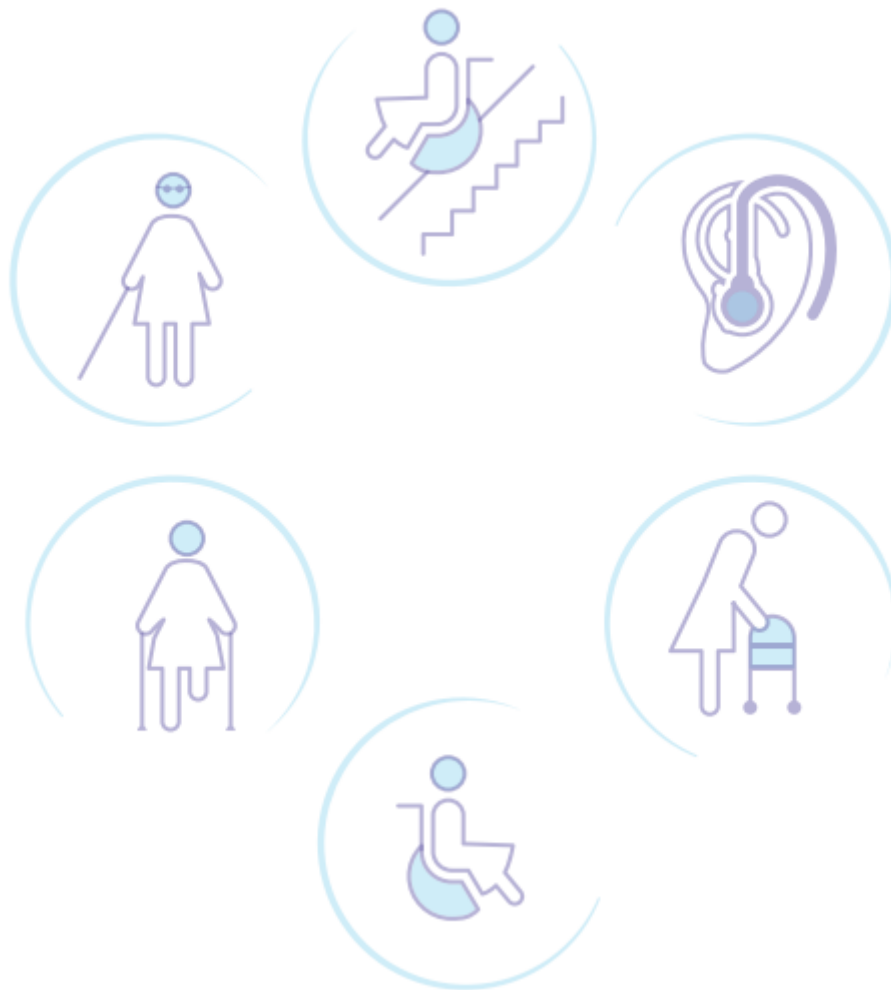




PARLIAMENT OF GEORGIA

Thematic Inquiry
on Accessibility of Healthcare Services for Women and Girls
with Disabilities



2019



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This report has been prepared by Maka Meshveliani.

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About the thematic inquiry

At the July 3, 2019 meeting of the Committee on Human Rights and Civil Integration of the Parliament of Georgia (the Committee), based on the initiative of Deputy Chair of the Committee Rati Ionatamashvili, a thematic inquiry group on accessibility of health services for women with disabilities (WWDs) was designated. The thematic inquiry is based on Article 155 of the Rules of Procedure of the Parliament of Georgia, as one of the important tools for exercising the function of parliamentary oversight. Pursuant to the Rules of Procedure of the Parliament of Georgia, the Bureau of the Parliament of Georgia was notified about designation of the thematic inquiry group and its composition.

The thematic inquiry group is composed of the following Members of the Georgian Parliament: Sopo Kiladze, Giorgi Tugushi, Anri Okhanashvili, Akaki Zoidze, Vano Zardiashvili¹, Dimitri Mkheidze, Irakli Beraia, Ada Marshania, Nato Chkheidze and Davit Matikashvili. Rati Ionatamashvili was approved as the head of the thematic inquiry working group and its main rapporteur.

Purpose

It was the purpose of the thematic inquiry group to study involvement of women and girls with disabilities in health and social welfare programs funded by the government and local self-governments and existing medical services, in order to promote full realization of the right to health for women and girls with disabilities. Additionally, within the inquiry women and girls with disabilities identified services and programs that will help accomplish the highest degree of their autonomy and ensure full realization of their right to health.

Based on the thematic inquiry, a series of recommendations and proposals were prepared for legislative and executive authorities of Georgia. Findings of the thematic inquiry also concern activities of local self-government bodies and their priorities. These recommendations are summarized in the final section of this report.

Methodology

The thematic inquiry was carried out from August through October 2019. A methodology designed for the inquiry entailed desk research as well as hearings in the regions. Four target groups were identified: women and girls with disabilities, local self-government bodies, management/administration of medical facilities and NGOs. Individual meetings were held with each target group (except for medical facilities and civil society, interviewed together).

According to the UN Committee on the Rights of Persons with Disabilities, women with disabilities are not a homogenous group. They include: indigenous women; refugee, migrant,

¹ Vani Zardiashvili's powers of MP were terminated on November 12, 2019.

asylum seeker and internally displaced women; women in detention (hospitals, residential institutions, juvenile or correctional facilities and prisons); women living in poverty; women from different ethnic, religious and racial backgrounds; women with multiple disabilities and high levels of support; women with albinism; and lesbian, bi-sexual, transgender women, and intersex persons.² Accordingly, women and girls with disabilities have different needs, including in the field of healthcare.

The working group acknowledges the importance of studying and considering the different needs as much as possible, for development of effective recommendations. However, in view of significant limitations, not all groups were studied in-depth. Despite the existing limitations, the thematic inquiry attempted to reflect as much as possible potential differences and to elaborate concrete recommendations for relevant agencies. To this end, the following municipalities were selected: **Zugdidi, Batumi, Mestia, Telavi, Marneuli and Tbilisi.**

The self-governing city of Batumi is located in Adjara A/R and its budget is quite impressive;³ In Mestia, it was expected to identify specific obstacles affecting highland regions, concerning mobility and other factors; In Marneuli, a municipality densely populated by minorities, it was expected to identify additional obstacles: language and deeply ingrained gender stereotypes.

Despite attempts of the working group to involve women and girls with disabilities residing in rural areas in the process of inquiry as much as possible and cover interpretation and transportation costs, the level of their involvement remained low. Participants of the inquiry mostly included women and girls with disabilities residing in urban areas. This may be due to several reasons: 1) physical barriers that continued to be an obstacle despite the working group's attempts; 2) small but visible attitudinal differences – discriminatory attitudes by surrounding people was not reported by women and girls with disabilities residing in urban areas as often as by those residing in rural areas; 3) there was a visible information asymmetry between women and girls with disabilities residing in rural and urban areas – WWDs residing in urban areas were more aware of their rights and programs funded by the state or the local government, compared to more active WWDs residing in rural areas.

To ensure maximum involvement of women and girls with disabilities, the working group designed an online questionnaire, to allow interested WWDs express their opinions about health issues. Unfortunately, the online questionnaire did not turn out to be the most effective way and even though accessibility of Internet for women and girls with disabilities was not the subject of this inquiry, the working group found that their access to online resources might be limited. Although subject of additional research, this should be taken into account in the process of planning future activities of governmental or non-governmental agencies.

² CRPD General Comment #3 on women and girls with disabilities, para.5, 2016.

³ Nearly 170 million in taxes, according to the 2019 budget:
<https://matsne.gov.ge/ka/document/view/4536512?publication=0>

Based on the requirement of the Rules of Procedure of the Parliament of Georgia, the terms of reference (ToR) and the questionnaire of the thematic survey was made public and uploaded on the parliamentary website. Through the questionnaire, any interested natural or legal person was able to provide to the working group information about health issues affecting women and girls with disabilities. It was possible to send additional materials and research to the working group. The working group subsequently received a total of 7 completed questionnaires.

In addition to desk research, 20 hearings and 7 written questionnaires, the methodology also entails analysis of the information requested by the main rapporteur of the working group, Rati Ionatamashvili from the ministries and target municipalities.

Executive Summary

The UN Convention on the Rights of Persons with Disabilities 2006 (the Convention) recognizes special needs of women and girls with disabilities because they face additional barriers in nearly all areas of everyday activities. Women and girls with disabilities are victims of multiple discrimination not only in public but also in private space. Often they become victims of domestic violence and sexual violence.

The Convention guarantees high level of protection for the rights of women and girls with disabilities. It also requires participating States to ensure access of persons with disabilities (PWDs) to gender sensitive health services. They should be fully entitled to sexual and reproductive health rights and the right to found a family; they should have access to information, including to comprehensive sexual education. Women and girls with psychosocial needs and intellectual disability are especially vulnerable and they often become victims of coercive interference like forced sterilization and abortion.

Georgia ratified the UN Convention on the Rights of Persons with Disabilities in 2013, however no comprehensive revision of the national legislation and policies has been done in order to harmonize them with the Convention. In addition, a coordination agency responsible for fulfillment of commitments undertaken by Georgia under the Convention has not been created. Georgia has not yet approved Optional Protocol to the Convention, which would enable PWDs to acquire an important legal leverage and lodge individual applications with the Committee on the Rights of Persons with Disabilities against violations of their rights.

Special needs of women and girls with disabilities are inadequately reflected in policy documents in Georgia. The State disregards important matters affecting women and girls with disabilities in the process of development of State programs or planning the Budget. This concerns healthcare, social rehabilitation, education, employment and other programs.

Programs designed by local self-government bodies with the aim of protecting health and social welfare of persons with disabilities often lack strategy and are limited to sporadic, one-off financial assistance instead. Self-government bodies lack adequate competencies and skills to plan and implement programs that will focus on full realization of PWD rights. They also lack gender sensitivity and as a result, women and girls with disabilities are not identified as a separate target group within the existing programs. In addition, local self-government representatives underlined the need of regulations – according to them, breakthroughs for improving PWD rights are unlikely, unless mandatory regulations are adopted with strict and effective mechanisms for enforcement.

Notably within the inquiry the working group identified discrepancies in distribution of competencies between central authorities and local self-government bodies and primary sources of information. On the one hand, representatives of the national authorities believe that local self-government holds necessary information and resources for solving nearly all problems or there is knowledge accumulated at the local level. On the other hand, local self-government authorities believe that central authorities will develop a vision, distribute it at the local level and often implemented it in certain areas.

On the most part, women and girls with disabilities benefit from health and social welfare programs that exist in Georgia. However, they lack awareness about programs that they can be involved in. This is especially noticeable among women and girls with disabilities residing in rural areas and regions settled by ethnic minorities.

Within the thematic inquiry, barriers with respect to maintenance and dissemination of statistics were identified. The only source of official statistical information on PWDs is the Ministry of IDPs from the Occupied Territories, Labor, Health and Social Affairs of Georgia (the Ministry of Health and Social Affairs or MOH). Information gathered by the MOH only concern the number of PWDs who are recipients of social welfare and other state benefits and the number of PWDs looking for jobs. The information is not processed by different categories of disabilities, which makes it difficult to pinpoint the needs of PWDs, including women. State programs are adopted without needs assessment or research. In all parameters, number of women with disabilities is lower than the number of men, while available research identifies the opposite trend in other countries. Twelve percent (12%) of women aged 18 or over have at least one severe functional limitation compared to only 8% of men. In Georgia, adult women with disabilities (i.e. women with disabilities aged 18 or older, who receive state disability benefits) are less than 3% of adult women residing in Georgia, while men are 6.1%. Even though the national numbers are lower than the international numbers for both men and women, the difference is 2% in case of men and 9% in case of women. Not even 1% of women in the group of women aged 59 or older receive any type of state disability benefit based on their disability status, which is 43% lower than the global trend.

Additionally, the legal base for conferring the disability status falls short of requirements of the UN Convention. In the existing system, disability status is established based solely on medical evaluation, as opposed to the social model in which disability status is established in consideration of individual abilities of a person. In addition to incompliance of the legal base with applicable international standards, procedures that PWDs, local self-government bodies and experts refer to as bureaucratic are also problematic. Numerous procedures and physical barriers are often viewed as an additional obstacle for PWDs, especially for women and girls with disabilities, in the process of establishing their status.

In addition to the existing legal base and complexity of applicable procedures, stereotypical attitudes toward PWDs and especially women and girls with disabilities also contribute to the under-registration of PWDs. A particular stigma was found to exist in some regions about girls - it is believed that disability status will prevent girls from marrying in the future, so their families may intentionally refrain from going through the procedures for establishing the status.

We must also note the possible effects of poverty on establishing the disability status of an individual: according to the applicable regulations, any family below the poverty line will receive a financial assistance, which is more than the disability benefits provided by the State. In addition, disability benefits provide grounds for canceling existing social benefits, so there is no incentive for PWDs to acquire disability status if they also meet the requirements of social assistance.

Women with disabilities lack medical services that accommodate their individual needs. They visit a medical facility only when there is an urgent need to do so, as evidenced by low rates of their participation in public healthcare programs. Men with disabilities are more likely to use healthcare and social welfare programs. Both women and men mostly use emergency inpatient and emergency outpatient services. Additionally, women with disabilities are less likely to use planned medical treatment. For instance, in the first nine months of 2019, only 42 women with disabilities received planned outpatient services. Such low rate among women with disabilities that participate in universal healthcare system is indicative of additional obstacles that women and girls with disabilities face with respect to accessibility of health services.

The following was identified as a special barrier: physical accessibility of medical facilities, attitudes of medical personnel and lack of PWD-specific medical knowledge, reproductive and sexual rights, psychosocial needs, habilitation and rehabilitation, dental services, as well as access to medications and drugstores.

Accessibility of physical environment of medical facilities is a significant obstacle for women with disabilities, affecting accessibility of health services. Accessibility of the environment

entails going through the necessary procedures prior to visiting a medical facility, adapted offices and equipment, as well as provision of medical services according to relevant quality standards.

During meetings held within the thematic inquiry, women with disabilities could not name a single adapted gynecological chair. The only exception was Tbilisi, where as a result of many efforts by women with disabilities rights organizations, an adapted gynecological chair was opened. In addition, women with disabilities visit a gynecologist only when they're in a dire need, in connection to pregnancy or childbirth, or their illness is so severe that it requires surgical intervention.

Provision of necessary medications to women and girls with disabilities is inadequate. During all meetings held by the working group, women with disabilities unanimously reported that necessary medications are purchased by them or their families. The program for provision of medications for treatment of chronic diseases, initiated on July 29, 2019 ("medications for 1 Lari") is inconvenient and ineffective for almost all persons with disabilities.

Physical accessibility of pharmacies was reported as a problem, while blind or visually impaired women and girls with disabilities are facing an additional barrier of lack of Braille labels on medicine packages. Majority of women and girls with disabilities that attended meetings of the thematic inquiry had never been to a pharmacy.

Notably, because medical personnel don't speak sign language, women with disabilities are often forced to communicate with doctors through their family members, which infringes their right to privacy in the process of receiving a medical service.

Receiving effective medical services is especially problematic for women and girls with disabilities living in regions settled by ethnic minorities. During a meeting in Marneuli, ethnic Azerbaijani women reported language barrier as an additional obstacle in the process of communication with medical personnel.

Based on meetings with management/administration of medical personnel it was found that medical personnel have not undergone special training courses on medical services for persons with disabilities. They lack adequate knowledge for providing effective medical services to PWDs, including women with disabilities. Additionally, existing rules and guidelines do not reflect the needs of women with disabilities.

Women and girls with psychosocial needs and intellectual disability are especially vulnerable. In practice, their choice is often disregarded and substituted by the choice of another person (family members, service providers, guardians) in violation of rights guaranteed by the CRPD. Within the thematic inquiry it was also found that insufficient attention is paid to how

psychotropic medications affect sexual and reproductive rights of women and their health. Psychiatric facilities do not offer free community-based screening programs, e.g. breast cancer or cervical cancer screening programs. Women with psychosocial needs are often at the risk of gender-based violence.

It is impossible to present a full picture of violence against women with psychosocial needs in Georgia, due to the fact that such cases are not recorded as a separate category in the process of maintaining statistics on violence.

Individual fragmented programs and services for rehabilitation purposes are essentially entirely inaccessible for adults with disabilities and partially accessible for children and adolescents with disabilities, under the age of 18. Programs for providing support to families of persons with disabilities do not exist at the national level.

The working group developed recommendations based on works already carried out in this field and rather valuable reports of different NGOs and the Public Defender. Notably, scarcity of policy documents tailored to the needs of PWDs makes it impossible to focus solely on women and girls with disabilities. Therefore, a significant majority of recommendations focus on the importance of developing policy documents that are responsive to the special needs of women and girls with disabilities, who are more vulnerable, rather than on identification of their needs in the existing policy documents.

Women with disabilities and healthcare

International obligations

According to the UN Convention on the Rights of Persons with Disabilities (2006)⁴, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Women and girls with disabilities face additional barriers in most areas of life⁵ and experience multiple discrimination. Therefore, Article 6 of the Convention recognizes special needs of women and girls with disabilities and guarantees high level of protection for their rights.

According to the CRPD Committee (General Comment #3), international and national laws and policies on disability have historically neglected aspects related to women and girls with disabilities, while laws and policies addressing women have traditionally ignored disability.

⁴ CRPD Convention 2006, Article 1

⁵ CRPD General Comment #3 on women and girls with disabilities, 2016.

Women and girls with disabilities are more likely to be discriminated against than men and boys with disabilities.⁶ In addition, disability is more prevalent among women than men, and women with disabilities are almost 1/5 of the world female population. There are no such reliable and representative data on children. It is even more difficult to obtain statistical information in States at the national level.

It took a lot of efforts to insert Article 6 on women and girls in the CRPD Convention. It requires States parties to refrain from discriminatory actions and obligates them to take measures for development, advancement and empowerment of women with disabilities.

Women with disabilities become victims of multiple discrimination in public as well as in private spheres (e.g. in family or in a relationship with private social services providers). International human rights law has long recognized responsibility of States for discrimination by private, non-public actors.⁷ States parties have an obligation to respect and an obligation to protect. The obligation to respect requires States parties to refrain from interfering with the enjoyment of the rights of women with disabilities and to abolish discriminatory laws and regulations and eliminate discriminatory practices. The obligation to protect means that State parties have to ensure the rights of women with disabilities are not infringed upon by third parties. Thus, States parties must take all appropriate measures to eliminate discrimination on the basis of sex and/or impairment by any person, organization or private enterprise.⁸

The CRPD Convention protects PWDs' right to health in a special Article 25, which requires States Parties to recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. In addition, with respect to healthcare, the Convention recognizes special needs of women and girls with disabilities and obligates States Parties to ensure access for PWDs to gender sensitive health services.

The Convention contains the following aspects related to health of PWDs:

- Quality and accessibility of healthcare programs, including in the area of sexual and reproductive health;
- Provision of health services to PWDs specifically because of their disabilities, including early identification and services designed to minimize and prevent further disabilities;
- Provision of care of the same quality by health professionals;
- Prohibition of discrimination in the provision of health insurance and life insurance;
- Prevention of discriminatory denial of health care or health services or food and fluids on the basis of disability.

⁶ See CRPD General Comment #3, para.9.

⁷ See CRPD General Comment #3, para.18.

⁸ See CRPD General Comment #3, para.26.

The CRPD Convention further clarifies that States should ensure full enjoyment of sexual and reproductive health and rights, and the right to found a family by women with disabilities⁹ and their access to information (including to a comprehensive sexual education), including maternal health, contraceptives, family planning, sexually transmitted infections and HIV prevention, safe abortion and post abortion care, infertility and fertility options, and reproductive cancers.¹⁰

An important aspect of accessibility of health services include accessibility of medical facilities and equipment, including mammography equipment and gynecological chairs, as well as safe and accessible transportation to a medical facilities for women with disabilities. Often attitudes of medical personnel are an additional barrier for women with disabilities. As a result, accessibility of certain health services may be limited for women with disabilities.

The CPRD Committee focuses on women and girls with psychosocial and intellectual disabilities as a separate category of persons with disabilities. Restricting or removing legal capacity can facilitate forced interventions, such as: sterilization, abortion, contraception, female genital mutilation or surgery, or treatment performed on intersex children without their informed consent and forced detention in institutions.¹¹

National legal framework of Georgia

Georgia ratified the CRPD Convention under the Order no.1888 of the Parliament of Georgia, dated December 26, 2013, however, it hasn't ratified Optional Protocol to the Convention, allowing PWDs to file individual applications with the CRPD Committee over violation of their rights.

The Constitution of Georgia guarantees equality before law and non-discrimination.¹² Unfortunately, discrimination grounds do not include disability but instead, it is covered under "and other" grounds, pursuant to the UN Convention and international practice.

In addition, the Law of Georgia on Elimination of All Forms of Discrimination explicitly covers disability as one of the grounds of discrimination.¹³ The Public Defender of Georgia provides oversight on enforcement of the law. The Public Defender handles complaints of natural and legal persons who believe that they have been discriminated against¹⁴.

⁹ See CRPD General Comment #3, para. 38

¹⁰ Economic, Social and Cultural Rights Committee General Comment #22 (2016) on sexual and reproductive health, para.18.

¹¹ See CRPD General Comment #3, paras 44-45.

¹² Constitution of Georgia, Article 11 (1).

¹³ See the Law of Georgia on Elimination of All Forms of Discrimination, Article 1.

¹⁴ See the Law of Georgia on Elimination of All Forms of Discrimination, Article 6.

Important tools for protection of human rights in Georgia include the National Strategy for Protection of Human Rights 2014-2020 and corresponding action plans, which entail disability rights. Unfortunately, neither the current action plan of 2018-2020, nor the action plan for 2014-2016 distinguishes special needs of women and girls with disabilities. In addition, the chapter on disability rights is missing issues affecting women and girls with disabilities, while other chapters and corresponding rights reflect women's needs in a very limited manner. Issues affecting women and girls with disabilities are not taken into account during development of State programs and planning of the Budget.¹⁵ This concerns healthcare, social rehabilitation, employment and other programs. To promote realization of disability rights, the Government of Georgia created a coordination council, however its activities are criticized in reports of local NGOs and the Public Defender.¹⁶ The commitment undertaken under the Convention to create a single state body responsible for fulfillment of international obligations and coordination of relevant state agencies has not yet been fulfilled. The National Human Rights Action Plan for 2018-2020 contains such obligation.

Women and girls with disabilities cannot use medical services tailored to their needs; the working group must especially note accessibility of reproductive and sexual health; girls and women with psychosocial needs; their access to public health programs. It should be underlined that "The minimum standards for provision of services to persons with disabilities and the elderly in specialized residential institutions", approved by the Minister of Health and Social Affairs on July 23, 2014, does not address special needs of women with disabilities.

Key Findings

Disability status

Georgia ratified CRPD Convention in late 2013, however since then it has not implemented corresponding legislative changes in the legal base and policy, in order to bring them in compliance with the Convention. For instance, the national legislation does not recognize important principles like "universal design", "reasonable accommodation". Moreover, sometimes the legislative framework runs against the Convention because different normative acts still contain terms like "limited ability" and "becoming an invalid".¹⁷

One of the most important accomplishments guaranteed by the Convention is a social model of disability, which unfortunately has not been introduced in Georgia. Even though in the

¹⁵ Alternative report submitted by the Public Defender of Georgia to the CRPD, 2017

¹⁶ Main aspects of violence against girls and women with disabilities, Association of girls with disabilities and mothers of children with disabilities "Dea", p.17, 2018

¹⁷ Alternative report submitted by the Public Defender of Georgia to the CRPD, pages 6-7, 2017

National Human Rights Action Plan for 2016-2017 the State undertook to bring the legal base in compliance with international standards in order to protect disability rights, and it made certain steps in this regard (e.g. under the leadership of the Minister of Justice a task force was created for harmonizing the legal base), no concrete legislative changes were made.¹⁸

According to regulations that currently exist at the national level, based on the medical model of disability, a person is recognized as disabled based on his/her medical diagnosis, without taking into account obstacles caused by other social factors, combination of which can make someone disabled.¹⁹ The social model of disability is especially important for women and girls, due to specific social factors affecting them and making them vulnerable (e.g. poverty, gender stereotypes that limit their movement and autonomy). Introducing the social model will most likely be a step forward for improving data collection on persons with disabilities. It will especially help the State discover women and girls with disabilities that may be without the disability status today and therefore, not benefitting from healthcare and social welfare programs funded by the State and local authorities.

Together with advocating introduction of the social model, the Public Defender and civil society representatives have long been pointing out shortcomings of the existing medical model. Recognition of disability is regulated by the Law of Georgia on Medical-Psychiatric Examination”. Disability is recognized based on findings of a medical-social examination issued by a licensed medical facility pursuant to the instructions “on establishing the disability status”. The instructions provide the list of “diseases”; diagnosis that corresponds to them serves as grounds for establishing disability.²⁰ Experts underline the need to revise the list of “diseases” in parallel with the shift to the social model, in order to ensure coverage of the broadest possible spectrum of disabilities.

Challenges related to recognition of disability were raised by women and girls with disabilities or their parents, during all meetings held within the thematic inquiry. On the one hand, they raise the need of moving to the social model, while on the other hand, they need quick changes that will immediately affect their rights. Such changes include revision of the list of grounds for recognition of disability and making it diverse.

As a major obstacle, women and girls with disabilities, as well as civil society, local self-government and medical facility representatives report that licensed medical facilities are far away and often PWDs have to travel a long distance in order to obtain findings of a medical-social examination. Due to associated expenses and physical barriers, this naturally reduces the

¹⁸ Report of implementation of the Human Rights Action Plan of Georgia (for 2016-2017), p. 334, 2018.

¹⁹ Guidelines for implementation of the UN Convention on the Rights of Persons with Disabilities, Human Rights Education and Monitoring Center, 2014, p. 19.

²⁰ Guidelines for implementation of the UN Convention on the Rights of Persons with Disabilities, Human Rights Education and Monitoring Center, 2014, p. 20.

number of individuals seeking the disability status. Another obstacle affecting women and girls with disabilities is related to the many procedures that they need to go through in order to obtain the disability status and, as they have put it, the bureaucracy, which according to them should be simplified. Experts have the same opinion. As an additional obstacle, renewal of the disability status requires going through the same procedures again, if the disability status is not permanent. It is impossible to go through these procedures digitally and it has a greater negative impact on women with disability because women are generally less likely to move freely than men.

In addition to the complexity of the legal base and applicable procedures, another factor contributing to the under-registration of persons with disabilities is stereotypical attitudes toward them. During meetings held within the thematic inquiry, participants reported that because of stigma families might be reluctant to seek the disability status for their children. Moreover, a particular stigma about girls was found in some regions - it is believed that disability status will prevent girls from marrying in the future, so their families may intentionally refrain from going through the procedures for establishing the status.

The working group must also note the possible effects of poverty on establishing the disability status of an individual: according to the applicable regulations, any family below the poverty line will receive a financial assistance, which is more than the disability benefits provided by the State. In addition, disability benefits provide grounds for canceling existing social benefits.²¹ During meetings with the thematic inquiry working group, women with disabilities repeatedly mentioned that women with disabilities and adults with disabilities in general often avoid receiving the disability status because the amount of social assistance exceeds the amount of disability benefits, while there are no other social and healthcare programs for PWDS, so there is no incentive for PWDs to acquire the disability status if they also meet the requirements of social assistance.

Statistics

According to the UN Convention, States Parties are required to collect and process appropriate information on PWDs, including statistical research and data, to enable them to formulate and implement policies to give effect to the Convention. The information collected by the State should be disaggregated and used to help identify and eliminate barriers faced by persons with disabilities. To this end, the Convention requires that States Parties disseminate statistics.²² In addition, statistics are necessary for monitoring and evaluating effectiveness of implemented programs.²³

²¹ Guidelines for implementation of the UN Convention on the Rights of Persons with Disabilities, Human Rights Education and Monitoring Center, 2014, p. 64.

²² CPRD Convention, Article 31.

²³ Global Status Report on Disability and Development Prototype 2015, p.33.

Within the thematic inquiry, barriers in maintaining and distributing statistics in Georgia were identified. The only source of official statistical information on PWDs is the Ministry of Health and Social Affairs. Information gathered by the Ministry only concerns the number of PWDs who are recipients of social welfare and other state benefits and the number of PWDs looking for jobs. The information is not processed by different categories of disabilities, which makes it difficult to pinpoint the needs of PWDs, including women. State programs are adopted without needs assessment or research.²⁴

The information requested from the Ministry of Health and Social Affairs within the thematic inquiry allows analyzing the data from gender perspective, at the basic level. Based on the information provided by the Ministry, as of September 2019, there are a total of 129 087 recipients of government benefits based on the disability status (social package, state compensation and academic stipend), including 39% women (49 798).

In all parameters, number of women with disabilities is lower than the number of men with disabilities, while existing research identifies the opposite trend in other countries. 12% of women aged 18 or over have at least one severe functional limitation compared to only 8% of men.²⁵ The entire population of Georgia is 3 723 500 including 1 932 600 women and 1 790 900 men.²⁶ Adult women with disabilities (i.e. women with disabilities aged 18 or older, who receive state disability benefits) are less than 3% of adult women residing in Georgia, while men are 6.1%. Even though the national numbers are lower than the international numbers for both men and women, the difference is 2% in case of men and 9% in case of women.

There is also a significant difference between disability rates among elderly women in Georgia and in other countries. It is safe to say that the State is missing the full picture of elderly women with disabilities. International research confirms that disability prevalence is highest for the older population, where 44% of women have a disability, compared to 34% of men.²⁷ The statistical information available in Georgia doesn't allow us to make perform an accurate comparative analysis – according to the UN standards, people aged 65 or older are considered older population, while according to the information provided by the MOH, people aged 59 or older fall under the category of older people, so for purposes of the thematic inquiry, people aged 59 or older are considered older population. Not even 1% of women in this category receive any state benefits based on their disability status. This is 43% lower than the global trend. Men are in a relatively better situation as nearly 6% of older men receive state benefits based on their disability status.

²⁴ Alternative report submitted by the Public Defender of Georgia to the CRPD, p.42, 2017

²⁵ Global Status Report on Disability and Development Prototype 2015, p.42-43.

²⁶ National Statistics Office of Georgia, demographic situation in Georgia, 2019 <https://www.geostat.ge/ka/single-archive/3331#>.

²⁷ Global Status Report on Disability and Development Prototype 2015, p.43

It is also interesting to analyze prevalence of disability among rural and urban populations. Existing empiric data suggests that disability is more prevalent among rural population as a result of high level of poverty and lack of accessibility of health services.²⁸ Number of PWDs living in urban areas in Georgia – for both sexes – is slightly more than the number of PWDs living in rural areas.

Here the working group must note the difficulty of comparing data because of incompatibility of the databases. For instance, different age groups provided by the MOH do not coincide with the age groups of demographic data processed by the National Statistics Office of Georgia, which is a significant limitation for analysis.

Dissemination of statistics on PWDs is another obstacle. Statistics gathered by the MOH at the national level is not available for local self-government bodies. Representatives of self-government bodies have stated within the thematic inquiry that lack of access to the database of the Social Service Agency prevents them from informing potential beneficiaries about targeted programs. It is also difficult for them to design evidence-based budget programs based solely on the general information that the Social Service Agency provides.

Disability statistics maintained by the State does not reflect a clear picture on PWDs. According to experts, due to barriers related to recognition of disability and the stigma against PWDs, the information maintained by the MOH does not reflect the actual number of persons with disabilities living in the country. This is confirmed by international experience: administrative registers of persons with disabilities tend to be limited in their coverage and lead to low prevalence of disability, typically omitting people with mild or moderate disabilities.²⁹ This is also confirmed by a relatively low prevalence of disability, especially among women and girls in Georgia.

The National Human Rights Action Plan for 2018-2020 requires that the MOH ensure access of interested agencies to the existing PWD database. This will also help municipalities design different targeted programs.

Accessibility of health and social welfare programs of the government for women and girls with disabilities

Health and social welfare policy of the government is not sensitive toward interests of women and girls with disabilities. The UN Convention views them as a separate target group and even

²⁸ Global Status Report on Disability and Development Prototype 2015, p.43

²⁹ Global Status Report on Disability and Development Prototype 2015, p.35

though Georgia ratified the Convention in 2013, this commitment has not been reflected in the public policy documents designed afterwards, in the field of human rights.

Health and social welfare programs of the government do not recognize women and girls with disabilities as a separate target group. Additionally, these programs are not gender or disability sensitive³⁰, especially since they do not recognize needs of women with disabilities. Therefore, the thematic inquiry working group studied involvement of women and girls with disabilities in the existing health and social welfare programs, as well as gaps that they see in the existing programs of the government and additional services that they require to achieve higher degree of autonomy and full realization of their right to health.

Within the thematic inquiry the working group requested information from the MOH about PWDs involved in the existing healthcare and social welfare programs, disaggregated by sex, age and type of name. More specifically, the working group received information as of September 2019 on the following programs:

- Number of PWDs that receive “subsistence allowance” (data disaggregated by sex), according to the “Single database on socially vulnerable families”;
- Number of PWDs (disaggregated by sex) within the “Targeted state program for improving demographic situation”;
- Number of PWDs that received financial assistance for first, second, third and each subsequent child, after January 1, 2016, among permanent residents of highland regions, based on the Resolution N262 of the Government of Georgia “on the adoption of the targeted state program for improving demographic situation”;
- Number of internally displaced PWDs (disaggregated by sex);
- Number of PWDs among children receiving reintegration assistance, in 6 months of 2019 (disaggregated by sex);
- Number of PWDs in the state program for social rehabilitation and childcare, in 6 months of 2019 (disaggregated by sex);
- Number of PWDs who are beneficiaries of the universal healthcare program and the 2019 government healthcare program, as of 2019 (disaggregated by programs and sex);
- Number of PWDs who are recipients of compensation and stipend (disaggregated by regions/districts, sex and age) and number of PWDs who are recipients of the government benefits – compensation, social package (disaggregated by sex), as of September 2019.

The subchapter on statistics provides a detailed overview of the working group findings on the number of women with disabilities and obstacles to recognition of disability. Number of women with disabilities fall behind the number of men with disabilities in all parameters. At

³⁰ Accessibility of medical and rehabilitation services for persons with disabilities in Georgia, research report, Movement Accessible Environment for Everyone, 2018, p.8

the same time, more men than women benefit from government healthcare and social welfare programs. Both women and men mostly use emergency inpatient and emergency outpatient services, while the rate of using planned outpatient services is 82 times less than the rate of using planned inpatient services. Additionally, women with disabilities are less likely to use planned medical treatment. For instance, in the first nine months of 2019, only 42 women with disabilities received planned outpatient services. Such low rate among women with disabilities that participate in universal healthcare system is indicative of additional obstacles that women and girls with disabilities face in accessing health services.

The universal healthcare program does not reflect individual needs of persons with disabilities, including women with disabilities and today there are no healthcare plans accommodating needs of PWDs. In addition, the universal healthcare program features a separate component for children under the age of 18 and for people with severe limitations but says nothing about fulfillment of preventive, rehabilitation, individual needs. There is no separate plan for persons with severe and moderate limitations.³¹

During meetings with women with disabilities within the thematic inquiry, it was found that women with disabilities are reluctant to visit medical facilities for planned medical treatment. Causes are discussed in the chapter on *accessibility of health services for women and girls with disabilities* below.

During meetings held within the thematic inquiry, women with disabilities raised the issue of development of additional government programs. First of all they stated that the government does not have any programs specifically for PWDs. They are entitled only to the universal healthcare program, while existing state benefits for persons with disability status does not and cannot increase the degree of their autonomy. The government provides only a monthly financial allowance for PWDs and often they don't hold the power to spend it.

There are no habilitation/rehabilitation programs for adult PWDs including women with disabilities. In addition, for women with disabilities without the disability status due to their non-psychosocial needs, psychotherapy is a luxury they cannot afford and it is not financed within the government healthcare programs.

Girls under the age of 18 can benefit from the government program on habilitation/rehabilitation, however girls with disabilities and their parents raised an important problem of waiting periods for enrolling in the program, which according to them is unreasonable and ineffective. For instance, in Tbilisi the waiting period may be 1 or even 2

³¹ Accessibility of medical and rehabilitation services for persons with disabilities in Georgia, research report, Movement Accessible Environment for Everyone, 2018, p.9

years and for some categories of PWDs, by the time they enroll in the program, it may be too late.

Children with disabilities can no longer benefit from disability services after they reach the age of majority because there are no programs addressing needs of adults with disabilities, which leads to their isolation and deterioration of their health.³²

LEPL Social Services Agency under MOH provides persons with disabilities including women and girls with assistive devices: wheelchairs, hearing aids, orthopedic prostheses, cochlear implants, crutches, white canes and walking frames, as well as technical devices (smartphones) with videoconferencing functions for deaf and hard of hearing PWDs. However, women with disabilities and civil society representatives have highlighted multitudinous procedures, delays and long waiting periods as problems. At one of the meetings held within the thematic inquiry, participants recalled a case of a hard of hearing child, who was able to get a hearing aid for only one ear after a long wait. He didn't get the hearing aid for the other ear until after two years but by that time the equipment that he had initially received was broken.

Another problem reported by the meeting participants was the quality of assistive devices. For instance, it was found that wheelchair users preferred the quality of used wheelchairs imported by a particular NGO to the quality of new ones provided by the Social Service Agency.

During nearly all meetings held within the thematic inquiry the working group found the need of introducing programs for families of persons with disabilities. This would entail, on the one hand, their empowerment and fulfillment of their psychosocial needs, and on the other hand, acquisition of skills that will help them navigate the relationship with a member of family with a disability. According to women and girls with disabilities, such program will help them live independently and participate in all areas of everyday activity on equal basis with others.

Accessibility of programs funded by local self-governments for women and girls with disabilities

Involvement of local self-government bodies in solving problems affecting women with disabilities is low, due to the lack of local budgetary funds and information about needs of PWDs.³³ Another important challenge is local self-government bodies lacking adequate skills to enable them to better see the needs of women with disabilities and PWDs in general and reflect these needs in local self-government budgets and municipal programs.

³² Alternative report submitted by the Public Defender of Georgia to the CRPD, p.63, 2017

³³ Alternative report submitted by the Public Defender of Georgia to the CRPD, p.14, 2017

To protect disability rights at the local level, the National Human Rights Action Plan 2014-2016 called for establishing/designating councils working on disability issues, with participation of PWDs and/or their representative organizations. According to the 2018 parliamentary report of the Public Defender, such councils had been created in 50 local self-government entities, however the problem of poor functioning of advisory bodies and the lack of involvement of PWDs and/or their representative organizations in their activities was found.³⁴ In addition, the National Human Rights Action Plan for 2018-2020 calls for designating councils working on disability issues at the regional and local levels, developing model statutes and taking adequate measures to promote their effective functioning. However, types and number of measures to be taken are not specified.

Statutes of municipal councils working on disability issues do not reflect the needs of women with disabilities; on the contrary, women with disabilities are usually not integrated in statutes and action plans of municipal councils on gender equality issues.

The working group met with local self-government representatives in the following municipalities: Tbilisi, Mestia, Zugdidi, Batumi, Marneuli and Telavi. It also requested additional information on social welfare programs and institutional mechanisms funded by corresponding municipalities.

During all meetings with local self-government representatives the working group found that they lack sensitivity to and knowledge on issues affecting women with disabilities. Clearly, prior to the thematic inquiry they had not thought about women and girls with disabilities, as a special needs group. Therefore, it was difficult for them to imagine what role a local self-government body can play for improving rights of women with disabilities.

During meetings at some municipalities the working group found higher receptiveness of issues affecting PWDs; they are ready to think about women and girls with disabilities as a separate target group with special needs. However, issues of lack of qualification and relevant research were also raised.

In one municipality it was extremely difficult to discuss the subject of the thematic inquiry, because local self-government bodies, including high-level officials didn't understand the situation of women's rights in Georgia in general and different aspects of gender inequality. Moreover, they questioned barriers to achieving gender equality in Georgia. As a result, the discussion on accessibility of health services for women with disabilities and the role of self-government bodies wasn't so productive.

³⁴ Alternative report submitted by the Public Defender of Georgia to the CRPD, pages 276-277, 2018

During almost all meetings with municipalities, self-government representatives raised obstacles that they face due to the lack of access to the single disability database. According to them, it is difficult to provide PWDs with information about targeted programs funded by the local self-government, because they don't have access to the PWD database maintained by the Social Service Agency. Sometimes they rely on incomplete databases that local NGOs create. On the other hand, during meetings civil society expressed a concern that local self-government bodies don't take advantage of the databases that NGOs provide, in order to plan their activities more effectively.

Self-government representatives were concerned that due to their lack of access to databases, they can't avoid duplication. They provided an example of PWDs applying to local self-government bodies with a request for provision assistive devices. This falls within the scope of LEPL Social Service Agency powers but because the waiting period is long, often 1-2 years, PWDs also address local self-government bodies with the same request. Due to severity of the situation, local self-governments grant these requests, which possibly creates the risk of duplication.

During the meetings, representatives of local self-governments spoke about the lack of the State's vision and coordination on issues affecting women with disabilities. In consideration of CRPD Article 33, the Annual Human Rights Action Plan of Georgia for 2018-2020 contains the requirement of establishment and designation of a mechanism responsible for implementation of the Convention and coordination.

Lack of communication with the MOH as well as with the LEPL Social Service Agency operating under the MOH was identified as an acute problem. Self-governments find it difficult to communicate with these agencies and often they don't receive full answers to their questions in a timely manner. In addition, they find the numerous procedures for establishing the disability status or benefitting from disability programs bureaucratic. The need of communication and coordination was raised as a particularly pressing problem during the meeting in Batumi, where bureaucratic procedures are complicated by existence of one more level of bureaucracy due to Adjara's status of an autonomous republic.

Representatives of local self-government bodies support having a single State vision on protection of disability rights, including for women with disabilities, and a constant communication with self-governments on fulfillment of requirements provided in the strategy. Inconsistent approach toward self-government's role and function was also identified – on the one hand, self-government representatives in some municipalities underlined the need of a meaningful decentralization reform and giving more power to self-governments, while on the other hand, they don't quite see their role in improvement of rights of persons with disabilities and believe that responsibility lies mostly with the central authorities for inadequate coordination and soft regulations.

In some municipalities they had skeptical attitude towards achieving any progress, unless implementation of activities for effective realization of rights of people with disabilities becomes mandatory. The need to have effective mechanisms for enforcement was underlined alongside the importance of introducing regulations. Lack of requirements for the construction or their voluntary nature was especially underlined. It was found that self-government bodies are mostly unaware of accessibility requirements for the construction and the role of relevant agencies of local self-government bodies in their enforcement.

Statistics on women and girls with disabilities are not maintained. During a meeting with self-government representatives it was stated that it is possible to desegregate the data on beneficiaries of municipal programs by sex, if it becomes mandatory. In addition, in most cases it was found that they didn't see the need to maintain gender statistics because often they didn't understand existence of the group of women with disabilities, as a special needs group.

Concerning needs it was found that all municipalities need to train elected members as well as staff of the self-government on issues of disability, women with disabilities and gender equality. In addition, the need to improve statistical skills was identified in some municipalities.

The thematic inquiry working group received information from the following six target municipalities: **Tbilisi, Mestia, Batumi, Zugdidi, Telavi and Marneuli**. Local self-governments lack special programs for women with disabilities or PWDs in general. They mostly benefit from municipal social programs. In addition, majority of budgets of target municipalities provides one-off pecuniary social assistance for PWDs, issued on annual basis. Local self-government budgets mostly finance programs for children with disabilities, including habilitation/rehabilitation programs.

In cities with bigger budgets – Tbilisi and Batumi – there are far more programs for children with disabilities, as well as adults. Based on the information available to the working group, Batumi is the only city where the self-government has designed a program for habilitation/rehabilitation of adults with disabilities. According to the self-government representatives, this will contribute to increasing internal migration. However, at meetings with women and girls with disabilities the working group didn't find a trend of PWDs changing their place of residence or registration address for improved access to services.

According to the information provided by the local health and social services office of Tbilisi Municipality City Hall, 6 programs were implemented specifically for persons with disabilities in 2019, with over 6,000 beneficiaries and a budget of GEL 7 895 000. There are no programs specifically for women with disabilities while due to lack of data, it is difficult to say whether women with disabilities are involved in these programs on equal basis with others. According

to the information provided by the city hall in writing, “it is not required to indicate sex in the application for participation in programs of the local health and social services office. Therefore, the office does not have such statistics.”

Home care program available in Tbilisi Municipality is positively evaluated by women and girls with disabilities and their parents. The program beneficiaries include socially vulnerable families with a disabled member. In addition, within the thematic inquiry recommendations were made for improving the program. In particular, effectiveness of frequency of the service should be evaluated: whether or not a two-hour visit three times a week is sufficient. Mothers with disabled children mostly see the home care program as an opportunity to find a job, however existing scope of the service does not free up sufficient time for them to have at least a part-time job. Lastly, home care program is meant for socially vulnerable families and it is highly likely that if any member of the family becomes employed, their rating score will be increased and they may no longer be eligible for the government benefits.

Box 1: Overview of health and social services programs in the city of Tbilisi in the context of women with disabilities

Financing medications for breast cancer treatment – 139 beneficiaries, 2019 budget: GEL 3,500,000. This is not a sub-program for needs of women with disabilities but it is the only one specifically for women. Compared to 2018, the number of beneficiaries has grown, while the budget has been reduced.

Mental health community service means multi-systemic intervention for Georgian citizens between the ages of 5-17, diagnosed with specific general disorders, registered in Tbilisi Municipality, as well as assertive treatment for adults with different categories of general disorders – 2019 budget: GEL 600,000.

Financial assistance for socially vulnerable persons with disabilities under the age of 18 – a payment of GEL 400 is provided two times a year. In 2019 the program had 817 beneficiaries and a budget of GEL 770,000.

Assistance for socially vulnerable blind persons with severe disabilities – a payment of GEL 300 is provided three times a year. In 2019 the program had 614 beneficiaries and a budget of GEL 576,000.

Home care for a PWD in a socially vulnerable family ensures management of beneficiaries’ health, their personal care, assistance in everyday activities and comprehensive care by providing psychosocial assistance of beneficiaries and their family members. Home care entails a visit of a multidisciplinary group at home and provision of care, according to the individual plan. In 2019, the program had 1033 beneficiaries and a budget of GEL 450,000.

The sub-program for encouraging integration of PWDs in the society finances projects of PWDs and their representative organizations for integration of PWDs in the society and provides PWDs with other necessities. 2019 budget of the program was GEL 898,000.

Rehabilitation of children with autism spectrum disorder – in 2019 it had 1020 beneficiaries and a budget of GEL 3,750,000.

The sub-program of resort services for children and adults with disabilities ensures health resort treatment for PWDs between the ages of 3-20, registered in Tbilisi, at different resorts of Georgia. 2019 budget of the program was GEL 1,051,000.

Based on the information provided by the municipality of the city of Batumi to the working group, number of PWDs living in Batumi is 6,009, including 664 women and 899 men with severe disabilities, 2024 women and 1904 men with significant disabilities, 283 women and 255 men with moderate disabilities. They shared this information based on the data provided by the LEPL Social Service Agency. There are no special programs for women and girls with disabilities in Batumi. Box 2 summarizes the information on health and social welfare programs provided by Batumi City Hall. However, due to absence of gender statistics, it is difficult to estimate whether the women with disabilities are involved in these programs and sub-programs on equal basis with men. In addition, the information provided by Batumi City Hall does not contain budgets for every program and other important parameters.

The self-governing unit of Batumi has a municipal gender equality council of the city of Batumi and a council working on disability issues, however the gender equality council does not view women with disabilities as a separate target group and the council working on disability issues does not recognize special needs of women with disabilities.

Box 2: Overview of health and social services programs of the city of Batumi in the context of women with disabilities

Social benefits – providing services of an assistant for PWDs – participants of the sub-program include families of persons with disabilities. 2019 budget of the sub-program currently serving 48 PWDs (18 women and 30 men) is GEL 64,800 for 100 beneficiaries.

Social benefits – utility subsidies for PWDs with severe disabilities and children with the disability status. 2019 budget is GEL 107 844.

Providing socially vulnerable groups with medications and compensation for food supplements – patients with chronic diseases and socially vulnerable categories. 2019 budget: GEL 1,182,272

Funding for services of an assistant (accompanying person) for movement of blind persons with severe disabilities and PWDs using a wheelchair. 2018 budget: GEL 48,384 and 42 beneficiaries.

Subsidies for transportation costs for students with the disability status using wheelchairs. In the information provided, PWDs are not categorized as a separate group of beneficiaries. Therefore, it is difficult to estimate how much of GEL 1,270,080 allocated in 2018 is meant for PWDs and how many of 19,600 beneficiaries have the disability status.

Pecuniary assistance for patients of the hemodialysis center and children with leukemia – 2019
budget: GEL 166,800 and 171 beneficiaries.

Provision of medical and social services at home.

Provision of pecuniary assistance, furniture and household appliances to persons with the disability status and care needs, aged 18 or older. Providing vouchers to conduct repair works in a place owned by the beneficiary, where s/he lives – in the information provided, PWDs are not categorized as a separate group of beneficiaries. Therefore, it is difficult to estimate how much of GEL 500,000 allocated in 2019 is meant for PWDs and how many of 500 beneficiaries have the disability status.

Purchasing different equipment and appliances for the Georgian Red Cross Society and the Social Center for the Vulnerable Elderly, within the sub-program of Batumi Municipality “Support of Community Organizations”. 2019 budget: GEL 2,500

Rehabilitation of children with disabilities within the Batumi Municipality City Hall sub-program for prevention of developmental delay among newborns and children and their rehabilitation, in the following centers: Mental Health Center in Batumi, non-profit (non-commercial) organization “Pansheti”, Center for Sports Medicine and Rehabilitation “Jiki”, Sanitasi Ltd., Makhinjauri Multiprofile Polyclinic, Jsc Evex hospitals – Batumi Polyclinic and Chakvi Polyclinic, Center for Habilitation and Development, Center for Neurodevelopment in Tbilisi, Rehabilitation Center “Naio” in Kutaisi.

Sub-program for psychosocial rehabilitation of persons with mental problems – PWDs over the age of 18 undergo rehabilitation at the rehabilitation center “Tanashi”. 2019 budget: GEL 110,940 and 30 beneficiaries.

Sub-program for rehabilitation of children with hearing impairments between the ages of 2-10 – children with disabilities undergo hearing rehabilitation at non-profit (non-commercial) legal entity Step Forward.

Health resort treatment and rehabilitation for children and veterans with disabilities – health resort treatment for children with disabilities and PWDs under the age of 30. Beneficiaries are not disaggregated in the information provided, so it is difficult to estimate how much of GEL 235,000 allocated in 2019 is meant for PWDs.

Based on the information provided by **Zugdidi** Municipality to the thematic inquiry working group, Zugdidi Municipality City Hall implements 16 social welfare programs, none of which are meant specifically for women and girls for disabilities. PWDs are one of the target groups of the programs, among other vulnerable groups.

The 2019 budget of Zugdidi City Hall provided one-off assistance for children with disabilities in the amount of GEL 200, for persons with severe disabilities (over the age of 18) in the

amount of GEL 100, monthly assistance for persons with vision and hearing impairments and a monthly assistance for persons that need carers. Box 3 provides a detailed overview of social programs for PWDs in Zugdidi Municipality.

We welcome the fact that at the meeting and also in writing, representatives of Zugdidi Municipality announced their plans to replace one-off financial assistance for PWDs by effective and meaningful programs/services in the strategy for the following years.

We also welcome the attempts to create evidence-based disability policy in Zugdidi Municipality. In 2019, two mobile groups were created from health and social welfare office employees of the City Hall. They met with representatives of different communities in all administrative units of the municipality during field visits, focusing on identification of needs of PWDs residing in the municipality. According to Zugdidi City Hall, problematic issues were identified but in order to create an actual picture, a qualified study should be performed. Co-funding for a qualified study was obtained by an organization specializing in disability issues. According to Zugdidi City Hall, study results will serve as important grounds for initiating new programs for PWDs.

We must note a social program of Zugdidi Municipality City Hall to provide housing to homeless persons and persons living in harsh living conditions. Eligible families are selected by a commission on the basis of different circumstances, including PWD needs. 25 persons with disabilities are living in houses built by the City Hall since 2015.

In addition to the special program for PWDs, the City Hall also implements a range of social programs benefitting PWDs among other beneficiaries, in particular:

- Provision of food for the socially vulnerable – 48 PWDs
- Social benefits for veterans – 12 PWDs
- Program for co-funding transportation costs for beneficiaries of dialysis program – 58 PWDs
- Support of internally displaced persons – 65 PWDs
- Home care for the elderly – 46 elders with disabilities.

Based on the information provided by Zugdidi Municipality City Hall, the City Hall has a good experience working with civil society on joint projects. For instance, the following projects proposed by different organizations and natural persons were financed:

- Association Hangi – income generation for women with disabilities and socially vulnerable women through a social enterprise (2016);
- Association Hangi – promotion of training/employments of PWDs and socially vulnerable persons by developing a social enterprise in Zugdidi Municipality (2019);
- Association Imedi, health and rehabilitation camp Imedi – for 16 socially vulnerable children who often get sick, under the age of 6 (including displaced and local children

living in borderline villages, as well as children living on the occupied territory of Abkhazia) – 2016-2019;

- Sophio Chakhaia – questionnaires for PWDs – as the best way to plan programs responsive to their needs (2019);
- Georgian Association of the Blind – promoting independent living for people who are deaf and blind (2019);
- Nino Alania – promoting independent living for people who are blind.

Health and social welfare programs of the municipality are mostly one-off and with only a few exceptions, they don't aim at improving quality of autonomy of women and girls with disabilities. Instead, these programs are limited to provision of financial assistance and subsidies and majority of them are not based on evidence or needs analysis. System for evaluating effectiveness of programs is missing. In addition to introducing program budgeting, special programs tailored to needs of women with disabilities should be designed and their needs should be integrated in other programs.

Health and social welfare programs funded by local self-government bodies are not aimed specifically at needs of women and girls with disabilities: they are among participants of existing programs, however during meetings within the thematic inquiry it was found women's awareness on municipal programs is lacking. For instance, the home care program of the city of Batumi is a true luxury for the budget of any city, however instead of 100 beneficiaries foreseen for 2019, only 48 PWDs are participating in the program.

Lack of accessibility of information is especially noticeable among women and girls with disabilities residing in rural areas.

During the thematic inquiry the working group identified the need of programs that do not exist today but they would have significantly improved access to health services for women and girls with disabilities. As an example, personal assistant program will allow them to plan and carry out a visit with a doctor independently and have an independent relationship with relevant state bodies.

The program for hygiene items from women and girls with disabilities would significantly improve realization of their right to reproductive health. Currently these costs have to be covered by women and girls with disabilities or their families, which is a significant financial expenditure.

Box 3: Overview of health and social services programs in the city of Zugdidi, in the context of women with disabilities

One-off financial assistance for children with disabilities or severe chronic illnesses, under the age of 18, amounting to GEL 200 (two hundred) – 174 beneficiaries, including 75 girls and 2019 budget of GEL 33,800;

One-off financial assistance for persons with severe disabilities, amounting to GEL 100 (one hundred) – 515 beneficiaries, including 238 women and 2019 budget of GEL 50,900;

One-off financial assistance for persons with hearing and vision impairments amounting to GEL 100 (one hundred) – 47 beneficiaries, including 20 women and 2019 budget of GEL 4,700;

Families of aged, bedridden persons or persons in a wheelchair in need of constant care can benefit from the sub-program of home care for beneficiaries with disability status (bedridden or in wheelchair) and elder persons who need caregivers. Only socially vulnerable families (with the rating score of less than 65,001) are entitled to the sub-program. The financial assistance amounting to GEL 100 (one hundred) will be transferred to the caregiver's personal account on a monthly basis number of beneficiaries in 2019 was 94.

Mestia Municipality has a council working on disability issues as well as the gender equality council. The information provided to the working group and relevant provisions suggest that there is no overlap between activities of these thematic councils and issues affecting women with disabilities are not reflected in activities of the council working on persons with disabilities.

In addition, similar to other municipalities, the working group found the problem of maintaining disability and gender statistics in Mestia Municipality. The only data available concerns children with disability status and persons with severe disabilities but the data is not disaggregated by gender.

As a rare and praiseworthy occurrence, Mestia has a center for rehabilitation of adults and the self-government has made a small but important financial contribution to support functioning of the center, in the amount of GEL 39,000. Kakha Paliani Rehabilitation Center was opened in 2019 and it offers services of adult rehabilitation, homecare, promotion of children's early development and children's rehabilitation/habilitation.

Based on the information provided by Mestia Mayor to the working group, there are 365 persons with severe disabilities and 35 children with disabilities registered in Mestia Municipality. To improve their health, 2019 budget of Mestia Municipality includes one-off assistance amounting to GEL 100. The assistance was received by 7 people in 2019 and 10 in 2018. This might be indicative of low level of awareness among PWDs on disability programs.

Mestia Municipality budget also includes co-funding for diagnostics, treatment, medical services or purchase of medications for severely ill persons with disability, socially vulnerable or IDP status, amounting to GEL 500 per year. The information provided did not contain separate statistics on beneficiaries with disability status.

Similar to other municipalities, Mestia Municipality budget does not contain any programs tailored to needs of women and girls with disabilities.

Box 4: Overview of health and social services programs in Mestia Municipality in the context of women with disabilities

One-off assistance for persons with severe disabilities and children with the disability status, amounting to GEL 100. The program had 7 beneficiaries in 2019;

Co-funding for diagnostics, treatment, medical services or purchase of medications for severely ill persons with disability, socially vulnerable or IDP status, amounting to GEL 500 per year. In 2019, the program had 417 beneficiaries and a budget of GEL 148,619.28, while in 2018 a total of 416 people benefitted from the program and it had a budget of GEL 135,607.38;

One-off assistance for patients using dialysis and those with cerebral palsy, for covering transportation and treatment costs, amounting to GEL 1,000 per year. Even though the state dialysis program fully funds the treatment, people living in Mestia municipality cannot access the service due to infrastructure and they have to travel to Tbilisi or Zugdidi every three days. Mestia Municipality designed the program for covering treatment costs. It had 14 beneficiaries in 2019 and 15 in 2018.

The program for children with different mental and physical impairments provides 50% co-funding for children between the ages of 2-15, registered in Mestia Municipality, while for socially vulnerable families the program provides 80% co-funding for the same vulnerable group. In 2019 the program had 1 beneficiary and in 2018 the program didn't have any beneficiaries.

1791 PWDs including 654 women live on the territory of **Telavi** Municipality. There are no health and social welfare programs specifically for women and girls with disabilities in Telavi Municipality. Moreover, from among municipalities examined within the thematic inquiry, Telavi is the only one without any health and social welfare programs for PWDs in general.

Participation of PWDs in health and social welfare programs in Telavi Municipality is low.

Similar to other municipalities, in Telavi the working group found the problem of maintaining statistics. They don't have an obligation to maintain statistics disaggregated by gender and they don't see any need to do so.

Telavi Municipality has a council working on disability issues as well as gender equality council. Based on the information provided to the working group there is no overlap between activities of these thematic councils; issues affecting women with disabilities are not reflected in activities of the disability council and vice versa.

Box 5: Overview of health and social welfare programs in Telavi Municipality, in the context of women with disabilities

The sub-program for co-funding electricity bill – it has 220 beneficiaries (69 women and 151 men) and they receive a monthly payment of GEL 8 to help them pay their electricity bills. Total annual budget of the program is GEL 40,000.

The sub-program for co-funding rent for a temporary residence – it provides assistance to families of PWDs to help them pay their rent. Budget of the program is GEL 68,800 and it has only one beneficiary (a man).

The sub-program for helping beneficiaries pay for their assistive devices and/or medications – it provides funding for medications as well as for assistive devices. 39 PWDs have taken advantage of the sub-program with a total budget of GEL 205,950

The sub-program for financing medical services – it provides financing for inpatient and outpatient services. 13 PWDs have taken advantage of the sub-program with a total budget of GEL 240,260.

The information provided by Marneuli Municipality Mayor did not contain the data on PWDs residing on the territory of Marneuli Municipality. During a meeting held within the thematic inquiry, self-government representatives raised difficulties related to the process of maintaining and obtaining statistical information. The municipality has some promising plans on gender statistics, as in April 2020 updated version of a statistics software will be introduced, allowing them to maintain gender statistics among other data.

Budget of the local self-government of Marneuli Municipality provides one-off assistance for PWDs; however, there are no health and social welfare programs specifically for women and girls with disabilities. Number of programs meant for PWDs is small – they do not participate in general health and social welfare programs available in the municipality.

In Marneuli Municipality, PWDs face an additional barrier of language. As a result, they lack awareness on programs funded by the State or the local self-government. Women and girls with disabilities are even more vulnerable due to the existing environment saturated with discriminatory, gender stereotypes. Means of disseminating information leave women in an information vacuum. E.g., state representatives, who are men, disseminate the information in

tea-houses mostly visited by men. This fact naturally dramatically increases chances of women residing in Marneuli Municipality, including women with disabilities, receiving information about municipal programs that they are formally eligible for.

Among municipalities examined, Marneuli is the only exception where programs funded by the self-government support education for PWDs: a person with severe, significant and moderate disability, who is a student of a higher education or vocational training program of an educational institution, will receive a scholarship of GEL 500. The information provided by Marneuli Municipality does not specify the number of program beneficiaries.

Marneuli Municipality has a gender equality council but a coordination/advisory council on disability issues has not been created.

Box 6: Overview of health and social welfare programs in Marneuli Municipality, in the context of women with disabilities

One-off financial assistance – minors with disabilities receive a one-off assistance amounting to GEL 200.

One-off financial assistance – veterans with disabilities receive a one-off assistance amounting to GEL 200.

Funding for medical services (medication, examination, treatment, rehabilitation, surgery) – amount of funding is GEL 800.

Covering transportation costs for individuals involved in the state program for dialysis – beneficiaries receive a monthly amount of GEL 40, 50 and 70, for covering transportation costs.

Monthly allowance – persons with disabilities, with hearing and vision impairments receive a monthly allowance of GEL 40.

Funding for medical services (rehabilitation, examination, treatment, medications) for minors with developmental disability or delay, between the ages of 0-13 – lump sum assistance of GEL 800.

Persons with severe, significant or moderate disabilities, who are students of a higher education or vocational training program will receive a scholarship of GEL 500 for their studies.

A person with severe disability will receive other technical equipment, in addition to a wheelchair. The amount of assistance is GEL 800.

Accessibility of health services for women and girls with disabilities

The existing government health insurance system in Georgia covers nearly all persons with disabilities. However, women with disabilities still don't benefit from medical services that accommodate their individual needs, as evidenced by analysis of women with disabilities in government programs. They visit medical institutions in urgent necessities only, as

confirmed by research conducted by NGOs and by meetings held within the thematic inquiry with women and girls with disabilities.

The following was identified as a special barrier: physical accessibility of medical facilities, attitudes of medical personnel and lack of PWD-specific medical knowledge, reproductive and sexual rights, psychosocial needs, habilitation and rehabilitation, dental services, as well as access to medication and drugstores.

Accessibility

Accessibility of physical environment of medical facilities is a significant obstacle for women with disabilities, affecting accessibility of health services.³⁵ Accessibility of the environment entails going through the necessary procedures prior to visiting a medical facility, adapted offices and equipment, as well as provision of medical services according to relevant quality standards.

During all meetings held within the thematic inquiry, women and girls with disabilities and their parents reported that all stages that need to be completed for visiting a doctor are a challenge:

- Planning a visit, which they usually do with the help of their family or friends;
- Transportation to the medical facility, which can be ensured also with the help of friends or family. Due to lack of access to municipal transport or its complete absence like in case of Mestia, transportation is a significant obstacle;
- Adaptation of medical facilities in terms of their external physical access and movement inside a building is a problem;
- Performance of a medical procedure: lack of adapted cabinets and universal or adapted medical equipment.

During meetings with the working group, women and girls with disabilities reported that often they have to ask their friends or families for help, in order to overcome the foregoing stages. This infringes their right to receive quality health services independently. It also prevents them from planning and implementing their health interventions in an autonomous manner. Notably, because medical personnel don't speak sign language, women with disabilities are often forced to communicate with doctors through their family members, which infringes their right to privacy in the process of receiving medical services. Confidentiality is an issue for other stages as well, even if the patient has no speech limitations. For instance, a meeting participant said that for one year she was reluctant to plan a visit to a gynecologist because she couldn't go to the gynecologist's office independently. Her friend usually arranges her transportation but she didn't want to let her know about the visit.

³⁵ Accessibility of medical and rehabilitation services for women with disabilities in Georgia, Research report, Movement Accessible Environment for Everyone, 2018

Current legislation recognizes sign language as means of communication but it says nothing about giving it an appropriate status. Therefore, sign language speakers are rare among medical personnel. In terms of policy, the government program to promote communication for the deaf provides services of a sign language interpreter for persons who are deaf but the number of interpreters (only 16 nationwide) is insufficient to meet the existing demand.³⁶ In addition, often one interpreter covers the entire region, which threatens confidentiality in healthcare.

Access to quality medical services is especially problematic for women and girls with disabilities residing in regions settled by minorities. During a meeting in Marneuli, Azerbaijani women reported language barrier as an additional obstacle in communicating with medical personnel.

Accessibility of physical environment and medical facilities is a challenge for PWD community in general. According to a study by the Movement for Accessible Environment, all of the sixteen medical facilities in Tbilisi were considered adapted and none of them had any problems in the process of providing services to PWDs. However, interviews with personnel suggest that they lack information about applicable legislation and standards and have low awareness on adapted equipment and their necessity. The monitoring also found that these medical facilities lack adaptable environment – in their 75%, the outside perimeter does not allow PWDs to get to the entrance independently, while 30% of main entrances are impossible to access independently. In addition, internal environment is not adapted, especially for blind and visually impaired persons (Braille signs are not installed, walls and doors are not painted in contrasting colors, etc.). PWDs need help to access restrooms, including due to narrow door opening.³⁷

Access to dental services is limited due to the lack of adapted dental clinics – within the thematic inquiry, women and girls with disabilities were able to name at least dental clinic in Tbilisi and in Batumi with adapted environment. Working with a person with intellectual disability is especially problematic for dentists,³⁸ while persons with cerebral palsy and autism face additional obstacles because often they are refused dental services.³⁹

Main findings of the monitoring in Tbilisi were familiar for PWDs in the regions. Persons and girls with disabilities and their mothers attending meetings held within the thematic inquiry found it hard to name a fully adapted medical facility. Moreover, they recalled medical

³⁶ Alternative report submitted by the Public Defender of Georgia to the Committee on the Rights of Persons with Disabilities, 2017, p.63

³⁷ Accessibility of medical and rehabilitation services for women with disabilities in Georgia, Research report, Movement Accessible Environment for Everyone, 2018

³⁸ Questionnaire filled out by the Union “Partnership for Equal Rights”, “Platform for New Opportunities”, thematic inquiry on issues of accessibility of health services for women with disabilities, 02.10.2019.

³⁹ Accessibility of medical and rehabilitation services for women with disabilities in Georgia, Research report, Movement Accessible Environment for Everyone, 2018, p.15

procedures performed in violation of any and all applicable standards, due to inaccessible environment: drawing blood in a corridor, providing consultation in a car, etc.

Women with certain physical disabilities cannot access gynecological services, as gynecological chairs are not adapted for wheelchair users.⁴⁰ During meetings held within the thematic inquiry, women with disabilities could not name a single adapted gynecological chair. The only exception was Tbilisi, where as a result of many efforts by women with disabilities rights organizations, an adapted gynecological chair was opened.

The working group must also note attitudes of management of medical facilities when discussing health services for women with disabilities. During meetings held within the thematic inquiry, it was found that they had not thought about special needs of PWDs, especially women with disabilities. In addition, in most cases they were ready to improve their approaches and work on the issues of physical accessibility. During the meetings, they put forward proposals for improving accessibility of medical services for women with disabilities. Representatives of management of medical facilities also underlined the need of regulations, which would force clinics to act faster to accommodate PWD needs in terms of adapting physical environment and training medical personnel.

When choosing a medical facility, women with disabilities consider not only physical accessibility but also inclusion of the clinic in the list of providers covered by the universal healthcare program. As an example, women and girls in disabilities in Telavi noted with regret that the universal healthcare program does not cover the only fully adapted clinic and often they cannot receive medical services in an adapted environment.

The right of persons with disabilities to receive health services as close as possible to their own communities, guaranteed by the CRPD, is especially limited for women with disabilities residing in highland areas. In Mestia, medical services are generally very deficient and majority of population is forced to cover a long distance to receive medical services – they often choose medical facilities in Tbilisi for their quality and rarely in Zugdidi. Due to harsh weather conditions it is often impossible to travel from Mestia to Tbilisi, while other times such travel requires significant financial resources and time (9-10 hours of travel one-way). These obstacles have a disproportionate effect on women with disabilities. As a result, the least number of women attended the meeting of the working group in Mestia. They could hardly recall the last time they visited a doctor or they spoke about their experience from a distant past.

⁴⁰ Gender Equality in Georgia: Barriers and Recommendations, Part 2, UNDP – the Parliament of Georgia, 2018, p.57

Medical personnel

When choosing a medical facility, women with disabilities pay a lot of attention to qualification of medical personnel, in addition to accessibility of environment.

Meetings with representatives of administration/management of medical facilities within the thematic inquiry revealed that medical personnel has not undergone special training courses on provision of health services to persons with disabilities. This is also confirmed by a 2018 study carried out by the Movement for Accessible Environment based on the premise that medical personnel are probably unaware of specific needs of certain categories of persons with disabilities.⁴¹

We have addressed the obstacles related to confidentiality in previous chapters. Confidentiality of medical information and medical consultation is a particularly acute issue. Medical information (e.g. test results) can be easily disclosed to another person, while consultations are often provided in presence of an accompanying individual. Several doctors explained that they expect persons with disabilities to request that the accompanying person wait outside (which often does not happen). On the other hand, during meetings within the thematic inquiry, women and girls with disabilities noted that they are too shy to request their family members to wait outside and they wish that doctors ensured full confidentiality of patient consultation.

Moreover, within the thematic inquiry women with disabilities reported that medical personnel often ask the patient's family member for help in the process of performing medical procedures – e.g. taking the person with a disability out of a wheelchair and placing him/her on a table. Persons with disabilities explain that such practice is due to the lack of knowledge of specific needs of persons with disabilities and they also talk about openly discriminatory attitudes expressed by doctors and medical personnel.

Lack of involvement of women with disabilities in decisions about their health is a serious problem, especially for but not limited to women with psychosocial needs. During every meeting within the thematic inquiry, nearly all women – irrespective of their age and category of disability – reported that doctors mostly speak with patient's parents/family members, receive information needed for diagnosing from others and agree patient's treatment course with others. A participant of a meeting in Tbilisi recalled that the doctor was refusing to perform a surgery until father of an adult patient provided his consent.

Within the thematic inquiry, women and girls with disabilities often questioned qualification of doctors. For instance, respondents commend the mandatory newborn screening program as

⁴¹ Accessibility of medical and rehabilitation services for women with disabilities in Georgia, Research report, Movement Accessible Environment for Everyone, 2018, p.19

an important factor for eliminating hearing impairment. However, within the thematic survey, Aures Foundation regrettably noted the obstacles that hinder the effectiveness of the program, due to poor qualifications of medical personnel:

“Some pediatricians fail to adequately evaluate the risk of a problem identified through screening, or to consider risk-factors in the newborn’s anamnesis for possible development of hearing impairment and so they do not refer the family for audiometry exams. To put it simply, medical personnel is not ready to get involved in managing the problem in an adequate manner, which results in late detection and associated challenges.”

During the thematic inquiry, civil society representatives stated that revision of existing rules and guidelines, in order to reflect special needs of women and girls with disabilities and PWDs in general, would significantly improve quality of health services for women with disabilities. It is also important to introduce adequate trainings for doctors and other medical personnel and effective quality control mechanisms. Usually, rules and guidelines of the State Regulatory Agency for Medical Activities, concerning the needs of persons with disabilities, are not effective in practice without effective control and due to the MOH not keeping relevant specialists sufficiently informed. Generally the Agency is responsible for controlling quality of medical service (including services provided within the government healthcare programs).⁴²

Reproductive and sexual rights and health of women with disabilities

False gender stereotypes affect the right of women and especially women and girls with disabilities to decide how many children to have and to control and freely decide on matters related to sexual health, including sexual and reproductive health and take full responsibility for such decisions, without any coercion, discrimination and violence.⁴³ Harmful stereotypes that exist about women with disabilities include belief that they are asexual or hypersexual, incapable, illogical and unable to control themselves.

Such prejudices have impacted lives of some women and girls with disabilities, who are victims of stereotypical attitudes. Similar to other studies, women and girls with disabilities also found it difficult within the thematic inquiry to talk about their sexual and reproductive rights. Women living in rural areas and women representing ethnic minorities were especially uncomfortable talking about these issues. In addition, it should be underlined that stereotypical attitudes were found everywhere – among residents of both urban and rural settlements.

⁴² Gender Equality in Georgia: Barriers and Recommendations, Part 2, UNDP – the Parliament of Georgia, 2018, p.50

⁴³ See CRPD General Comment #3, para.38.

Due to such stereotypes, unadapted gynecological services and no guarantee of confidentiality, women and girls with disabilities are reluctant to visit gynecologist, unless it concerns their pregnancy, childbirth or an extremely serious health matter. Meeting participants included several unmarried woman, who had visited a gynecologist for a routine checkup, however, with the exception of one doctor, they weren't provided with any information on sexual and reproductive rights, sexuality and contraception.

Women and girls with disabilities turn to Internet resources and other women and girls with and without disabilities as the primary source of such information.

Majority of women who were deaf were married but they hadn't visited a gynecologist following pregnancy and childbirth for a regular checkup.

Women with certain disabilities have lower level of general awareness, including on sexual and reproductive rights. One girl who was deaf stated that before marriage she had no idea about sexual life. After she started having sexual life, she didn't understand what was going on with her. Because of the discomfort that she experienced after getting pregnant, they explained to her that she was going to have a child.

Women with disabilities (women who are blind or deaf, women with movement limitations and women using wheelchair) also face different barriers in terms of awareness on and access to contraception, as a result of medical facilities and pharmacies that are not adapted to their needs, stereotypical attitudes of public and service providers to sexuality of women with disabilities.⁴⁴ In addition, during meetings held within the thematic inquiry, women with disabilities shared their personal experiences of abortion and they didn't feel any unusual discomfort when talking about this issue.

Notably, service providers do not view women using wheelchairs as persons who can have a sexual life or children and they encourage or suggest them to refrain from such activities.⁴⁵ Moreover, if a woman using a wheelchair is pregnant, it is difficult for her to receive adequate medical services because doctors lack specific skills and knowledge. At the same time, women and girls with disabilities themselves stated that with regards to marriage and sexual life men using wheelchairs are not as stigmatized as they are.

Parents of women and girls with disabilities are concerned about welfare and survival of their children without their parents – much needs to be done with regards to government services and independent living. This concern was expressed at many of the meetings. It is interesting to consider potential impact of these circumstances of reproductive health of women with disabilities: according to a civil society representative, a girl with a disability was convinced

⁴⁴ Sexual and Reproductive Health and Rights: National Assessment, Public Defender of Georgia, 2019, p.38

⁴⁵ Sexual and Reproductive Health and Rights: National Assessment, Public Defender of Georgia, 2019, p.38

by her mother to have a child because she believed that after her death, her grandchild without disability would be able to take care of her mother with a disability. In this isolated case it is difficult to say whether the person with a disability made a conscious decision to have a child but it makes us think about effectiveness of government services available to women with disabilities.

As to the commitments of the State to promote realization of sexual and reproductive rights of women with disabilities, they are only a few and, according to some experts, not very effective:

- According to the Equal Opportunity Action Plan for 2014-2016 provided for identification of social needs of PWDs (including special needs of women and children) and setting priorities only by surveying them. It also provided for raising awareness of PWDs on reproductive health issues, including through life skills training.⁴⁶ None of these activities were carried out;
- Under the Human Rights National Action Plan for 2018-2020, the MOH should include access of persons with disabilities to family planning services and age appropriate education on sexual and reproductive health issues in the Strategy on Health of Mothers and Newborn Babies for 2017-2030 and the three-year action plan (2017-2019).
- Under the National Human Rights Action Plan for 2018-2020, the MOH should develop sexual and reproductive services adapted to adolescents, persons with disabilities and LGBT persons, and integrate them in the primary healthcare.

During the thematic inquiry it was found that in the education system women and girls with disabilities are not provided with any information on sexual and reproductive health and rights. However, according to the National Human Rights Action Plan for 2018-2020, the Ministry of Education, Science, Culture and Sports (MES) does not have any obligations in that respect.

Psychosocial needs

Women and girls with psychosocial needs are especially vulnerable. In practice, their choice is often disregarded and substituted by the choice of another person (family members, service providers, guardians) in violation of rights guaranteed by Article 12 of the CRPD. Any women with disabilities should be able to exercise her own legal capacity and make her own decisions with support on such matters as medical and/or therapeutic treatment, including maintaining fertility; autonomy in decisions concerning reproduction, how many children to have and forming relationships. Women with psychosocial needs are often at risk of gender-based violence.

⁴⁶ Gender Equality in Georgia: Barriers and Recommendations, Part 2, UNDP – the Parliament of Georgia, 2018

It is impossible to present a full picture of violence against women with psychosocial needs in Georgia, due to the fact that such cases are not recorded as a separate category in the process of maintaining statistics on violence.⁴⁷ The fact that women with psychosocial needs are especially vulnerable is confirmed by applications received by the Public Defender's Office on realization of the right to mental health, which mostly concern violation of women's right to mental health.⁴⁸

The questionnaires filled out at the end of meetings held with women with disabilities within the thematic inquiry aimed to identify cases of gender-based violence among women with disabilities. Clearly, this data is not representative but findings are significant. 53 women and girls with disabilities (or their parent/mother, if a woman or a girl with a disability couldn't attend) participated in meetings held in six municipalities and 38 people filled out the questionnaire. Based on the analysis of anonymous questionnaires we found that 4 respondents have personally experienced violence or have heard about the following forms of violence experienced by another woman with a disability: domestic violence, rape, forced abortion, sexual violence.

Involuntary hospitalization of women with disabilities in psychiatric facilities is a problem in Georgia, caused by the following: absence of a system of supported decision-making, financial vulnerability, lack of contemporary housing or residential facility, geographic inaccessibility of outpatient psychiatric services and lack of community-based psychiatric services, as well as lack of skills for independent living.⁴⁹

There is no protocol for interviewing institutionalized women. Such interviews are not done for identifying circumstances of possible violence and they are not given a test to rule out pregnancy, in order to prevent the following harmful consequences:

- Psychotropic drugs may have a negative effect on fetus;
- It is highly likely that the time when abortion is allowed will not be used adequately;
- Some women may think that they are pregnant because they have missed their period, which may lead them to experience additional stress.

Psychiatric facilities do not offer free screening programs available in communities, e.g. breast cancer or cervical cancer screening programs.⁵⁰

⁴⁷ Violence against Women with Psychosocial Needs in Georgia – Key Trends, Nana Gochiashvili, Partnership for Human Rights, 2015, p.7

⁴⁸ Report on the human rights situation of persons with disabilities in Georgia, Public Defender of Georgia, 2016, p.33

⁴⁹ Alternative report submitted by the Public Defender of Georgia to the Committee on the Rights of Persons with Disabilities, 2017, p.38

⁵⁰ Questionnaire filled out by the Union “Partnership for Equal Rights”, “Platform for New Opportunities”, thematic inquiry on issues of accessibility of health services for women with disabilities, 02.10.2019.

Within the thematic inquiry it was also found that insufficient attention is paid to how psychotropic medications affect sexual and reproductive rights of women and their health. While taking antipsychotic drugs in a psychiatric field, women may develop irregular periods but they or their families or partners are not warned about these possible side effects.

The Georgian legislation prescribes general regulations that do not reflect individual needs of women with mental disabilities. The vision that exists at the legislative level is general in nature, while general regulations are completely inappropriate from gender or disability perspective.⁵¹

Insufficient funding for mental services leads to lack of qualified personnel, appropriate, therapeutic environment, treatment and care in psychiatric facilities, poor quality psychosocial rehabilitation, lengthy hospitalization and inaccessibility of community based services. Mental institutions have harsh physical environment and hygienic and sanitary conditions, especially affecting women and girls with disabilities.⁵²

Habilitation and rehabilitation

According to the CRPD requirements and the Law of Georgia on Social Protection of Persons with Disabilities, the State should encourage establishment and development of a system for medical, professional and social rehabilitation of persons with disabilities, based on individual approach and by financing scientific research/training specialists. However, it is safe to say that none of these requirements prescribed by the law are met. Individual fragmented programs and services with rehabilitation purposes are essentially entirely inaccessible for adults with disabilities and somewhat accessible for children and adolescents with disabilities under the age of 18.⁵³

The thematic inquiry identified the obstacles that hinder implementation of existing and planned rehabilitation programs, preventing potential beneficiaries from undergoing their desired course. These obstacles include transportation in Tbilisi. Municipal transport may not be covering a particular district where a PWD lives. If a person with a disability has a severely limited mobility, s/he cannot transfer himself/herself to the wheelchair independently and get to the transport, s/he may not be able to receive the service because the service doesn't provide for an assistant. The thematic inquiry group was informed about a case involving a socially vulnerable family, a single mother, who had to work, while the transport that picked up her child with a disability to drive him to the daycare didn't provide an assistant, someone who

⁵¹ Violence against Women with Psychosocial Needs in Georgia – Key Trends, Nana Gochiashvili, Partnership for Human Rights, 2015, p.12

⁵² Alternative report submitted by the Public Defender of Georgia to the CRPD, 2017, p.34

⁵³ Accessibility of medical and rehabilitation services for women with disabilities in Georgia, Research report, Movement Accessible Environment for Everyone, 2018, p.7-8

would take the beneficiary out of the house, put him in the transport and take him to the center. As a result, the service became inaccessible for the person concerned.⁵⁴

In addition, even though the government program for social rehabilitation and childcare positively evaluated, it is still criticized by lack of resources and capacity. Children in need of habilitation/rehabilitation have to wait for their turn for months or even years.

The universal healthcare program provides for a different coverage plan for children with disabilities under the age of 18 and persons with severe limitations but it doesn't say anything about accommodating preventive, rehabilitation and individual needs. In addition, persons with significant and moderate disabilities are not eligible for this particular coverage plan.

During a meeting held in Tbilisi within the thematic inquiry, introducing coverage plan that accommodates individual needs was raised as a pressing issue.

Respondents at all meetings thought it was important to create a program for habilitation/rehabilitation of adult persons with disabilities, especially women and girls. Based on the information available to the working group, at the local self-government level such program operates only in Batumi. The research carried out by the Movement Accessible Environment suggests that in order for persons with cerebral palsy to maintain their existing level of health, they need to undergo at least 1 rehabilitation course a year.⁵⁵

Access to medicines and pharmacies

Women and girls with disabilities are not provided with medicines needed to achieve health. During all meetings held by the working group, women with disabilities unanimously reported that the required medicines are purchased by them or their families. Majority of beneficiaries have social package as their only source of income, which does not provide PWDs with medicines that they need.⁵⁶ In addition, medical procedures and examinations are quite costly because according to PWDs the universal healthcare program does not cover full cost of necessary examinations, including renal examination and urology tests, which is especially needed by wheelchair users.⁵⁷

⁵⁴ Questionnaire filled out by the organization "Center for Support and Empowerment of Parents", thematic inquiry on issues of accessibility of health services for women with disabilities, 02.10.2019.

⁵⁵ Accessibility of medical and rehabilitation services for women with disabilities in Georgia, Research report, Movement Accessible Environment for Everyone, 2018, p.13

⁵⁶ Alternative report submitted by the Public Defender of Georgia to the CRPD, 2017, p.13

⁵⁷ Accessibility of medical and rehabilitation services for women with disabilities in Georgia, Research report, Movement Accessible Environment for Everyone, 2018, p.13

The program for provision of medications for treatment of chronic diseases, initiated on July 29, 2019 (“medications for 1 Lari”) was generally positively evaluated by women and girls with disabilities, at meetings held within the thematic inquiry. However, they also noted that the program is inconvenient for almost all persons with disabilities, with the exception of persons with epilepsy but they also find it difficult to use the program because drug dosages provided in the description often don’t match the dosages prescribed by doctors. The program wasn’t flexible enough to allow beneficiaries to buy dosages that they needed. Majority of respondents reported that none of the medications they needed were among the thirty-five medications provided by the program, which suggests that the program does not perceive the needs of persons with disabilities, even though they are indicated as one of the main groups of beneficiaries in the project description.

Accessibility of pharmacies was identified as an additional challenge. Persons with disabilities usually have limited access to pharmacies. Majority of women and girls with disabilities, who participated in the meetings of the working group, have never been to a pharmacy. If the outside area is adapted and persons in wheelchair can get to the door, movement inside the pharmacy is limited. Women with disabilities recalled cases when a pharmacist provided consultation in the street, to help them buy their medications or products.

Medicine packages lack braille labels and persons with certain disabilities have limited access to them.

Cross-cutting issues affecting healthcare for women and girls with disabilities

Education and employment rights are guaranteed by the Convention and their realization significantly affects autonomy of persons with disabilities and the possibility of free development. It is also closely related to exercise of the right to health by persons with disabilities and receiving quality healthcare services. This is especially true in the Georgian reality, where health and social welfare programs are not very gender sensitive, neither do they take into consideration special needs of women and girls with disabilities. As a result, women and girls with disabilities in Georgia have to make significant financial contributions in order to receive medical services and treatment that they need, which in turn is directly related to realization of education and employment rights, as well as other aspects of women’s economic empowerment like access to finances, property right, etc.

Comprehensive analysis of the situation in the field of rights of women with disabilities is not the subject of this thematic inquiry, so the report does not contain any issues related to economic empowerment of women with disabilities. However, it offers a brief overview of cross-cutting issues of education and employment.

It also summarizes issues of involvement of women and girls with disabilities in culture and sport. Over the past decade, there has been a growing understanding that access to and participation in sport and physical education is not only a right in itself. Sport influences all areas of development, including health, education, employment, social inclusion, political development and peace and security,⁵⁸ while culture has a transformative power and a potential to shake ingrained discriminatory stereotypes and social norms.

Education of women and girls with disabilities

In 2014, the Public Defender's report identified that majority of women with disabilities lives below poverty line; they lack access to healthcare, education and employment, while issues of accessibility of environment and adaptation of transportation remain unresolved.⁵⁹

The main rapporteur of the working group, Rati Ionatamishvili requested information from the Ministry of Education and Health, to examine the subject of the inquiry in a comprehensive manner.

The information provided by the Ministry clearly indicates that women and girls with disabilities are not viewed as an independent target group by the Ministry's ongoing programs and policy.

The Ministry of Education and Science of Georgia has not designed any special educational and training programs with for girls with disabilities and according to their letter, they don't see any need to do so. However, certain steps have been made for promoting effective realization of the right to education for persons with disabilities. In this respect, the working group must note inclusive education and a multidisciplinary team that has existed at the Ministry since 2005, for establishing special educational needs, providing corresponding recommendations to schools, which in turn support students with adequate human resources and additional materials, according to recommendations.

The Public Defender has criticized lack of progress in introducing inclusive education. Quality and continuity of learning remains a problem in the process inclusive education. Significant portion of children with disabilities, especially in regions are not involved in educational process. Lack of special teachers and their qualification, unadapted physical environment, poor transportation, accessibility of educational institutions, classroom equipment and learning materials is a problem.⁶⁰

⁵⁸ Gender Equality in Georgia: Barriers and Recommendations, Part 2, UNDP – the Parliament of Georgia, 2018, p.81

⁵⁹ Alternative report submitted by the Public Defender of Georgia to the CRPD, 2017, p.13

⁶⁰ Alternative report submitted by the Public Defender of Georgia to the CRPD, 2017, p.50

During meetings held within the thematic inquiry, women and girls with disabilities and their parents highlighted the obstacles faced in the process of education at schools, including inaccessible physical environment inside the school (ramps, different areas inside the school, restrooms, elevators) and transportation to school. In addition, meeting participants welcomed existence of an *inclusive vocational training specialist* and an *assistant for persons with special educational needs* at schools, but some of them also shared personal experiences about challenges that the existing program is actually facing. As an example, school administration in one of the municipalities didn't know that the position of an assistant for persons with special educational needs existed. In another case, inclusive education specialist refused to teach a student with a disability. These barriers were impossible to overcome for some parents of persons with disabilities and girls with disabilities attending the working group meetings, and today these parents or their children participate in the homeschooling program.

Public educational programs and master's degree scholarship programs created for accessibility of higher educational programs for persons with disabilities are also of note. Their beneficiaries include students with severe/significant/moderate disabilities and other categories of students. The program does not view women with disabilities as a separate target group.

The Ministry of Education and Science does not maintain separate statistics for pupils and students with disabilities. The information provided to the thematic inquiry working group concerns students with disabilities combined with persons with special educational needs.⁶¹ As of October 15, 2019, there are 3136 girls with special educational needs in Georgian schools and 71 women with special educational needs in vocational schools admitted based on alternative testing. Without maintaining statistics disaggregated by types of disability, it will be difficult for the Ministry to create evidence-based policy responsive to the needs of persons with disabilities.

Adaptation of physical environment is a serious obstacle. Based on the information provided by the MES to the working group, only four out of 39 public educational institutions implementing vocational training programs in Georgia have physical environments adapted based on the principle of universal design. Remaining institutions meet requirements of the Decree no.41 of the Government of Georgia on adoption of technical regulations "Rules for Safety of Constructed Objects". In addition, more than half of 1214 schools are provided with ramps and adapted restrooms, and elevators are accessible in nearly 50 schools. Whether the works were carried out according to the applicable standards and whether they promote physical accessibility of schools is a subject of a different research.

⁶¹ Alternative report submitted by the Public Defender of Georgia to the CRPD, 2017, p.49

Employment of women and girls with disabilities

Regulations provided in the national legislation and major strategic documents on employment of persons with disabilities are quite general. Government employment programs are insufficient and inadequate. There are no effective incentives for potential employers (tax breaks, quotas, etc.) to hire persons with disabilities. At the same time, in the existing legislation, if a person with a disability is hired in civil service, his/her entitlement to a social package may be canceled; persons with severe disability or significant disability due to visual impairments are the only exception. As a result, some persons with disabilities are forced to give up their financial benefits in exchange for employment, which has an effect opposite to that of encouragement and it may even lead persons with disabilities to turn down employment opportunities.⁶²

Unadapted physical environment and public transport is an important obstacle that persons with disabilities face in finding and keeping a job.⁶³

Existing small-scale government initiatives that aim to promote employment of persons with disabilities are not gender sensitive and they do not take into account special needs of women and girls with disabilities. National Human Rights Action Plan for 2018-2020 does not reflect the obstacles to economic empowerment of women with disabilities and their needs. The Action Plan provides modest obligations for promotion of employment of persons with disabilities, in particular, development of an action plan, preparing and initiating corresponding bill in parliament that will provide for incentives to promote the employment of persons with disabilities. In addition, the National Human Rights Action Plan 2018-2020 provides for accessibility of professional orientation services, training/internship programs and employment services for persons with disabilities (implementation of “The government program for development of services for promotion of employment” and “Vocational training programs”).

The thematic inquiry group requested from the Ministry of Economy and Sustainable Development information about programs implemented by the Ministry for promoting employment of women and girls with disabilities and their empowerment. The Ministry does not have such programs, however it provided information on PWDs among beneficiaries of the existing programs. In 201502918, among 9,384 beneficiaries of Enterprise Georgia program 3,785 are women including 8 persons with disabilities.

The economic development policy of the State is not very gender sensitive and the government policy documents do not give adequate consideration to special needs of women with

⁶² Alternative report submitted by the Public Defender of Georgia to the CRPD, 2017, p.60-61

⁶³ Characteristics of adaptation of persons with disabilities to working environment: attitudes of persons with disabilities, employers and experts, qualitative research report, Ivane Javakhishvili Tbilisi State University, 2015

disabilities.⁶⁴ As a result, women with disabilities and women and girls from other vulnerable groups are invisible to these programs.

Participation of women and girls with disabilities in culture and sport

The UN Convention on the Rights of Persons with Disabilities⁶⁵, and the UN Convention on Elimination of All Forms of Discrimination⁶⁶ require Contracting States including Georgia to ensure equal participation of women and girls with disabilities in sport.

The Law of Georgia on Culture and its basic principles do not provide for gender equality, inclusivity and non-discrimination. Goals of Georgia's comprehensive, long-term strategy of culture for 2015-2025 include participation of all members of the society, including persons with special needs in cultural life and accessibility of infrastructure and resources. An Action Plan for 2017-2018 was developed to fulfill this goal and corresponding objectives. The plan partially provides the budget necessary for implementation of activities. On the other hand, the Strategy and Action Plan is not gender sensitive and it does not address needs of women and girls with disabilities. Monitoring of the Action Plan is beyond the scope of this research. In addition, the Ministry of Culture provided the working group with information about activities carried out by the Ministry to increase accessibility of cultural life for women with disabilities. A competition called "Unlimited Opportunities" was carried out in 2010 and 9 winning projects received funding. Based on the information provided by the Ministry, it is impossible to evaluate involvement of women and girls with disabilities in this activity.

The State policy does not provide for any measures to ensure equal involvement of women and girls with disability in sport. The National Sport Policy for 2014-2020 recognizes the importance of involvement of PWDs in sports⁶⁷ and it provides a list of measures to that end; however, evaluation of effectiveness of these measures is beyond the scope of this inquiry. At the same time, the Strategy is not gender sensitive, it does not address women's needs or recognize women and girls with disabilities as a target group.

According to the information provided to the working group by the Ministry of Education and Science, the Ministry printed a guide "Sport for Students with Special Educational Needs". The guide published with UNICEF's support was distributed in schools and resource centers, it is also available on the website: inclusion.ge. The guide is meant for sport and physical education teachers at schools. This activity, similar to the National Sport Policy does not address special needs of women and girls with disabilities.

During meetings held within the thematic inquiry as well as in written opinions submitted to

⁶⁴ Women's economic empowerment in Georgia – analysis of existing policy and initiatives, Sapari, 2017

⁶⁵ The UN Convention on the Rights of Persons with Disabilities, 2006, art.30

⁶⁶ The Convention on the Elimination of All Forms of Violence Against Women, 1979, Art.10

⁶⁷ National Policy on Sports, 2014-2020, Chapter 3, Strategic Objectives of State Policy on Sports

the working group, women and girls with disabilities and their parents reported that their involvement in sport and cultural life is not ensured in any way. They lack access to and information on even smaller scale measures provided in the government policy.

Information on cultural issues is rarely published in accessible format, while promotion of maximum participation of persons with disabilities in general sporting events is not encouraged.⁶⁸

Local self-government bodies sporadically promote involvement of persons with disabilities in sports. As an example, in 2019 Zugdidi Municipality provided funding of GEL 4,865 for a football team of persons with disabilities called “Odishi” and a sporting event with participation of 30 persons with disabilities. Unfortunately, gender statistics on persons involved in these events is not available to the thematic inquiry working group, however according to the information provided at the meeting, football team Odishi is composed of only men with disabilities.

Women and girls with disabilities would like to have sports venues accessible and built/adapted based on the principles of universal design. Physical activity is especially important for women with psychosocial needs because medications often cause them to weight gain. According to an opinion submitted in writing, “Swimming, dancing, aerobics, pilates exercises should be encouraged for women and girls with mental problems, as well as for other women and girls with disabilities, in a manner adapted to their needs. Such exercises improves not only their health but also their social skills and self-esteem.”⁶⁹

Different types of sports are not accessible for persons with hearing impairments, on equal basis with others. During the thematic inquiry, women with disabilities said they would welcome introduction of many types of sports, including balance and coordination sports and ones that involve vision training, e.g.: swimming, firing pneumatic weapons, tennis, table tennis, etc.⁷⁰

Accessibility

Accessibility of physical environment is highly important for PWDs, in order to be able to benefit from opportunities and healthcare services at the national or local level, because there are stereotypical attitudes about their reproductive and sexual rights and health. In addition, it has been recognized that women, including women and girls without disability, have lesser mobility in patriarchal societies and in Georgia, due to their lack of access to financial

⁶⁸ Alternative report submitted by the Public Defender of Georgia to the CRPD, 2017, p.68

⁶⁹ Questionnaire filled out by the Union “Partnership for Equal Rights”, “Platform for New Opportunities”, thematic inquiry on issues of accessibility of health services for women with disabilities, 02.10.2019.

⁷⁰ Questionnaire filled out by Aures Foundation, thematic inquiry on issues of accessibility of health services for women with disabilities, 02.10.2019.

resources, stereotypical attitudes and other factors. The fact that women with disabilities are less visible in Georgia is also demonstrated by statistics: they lack access even to existing weak healthcare services. In addition, they are invisible for the State system and the actual rate of women and girls with disabilities should be higher than the official rate of PWDs with disability status.

Improved accessibility of environment will proportionally affect statistics on women with disabilities who obtained official disability status and on use of the existing healthcare services.

Even though the Technical Regulation for Creation of Areas for Persons with Disabilities and Architectural and Planning Elements provides for creation of a physical environment accessible for persons with disabilities, mechanism for implementing and practicing the regulation is lacking. Use of public transport, infrastructure of public and private institutions is problematic for persons with disabilities. For different reasons, women with disabilities are more likely to use public transport. Accordingly, incorporation of universal design in public transport will significantly improve mobility of women with disabilities and their access to health and other services.

Even though certain positive changes have been made in terms of increasing accessibility of physical environment (provision of access to emergency assistance services, distance services), receiving psychosocial, banking, household and other services remains a challenge for PWDs due to absence of alternative mechanisms for information sharing and communication.⁷¹

Majority of public institutions, including ministries do not use means for provision of information/services to PWDs in the form accessible to them. However, the National Human Rights Action Plan for 2018-2020 provides for adaptation of all websites of ministries of the Government of Georgia to the needs of persons who are deaf and hard of hearing.

Among barriers to accessing healthcare, women with disabilities and NGO representatives named the hotline of the Ministry of Health and Social Affairs, which is not toll-free.

During meetings held within the thematic inquiry, women with disabilities raised the issue of accessibility of banks, including physical accessibility of the only bank (Liberty Bank) that is responsible for implementation of the government's social programs. It is especially challenging for persons who are blind to receive bank services independently.⁷²

⁷¹ Alternative report submitted by the Public Defender of Georgia to the CRPD, 2017, p.24

⁷² Report of Public Defender of Georgia on Situation of Human Rights and Freedoms, 2018, p.117.

Recommendations

The working group developed recommendations based on works already carried out in this field and rather valuable reports of different NGOs and the Public Defender. Notably, scarcity of policy documents addressing needs of PWDs makes it impossible to focus solely on women and girls with disabilities. Therefore, a significant majority of recommendations focuses on the importance of developing policy documents that are responsive to the special needs of women and girls with disabilities, who are more vulnerable, rather than on identification of their needs in the existing policy documents.

№	Recommendation	Target group
Legislation, institutional mechanism and interagency coordination		
1.	Ratify the Optional Protocol to the Convention on the Rights of Persons with Disabilities	Parliament of Georgia
2.	Designate or create a body responsible for implementation of the Convention and interagency coordination (“the coordination agency”) immediately, according to requirements of the Convention	Government of Georgia
3.	Empower the agency responsible for implementation of the Convention and interagency coordination with adequate financial and human resources.	Government of Georgia
4.	Fully harmonize national legislation with the CRPD principles and approaches.	Parliament of Georgia
5.	Introduce an obligation in the national legislation to maintain appropriate statistics on persons with disabilities, with the aim of exercising an effective control over protection of rights of persons with disabilities.	Parliament of Georgia
6.	Create/designate in a timely manner coordination councils working on the issues of persons with disabilities at the regional and local level, ensure active participation of PWDs and/or their representative organizations in this process.	Coordination Agency

7.	Develop and effectively introduce model statutes for coordination councils working on the issues of persons with disabilities at the municipal level.	Coordination Agency
8.	Assess the needs of local self-government bodies with respect to persons with disabilities, including women with disabilities, and strengthen their skills based on the needs identified.	Coordination Agency
9.	Strengthen parliamentary oversight on fulfillment of commitments undertaken under the UN Convention on the Rights of Persons with Disabilities by the government.	Parliament of Georgia
10.	Improve coordination of the Social Services Office of Social Service Agency with other agencies.	Coordination Agency
11.	Address accessibility of health services for women with disabilities in forthcoming national action plans.	Human Rights Secretariat
12.	Include in forthcoming national action plans evaluation indicators for measuring whether planned activities/events took place. This will make it possible to evaluate action plans from the perspective of protection of right to health for women with disabilities.	Human Rights Secretariat
13.	Integrate issues of women and girls with disabilities in forthcoming action plans, under gender equality chapters and vice versa.	Human Rights Secretariat
14.	Include raising awareness of medical personnel, including in the field of mental health, on needs of women with disabilities, by introducing measurable indicators in forthcoming action plans.	Human Rights Secretariat
15.	Governmental action plans should contain measurable indicators to make it possible to measure progress achieved in the field of healthcare for women and girls with disabilities.	Human Rights Secretariat

16.	Governmental action plans should be accompanied by budgets for implementation.	Human Rights Secretariat
17.	Focus on consideration of needs of women with disabilities in the process of fulfillment of all measures provided in current action plans.	Human Rights Secretariat
18.	Include in forthcoming action plans mechanisms for involving women with disabilities in decision-making process that affects their health.	Human Rights Secretariat
Maintaining statistics and conferring the disability status		
19.	Create a working group for identifying gaps in legislation and practice, with respect to maintaining and disseminating statistics on persons with disabilities, and preparing corresponding legislative amendments and policies.	Parliament of Georgia Ministry of Health and Social Affairs National Statistics Office of Georgia State Inspector's Office
20.	Ensure dissemination of statistics and information gathered in an accessible form.	National Statistics Office of Georgia
21.	Use statistics and needs assessment to inform existing programs and ensure full coverage of target groups, especially women and girls with disabilities.	Coordination Agency
22.	To determine target programs and policies for persons with disabilities, according to commitments under the CRPD, ensure formation of mechanism for effective cooperation and coordination between government agencies.	Coordination Agency
23.	Prepare a strategy and action plan for identifying and fining persons with disabilities, to involve them in appropriate services/programs, with a particular focus on women, girls and elderly with disabilities residing in highland regions and regions settled by ethnic minorities.	Coordination Agency

24.	Create an action plan for moving to the social model for evaluation of persons with disabilities and conferring the disability status, with participation of PWDs and their representative organizations and relevant experts.	Ministry of Health and Social Affairs
25.	Promotion of participation of women and girls with disabilities in decision-making process.	Coordination Agency
Health Services		
26.	Revise medical protocols in light of issues related to healthcare for women with disabilities and persons with disabilities, with participation of persons with disabilities and women with disabilities, especially rules and guidelines concerning reproductive and sexual health, including pregnancy, childbirth, breastfeeding, STIs, family planning, as well as oncology, mental health, cardiovascular diseases, emergency medical assistance, dental care, chronic renal diseases.	Ministry of Health and Social Affairs
27.	Revise mandate of the agency responsible for fulfillment of medical protocols and introduce appropriate changes in the mandate to increase its effectiveness.	Ministry of Health and Social Affairs
28.	Publish a manual on “Standard Rules and Relationship Recommendations” for medical personnel and provide corresponding training	Ministry of Health and Social Affairs
29.	Adopt training modules, protocols and SOPs for medical personnel providing family planning and reproductive health, in consideration of needs of women and girls with disabilities; provide training to medical personnel; training modules, protocols and SOPs should be gender sensitive and address issues affecting women and girls with disabilities.	Ministry of Health and Social Affairs
30.	Include modules on PWDs, especially women and girls with disabilities in medical education	Ministry of Health and Social Affairs

	curriculum, concerning specific aspects of medical services for PWDs and their rights (especially issues of informed consent, confidentiality and support).	Ministry of Education and Science
31.	Introduce continuous education system for medical personnel, in the field of standards of service for persons with disabilities, especially women and girls with disabilities, their rights and communication.	Ministry of Health and Social Affairs
32.	Ensure training for PWDs and specialists working with PWDs on mobility skills by specialists with relevant educational background and expertise (occupational therapist, orientation and mobility therapist, etc.).	Ministry of Health and Social Affairs
33.	Provide comprehensive sex education at all stages of education by developing training courses for women and girls with disabilities.	Ministry of Education and Science
34.	Provide comprehensive sex education to women and girls with disabilities, in the process of receiving medical services, by preparing corresponding protocols.	Ministry of Health and Social Affairs
35.	Elaborate and implement campaigns and educational programs for raising public awareness on family planning by women with disabilities and the importance of modern contraception – especially focusing on raising awareness of women with disabilities and ethnic minority women, keeping in mind language barriers and cultural sensitivity.	Ministry of Health and Social Affairs Ministry of Education and Science
36.	Revise Maternal and Newborn Health Strategy taking in consideration of needs of women with disabilities; reflect challenges related to accessibility of reproductive healthcare by women with disabilities and implement corresponding measures, including in consideration of barriers related to physical accessibility for minority women, language, etc.	Ministry of Health and Social Affairs Ministry of Education and Science

37.	Ensure that programs covering family planning and sexual and reproductive healthcare accommodate the needs of women with disabilities, including adaptation of gynecological chairs to ensure access to women who use wheelchairs.	Ministry of Health and Social Affairs
38.	Train medical personnel to ensure provision of qualified, effective and safe medical services to persons with disabilities, especially women and girls with disabilities – including gender sensitive medical services.	Ministry of Health and Social Affairs
39.	Elaborate a protocol for identification of acts of violence against women and girls admitted to psychiatric hospitals. It should also include a pregnancy test and information on possible side effects of medication (including how medication affects libido and menstrual cycle).	Ministry of Health and Social Affairs Ministry of Internal Affairs
40.	Psychiatric hospitals should offer community-based free screening programs and quality somatic health services.	Ministry of Health and Social Affairs
41.	Elaborate an action plan to increase accessibility of free community-based screening services for women with disabilities.	Ministry of Health and Social Affairs
Accessibility of physical environment, information and other means		
42.	Establish a mechanism for healthcare institutions, to ensure full and effective access for women with disabilities, in a reasonable period of time, without it being based solely on the requirement of safe movement of women with disabilities and will not only accommodate PWDs using wheelchairs but also aim to create a universal design; if a healthcare institution fails to fulfill the requirement, it should not be allowed to provide services for PWDs within the universal healthcare program.	Ministry of Health and Social Affairs
43.	Adopt regulations providing for sanctions for violation of the Technical Regulation for Creation of	Parliament of Georgia

	Areas for Persons with Disabilities and Architectural and Planning Elements in relevant codes (The Code on Spatial Planning, Architectural and Building Activities; The Code of Administrative Offences; and The Code of Product Safety and Free Movement).	
44.	Eliminate conflicting rules provided in technical regulations (Decree N41 of the Government of Georgia on the approval of Technical Regulation on Arrangement of Space for Persons with Disabilities and Architectural and Planning Elements, Decree N41 of the Government of Georgia on Building Safety Rules) and ensure compliance with the principles of universal design in a timely manner.	Government of Georgia
45.	Introduce legislative amendments to create agencies responsible for implementation of technical regulations, identification of violations and imposition of applicable sanctions.	Parliament of Georgia
46.	Adapt websites of public agencies to needs of persons with disabilities.	Coordination Agency
47.	Ensure adequate support for persons with disabilities, in the process of their communication with representatives of government institutions. Further, introduce the practice of using sign language, Braille, alternative means of communication.	Coordination Agency
48.	Introduce a program for teaching sign language to parents and families of persons with disabilities.	Ministry of Education and Science
49.	Government institutions should provide public information using accessible means and formats of communication.	Coordination Council
50.	Ensure financial accessibility of the MOH hotline	Ministry of Health and Social Affairs

51.	Ensure accessibility of all public and private organizations responsible for administering state disbursements.	Coordination Agency
52.	Ensure adaptation of means of transportation and infrastructure for persons with disabilities, and in consideration of interests of persons with disabilities to buy a new means of transportation, if needed.	Local self-government bodies
53.	Introduce a mechanism for effective enforcement and supervision in the process of planning spaces for persons with disabilities. Ensure maximum involvement of persons with disabilities including women in the process of elaboration of legislation and programs on accessibility, at the central and local level.	Coordination Agency Local self-governing bodies
Healthcare Programs		
54.	Improve health insurance system to ensure provision of medical services including reproductive health services that accommodate needs of women and girls with disabilities.	Ministry of Health and Social Affairs
55.	Revisit the issue of provision of medications needed by girls and women with disabilities to achieve health.	Ministry of Health and Social Affairs
56.	Include specific needs of different categories of PWDS in the government healthcare programs.	Ministry of Health and Social Affairs
57.	Base healthcare on specific needs of different categories of PWDs, in consideration of their age and gender.	Ministry of Health and Social Affairs
58.	Improve the component of prevention and examination for PWDs in the government health care program. Provide a single insurance plan for all categories of PWDs.	Ministry of Health and Social Affairs
59.	To achieve maximum independence of persons with disabilities, realization and use of their full intellectual, social and professional abilities, the	Ministry of Health and Social Affairs

	State should elaborate and implement rehabilitation and habilitation programs for adults, particularly focusing on special needs of women and girls with disabilities.	
60.	Promote training of professionals in the field of rehabilitation/habilitation, especially focusing on needs of women and girls with disabilities.	Ministry of Health and Social Affairs
61.	Strengthen rehabilitation and habilitation programs for children with disabilities, by increasing their geographic coverage and budget and effective monitoring of competencies and quality of providers.	Ministry of Health and Social Affairs
62.	Elaborate programs for supporting families of persons with disabilities.	Coordination Agency Local self-government bodies
63.	Revise the universal health insurance program and government health care programs in consideration of needs of women and girls with disabilities.	Ministry of Health and Social Affairs
64.	Carry out needs assessment to identify persons in need of assistive devices, maintain gender statistics and identify individual needs.	Ministry of Health and Social Affairs
65.	Ensure that government health care programs in Georgia accommodate individual needs of PWDs, including by providing gender sensitive medical services.	Ministry of Health and Social Affairs
Education		
66.	Carry out assessment of needs of children/persons with disabilities enrolled in pre-school, secondary education, vocational training and higher education institutions and elaborate a database that contains disaggregated data, including sex-disaggregated data.	Ministry of Education and Science

67.	Ensure discrimination-free access to education for girls with disabilities, at all stages of education including higher education and elaborate corresponding strategy.	Ministry of Education and Science
68.	Create adequate conditions to improve quality and continuity of inclusive education, especially for women and girls with disabilities residing in rural areas, highland regions and regions settled by ethnic minorities.	Ministry of Education and Science
69.	Identify needs of women with disabilities through research, for full realization of their right to education, and revise the policy on vocational education based on findings of the research.	Ministry of Education and Science
70.	Revise requirements for authorization of vocational schools to include the obligation to adapt school facilities and physical environment based on the principle of universal design.	Ministry of Education and Science
71.	Implement information campaign on vocational education to raise awareness of women and girls with disabilities.	Ministry of Education and Science
72.	Provide adequate in-service and continuous training of professionals in the field of vocational education, in order to improve their qualifications.	Ministry of Education and Science
Employment		
73.	Elaborate consistent state policy and strategy documents on promotion of employment of women with disabilities.	Ministry of Health and Social Affairs Ministry of Economy and Sustainable Development
74.	Revise labor and employment law to ensure that commitments undertaken under the UN Convention on the Rights of Persons with Disabilities (2006) are fully reflected.	Parliament of Georgia

75.	Evaluate employment needs of persons with disabilities, including women with disabilities to inform the strategy and action plan for employment of persons with disabilities.	Ministry of Health and Social Affairs Ministry of Economy and Sustainable Development
76.	Maintain official statistics on employed persons with disabilities, including data broken down by gender, in the private sector.	National Statistics Office of Georgia
77.	Revise the social benefits rating system to ensure that employment of a person with a disability or his/her family member does not automatically result in cancelling of social benefits.	Ministry of Health and Social Affairs
78.	Assess needs of persons with disabilities alongside evaluation of persons with disabilities based on the social model, with a particular focus on needs of women with disabilities, in order to identify services that accommodate their individual needs.	Ministry of Health and Social Affairs
79.	To ensure continuity of service delivery, the State should elaborate programs based on needs of adult women with disabilities.	Ministry of Health and Social Affairs
Elimination of gender based violence		
80.	Ensure maintenance of statistics on physical, psychological, sexual or other types of violence against women with disabilities.	Ministry of Internal Affairs
81.	Ensure training of law enforcement officers on rights and specific needs of persons with disabilities, especially with respect to identification of domestic violence and further actions.	Ministry of Internal Affairs
Culture		
82.	Design a plan for adapting physical environment and materials in buildings run by the Ministry of Education and Culture and initiate the process of	Ministry of Education and Science

	adaptation based on the principle of universal design.	
83.	Ensure equal participation of women in cultural, entertainment and recreational events, full accessibility to materials, programs, activities, institutions and services related to cultural matters, in compliance with the CRPD principles.	Ministry of Education and Science
84.	Carry out needs assessment to identify problems related to equal access of women with disabilities to cultural life, in order to inform cultural policy.	Ministry of Education and Science
85.	Ensure accessibility of media, TV programs and movies for persons with disabilities in a quality and timely manner, using sign language interpretation, audio description (narration), subtitles, Braille, tactile communication, larger font size, multimedia, amplifiers and other alternative and accessible forms, methods, means and technologies of communication.	Coordination Agency
Sports		
86.	Promote maximum participation of women with disabilities in general sporting events.	Ministry of Education and Science
87.	Adapt municipal sports venues according to the principle of universal design.	Local self-government bodies
88.	Adapt municipal sports corners under (so-called outdoor gyms) according to the principle of universal design.	Local self-government bodies
89.	Conduct awareness campaign on issues affecting women and girls with disabilities.	Government of Georgia Coordination Agency
90.	Develop a strategy to increase access of women and girls with disabilities to information (including by improving access to Internet).	Coordination Agency

Annexes

Annex 1: Terms of reference of the thematic inquiry and the questionnaire

Terms of reference (ToR) of the thematic inquiry

Subject of the inquiry	Accessibility of healthcare services for women with disabilities
<p>Purpose of the inquiry</p>	<p>Examine participation of women and girls with disabilities in health and social welfare programs funded by the government and local self-governments, and existing medical infrastructure, with the aim of promoting full realization of the right to health for women and girls with disabilities.</p>
<p>About the issue</p>	<ul style="list-style-type: none"> ➤ Disability is more prevalent among women than man. Women with disabilities constitute nearly 1/5 of the world's female population. Reliable and representative disability data on children is not available. It is even more difficult to obtain statistics at the national level. ➤ According to the UN Convention on the Rights of Persons with Disabilities, recognizes special needs of women and girls with disabilities and requires that national policy documents in the field of human rights, as well as State programs should recognize them as an independent target group. ➤ Georgia ratified the Convention in 2014, however important issues affecting women and girls with disabilities are not taken into account in development and budgeting of government programs. This concerns healthcare, social rehabilitation, education, employment and other programs. ➤ Medical services accommodating needs of women and girls with disabilities are lacking. Accessibility of reproductive and sexual health, lack of adapted medical facilities and services, women and girls with psychosocial needs and their access to government health care programs are of a particular note. ➤ Medications needed to achieve health are not sufficiently provided. In addition, medicine packages lack Braille labels. ➤ Majority of women with disabilities financially depend on the government's social package, which does not provide funding for necessary medications.

Terms of Reference

The thematic inquiry group will invite stakeholders (legal and/or natural persons) to submit in writing their substantiated opinions about accessibility of health services for women and girls with disabilities.

Opinions supported by relevant documents should answer the following questions:

- Are health services accessible to women and girls with disabilities? (700 words)
- What are challenges faced by women and girls with disabilities in using social packages? (500 words)
- What are barriers faced by women and girls with disabilities in using health services? (500 words)
- Are women and girls with disabilities informed on their sexual and reproductive health and rights? (400 words)
- What are challenges faced by women and girls with psychosocial needs? (400 words)
- What kind of sports and physical activities are accessible for women and girls with disabilities to promote their health and which ones should be introduced? (200 words)
- Which international experience do you think should be shared for improving accessibility of health services for women and girls with disabilities? (300 words)

These and other questions will be reflected in information provided to the working group. In addition, relevant organizations and experts invited by us will be working on issues that fall within the scope of the thematic inquiry.

Based on the analysis of documents and oral hearings, a series of recommendations will be prepared on how to improve accessibility of health services for women with disabilities.

Deadline for submission of information:	2 October 2019
Requirements for submitting documentary materials	<ul style="list-style-type: none">➤ Please submit documents in pdf format;➤ Length of a substantiated opinion should not exceed 3000 words and 3 pages;➤ A substantiated opinion should contain facts in order for the working group to be able to analyze it;➤ A substantiated opinion should preferably contain concrete recommendations for relevant agencies and best examples from international experience;➤ Please include information about the speaker, for participation in possible oral hearings. <p>Please, submit your materials to: wwd@parliament.ge</p>
Point of contact	<p>Naia Begashvili Parliamentary program coordinator, National Democratic Institute E-mail: nbegashvili@ndi.org Phone: +995 32 2935830</p>

	Tamar Sabanadze Assistant to an MP of Georgia E-mail: tsabanadze@parliament.ge Phone: +995 599 087808
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Annex 2: Written opinions received within the thematic inquiry

The following organizations submitted their opinions in writing for the thematic inquiry:

Center for Support and Empowerment of Parents

Association Dea

Association Anika

Autism Association of Georgia, Autism Research and Support Foundation

Association “Partnership for Equal Rights“ (PER), Platform for New Opportunities (PNO)

Non-profit (non-commercial) legal entity “Foundation Aures”

Annex 3: Meetings and hearings held within the thematic inquiry

August 21

Meeting with Zugdidi Municipality Sakrebulo and City Hall representatives

Meeting with representatives of civil society and medical institutions operating in Zugdidi

Meeting with women and girls with disabilities living in Zugdidi Municipality

August 22

Meeting with representatives of Batumi Municipality Sakrebulo, City Hall and Adjara A/R Supreme Council

Meeting with representatives of civil society and medical institutions operating in Batumi Municipality

August 23

Meeting with women and girls with disabilities living in Batumi Municipality

August 24

Meeting with representatives of Mestia Municipality Sakrebulo and City Hall

Meeting with representatives medical institutions operating in Mestia Municipality

Meeting with women and girls with disabilities living in Mestia Municipality

August 30

Meeting with representatives of Telavi Municipality Sakrebulo and City Hall

Meeting with representatives medical institutions operating in Telavi Municipality

Meeting with women and girls with disabilities living in Telavi Municipality

September 3

Meeting with representatives of Marneuli Municipality Sakrebulo and City Hall

Meeting with representatives of civil society and medical institutions operating in Marneuli Municipality

Meeting with women and girls with disabilities living in Marneuli Municipality

September 27

Meeting with representatives of Tbilisi Sakrebulo and City Hall

Meeting with representatives of civil society and medical institutions operating in Tbilisi

Meeting with women and girls with disabilities living in Tbilisi

September 30

Meeting with representatives of Tbilisi Sakrebulo and City Hall

October 17

Hearing of representatives of the Ministry of Education, Science, Culture and Sport, the Ministry of Economy and Sustainable Development, LEPL Enterprise Georgia, the Office of the Public Defender of Georgia

October 18

Hearing of representatives of the Ministry of IDPs from the occupied territories, labour, health and social affairs of Georgia, the Office of the Public Defender of Georgia.

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The Law of Georgia on Healthcare;

The Law of Georgia on Psychiatric Assistance;

The Law of Georgia on Social Protection of Persons with Disabilities;

The Law of Georgia on Social Assistance;

The Law of Georgia on Culture;

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