the Place of Residence and Permanent Residence in the Republic of Croatia (Official Gazette, 35/2020)". The decision lasted until 10 May 2020.⁵¹ This decision applied to all citizens, with the exception of certain professions and emergencies (for example, health care). The exception was the provision of care to children or the older persons.

Accommodation in foster families (which is very common for people with intellectual disabilities in Croatia) and organized housing has limitations regarding visits. This is regulated by the Croatian Public Health Institute Guidelines for the prevention and suppression of the COVID-19 epidemic for providers of non-institutional services in the social welfare system.⁵² According to these instructions, visits of family members and friends to beneficiaries are allowed only in justified cases (significant deterioration of the beneficiary's health and maintenance of personal relations with the child, in accordance with the court decision), with strict adherence to epidemiological measures. The work of professional workers, the delivery of food and the possibility of a controlled exit for justified reasons, for example for education, going to the doctor, etc., are regulated.

Persons with disabilities living in institutions were locked down and were unable to communicate with people outside the home. Therefore, the Ombudsman for Persons with Disabilities intervened in July 2020 and warned about the position of users of residential care in "homes for the elderly and infirm" during coronavirus pandemic. The Ombudsman for Persons with Disabilities warned that it is necessary to find appropriate solutions that would enable persons living in institutions (especially those

⁵⁰ Official Government Website on COVID-19: Measures and activities in the prison system aimed at preventing the spread of coronavirus, <https://www.koronavirus.hr/mjere-i-aktivnosti-u-zatvorskom-sustavu-usmjerene-prevenciji-sirenja-korona-virusa/307>.

⁵¹ https://narodne-novine.nn.hr/clanci/sluzbeni/2020_03_35_737.html.

⁵² <https://www.koronavirus.hr/upute-za-sprjecavanje-i-suzbijanje-epidemije-covid-19-za-pruzatelje-izvaninstitucijskih-socijalnih-usluga-u-sustavu-socijalne-skrbi/875>.

who are in minimal contact with employees and other users) to achieve freedom of movement outside the institution, with implementation of all prescribed measures for employees, while at the same time ensuring the protection of the health of all users and employees through the appropriate organization of the work of those institutions.⁵³ The Croatian Public Health Institute immediately accepted this recommendation.⁵⁴

At the end of December 2020 and in January 2021, the Civil Protection Headquarters (as the main implementing body for protection against COVID-19) has allowed the possibility of terminating measures prohibiting leaving the home or visiting people in homes in certain counties (not in the whole of Croatia). The earthquake in Sisačko-moslavačka county is the reason for revoking such prohibition in that county.⁵⁵

7.2 Impact of the COVID-19 crisis

Persons who have been placed in institutions became completely isolated without any contact with the people outside the institution. The Ombudsman for Persons with Disabilities warned that it is necessary to find appropriate solutions that would enable persons living in institutions (especially those who are in minimal contact with employees and other users) to achieve freedom of movement outside the institution, with implementation of all prescribed measures for employees, while at the same time ensuring the protection of the health of all users and employees through the appropriate organization of the work of those institutions.⁵⁶

In July, the recommendation of the Ombudsman for Persons with Disabilities relating to restriction of rights to freedom of movement of the persons living in institutions for the “elderly and infirm” was accepted.⁵⁷

The implementation of the lockdown in institutions has been under the jurisdiction of the county authorities since the end of 2020. As the situation is very different in individual counties, these measures are implemented regionally. There is no systematic research on the consequences of isolating people in institutions. Some publicly exposed cases show severe consequences for people in institutions and their families⁵⁸ (“We haven’t seen each other for five months, I can’t wait to hug him”).

⁵³ <https://posi.hr/wp-content/uploads/2020/07/Priop%C4%87enje-za-medije-COVID-19-i-pravo-na-kretanje-osoba-smje%C5%A1tenih-u-ustanove-socijalne-skrbi.pdf>.

⁵⁴ Amendments to the Guidelines for the Prevention and Suppression of the COVID-19 Disease Epidemic for Social Service Providers in the Social Welfare System, https://mrosp.gov.hr/UserDocsImages/dokumenti/COVID-19/8_Izmjene_i_dopune_socijalne_usluge_domovi_30_07_20.pdf.

⁵⁵ Decision on exceptional cessation of application of certain necessary epidemiological measures for the area of Sisačko-moslavačka county (Official Gazette, 1/2021) <https://civilna-zastita.gov.hr/odluke-stozera-civilne-zastite-rh-za-spreccavanje-sirenja-zaraze-koronavirusom/2304>.

⁵⁶ <https://posi.hr/wp-content/uploads/2020/07/Priop%C4%87enje-za-medije-COVID-19-i-pravo-na-kretanje-osoba-smje%C5%A1tenih-u-ustanove-socijalne-skrbi.pdf>.

⁵⁷ Amendments to the Guidelines for the Prevention and Suppression of the COVID-19 Disease Epidemic for Social Service Providers in the Social Welfare System, https://mrosp.gov.hr/UserDocsImages/dokumenti/COVID-19/8_Izmjene_i_dopune_socijalne_usluge_domovi_30_07_20.pdf.

⁵⁸ Gloria.hr: “We haven’t seen each other for five months, I can’t wait to hug him “, <https://www.gloria.hr/gl/magazin/tuzni-dani-za-jelenu-miholjevic-nismo-se-vidjeli-vec-pet-mjeseci-jedva-cekam-da-ga-zagrlim-15045959>.

8 Violence, exploitation or abuse

Article 16 – Freedom from violence, exploitation and abuse

8.1 Emergency measures

The Croatian Government did not declare a state of emergency, but it declared a coronavirus pandemic on 11 March 2020. The key legal document is the Law on the Protection of the Population from Infectious Diseases. The civil protection system in Croatia is governed by the Law on Civil Protection System, and the Civil Protection Headquarters of the Republic of Croatia was established by the Croatian Government on 20 February, with the purpose to coordinate all services in the event of the occurrence of COVID-19 in Croatia.⁵⁹

In listing infectious diseases, the Parliament explicitly added COVID-19 (Official Gazette 47/2020), and in the amendments in December 2020, a ban on gatherings and a higher penalty for non-compliance (Official Gazette 134/2020)⁶⁰ were added. Neither persons with disabilities nor the older persons are explicitly mentioned in these laws.

One part of the activities was regulated by the application of this law, and the other part was regulated by instructions and communications. On 6 April 2020, the Ministry published a Statement on measures in a situation of increased risk of domestic violence and child abuse.⁶¹ This communication provides guidance on how to deal with domestic violence. Older persons are mentioned in the instructions, but persons with disabilities are not mentioned directly. The key institutions for the protection against violence, exploitation or abuse are the Centres for Social Welfare, which act on reports from the police, citizens, the victims of violence themselves, as well as anonymous reports. According to the Protocol on the Procedure in the Case of Domestic Violence,⁶² the Centres for Social Welfare are on 24-hour stand-by to act in urgent situations. During the COVID-19 epidemic, experts from Social Welfare Centres went to the field and conducted increased control and monitoring of families at risk who were previously known and who are in treatment. The Social Welfare Centres provided emergency accommodation to victims of violence, when needed. Despite the situation with the COVID-19 epidemic, in situations where the life and safety of users are endangered, the accommodation service provider could not refuse accommodation.

⁵⁹ Coronavirus pandemic in the EU – Fundamental Rights implications – with a focus on social rights – November 2020, https://fra.europa.eu/sites/default/files/fra_uploads/hr_report_on_coronavirus_pandemic_november_2020.pdf.

⁶⁰ Law on the Protection of the Population from Infectious Diseases <https://www.zakon.hr/z/1067/Zakon-o-za%C5%A1titi-pu%C4%8Danstva-od-zaraznih-bolesti>.

⁶¹ <https://www.soih.hr/covid-19-detaljno/priopcenje-mdomsp-o-postupanju-u-situaciji-pojacanog-rizika-od-nasilja-u-obitelji-i-zlos>.

⁶² The Ministry of Demographics, Family, Youth and Social Policy, 2019 <https://pravosudje.gov.hr/pristup-informacijama-6341/zakoni-i-ostali-propisi/zakoni-i-propisi-6354/kazneno-pravo/protokol-o-postupanju-u-slucaju-nasilja-u-obitelji/21308>.

8.2 Impact of the COVID-19 crisis

According to a survey conducted in Croatia on persons with disabilities during the COVID epidemic,⁶³ 47.1 % have been exposed to emotional abuse, 66.7 % have been exposed to social violence in the form of social isolation, 20.8 % experienced some form of neglect, while as many as 8.3 % reported being victims of physical violence.

Ombudsperson for Persons with Disabilities notes that the COVID-19 epidemic had a particularly bad effect on the position of women with disabilities, which has put them at an additional disadvantage due to restrictions on movement and staying at home, where they were more exposed to violence. "The isolation of the victim in the house with the abuser and the difficulties of reporting have further aggravated the situation of women with disabilities. At the moment, we do not have statistical data and we believe that research is needed on this topic."⁶⁴

Similar findings on domestic violence at the time of the epidemic and difficulties in reporting the abuser were made by the Women's Room Association, in cooperation with UNICEF.⁶⁵ They state, "The inability of women with disabilities to make a phone call at all, because the abuser is with them and perfidiously follows them." (pp. 9). The research states that abusers are not only partners but parents, siblings and members of household in general.

To partially address this problem, SOIH (Croatian Union of Association of Persons with Disabilities) has launched an SOS hotline for women with disabilities who are victims of violence. SOIH - SOS hotline services for women with disabilities victims of violence are provided by the staff working from home and are constantly monitored.⁶⁶

Official statistics of the Ministry of the Interior do not point to significant changes in the frequency of domestic violence. However, civil society organizations indicated that victims are less likely to report violence in close proximity of the abuser. The Ministry of the Interior has issued a public warning about increased risks of domestic and online violence against children during the coronavirus pandemic, referring citizens to report such violence via their online application Red Button. Likewise, the Ministry of the Interior, the Child Protection Clinic and the Degordian Agency launched a successful campaign in April 2020, "Behind the Doors", in order to raise public awareness of domestic violence during the COVID-19 epidemic.⁶⁷

⁶³ Centre for the development of values: Persons with disabilities during COVID-19 pandemic, https://www.hzjz.hr/wp-content/uploads/2020/03/Rezultati_istrazivanja_Osobe_s_invaliditetom_u_vrijeme_COVID_19.pdf.

⁶⁴ Zeneimediji.hr: "Many women with disabilities are existentially dependent on a family member who is often also a bully", <https://www.zeneimediji.hr/pravobraniteljica-anka-slonjsak-mnoge-zene-s-invaliditetom-egzistencijalno-ovise-o-clanu-obitelji-koji-je-cesto-i-nasilnik/>.

⁶⁵ Summary of the research "Working with women and children victims of violence during the COVID-19 pandemic" <http://zenskasoba.hr/wp-content/uploads/2020/12/SA%C5%BDEK-ISTRA%C5%BDIVANJA-RAD-SA-%C5%BDENAMA-I-DJECOM-%C5%BDRTVAMA-NASILJA-U-VRIJEME-PANDEMIJE-COVID-19.pdf>.

⁶⁶ Croatian Union of Association of Persons with Disabilities – Network of women with disabilities, <https://www.soih.hr/soih-podrucje-rada/soih-mreza-zena-s-invaliditetom>.

⁶⁷ <https://policija.gov.hr/vijesti/medjunarodne-institucije-prepoznale-vaznost-kampanje-iza-vrata/4615>.

9 Independent living

[Article 19 – Living independently and being included in the community](#)

9.1 Emergency measures

Requirements for analysis and changing of conditions in institutions where persons with disabilities are placed have intensified after the tragedy in one of the homes for the older persons in January 2020. In the illegal “family home” (i.e., a group home), six beneficiaries were killed when the fire broke out.⁶⁸ Through the proposal of the new Law on Social Welfare, better regulation and greater control of work of these institutions was announced. However, the adoption of the new law has been postponed and it has not yet been passed.

Throughout the epidemic, the Ombudsperson for Persons with Disabilities has been monitoring the situation regarding persons with disabilities and has been providing proposals to the Croatian Public Health Institute and the Ministry in charge of social affairs to change and adjust measures. Almost all recommendations were accepted. On 17 March 2020, the Ombudsman sent recommendations on the accessibility of support services to persons with disabilities living in their own homes during the COVID-19 epidemic. Recommendations were sent to the Ministry of Demography, Family, Youth and Social Policy, the Ministry of Health, the Ministry of the Interior, the Directorate of Civil Protection, the Croatian Red Cross, Caritas, and the City of Zagreb. The Ombudsperson “recommends and asks” to consider any additional measures that would enable the continuation of services (personal assistance, home care, non-professional and family assistance) for those most in need. Persons with disabilities who have been found eligible for certain services cannot live independently without support, and it is necessary to find appropriate models in order to protect the health of employees / volunteers / assistants.

On 28 June 2020, the Ministry of Demography, Family, Youth and Social Policy published on its website Protective Measures against COVID-19 for Persons with Disabilities, issued by the Croatian Public Health Institute.⁶⁹ “Persons with disabilities should adhere to the same general protection measures as the general population, with a note that they should continue to use all the prescribed therapy...It is mandatory to wear surgical or other types of masks for protection in public transportation and in all indoor spaces. If a person with a disability develops any of the COVID-19 symptoms, they must contact their family doctor by phone or e-mail, where they will get all necessary information related to further diagnosis and treatment.” (Croatian Public Health Institute, p. 1)

9.2 Impact of the COVID-19 crisis

Living in one's own apartment has had many challenges during a pandemic. A major problem for persons with disabilities is the lack of social contacts: 62.8 % feel isolated (p. 6). Preliminary results of a research project on life during the COVID-19

⁶⁸ Ombudsman for persons with disabilities - Press release regarding tragic event in the Family Home in Andraševac, <https://posi.hr/priopcenje-povodom-tragicnog-dogadaja-u-obiteljskom-domu-u-andrasevcu/>.

⁶⁹ http://www.ddz.hr/Upload/files/Prilog_Ad_5_%20Osobe_s_invalidiettomi_Mjere_zastite_28_06.pdf.

epidemic⁷⁰ carried out by the Faculty of Humanities and Social Sciences in Zagreb show similar problems of isolation for the older persons. The majority of the older persons (65 %) avoided contact with other family members (p. 39). The results show that as many as 82 % of older people worry that a pandemic will adversely affect their quality of life. Most of them (69 %) are also worried that the payment of pensions could be jeopardized. Concerns about the deterioration of other health conditions and diseases due to the unavailability of health care during the pandemic are also pronounced, and this was a concern for 60 % of the older persons. 45 % of them were worried about the impossibility or difficulty of procuring protective equipment. The older persons estimate that during the pandemic they were best cared for by the family and least well by the state. A normal level of depression was reported by 42 % of participants, mildly elevated depression by 23 %, and 35 % reported symptoms of moderate to extremely severe depression (p. 42)

At the time of the epidemic, the social rights of the older persons were particularly endangered. Višnja Fortuna, President of the Association of Croatian Pensioners, warned about this.⁷¹ She warned that their position is endangered due to low pensions and poor housing conditions. In rural areas, they are in an extra difficult position. In the discussion organized by the Gender Equality Ombudsman, the negative impact of the pandemic on social rights among the older persons, the homeless, residents of rural areas, victims of domestic violence, Roma and others was also noted.⁷²

The situation in Croatia was further aggravated by two major earthquakes that damaged or destroyed numerous buildings and apartments in Zagreb, Sisačko-moslavačka, Krapinsko-zagorska and Karlovačka county. This significantly endangered the independent living of persons with disabilities in these areas, and accommodation in temporary shelters also increased the risks of the COVID-19 epidemic. Rapid evacuation of persons with physical disabilities was not possible. The statement of one person with disabilities is indicative: "Advice to get out of the apartment after an earthquake is impossible for us who are in wheelchairs"⁷³ There is no data on the number of container homes adapted to persons with disabilities (except three containers provided by UNICEF).⁷⁴

⁷⁰ Department of Psychology, University of Zagreb: How are we doing? Life in Croatia at the time of corona https://web2020.ffzg.unizg.hr/covid19/wp-content/uploads/sites/15/2020/06/Kako-smo-Preliminarni-rezultati_brosura.pdf.

⁷¹ Mojevrijeme.hr: „Wanting to provide the necessary care and nursing, the older persons become victims“, <https://www.mojevrijeme.hr/magazin/2020/11/zeleci-si-osigurati-potrebnu-skrb-i-njegu-starije-osobe-postaju-zrtve/>.

⁷² Ombudsperson for Gender Equality, published on 20 October, available at: <https://www.prs.hr/index.php/suradnja/druge-suradnje/2994-sudjelovanje-u-raspravi-utjecaj-koronavirusana-najranjivije-kako-zastititi-socijalna-prava>.

⁷³ In-portal, “Advice to get out of the apartment after an earthquake is impossible for us who are in wheelchairs”, <https://www.in-portal.hr/in-portal-news/vijesti/20321/savjet-da-izadjemo-iz-stana-nakon-potresa-neizvediv-je-za-nas-koji-smo-u-invalidskim-kolicima>.

⁷⁴ UNICEF: Earthquakes in Croatia, <https://www.unicef.org/croatia/potresi-u-hrvatskoj>.

10 Access to habilitation and re-habilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

Due to epidemiological measures, the availability of rehabilitation, as well as communication and social contacts in the process of rehabilitation, or supervision of rehabilitation have been hindered.

Medical rehabilitation is carried out in special hospitals and restrictions apply to them as to other hospitals. Restrictions remained largely for inpatients. The work of special hospitals for medical rehabilitation in the first wave (until June 2020) was reduced to performing only acute inpatient rehabilitation.⁷⁵ From June, the limitation of contacts in hospitals was determined for individual counties and according to situations in each county. (Instructions for employees of health care institutions, patients and visitors during the COVID-19 epidemic).⁷⁶

On 7 December 2020, the Ministry of Labour, Pension System, Family and Social Policy sent Instructions for the prevention and suppression of the COVID-19 epidemic for providers of non-institutional social services in the social welfare system⁷⁷ According to these instructions, all rehabilitation programs and educational programs for children are implemented (in accordance with the instructions for educational institutions) in compliance with epidemiological measures. "Counselling and assistance services and psychosocial support for adults, when possible, should be adapted to the specific needs and abilities of each user and provided through information and communication technologies, or remotely using the platforms Microsoft Teams, Yammer, OneNote, etc."

10.2 Impact COVID-19 and/or emergency measures adopted

At the beginning of the COVID-19 epidemic, the Ombudsman for Persons with Disabilities warned of the danger of discontinuity and denial of various medical services (medical rehabilitation, home-based physical therapy and health care), restrictions and denials of the freedom of movement of users of social care institutions.⁷⁸

In July 2020, the Ombudsperson for Persons with Disabilities sent a recommendation to the Croatian Public Health Institute relating to the right of movement of persons with disabilities who are in medical rehabilitation institutions during the COVID-19 epidemic.⁷⁹ Namely, persons with disabilities were prohibited from moving outside

⁷⁵ Official Government Website on COVID-19: Additional easing of measures in hospitals, <https://www.koronavirus.hr/dodatno-popustanje-mjera-u-bolnicama/684>.

⁷⁶ https://www.hzjz.hr/wp-content/uploads/2020/03/Upute_za_djelatnike_zdravstvenih_ustanova_pacijente_i_posjetitelje_21_06.pdf.

⁷⁷ <https://www.koronavirus.hr/upute-za-sprjecavanje-i-suzbijanje-epidemije-covid-19-za-pruzatelje-izvaninstitucijskih-socijalnih-usluga-u-sustavu-socijalne-skrbi/875>.

⁷⁸ Ombudsman for persons with disabilities: The impact of the COVID-19 epidemic on human rights in Croatia, <https://posi.hr/utjecaj-epidemije-covid-19-na-ljudska-prava-u-hrvatskoj/>.

⁷⁹ Ombudsman for persons with disabilities: The right to movement of persons with disabilities in medical rehabilitation institutions during the COVID-19 pandemic, <https://posi.hr/wp->

the health institution during rehabilitation. For most persons with disabilities, this is not just physical therapy, but also psychosocial rehabilitation. This is especially important after a few months of isolation.

For a short time during the summer, visits to and exit from rehabilitation facilities was allowed in compliance with epidemiological measures, but the measures returned in September. Therefore, Ombudsperson for Persons with Disabilities reiterated her request in September 2020 (Review of certain epidemiological measures for users of residential care services in the social care system and medical rehabilitation patients in special hospitals).⁸⁰ She warned that not all users of accommodation services in social care institutions, as well as users of medical rehabilitation services in special hospitals, are the older persons and people with chronic illnesses. For example, a number of residents of the institutions for the “elderly and infirm” are persons with disabilities of a younger age who live in an institution due to various life and family circumstances, and not age or chronic illness.

Some of the special hospitals for medical rehabilitation have opened special COVID departments (Krapinske Toplice, Stubičke Toplice, Biograd na moru).⁸¹ They are not intended for rehabilitation but for relieving other hospitals.

The implementation of counselling carried out by the Rehabilitation Centre of the Faculty of Education and Rehabilitation has been difficult. As of April 2020, the Rehabilitation Centre of the Faculty of Education and Rehabilitation was not able to provide its services directly.⁸² It provides free telephone counselling on various areas of child development.

The Croatian Society of Physical and Rehabilitation Medicine of the Croatian Medical Association has issued instructions for the activities of physical medicine and rehabilitation specialists in Croatia during the COVID-19 epidemic. These instructions set out priorities for action. For patients admitted from their home or other forms of accommodation (e.g. institutions), if this is not already prohibited by the relevant authorities, each case should be evaluated separately, taking into account the balance between possible benefits and harms, delaying admission and seeking alternative options of care, whenever possible.

Outpatients and physical therapy at one’s home: care should be provided for people with recent conditions and diseases of various causes, where interventions are needed to minimize functional deficits that, in the absence of such treatment, could lead to permanent or long-term disability and / or further deterioration. For people with chronic conditions of disability, remote consultation and telerehabilitation can be

<content/uploads/2020/09/Pravo-na-kretanje-osoba-s-invaliditetom-u-ustanovama-za-medicinsku-rehabilitaciju.pdf>.

⁸⁰ <https://posi.hr/wp-content/uploads/2020/09/Preispitivanje-pojedinih-epidemiolo%C5%A1kih-mjera-za-korisnike-usluga-smje%C5%A1taja-u-ustanovama.pdf>.

⁸¹ Special Hospital for Orthopedics Biograd na Moru: “Special Hospital for Orthopedics Biograd na Moru ready for the first COVID-19 positive patients!”, <https://ortopedija-biograd.hr/wp-content/uploads/2013/04/Specijalna-bolnica-za-ortopediju-Biograd-na-moru-spremna-za-prve-1-converted.pdf>.

⁸² Faculty of Education and Rehabilitation: COVID-19 - possibilities for counselling of the Centre for Rehabilitation of the Faculty of Education and Rehabilitation Sciences, <https://www.erf.unizg.hr/hr/novosti/1980-covid-19-mogucnosti-savjetovanja-centra-za-rehabilitaciju-edukacijsko-rehabilitacijskog-fakulteta>.

used. Exceptions to such procedures are persons with chronic conditions at risk of rapid deterioration of function, if such care would be absent (e.g. neurodegenerative diseases, severe conditions in childhood).⁸³

Rehabilitation and physical therapy centres have been working according to these recommendations. For example, the Silver Centre⁸⁴ has temporarily ceased operations. Other centres adhere to the recommendations for extra-institutional social care (Rehabilitation Centre Rijeka).⁸⁵ Institutions adopted recommendations of the ministries in charge of social care and the Ministry of Health, Croatian Public Health Institute and county civil protection headquarters (for example, Pula Rehabilitation Centre).⁸⁶

Post COVID rehabilitation begins in day hospitals, and the recommendation of the Central Hospital for COVID (KB Dubrava) is to “carry out lung rehabilitation in a competent institution or, if not possible, at home according to the instructions of the Institute of Palliative Medicine”.⁸⁷ During the epidemic, the problem of post COVID treatment appeared. In December, there were several COVID outpatient clinics and day hospitals (Zagreb, Rijeka), and a number of private institutions offer rehabilitation after COVID.⁸⁸ In Rijeka, the first post COVID clinic was opened.⁸⁹

Professional rehabilitation in professional rehabilitation institutions (i.e. sheltered workshops) is performed with restrictions that apply to the general population and other institutions. These facilities have faced financial difficulties because they generate a part of their income through sales. Because of that, the Croatian Employment Service has developed measures in order to preserve jobs. However, these measures are used only by some of the protective workshops or integrative workshops which do not receive any *per capita* local support for users. Other institutions can only receive support from the local authorities. This part is not enough for their regular activities, but it prevents them from receiving support from the Croatian Employment Service.

Instructions for the direct implementation of professional rehabilitation at the time of the COVID epidemic are also important. URIHO, the largest institution for professional rehabilitation and employment of persons with disabilities in Croatia, published in 2020 a brochure COVID-19 - negative booklet. It is a manual intended for professionals and users of professional rehabilitation at the time of the COVID-19 epidemic.⁹⁰

⁸³ <https://hdfm.org/covid-19-epidemija-i-aktivnosti-specijalista-fizikalne-medicine-i-rehabilitacije-u-hrvatskoj/>.

⁸⁴ Centre for rehabilitation Silver: COVID-19 information, <http://czrs.hr/obavijest-covid-19/>.

⁸⁵ Centre for rehabilitation Rijeka: Instructions for visitors, <http://www.czrr.hr/upute-za-posjetitelje-institucija-socijalne-skrbi/>.

⁸⁶ Centre for rehabilitation Pula: Protocol for procedures in case of risk from COVID-19, <https://czr-pula.hr/wp-content/uploads/2020/03/Protokol-o-postupanju-kod-opasnosti-od-COVID-19-virusa.pdf>.

⁸⁷ Dubrava hospital: Post-COVID daily hospital, <https://eadu.kbd.hr/?p=13008>.

⁸⁸ T-portal.hr: A man from Zagreb who was almost destroyed by the COVID-19, <https://www.tportal.hr/vijesti/clanak/zagrepcanin-koji-je-14-dana-proveo-na-respiratoru-hzzo-mu-odbio-rehabilitaciju-covid-ne-postoji-u-sifrnarniku-20201029/print>.

⁸⁹ City of Rijeka: The first post-COVID clinic opened in KBC Rijeka, <https://www.rijeka.hr/u-kbc-u-rijeka-otvorena-prva-post-covid-ambulanta/>.

⁹⁰ URIHO: COVID-19 negative brochure, <https://uriho.hr/covid-19-negativna-knjizica/>.

In December 2020, the Croatian Society of Physiotherapists organized additional training for the rehabilitation of COVID patients.

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

On 3 November 2020, the President of the Supreme Court issued instructions to all courts on measures to prevent the spread of the epidemic and on the organization of the work of the courts during the epidemic. This includes epidemiological measures. Communication is carried out exclusively electronically. There are no special instructions for working with persons with disabilities.

Participation in legal proceedings is possible for persons who are in institutions, foster families, or organized housing, as this is a justifiable reason for leaving the residential setting. (Instructions for prevention and suppression of the COVID-19 epidemic for social service providers in the social welfare system).⁹¹

Some possibilities for online communication have also been provided. There is a possibility of using an audio or video device in court procedure.⁹² Persons with disabilities are explicitly mentioned as witnesses who can be examined by means of audio and video devices (Criminal Procedure Act, Article 292). This is intended to be introduced and further elaborated by the Draft Proposal of the Act on Intervention Measures in the Field of Judicial and Administrative Proceedings Due to the COVID-19 Coronavirus Epidemic, which was sent to the Ministry of Justice of the Republic of Croatia on 18 March 2020. The proposal was drafted by the Croatian Bar Association, but has not yet come into the legislative procedure.

11.2 Impact of COVID-19 crisis

The complex situation in which the Croatian judiciary is currently due to the COVID-19 epidemic was further complicated by the great earthquakes that occurred in Zagreb in March, and in December in Petrinja (with impact on several neighbouring counties), which damaged numerous judicial and criminal facilities. On 2 April 2020, information was published that parties and participants who are not within the electronic communication system can access the court by submitting documents by mail or by using the electronic services of the courts (e-case and e-bulletin board).

Such almost complete reliance on online communication is a problem for people who are not sufficiently IT literate, do not have assistive devices (for the blind) or do not have network access of sufficient quality. "Such a situation is very unfavourable and contributes to legal inequality and uncertainty."⁹³

⁹¹ https://www.hzjz.hr/wp-content/uploads/2020/03/Mjere_socijalna_skrb_Verzija_6_21_06.pdf.

⁹² Criminal procedure act (Official Gazette, [152/08](#), [76/09](#), [80/11](#), [121/11](#), [91/12](#), [143/12](#), [56/13](#), [145/13](#), [152/14](#), [70/17](#), [126/19](#), [126/19](#)), <https://www.zakon.hr/z/174/Zakon-o-kaznenom-postupku>.

⁹³ Informator.hr: The impact of the COVID-19 disease epidemic on court proceedings, <https://informator.hr/strucni-clanci/utjecaj-epidemije-bolesti-covid-19-na-sudske-postupke>.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

COVID-19 epidemic has produced additional challenges for students with disabilities. In March 2020, all face-to-face education was stopped by the Ministry of Science and Education and replaced by distance learning for all students.⁹⁴ In May 2020, face-to-face education was partially restored for children in pre-school education and students attending lower elementary education (grades 1-4).⁹⁵ Distance learning was carried out through lessons broadcast on national TV and through on-line communication tools where teachers communicated with students (“virtual classrooms”).⁹⁶

According to the Ministry of Science and Education, teaching assistants for students with disabilities were not obliged to take part in the education carried out through distance learning.⁹⁷ Some teaching assistants nevertheless provided support during distance learning, even if they were not obliged to do so.⁹⁸ Teaching assistants themselves were in some cases put in a difficult position in several counties, where a decision was made that they will not receive their salary during the implementation of distance learning.⁹⁹

For the school year 2020/2021, the Ministry of Science and Education issued instructions in August 2020. (Models and recommendations for working in conditions related to COVID-19).¹⁰⁰

Specific details related to the work of institutions that implement special programs for students with disabilities have been set out. The founders have an important role in organizing the work, and in Croatia they are most often cities and municipalities. If required by conditions regarding premises, the founder, based on the proposal of the director, is obliged to provide children with disabilities with support from an assistant (third educator), or professional communication mediator or support staff for care and

⁹⁴ Decision on the suspension of teaching in higher education institutions, secondary and primary schools and the regular operation of pre-school education institutions and the establishment of distance learning (Official Gazette, 29/2020) https://narodne-novine.nn.hr/clanci/sluzbeni/2020_03_29_670.html.

⁹⁵ Decision on the manner of teaching in primary and secondary schools as well as in higher education institutions and the performance of regular work of pre-school education institutions (Official Gazette 55/2020) https://narodne-novine.nn.hr/clanci/sluzbeni/2020_05_55_1094.html.

⁹⁶ Ministry of Science and Education: Instructions to all primary and secondary schools regarding the continuation of the organization of distance learning, https://mzo.gov.hr/UserDocImages/dokumenti/Vijesti/2020/Upute%20MZO-a_13_03_2020.pdf.

⁹⁷ Ministry of Science and Education: Distance learning - Frequently asked questions and answers, <https://skolazazivot.hr/nastava-na-daljnu-cesta-pitanja-i-odgovori-28-3-2020/>.

⁹⁸ Adult education Institution IDEM: Distance learning in the situation of crisis and the role of teaching assistants, <https://www.ucilisteidem.hr/skola-na-daljnu-u-kriznim-uvjetima-covid-19-i-uloga-pomocnika-u-nastavi-2-2/>.

⁹⁹ Preporod union: “We spoke with Iva Tadić, president of the Association of Teaching Assistants”, <http://sindikatsindikat-preporod.hr/razgovarali-smo-s-ivom-tadic-predsjednicom-udruga-pomocnika-u-nastavi/>.

¹⁰⁰ [https://mzo.gov.hr/UserDocImages/dokumenti/Modeli%20i%20preporuke%20za%20provedbu%20nastave%20u%202020-2021%20\(29.8.2020\).pdf](https://mzo.gov.hr/UserDocImages/dokumenti/Modeli%20i%20preporuke%20za%20provedbu%20nastave%20u%202020-2021%20(29.8.2020).pdf).

accompaniment. The founder is obliged to consider the need to change the structure of classes, or the need to separate students into two or more classes, or educational groups for children with disabilities.

For pupils who “cannot attend classes due to major motor difficulties or chronic diseases”, and for whom the school has obtained approval of the Ministry for the organization of classes at home, classes can be held at the student's home or at a distance. Teachers who will teach at home with their parents agree on whether it can be held in the student's home or at a distance.

Before the beginning of the new school year 2020/2021, the Instructions of the Croatian Public Health Institute for kindergartens, primary and secondary schools in the school year 2020/2021 were published.¹⁰¹ The entry of parents of children with disabilities into kindergartens and schools (1st grade of primary school) is regulated. For students who are included in special programs according to the model of partial integration, educational work is held exclusively in a special classroom in order to reduce the risk of infection and protect, by applying epidemiological measures, the health of students. Additional educational programs for children and youth with disabilities are implemented exclusively within the same class / educational group, as well as those rehabilitation programs that are implemented in groups.

On 7 December 2020, the Ministry of Labour adopted the Guidelines for the Prevention and Suppression of the COVID-19 Epidemic for providers of residential services for children, pregnant women or parents with a child up to one year of age, the homeless, victims of violence or trafficking and addicts within the social welfare system.¹⁰² The guidelines state that the COVID-19 Epidemic Prevention and Suppression Guidelines for the work of Preschool, Primary and Secondary Schools in the academic year 2019/2020 apply to social service providers who also implement education programs for children with disabilities in the academic year 2020/2021.¹⁰³ Rehabilitation programs for children with disabilities carried out by professionals in kindergartens and schools can be carried out individually in the working premises of professionals in compliance with all epidemiological measures.

Teaching at universities began in accordance with the Recommendations for teaching at higher education institutions in the period of the COVID-19 epidemic with the application of anti-epidemic measures (Croatian Public Health Institute 21.8.).¹⁰⁴ The priority was given to on-site / face to face classes, and online classes are only exceptionally conducted.

¹⁰¹ <https://www.koronavirMus.hr/upute-hzjz-za-vrtice-osnovne-i-srednje-skole-u-skolskoj-godini-2020-2021/770>.

¹⁰² <https://www.koronavirus.hr/upute-za-sprjecavanje-i-suzbijanje-epidemije-covid-19-za-pruzatelje-usluge-smjestaja-djece-trudnica-ili-roditelja-s-djetetom-do-godine-dana-beskucnika-zrtava-nasilja-ili-trgovanja-ljudi-i-ovisnika-u-sustavu-socijalne-skrbi/876>.

¹⁰³ <https://mzo.gov.hr/vijesti/upute-za-sprjecavanje-i-suzbijanje-epidemije-covid-19-vezano-za-rad-predskolskih-ustanova-osnovnih-i-srednjih-skola-u-skolskoj-godini-2020-2021/3909>.

¹⁰⁴ Croatian Public Health Institute and University of Zagreb: Recommendations for teaching at higher education institutions during the COVID-19 pandemic, http://www.unizg.hr/fileadmin/rektorat/Novosti_press/Vijesti_velike/Rektorat_dogadjanja2020/2020_31_08_PREPORUKE_visoka_ucilista.pdf.

On 27 November 2020, an amendment to the Recommendation was adopted, according to which the basic recommended form is online teaching,¹⁰⁵ "with the exception of practical classes, student internship, laboratory classes and field classes". There are no specific instructions for students with disabilities in the recommendation.

Student internships can be organized in accordance with the Recommendations for undergraduate, graduate and postgraduate teaching at higher education institutions (universities, polytechnics and colleges) with regard to the COVID-19 epidemic of May 2020.¹⁰⁶ In the examination process, it is necessary to provide personal assistant support to students who are entitled to receive such assistance. Here exists an increased risk of infection' and it is considered even more important to organize distance classes and exams for students using personal assistance.

The organization of classes was also affected by the earthquake in Zagreb, where the largest university is located, so some buildings were damaged (for example, the Faculty of Law) and classes could not be held there. After the earthquake in Petrinja (in December 2020), two faculties were damaged (Teacher's Faculty in Petrinja and Mechanical Faculty in Sisak).

12.2 Impact of the COVID-19 crisis

According to the data from the Ministry of Science and Education, 27 863 students with disabilities were enrolled in this school year (2020/2021), out of a total of 458 629 students, which represents a share of 6 %.¹⁰⁷ The number of students with disabilities graduating from high school this year is 690. At the first state "matura" (baccalaureate) 2009/2010, 113 students with disabilities or applicants with disabilities took the exams, and in 2019/2020, there were 801 candidates with disabilities.¹⁰⁸

Although the Ministry of Science and Education provided basic instructions for university students and universities in the academic year 2020/2021, during the conference on students with disabilities (5 December 2020) it was stated that "laws and regulations do not prescribe the forms and methods of providing accommodation for students with disabilities". In practice, accommodation still depends on the goodwill of professors, students do not know what they are entitled to, and both sometimes feel that the solution is to be exempt from performing certain tasks.¹⁰⁹ This issue is not related only to COVID epidemic, but has now become clearly visible.

Although there is no systematic research, some experiences have shown the benefits of online classes for university students with disabilities. "Easily accessible teaching materials, online consultations without waiting in line and lectures we can

¹⁰⁵ Croatian Public Health Institute and University of Zagreb: Recommendations for teaching at higher education institutions during the COVID-19 pandemic - Amendments, http://www.inf.uniri.hr/images/naslovnica/2020/Nadopuna_Prepоруka_za_odrzavanje_nastave.pdf.

¹⁰⁶ https://www.hzjz.hr/wp-content/uploads/2020/03/Sveucilista_nastava_8-5.pdf.

¹⁰⁷ Ministry of Science and Education: Data on schools (E rudnik application) <https://app.powerbi.com/view?r=eyJrIjoizWE3YTE4OWQtOWJmNC00OTJmLWE2MjktYTQ5MWJlNDNiZDQ0liwidCI6IjJMTFJmNjLWI3NjEtNDVhYi1hOWY1LTRhYzc3ZTk0ZTFkNCIsImMiOiJh9>.

¹⁰⁸ National Centre for External Evaluation of Education: International day of persons with disabilities, <https://www.ncvvo.hr/medunarodni-dan-osoba-s-invaliditetom/>.

¹⁰⁹ Ombudsman for persons with disabilities: Conference "Challenges of going to university for students with disabilities", <https://posi.hr/strucni-skup-izazovi-studiranja-s-invaliditetom/>.

listen to from the comfort of your room have certainly helped students with disabilities and everyone else. We should be able to draw something positive from bad events that could be used to improve the quality of work in better times.”¹¹⁰

The Minister of Science and Education Radovan Fuchs¹¹¹ stated in January 2021 that classes in primary and secondary schools will begin on 18 January 2021. For students in lower grades of primary schools, as well as for fourth grade students at secondary schools, classes will be held in person, and for others online.

A special problem are the schools damaged by the earthquakes in 2020. The problem of accessibility of replacement schools, availability of broadband connection for online education and appropriate tools for implementation of online education for children with disabilities remains. Also, with the departure of children with disabilities from the areas affected by earthquakes, they are being separated from their teaching assistants. These data are constantly updated and there is no precise data on students (including those with disabilities), because an increasing number of them are dropping out of schools in this area and temporarily moving to other parts of Croatia.

¹¹⁰ Croatian association of organizations of youth and students with disabilities: Corona and students with disabilities, <https://www.savezsumsi.hr/index.php/novosti/91-istrazili/311-korona-i-studenti-s-invaliditetom>.

¹¹¹ Ministry of Science and Education: From January 18 face to face education for students of first four grades of elementary schools and final grades of secondary schools, <https://mzo.gov.hr/vijesti/nastava-18-sijecnja-za-ucenike-nizih-razreda-osnovnih-i-za-maturante-licem-u-lice/4124>.

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

Since the beginning of 2020, the Croatian Employment Service (CES) has adopted employment measures for persons with disabilities based on the Guidelines for the Development and Implementation of Active Employment Policy in the Republic of Croatia in the Period for 2018-2020. The CES implemented the following active employment policy measures: employment subsidies; training grants; self-employment benefits; education of the unemployed; on-the-job training, measures for gaining first work experience / internship; public work; support for job preservation and permanent seasonality. Most persons with disabilities are still included in the measure Public work -160 of them (31.2 % of the total number of persons with disabilities included in measures) - although the number of persons included in the measure decreased by 60.7 % compared to the same period last year. A total of 81 persons with disabilities are employed with employment subsidy (23.8 % of all persons with disabilities included in measures)

On 1 January 2021, the new By-law on Incentives for the Employment of Persons with Disabilities enters into force¹¹² (Official Gazette 145/2020). Incentives are provided and paid by the Institute for Expertise, Professional Rehabilitation and Employment of Persons with Disabilities. The implementation of the by-law coincides with the COVID epidemic and its consequences.

Incentives include subsidies for salaries of persons with disabilities, co-financing of education costs, co-financing of architectural adaptations and technical adaptations, subsidies for contributions for compulsory health insurance, financing of expert support costs, subsidy for the sustainability of self-employment of persons with disabilities, co-financing of transport costs for persons with disabilities, co-financing of labour costs of experts and work instructors in integrative workshops and protective workshops.

The Croatian Employment Service passed on 29 July 2020 measures with the objective to preserve the jobs of employees with disabilities for the period July-December 2020, and on 8 January 2021 these measures were extended for the period January-June 2021. The main goal is to preserve jobs among employers whose economic activity has been disrupted due to a special circumstance caused by Coronavirus (COVID-19), up to HRK 4 000 per worker; this applies to protective workshops, integrative workshops and work units for the employment of people with disabilities, regardless of the sector in which they operate.¹¹³

In March 2020, due to the COVID-19 epidemic, the Ombudsman for Persons with Disabilities and the Ministry of Demography, Family, Youth and Social Policy

¹¹² https://narodne-novine.nn.hr/clanci/sluzbeni/2020_12_145_2804.html.

¹¹³ Croatian employment service: Support for job preservation in sheltered workshops, integrative workshops and work units for the employment of persons with disabilities, <https://mjera-orm.hzz.hr/potpورا-za-zaposljavanje-osoba-s-invaliditetom/>.

recommended that employers¹¹⁴ organize work processes in a way to enable work from home to employees who, due to their chronic diseases, autoimmune diseases or other health problems and disabilities, represent a particularly vulnerable group of citizens. The possibility of more flexible work was also offered to persons who take care of their family members from this category of persons or live in a joint household. If it is not possible to organize work from home in some cases, it is recommended that employers provide the most appropriate and adapted conditions that will ensure health protection and prevention. These are recommendations, not binding regulations.

13.2 Impact of the COVID-19 crisis

On 31 December 2020, a total of 159 845 unemployed persons were registered in the records of the Croatian Employment Service. Of this number, 6 231 persons were persons with disabilities, which is 3.9 % of the population of unemployed persons registered in the records of the employment service. In 2019, 5 948 persons with disabilities were registered.

According to the Croatian Employment Service data from 1 January to 31 December 2020, through the mediation of the Croatian Employment Service, a total of 148 684 persons were employed, of whom 2 475 were persons with disabilities. Compared to last year, this is a decrease of 12.2 %.¹¹⁵ The decline in the number of employees is also visible in the general population and can be attributed to the COVID-19 epidemic.

In 2020, a total of 1 019 persons with disabilities were involved in active employment policy measures. Measures relating to inclusion in public works (388) and employment subsidies (330) were most used. Subsidies for the preservation of persons with disabilities' jobs are important in the context of the COVID-19 epidemic but were used by only 19 persons.¹¹⁶

The impact of the COVID epidemic on the employment of persons with disabilities was also explored in the survey "Persons with disabilities during the epidemic".¹¹⁷ 89.7 % of respondents stated that during the COVID-19 epidemic they did not lose their jobs, and 10.3 % stated that they lost their jobs (p. 10).

In 2020, in the conditions of the COVID-19 crisis, the Government exempted some employers from paying compensation for not fulfilling the quota and reallocated the unspent funds of the Institute for Expertise, Professional Rehabilitation and Employment of Persons with Disabilities to measures to help the economy affected by the COVID-19 epidemic. In two cases, a total of HRK 450 million from the

¹¹⁴ Croatian employers' association: Recommendation regarding work from home of persons with disabilities and their close family members accepted, <https://www.hup.hr/prihvacena-preporuka-poslodavcima-za-rad-osoba-s-invaliditetom-i-njihovih-bliznjih-od-kuce.aspx>.

¹¹⁵ Croatian Employment Service (2020), Report on the Activities of the Croatian Employment Service in the Employment of People with Disabilities in the Period from 01 January to 31 December 2020, Zagreb. <https://www.hzz.hr/statistika/statistika-zaposljavanja-osobe-s-invaliditetom.php>.

¹¹⁶ Croatian Employment Service: Statistics regarding employment of persons with disabilities, <https://www.hzz.hr/statistika/statistika-zaposljavanja-osobe-s-invaliditetom.php>.

¹¹⁷ Centre for the development of values: Persons with disabilities during COVID-19 pandemic, https://www.hzjz.hr/wp-content/uploads/2020/03/Rezultati_istrazivanja_Osobe_s_invaliditetom_u_vrijeme_COVID_19.pdf.

Institute's budget was reallocated to measures for the payment of part of the salary to employers affected by the epidemic. At that time, these incentives were used by 400 employers, mostly on the open market, as well as seven sheltered workshops and four integrative workshops, according to the annual report on the activities of the Institute. Employers who used the incentives employed 1 335 persons with disabilities.¹¹⁸

The problem is that despite this reallocation of funds, significant unspent funds from the quota system remain. In 2020, during which part of the employers were exempted from the obligation of quota employment or those obligations were reduced, while the expenses of those who had obligations were reduced, as much as HRK 643 million was transferred from 2019.¹¹⁹ The problem is that from year to year, the amount of unspent funds that the Institute transfers grows. Thus, in 2017, its budget was increased by HRK 249 million, which were not spent in 2016. In 2017, the amount of unspent funds transferred to 2018 amounted to almost HRK 384 million, while that business year ended with a surplus of over HRK 496 million. Thus, the funds that were not spent were reallocated for other purposes.

Association of organizations of persons with disabilities, other organizations and the Ombudsman for Persons with Disabilities warned about this situation.¹²⁰ The reaction to these protests was a partial transfer of unspent funds to the Croatian Employment Service, but the exemption from obligation of paying funds for the employers who do not fulfil quota employment remains. The decision on the allocation of the funds for financial compensation due to non-fulfilment of the quota employment obligation for persons with disabilities,¹²¹ has entered into force on July 29, 2020. For the purpose of preserving jobs and keeping workers in employment, unspent funds in the amount of HRK 20 million are intended for the implementation of active employment policy measure "Support for preserving jobs in sheltered workshops, integrative workshops and employment units for persons with disabilities, whose activity was affected by COVID-19 epidemic", within the competence of the Croatian Employment Service.

According to the opinion of representatives of protective workshops, the "Croatian Employment Service measure "Subsidy for preserving jobs" will remain inaccessible to integrative and protective workshops, although this measure has been possible precisely because of the money originally intended for professional rehabilitation and employment of persons with disabilities, until the adoption of the Act on Amendments to the Act on Professional Rehabilitation and Employment of Persons with Disabilities."¹²²

The main problem is that a large number of institutions for the rehabilitation of persons with disabilities (among them the largest in Croatia: URIHO) cannot meet the tender criteria. Namely, a part of the funds for the salaries of persons with disabilities

¹¹⁸ Annual report of the work of the Institute for expertise, professional rehabilitation and employment of PWD (2020).

¹¹⁹ Amendments to the By-law on establishing the quota for employment of persons with disabilities (Official Gazette, 75/18, 120/18, 37/20).

¹²⁰ Ombudsman for persons with disabilities: Press release, <https://posi.hr/priopcenje-povodom-odluke-ministra-rada-i-mirovinskoga-sustava-o-prenamijeni-sredstva-prikupljenih-od-poslodavaca-zbog-neispunjenja-obveze-kvotnog-zaposljavanja-osoba-s-invaliditetom/>.

¹²¹ Official Gazette 90/20, https://narodne-novine.nn.hr/clanci/sluzbeni/2020_08_90_1746.html.

¹²² URIHO organization: Meeting regarding By-law on determining the quota for the employment of persons with disabilities, <https://uriho.hr/udruga-osvit-sastanak-na-temu-pravilnika-o-utvrdivanju-kvote-za-zaposljavanje-osoba-s-invaliditetom/>.

are received from the founders (local authorities), and a part is earned on the market. Since in the start of the COVID-19 epidemic, the funds they earn by selling products and services are not enough, and they are therefore left without the funds needed for normal operation. In institutions where the financial support of the founders (local authorities) is not narrowly specified (a lump sum grant is given for the work of the institution), they can receive the subsidy for the preservation of jobs (for example, Souvenir Sirač).

14 Good practices and recommendations

14.1 Examples of good practice

1. A positive example is the very active engagement of the Ombudsman for Persons with Disabilities for the entire duration of the COVID epidemic. She was the best and loudest representative of persons with disabilities, warning about their treatment, limitations or problems they faced. In doing so, she made reasoned proposals for amendments to national measures. Her suggestions were very often accepted. Examples of her instructions and proposals can be found in all parts of this report. It concerned the protection of fundamental human rights, the right to independent living, ensuring basic social rights, education, employment, etc. Her role in this epidemic showed how important it was that the institution of the Ombudsman for PWD was not abolished, which was a proposal 10 years ago.
2. Civil society organizations played an important role in helping people with disabilities during the COVID-19 epidemic. The Croatian Society of Sign Language Translators for the Deaf has formed a team composed of long-term and highly qualified Croatian Sign Language Translators, so that deaf persons and persons with hearing difficulties can contact medical services in case of suspicion that they may be infected with COVID-19. The translation is carried out online, by video calls of deaf persons and persons with hearing difficulties to the regional coordinators, so that the entire territory of the Republic of Croatia is covered and that the translators themselves would not be exposed to unnecessary risk of infection. These organisations also found new forms of communication. Instead of a mask, they recommended the use of a visor, because it is not possible to communicate with the mask in sign language (Croatian Association of the Deaf and Hard of Hearing). Members of the DODIR Association organized the help of a deafblind person in their families (they brought groceries and other necessities). This was a special challenge because it is not possible to maintain physical distance when communicating with deafblind people.

14.2 Recommendations

1. Involvement of persons with disabilities in the preparation and implementation of plans for the situation of crisis and emergency. In addition to experts and state representatives, representatives of the umbrella national associations of persons with disabilities or a representative of the office of the Ombudsman for Persons with Disabilities should certainly be included. Persons with disabilities are a risk group due to various impairments. It is necessary to plan and develop an alarm system that would be accessible and understandable to persons with disabilities, including the method of their evacuation and subsequent accommodation. Special attention should be paid to situations with multiple risks (epidemic, earthquake, economic crisis). In such situations, resolving one issue may open up problems in another area.
2. Institutions in which persons with disabilities are housed are most often defined as “homes for the elderly and infirm”. Universal approach to restrictions and their lifting, where all persons in these institutions are treated the same, should

be avoided. This relates to their capabilities and freedom of responsible mobility. The right solution is to accelerate the process of deinstitutionalization, while strengthening the support for independent living in the community.

3. In order to analyse all the short-term and long-term consequences of the epidemic, it is necessary to collect all the necessary data and make them available to researchers and to the public. New research needs to be encouraged that could provide deeper insights into the consequences of the COVID-19 epidemic on persons with disabilities. For example, the extent of domestic violence against PWD, the final effects (impact) of the adopted measures on employment or retention of employment, the effects of online teaching on children with disabilities, advantages and disadvantages of online communication with public services (and necessary competencies for all persons with disabilities).

14.3 Other relevant evidence

Not applicable.

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