**Input for the Annual Thematic Study Based on Human Rights Council resolution 49/12 on the Persons with Disabilities**

**Info Submission**

**to the Office of the High Commissioner for Human Rights**

**Submitted by**

**The National Human Rights Institution – Public Defender
(Ombudsman) of Georgia**

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1(a). **Does your country have laws, policies, plans, strategies or programmes at any level of government relating to individualized support for persons with disabilities? In particular, initiatives related to:**

1. *Communication:* Support to overcome barriers that limit the ability to communicate and be understood (e.g., sign language interpretation, tactile interpretation, assistive technology and software, easy-to-read and plain language, captioning, augmentative and alternative communication, among others).

Persons with disabilities in Georgia still face obstacles in accessing various services, including public sector services and websites. This is a direct consequence of the fact that Georgia has not yet adopted relevant legal and regulatory components harmonized with the EU approach, web usability and accessibility standards (including WCAG standard, AA level) have not been implemented for all state agencies.[[1]](#footnote-1)

Proper communication with persons with disabilities is also a problem in practice. Only the LEPL Public Service Hall has developed a guideline by which employees included in its system are trained on how to communicate with persons with different types of disabilities.

In addition to this, until now, the shortage of sign language interpreters in the country remains a challenge. The sign language interpreter service provided by the current central program is insufficient and people in some rural areas cannot benefit from it at all. The sub-program provides a limited list of public institutions (services by other institutions are available only in emergencies). Nevertheless, it is impossible to meet the existing needs with 1-2 sign language interpreters in the region. Low wages (on average, 350 GEL per person) should be considered here, especially in conditions when their transportation costs are not provided.[[2]](#footnote-2) It is noteworthy that the process of licensing sign language interpreters has started with the involvement of the Ministry of Education and Science of Georgia. Hopefully the process will benefit the quality of service and promote increased number of sigh language interpreters.

Another problem is that modern assistive technologies promoting communication are not widely introduced. The central state program includes only providing smartphones for people with hearing loss and hearing aids.[[3]](#footnote-3) Blind People and people with visual impairments do not have adequate technical support. In general, the level of public awareness of assistive devices/technologies is low. It should be underlined, that almost no information is processed in easy-to-read formats.

Based on the above, the government should ensure the development of the necessary standards for access to information, means of communication and various services for persons with disabilities.

1. *Decision-making*: Support to make decisions and exercise legal capacity. This includes assistance to: (a) obtain and understand information, (b) evaluate the possible alternatives and consequences of a decision, (c) express and communicate a decision, and/or (d) implement a decision (e.g., support agreements, peer support, self-advocacy support, advance directives, crisis support, financial management assistance, among others).

Georgia had used plenary guardianship for people with psychosocial needs for a long time, which involved taking away the person’s legal capacity. After the changes were made to the Legislation in 2015, the institution of legal guardianship was reformed, and legal capacity was guaranteed for all, but it was recognized, that some people might need support in the process of its implementation. Subsequently, those people with psychosocial needs are now declared as support recipients by the court according to the procedure prescribed by the Civil Rights Code of Georgia. After the Reform, issues related to legal capacity are mainly regulated by the Civil Rights Code of Georgia and the Law of Georgia on Psychosocial Needs Assessment. The responsible state authority for monitoring is the LEPL Agency For State Care and Assistance For the (Statutory) Victims of Human trafficking.

The Public Defender evaluated implementation of the reform in its Special Report published in 2016.[[4]](#footnote-4) Based on the gaps and challenges identified during the research, relevant recommendations were also developed. Unfortunately, results of the work of the Office of Public Defender prove, that situation has not meaningfully changed after 2016 and challenges and subsequent recommendations enshrined in the Report, remain relevant.

More specifically, the results of the Research conducted by the Public Defender revealed, that mostly legislation of Georgia complies with the content of article 12 of Convention on the Rights of Persons with Disabilities, however, there are many flaws and problems at the practical level of its implementation, to the extent that the report was called: a reform without implementation. Among other gaps, it must be mentioned, that there is a templated and almost identical content to court decisions that mostly all involve rights interference, supporters are not trained before appointment, recipients of the support are not properly informed about essence of the institution of support, the public sector awareness about the nature and content of support is also low, oversight on the activities of the supporter is not sufficient. Problems occurred at the legislative level as well. Among them, are parental and some related rights, as well as the restriction of right to hold a position in public service.

The research, “The Assessment of Legal Capacity Reform Legislation and Practice’’,[[5]](#footnote-5) was prepared in 2021 by CSOs in Georgia, which identified the challenges associated with the implementation and legislation of the support institution, including those mentioned in the 2016 report by the Public Defender.

Recent research has shown that in practice, a person with disabilities is not effectively involved in decision-making processes. Furthermore, legislation is often vague and allows for different interpretations in the absence of a proper explanation. An important issue in the context of Georgia is the establishment of multidisciplinary approaches in the evaluation process, by law and emphasizing that one of the purposes of assessment is the identification of the needs of the individual. Due to the problematic nature of these issues, the state needs to take measures to eliminate them in the shortest period.[[6]](#footnote-6)

As for support agreements, peer support, self-advocacy support, advance directives, crisis support, and financial management assistance, among others, these forms have not been directly provided by law, but some aspects, such as peer support and self-advocacy support elements are covered by the new 2022-2030 State Mental Health Development strategy,[[7]](#footnote-7) implementation of which will be evaluated gradually from the end of the year.

1. *Mobility*: Support for personal mobility and access to affordable and available quality mobility assistance (e.g., mobility aids, assistive technologies and products (prostheses, orthotics, wheelchairs), animal assistance, point-to-point and paratransit transport, among others).

Every year, the Government of Georgia issues an ordinance approving “The state Program for Social Rehabilitation and Child Care”. It represents a main state program which includes sub-programs targeted to the individual needs of persons with different disabilities. Among others the program provides assistive devices, which includes mobility aids, assistive technologies and products. The program includes the components of provision of wheelchairs and employment assistance to persons with disabilities, provision of prosthetic and orthopedic devices, hearing aids, technical equipment (smartphone) with the function of video conferencing for people with hearing loss and persons with hearing difficulties, as well as crutches, forearm crutches, walkers, canes and walkers for blind people and the component of providing glasses.

Numbers of times in her annual parliamentary reports, the Public Defender discussed the mentioned programs, both their challenges and their positive aspects.

In the latest report,[[8]](#footnote-8) the Public Defender noted that the services provided by the state social rehabilitation program have not changed substantially. As sub-programs are not based on statistical and research data, it is still difficult to cover all children and adults with disabilities across the country with relevant needs.  Most of the target groups living in rural areas lack opportunity to receive services depending on their place of residence. In a large part of the sub-programs, there are lines of those who are waiting to be enrolled. The fact that the sub-programs are not based on statistical data is to some extent reflected in the fact that, despite the demand, it is not possible to fully utilize the allocations (money) allocated by the state program every year.

Taking into consideration importance of targeted programs, the Public Defender of Georgia published a special report on the Analysis of the Social Rehabilitation and Child Care State Programs 2018-2020.[[9]](#footnote-9)

As a result of the complex study of the program following findings were made in terms of assistive devices:

* The 2018-2020 program ensures the provision of a basic mechanical wheelchair without adjusting it to the needs of the user. The cost of the voucher issued by the state includes only the transfer of the wheelchair and does not cover other components of the related service (arrival to the customer/delivery, use of additional details, adjustment). Often (especially in case of a beneficiary living in the region) the type and size of the wheelchair is selected not on the basis of in person meetings and in-depth assessments, but on the basis of data collected through the telephone communications. This service does not comply with the guiding principles of the World Health Organization; however, it is noteworthy, that in 2021, “Minimal standards for Assistive Devices and Technologies” had been approved by the Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (N01-43/ნ), following its implementation some shortcoming mentioned above, must be eliminated. The program also provides electronic wheelchairs, but with certain prerequisite health conditions, which in some cases becomes disputable for persons with Disabilities themselves
* In case of providing prostheses and orthotics, there are some basic challenges as well. Namely, there is no systematic database of persons in need of prosthetics. In addition, in case of limb amputation by the clinics, the person is not referred to the appropriate service, which would facilitate the proper planning of the process and increase the effectiveness of the component of subprogram. The program does not ensure the geographic accessibility. Since it includes several components (selection, manufacture, adjustment), a person with disabilities living in the region has to visit City Centers at least 2-3 times for the necessary procedures. In addition, the component provides individual teaching and special training, which lasts 10-15 days in case of first time prosthetics. Consequently, if a person does not have sufficient financial resources, s/he has to postpone the prosthetic process, or receive partial/incomplete services.
* In case of hearing aids, there is an inequality in the approach to the older people, which is determined according to the old-age pension. The significant problem is the systematic change of hearing aid batteries, the purchase of which is the burden for socially vulnerable families. An important component of this program is the individual adjustment of the hearing aid and at least 2 visits are required to fully adjust the ear device. Not sufficient Geographical coverage of the service in this regard is an issue as well. The element of Cochlear implant does not cover the costs of additional auxiliary materials (processors, batteries, etc.) that are necessary for the smooth functioning of the implant and require significant financial resources.
* Element of providing with canes for blind people is one of the most challenging programs. Despite the many aspects of the issue, it can be unequivocally stated that there is no demand for canes for the blind purchased under the sub-program 3 years ago and in recent years it has not been issued. Despite years of discussion, there is still no answer as to what parameter canes should be issued and what follow-up services should be provided under the component of the sub-program. Beneficiaries suggest that existing canes are useless and there is no point in benefiting from the program, In addition, the Ministry considers the existence of a stock of already purchased canes to be a problem, although the reason is unclear, as the supportive devices purchased by the state is proven to be useless for blind people. Therefore, in relation to the existing supplies and new purchases, a decision should be made according to the needs of these individuals - to provide the blind persons with assistive devices (in this case, a cane) acknowledged by international standards. It is also important for the program not to be focused only on the purchase of assistive devices, but to also include training on its use.[[10]](#footnote-10)

The research Conducted by the Public Defender of Georgia evaluating implementation of state care and rehabilitation programs contains recommendations to overcome the above-mentioned gaps and challenges.

1. *Assistance with daily living activities*: Support to assist persons with disabilities in a one-to-one human relationship to perform daily life activities like getting up, bathing, dressing, grooming, going out, cooking, cleaning, guiding, shopping, or doing laundry (e.g., full or part time professional personal assistance, third person support allowance, informal personal assistance, household cleaner, among others).

The Georgian Parliament adopted the Law "On the Rights of Persons with Disabilities" in 2020, which calls for the implementation of the Service of Personal Assistants in all municipalities by 2025. Before its implementation, it is necessary to understand that the personal assistant service should help disabled people to integrate into society, to overcome the economic and cultural barriers they face. A personal assistant provides appropriate assistance to a person with disabilities to improve the quality of independent life and increase control over their own life, as well as in education, the workplace, using public services or carrying out daily activities. Therefore, its role should not be equated with a home care program.

As for the helper, a home care program is implemented only in several municipalities and by non-governmental organizations, although it is not intended directly for people with disabilities, but for socially vulnerable families, which may include a person with disabilities. However, the service does not involve helping a person every day, but limited visits. In addition to this, the home care service operates only in a few municipalities, but even in these municipalities, not all people in need can participate in it. Because the home care program is not available in every region. There is still no state-approved standard for home care, unlike the standard for personal assistant services, which has been recently approved. [[11]](#footnote-11)

At the central level, the program Promoting communication and providing smartphones for people with hearing difficulties is also active. This program aims to improve the functional independence of persons with hearing loss. One of the activities of the program is informing persons with hearing loss through sign language interpreters about various services provided by the state and facilitating communication between them. However, the program is not available for everyone in need and is not sufficient to achieve the goal of proper social inclusion.[[12]](#footnote-12)

As for the escorts for blind persons, the mentioned program is provided only by the City Hall of Tbilisi Municipality, but it minimally covers the needs of the target group. Each beneficiary can use the escort only for a limited and short period.

Other types of programs, including funding for hiring an assistant, do not apply. Consequently, before the launch of the Personal Assistant Program and home care program in every municipality, with relevant state standards, there is no effective assistance program that would cover existing daily needs of persons with disabilities on a fair basis, which obviously represents a huge barrier for ensuring their independent living.

1. *Housing and accommodation*: Support in relation to housing and living arrangements in the community, including home modifications (e.g., housing information and assistance, home support, supported living services, financial support for housing, among others).

Housing for persons with Disabilities is mainly provided under State Care Services. There is a Community Service sub-program under the Social Rehabilitation and Child Care State Program, which delivers hosing and care service for maximum 24 beneficiaries. The mentioned sub-program also includes element to provide family-type independent living support service component, which offers family-type housing for no more than 6 beneficiaries in the same housing. As of December 2020, 10 organizations (8 - in Kakheti region, 1 - in Tskaltubo and 1 - in Tbilisi) were registered as providers of community services for persons with disabilities, for 191 persons with disabilities, and for family type community service - 6 houses of one organization (4 - in Gurjaani and 2 - in Tbilisi) for a total of 30 people with disabilities. The letter Component is declared by the state as a priority and is intended to be enlarged.

Community Organization and independent living programs also have number of shortcomings apart from waiting lines of persons with disabilities in need of the service: Community services include services for both persons with disabilities and the older people. Although these services are differentiated according to the registration of organizations, they do not differ with sub-program activities. Therefore, it is advisable to set different goals and activities for different categories of beneficiaries. Given the reality of the relevant period (already registered services), the standard of community service was set for no more than 24 beneficiaries, and at this stage the community representatives agree that this service fails to support the independent life of these individuals. Due to the fact that various targeted services are not developed in the country, in some cases the so-called bed-ridden patients are included by the community services, which does not meet the objectives of the sub-program. Although there is a standard for community services, there is no systematic monitoring of services aimed at evaluating multiple, beneficiary-focused services, rather than controlling the administrative functioning of the service.[[13]](#footnote-13) Despite State Declared policy, the number of people enrolled in the family type independent living program, is still low.

Despite state’s long declared deinstitutionalization policy, large-scale institutions are still functioning in the country. There are 3 large institutions for adults with Disabilities with more than 60 beneficiaries each. At this stage, the activities aimed at deinstitutionalization are insufficient and the appropriate strategy and action plan have not been approved yet. Along with large institutions of state care, the deinstitutionalization of the psychiatric field is also a big challenge.

Apart from the mentioned State programs, few housing programs are available to homeless people, including people and families with Disabilities, at the municipal level, although not all municipalities offer them and they rarely take into consideration needs and requirements of persons with different types of disabilities.

In the context of hosing programs for persons with disabilities, it should be mentioned, that the housing problems of the homeless in Georgia remain unchanged from year to year. The country has not yet developed a housing strategy and action plan, there is no concept of a homeless person in line with international standards, there are no mechanisms for the prevention of homelessness, as well as information about the extent and forms of homelessness.

In the absence of a unified housing policy by the central government and the absence of relevant statistical information, individual municipalities are trying to establish homeless registration and housing regulations in their territory. The mentioned steps are only fragmentary attempts to solve the problem. During the monitoring carried out by the Office of Public Defender of Georgia in 2022, it was revealed that the vast majority of social housing completely or partially ignores the needs of persons with disabilities. A special report on the implementation of housing services in Georgia in terms of disability rights will be published soon.

It is noteworthy, that the Public Defender has been working for years in the direction of deinstitutionalization and issues relevant recommendations. In her later parliamentary report the Public Defender noted that it is crucial for the state to timely complete the process of developing and approving deinstitutionalization strategy, where the mechanisms for the replacement of large institutions and existing community services with alternative care services for persons with disabilities, as well as the prevention of institutionalization will be provided.

1. *Family and household support*: Support to families and households with members with disabilities (e.g., informal support for persons with disabilities, including care-related work leave and capacity building for informal care and support, community-based network and community mobilization programmes, peer-support groups, localized intervention programmes, circle of support, early childhood support, respite care, among others).

There is no informal support provided to families and households with members with disabilities, community-based network and community mobilization programmes, peer-support groups, localized intervention programmes or circle of support. In terms of work-related leave, according to the Labour Code of Georgia, the legal representative or supporter of a disabled person has the right, in addition to rest days, to take advantage of an additional paid rest day once a month or to agree with the employer on working hours different from those stipulated by the labor regulations.[[14]](#footnote-14) It is also prohibited to oblige employee who is a supporter or legal representative of a person with Disabilities or person with disabilities himself to perform overtime work without their consent.[[15]](#footnote-15)

As for other family support programmes, The State Program on Social Rehabilitation and Child Care provides early childhood development program and home care program for children with severe and profound mental retardation. The main goal of the early childhood development program is strengthening children and families, prevention of development of disability and abandonment”. The Objective of the sub-program is to "stimulate the development of children with disabilities, with developmental disorder or those at such risk, by provision of early intervention services, promoting inclusion in pre-school or general education programs or alternative services, and promoting social integration”. The target group of the sub-program are 0 -7 years old children with the signs of developmental delays (issues connected to the gross and fine motor skills, communication and speech, social-emotional and cognitive development and adaptive behaviour). The key challenges of the sub program identified by the Public Defender are related to the difficulties of timely identification of children belonging to the target group and of the referral to the sub-program. Most of the children engage in the sub-program from the age of 3, when certain developmental disorders/delays are already evident. In our reality, as a result of late referrals (mainly due to the lack of parental awareness), most children remain the sub-program participants until the age of 7.

Apart from this, majority of parents have no idea about the purpose, content and activities of the program at the time of joining the service. After completing the application for engagement in the program, parents do not know when the beneficiary will be actually involved in the sub-program. It is also a challenge for parents to apply for the services of the LEPL Agency for State Care and Assistance for (statutory) Victims of Human Trafficking at only one location: the mentioned unit is located in Tbilisi city centre, and it is difficult for citizens living in the suburbs to reach the agency. When providers have to visit families directly and the place of residence of these families is significantly away from the organization's area of operation, this often becomes a reason for refusing the provision of such services. Although early development services are not available in some municipalities, some parents still accept sub-program vouchers and take their children to other municipalities to receive the service. In addition to the fact that in those cases the child has to travel long distances, this also contradicts the content of the sub-program: it clearly states that the child (especially under the age of 3) should receive services in a natural environment.

It is also noteworthy, that as of December 2020, 555 children were waiting to be engaged in the sub-program, due to the restrictions introduced in the country.[[16]](#footnote-16)

1. *Disability-related extra costs*: Financial support to pay services and goods, including personalized budgets and direct payments (e.g., cash transfers beyond income replacement, additional funds to cover support services, among others).

Economic equalization mechanisms and financial benefits for persons with disabilities are not centralized. In general, fragmented financial support in this regard is covered by the budget of certain municipalities. However, this mostly involves one-time financial support and food baskets, which are not based on research on the needs of persons with disabilities, which puts people with various types of impairments in an unequal position and are not targeted to their needs. There are individual exceptions, for examples, in large municipalities, where local municipality programmes became more targeted to individual needs of persons with Disabilities. E.g. Tbilisi City Hall's voucher for resort services and program for children with autism in Tbilisi and only 5 other municipalities, that are more targeted, rather than charity based. It is also significant that there is no control and statistical processing of the data on what part of the budget funds is spent to support persons with disabilities.

Local municipality budget also provides in some cases and not in every municipality, some amount of money or finances certain services for persons with disabilities: money includes one-time financial aids, or support to pay taxes, as well as purchase of assistive devices, including wheelchairs or batteries for hearing aids and so on. Some municipalities are also engaged in the co-financing of home care or day care services.

 1(b). **What are the government institutions, departments and ministries in charge of budgeting, financing and implementing the above?**

In most cases, Care and rehabilitation services operational at the central level, are implemented and monitored by the Ministry of Internally Displaced persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia and State Agencies subordinated to the Ministry, such as LEPL Social Service Agency, LEPL Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking, LEPL Agency for the Promotion of Employment… Majority of the Services mentioned above are included in the State Program on Social Rehabilitation and Child Care, annually approved by the government of Georgia, implementation of which is managed by the LEPL Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking.

In case of providing hosing, apart from the Ministry, Local municipalities are also engaged. Specifically, local municipalities are in charge of providing housing for homeless people within the area of the specific administration. This also includes providence of housing for persons or families with persons with disabilities. However, those are not services, but merely shelters, housing or providence with relevant amount of money for renting houses.

According to the latest demand of the Law of Georgia on the Rights of Persons with Disabilities, Personal assistance service, which must be implemented throughout Georgia from 2025, will be delivered and financed by municipalities in line with the standards for personal assistant service for persons with disabilities approved by the Ministry of Internally Displaced persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. Local Municipalities are also engaged in co-financing of home care service, where such services are delivered by CDOs.

It is also noteworthy, that providing legal support to person with psychosocial needs is not paid in Georgia, which is one of the reasons why the reform is not successful in practice.

 1**(c). How is the social and solidarity economy (third sector, non-profit sector), particularly the disability sector, involved in budgeting, financing and implementing the above (1(a))?**

The involvement of persons with disabilities in political and public life remain challenging in every direction: including in terms of the functioning of local councils working on disability issues, as well as in the decision-making and budgeting process. The involvement of persons with disabilities in the decision-making process at both the central and municipal levels is formal. The monitoring of the activities of local councils created to the local self-governing bodies working on disability issues revealed that in spite of the obligations enshrined by the Government's Human Rights Action Plan approved by the Decree No. 182 of the Government of Georgia on April 17, 2018,[[17]](#footnote-17) and several recommendations of the Public Defender, effective operation/functioning of the councils remains problematic. Even though a council has been established in the majority of municipalities, and it mostly represents persons with disabilities and/or organizations working on their rights, information received shows that in 2021, deliberative meetings were held only in 25 municipalities.[[18]](#footnote-18) The main challenge is that municipalities do not collect information about how many suggestions or recommendations made by persons with Disabilities or their organizations within the framework of council had been shared and implemented by local authorities, making it impossible to assess effectiveness of their interventions. However, municipalities do cooperate with SCOs and OPDs, that are delivering service, but in most cases, those services are funded by donor organizations and municipalities only take responsibility of co-financing already established services.

As for engagement in the budgeting process, there is a formal procedure prescribed by Georgian legislation according to which citizens have opportunity to be engaged in the process of formation of the priorities of the next budgeting year (in March every year). Monitoring conducted by the Public Defender of Georgia and the meetings held in regions throughout the year, revealed, that citizens and especially persons with disabilities are not aware of this opportunity. On the other hand, the municipalities did not take measures to make the information available to them in accessible formats, neither have they took measures to provide the procedure itself in accessible formats for them. Accordingly, taking into account very poor functioning of the local councils, it is clear, that persons with disabilities are not properly included in the decision-making process.

 1**(d). How are persons with disabilities and their representative organizations involved in the design and monitoring of the above (1(a))?**

As mentioned above, despite the trend of increase of number of local municipal councils working on disability issues, their effective functioning and meaningful participation of PWDs and/or organisations within its work, remain problematic.

Apart from the local Councils, there is another means of participation of persons with Disabilities in the decision-making process and implementation of the Convention which is determined by the Convention itself. Such a Coordination mechanism (in line with Article 33 of the UN CRPD) for implementation of the Convention has been created only recently, on December 3, 2021, and held only few meetings with the engagement of OPDs and PWDs who are members of the relevant Committee. We hope that the mechanism will ensure meaningful participation of persons with Disabilities at the Central level in the policy formations and decision-making process.

Taking into consideration, that there are no formal guidelines on how to ensure meaningful participation of persons with disabilities in the country, as well as low awareness of state agencies about real concept of meaningful participation, it is mostly problematic to engage persons with disabilities in the law and policy making process both at local, as well as central levels. Subsequently, the Public Defender has to frequently remind state agencies to ensure PWDs’ participation in different directions. Among others, Public Defender of Georgia considered that the efforts aimed at ensuring equal, full and effective involvement of persons with disabilities and their organizations in the discussion of the draft law on the Rights of Persons with Disabilities were insufficient. In addition to this, Public Defender considers, that the law does not clearly regulate the aspects of involvement of persons with disabilities and organizations working on their issues in the decision-making process.[[19]](#footnote-19)

Apart from addressing different state agencies, Public Defender makes other efforts to promote meaningful participation of Persons with Disabilities in the Decision-making process. Representatives of Public Defender of Georgia conduct frequent information meetings with local self-governing bodies, theme of which include sessions about meaningful participation. In addition to this, on June 14, 2021, on the initiative of the Public Defender of Georgia and with the support of the United Nations Development Programme (UNDP), a high-ranking online meeting was held to discuss the participation of people with disabilities in the decision-making process. Main concept of the meeting was, that the Convention requires the involvement of persons with disabilities not only in the decision-making processes that specifically address them and matters involving them, but also any mainstream processes that in any way affect persons with disabilities.[[20]](#footnote-20) Public Defender of Georgia continues to monitor meaningful participation of Persons with Disabilities in the Decision making process, as well as advocate in individual cases to make sure persons with disabilities are properly engaged.

2(a). **Does your country have legislation or policies, at any level of government, regulating and coordinating a care and support system that considers the areas mentioned in 1(a) above? Please provide references to the documentation.**

The Main document setting guarantees for the implementation of care system necessary for realization of equal rights of persons with disabilities is the Law of Georgia on the Rights of Persons with Disabilities. The Law sets overall principles and obligation of providing relevant care and promoting independent living of persons with Disabilities. However, the exact forms and means of its implementation is to be determined by responsible state agencies. In this regard, the Law obliges relevant agencies to develop and approve relevant standards and strategies to implement their obligations. It is noteworthy, that standard for personal assistant services had been approved by the Order of the Minister of the Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia N 01-13/ნ of 18.02.2022. The service has to cover great deal of targeted services for persons with disabilities promoting independent living and providing relevant care. The service must be introduced throughout the whole country from 2025.

The Social Rehabilitation and Child Care State Program, which covers all centralized care services targeted to persons with disabilities is approved annually by the Government of Georgia and sets main principles for each service as well.

As for the Strategy and action plan, according to the law of Georgia on Persons with Disabilities, the Government had to develop long term strategy (2020-2035) for the implementation of the mentioned law, followed by short term action plans for its implementation at central and municipal levels, however long-term strategy has not been approved so far. The Government is currently working in the human Rights Protections strategy (2022-2030) and Rights of Persons with Disabilities will be part of it as well, however the strategy is not so far approved.

Apart from these, it should be mentioned, that legal support appointed for people with psychosocial needs in order to implement their legal capacity is regulated by the Civil Rights Code of Georgia.

It should be negatively mentioned that deinstitutionalization strategy of persons with Disabilities, including persons with mental health problems and those placed in large mental health institutions, has not been approved so far, making their housing, independent living and inclusion more difficult. Neither there is general state standard on proper housing, that would provide obligation on providing relevant environment for persons with different types of disabilities while providing them with relevant shelters. Public Defender of Georgia conducted thorough monitoring of the housing policy in the Country and consideration of needs of persons with disabilities in it in 2022. Special report will be published soon.

 2(b). **If yes, please describe how the care and support system is financed and what is the percentage of the eligible population covered.**

“The State Program for Social Rehabilitation and Child Care" is approved annually by the ordinance of the Government of Georgia and covers rehabilitation and social inclusion services for persons/children with disabilities in the country at the central level. The services provided by the above-mentioned program are financed from the state budget.

As for the funding, the budget of the state program has been increased significantly in the last decade, although as monitoring conducted by public Defender has revealed, this has not reflected on the quality of the services. The number of persons/children with disabilities involved in it has not increased significantly either. The obstacle is the lack of normative documents regulating the financial calculation of specific services: when considering the increase and maintenance of program funding, this has been the basis for disputes between service providers and the Government for years, because the process is not based on objective criteria. Government representatives often refer to the lack of financial resources of the state program, although every year there are unspent amounts left in the program budget. However, due to the various subjective or objective reasons, persons expecting the services are not involved on a timely manner in most of the sub-programs.[[21]](#footnote-21)

In case of municipalities, it is more difficult to determine proper financing. Municipalities do not work on needs assessment and rely on application made by persons with disabilities themselves. Accordingly, as a rule, programs at local level are created based on citizen’s demands and as a rule, within the money, that municipalities has left.

 3. **Does your country have a strategy to develop legislation, policies and programmes to enable the development of support systems as described in 1(a) above which includes targets, indicators and an accountability mechanism? Please provide references to the documentation**.

As it was mentioned above, according to the Law of Georgia on the Rights of Persons with Disabilities,[[22]](#footnote-22) which was adopted on July 14, 2020, the Government of Georgia had to develop and approve the 2021-2035 unified strategy and annual action plan by January 1, 2021, indicating the measures to be implemented by the relevant bodies/institutions and the deadlines for implementation. However, this obligation was not fulfilled.

It should be noted here that over the years issues related to persons with disabilities have been integrated into the unified strategy for the protection of human rights, however, the new strategy has not been approved so far. Therefore, at this stage, the strategic document that would ensure to develop legislation, policies, and programs to enable the development of support systems has not been developed yet. There has been no strategy developed on the timeframe of providing accessible physical environment for all as well.

 4. **Please provide data on persons with disabilities and families and households accessing care and support systems as described above in 1(a) and 2(a).**

Collection of proper data on persons with Disabilities represents a huge challenge for the Country. Due to defected medical model of granting disability status, huge number of persons with Disabilities remain invisible for the state. Even those, who are evaluated based on medical approach and are not getting financial support are out of relevant data. Most importantly, existing data is not desegregated based on the disability types, making it impossible to figure out for example what is the percentage of blind or deaf people, or people with mental health problems or mobility issues engaged in the state rehabilitation programs compared with overall number of each mentioned type of disability, since we have no overall number of blind, deaf, people with mental health or intellectual disabilities, or physical disabilities and mobility issues. As for the data of people and households engaged in the existing state rehabilitation programs, it is collected by the LEPL State Care and Assistance For the (Statutory) Victims of Human trafficking.

Public Defender of Georgia is constantly monitoring quality of care services provided by the State and has its own findings. Although the state social and rehabilitation programs should be covering the needs of all persons/children with disabilities living in the country, it is not the actual case due to number of reasons, mostly due to improper geographical coverage of programmes or program limits (limited numbers of beneficiaries or limited budget for the certain component) creating waiting lines. The services are not provided to persons with disabilities according to their place of residence. According to the state program (The State program on Social Rehabilitation and Child Care), the service is provided and financed only in those municipalities where service providers are registered in accordance with the existing regulations. Among the systemic problems encountered in the implementation of certain components of the state program are: the problem of timely detection of target groups and referral to the sub-program, lack of information about the sub-programs among interested parties, as well as lack of communication and exchange of information between agencies involved, indefinite waiting time between submitting an application and involvement in the program and search for the places at the service delivery institutions, significant difference between the number of beneficiaries actually involved in the subprogram and the number of beneficiaries foreseen by the sub-program, bureaucratic barriers while involving in services (submission of the same documentation all the time, territorial access, waiting time for inclusion), and last but not least the inaccessible environment (both in terms of services, as well as access to physical environment).[[23]](#footnote-23)

5. **Please provide data on the impact of the COVID19 pandemic on persons with disabilities and families and households with members with disabilities (death rates disaggregated by disability status, death rates in institutions compared to those living in the community, impact on income as a consequence of disruption in support or increased support and care demands, disruption in support services, among other).**

The quarantine and isolation regime, various restrictions imposed to prevent the virus had a negative impact on the human rights situation of persons with disabilities, which among others, has threatened the provision of necessary care and rehabilitation services under the state program on Social Rehabilitation and Child Care. In some cases, the remote service was not effective because it could not ensure proper provision of services to these individuals due to the service nature. Remote access to the service due to lack of appropriate technical means (computer, telephone)/lack of knowledge of their use, as well as lack of Internet access, has become a challenge for many beneficiaries. In some cases, it was impossible to manage the service remotely due to the disability and the specifics of the service, which left this circle of persons/children with disabilities beyond the necessary services for months and created a real risk of losing the results already achieved.

Public Defender took action to advocate for timely restoration of services terminated by the pandemic and On June 15, 2020, held an online conference - Targeted Programmes for Persons with Disabilities during Pandemic. Implementation of rehabilitation services tailored to the needs of persons with disabilities, challenges and solutions were discussed at the mentioned event. Public Defender outlined, that it is necessary to timely determine the category of beneficiaries for who are in vital need of face-to-face rehabilitation services.[[24]](#footnote-24)

Protocols for the treatment of persons with mental health problems during coronavirus were not effectively applied in inpatient and outpatient facilities.[[25]](#footnote-25) Public Defender welcomed the approval of the guidelines for the management of patients receiving psychiatric services for their safe treatment during Covid-19. However, its implementation in practice has become a problem. Monitoring conducted by the Office of the Public Defender at the inpatient and outpatient mental health services to assess the quality of compliance with the Guidelines on Safe Management of Patients at Mental Health Services During COVID-19 found that most of the staff employed at the psychiatric institution were not familiar with the mentioned document and the coronavirus prevention rules are based on "logical knowledge", the general recommendations of the National Centre for Disease Control and the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia; compliance with the sanitary and hygienic conditions at most of the inspected facilities is complicated. In addition, the difficult infrastructural situation at some of the facilities does not allow to follow the established rules to prevent the virus. The overcrowded inpatient psychiatric facilities make it impossible to fully adhere to the rules of avoiding the virus.[[26]](#footnote-26)

Problems arose in terms of observing preventive measures against the spread of the virus in state care facilities. During the visit to the institutions, it was found that in order to avoid the virus, the isolation room were allocated in all the institutions, however, their arrangement does not create appropriate conditions for long-term accommodation. Existing desobarriers were not properly maintained. Keeping distance between beneficiaries and staff was generally impossible, including in the dining area, as well as while dealing with the beneficiaries who needed assistance in the self-care process. There were no hygiene items in the bathrooms.

During the pandemic, the following systemic problems were identified in terms of access to health care for persons with disabilities: access to medical facilities and services, difficulty in communicating with medical staff. Additional barriers were created by the restriction of public transport, unadopted medical services, the lack of a flexible system for priority testing of persons with disabilities, and the suspension of targeted rehabilitation programs (face-to-face rehabilitation/therapy), causing a threat to lose positive outcomes reached by persons with disabilities.[[27]](#footnote-27)

According to Public Defender, the state anti-crisis plans to combat the pandemic did not adequately address the needs of persons with disabilities. She negatively assessed the effectiveness of the government's anti-crisis action plan in this regard and considered it necessary to review/amend the planned activities.[[28]](#footnote-28)

No effective steps were taken during pandemic to create the necessary conditions for persons with disabilities to effectively access information, means of communication and various services. The Public Defender of Georgia stressed the need to provide information to vulnerable groups, including persons with disabilities, and to protect their rights and called on the Government of Georgia, service providers and local self-governments to ensure that persons with disabilities are informed about the current situation, the decisions made and the preventive measures to be taken by the authorities.[[29]](#footnote-29)

Taking appropriate measures by local governments in accordance with the needs of persons with disabilities was challenging as well. Monitoring of this issue revealed that in most municipalities, measures adapted to the individual needs of persons with disabilities were not taken. Their activities mainly included measures provided for by the local self-government budget and, in addition, the provision of food baskets for persons with disabilities. It should be noted that 12 municipalities (out of 65), which carried out various actions in the first stage of the spread of the virus were exceptional.[[30]](#footnote-30)

It is also noteworthy, that Public Defender of Georgia conducted Child Rights Impact Assessment of Covid 19 related States Measures in Georgia.[[31]](#footnote-31) The assessment reviled, that the imposed measure had a negative impact on all children, including children with disabilities. In particular, the quarantine regime increased the risk of violence against children and reduced the opportunities for its detection, as well as the confinement of children in one space limited their access to services essential for their development. Despite the regulation, the involvement of children with disabilities and children with special needs in the educational process has become challenging. Namely, for the individuals with visual impairments – the “Teams” platform proposed by the Ministry of Education and Science of Georgia was not available; for students with hearing impairments - Involvement in the distance learning process has become a significant challenge, as using the “Teams” program has been inconvenient for the sign language interpreters. While the “Teleschool” project was positively evaluated by teachers, school administration, and most of the children, its practical use was problematic for children with hearing impairment. Although the interpretation was synchronized, inconvenient layout on the screen (for example, the interpreter sometimes was covered with the TV logo, and the image was so small that students could not concentrate on the interpreter and the teacher at the same time), which made the whole perception of the information difficult. Moreover, subtitles were not used during the distance learning. engaging children with psychosocial and intellectual disabilities in distance learning has been associated with significant challenges, as their special needs required learning process to take place in the physical space. For example, children with autism spectrum disorder found it challenging to concentrate in front of screens for a long time.

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