

ASSESSING DISABILITY OF CHILDREN IN GEORGIA

COUNTRY CASE STUDY



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Acknowledgements:

This case study has been authored by Jerome Bickenbach, ICF and disability expert, Switzerland and Aleksandra Posarac, disability expert, Serbia under the guidance of Nora Shabani and Aaron Greenberg from the UNICEF Europe and Central Asia Regional Office.

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Cover photo: 15-year-old Bacho, who wants to become a theoretical physicist and has faced stereotypes regarding people with disabilities many times. Credit: © UNICEF/UNI400658/

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1. Context: background to the 2019-2020 pilot study

After ratifying the United National Convention on the Rights of Persons with Disabilities (CPPD) in 2014, the Government of Georgia committed itself to align its national disability policy with the CRPD. In that year, it formally adopted the exact wording of the CRPD's characterization of persons with disability in its 2001 Law on Medical and Social Examination (which governs, among other things, disability assessment and determination of disability status, see Appendix 1 below): *"Persons with disabilities are persons with substantial physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and efficient participation in society on an equal basis with others".*

Despite this apparent definitional shift, the system of disability assessment focuses on purely medical criteria. Article 10 of the Law on Medical and Social Examination reverts to the medical model of disability by stating that "Disability comprises substantial physical, psychical, intellectual or sensory impairments, which cause temporary or permanent limitation of capabilities", a definition which ignores the impact of the person's environment. Limitations of capacities are identified by severity as mild, moderate, severe and major, with disability status established only on the basis of moderate, severe and major. With respect to children, the Act specifies that disability status from children is established when the person has been determined to be disabled before reaching the age of 18. There is no provision for recognizing levels of severity of disability in children.

The 68 authorized medical facilities throughout the country administer the disability assessment and status determination process. To get the disability status, the person is referred to an authorized health facility where the medical expert coordinates the process and guides the individual through medical examinations and diagnostic sessions. Based on the results of the medical examination, a determination of disability of adults is made. Ministerial Orders (originally decreed in 2003) defines the list of health conditions that establish disability.

In March 2018, UNICEF and the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs (MOIDOTPLHSA), began a situational analysis of the current disability assessment and disability status determination system in the Adjara Region of Georgia. The study included interviews with management personnel and physicians of medical institutions involved in the disability identification and focus group discussions with persons with disabilities and parents of children with disabilities. The study described the process and instrumentation for disability assessment and status determination at the time.

1.1 Pre-pilot situation

The situation analysis showed that the process of the granting disability status had the following steps:

- Referral a claimant or legal representative seeking disability status applies to the licensed healthcare facilities and gets information about the required steps and documentations. The certification process for children is governed by N62/5 Order of the Ministry of Labor, Health and Social Protection that establishes the "Status of a Children with Limited Abilities".
- Medical examination the healthcare facility defines areas for medical assessment by the relevant physicians (if the healthcare facility does not provide expertise in an area the claimant seeks this at another facility and pays for the examination). The claimant or legal representative collects all requested medical documentations and submits to the healthcare facility.
- Decision if the claimant has the certain diagnosis defined by the ministerial order, then healthcare facility makes decision about the disability status, determines the severity of disability for adults and sets the timeframe for the official re-examination of the status. In addition, the health facility provides official recommendations for the assistive technology.
- Determination of disability benefits when a status is granted, the applicant or legal representative is officially notified and documentation is transferred to the Social Service Agency (an agency of MOIDPOTLHSA), which makes decision on provision of the disability benefits – cash and in-kind. For its services and assistive technologies, the person with disability applies with the official statement to territorial unit of the agency.

1.2 Problems with pre-pilot situation

The report found several challenges in the system:

- Medical model of disability: disability assessment and status determination rely heavily on purely medical information, is performed by medical practitioners in medical institutions and only identifies health-related needs. The process does not consider the effect of social services or assistance technologies to minimize barriers to participation for persons with disabilities.
- Medical diagnostic tools for assessment: these lack standardization and although the Universal Health Care Program of Georgia should cover diagnostic tests and examination, those relevant to disability assessment were too specialized and required applicants to cover additional costs. Furthermore, if an applicant does not belong to the catchment area of a medical facility where assessment takes place, then she or he must cover the cost of healthcare, as well as additional cost related to accessing the centers (e.g., transportation).
- Reassessment: although the law requires reassessment of disability status, the process can result in a changed disability status and the loss of benefits if the initial health condition improved. This means in practice that persons with disabilities are at risk of not having access to rehabilitation and other services necessary to maintain their improved health condition.
- Awareness of procedure and benefits: Stigma prevents persons with disabilities and their

families from seeking an official disability status and related benefits which they are entitled to receive from the government. Physicians, family doctors and pediatricians seldom refer children with potential disabilities for assessment and status determination, probably because of inefficient early identification systems and procedures for children with potential delays in their development.

- Children: The disability status procedure does not differentiate levels of disability for children, often resulting in identical benefits for children with different levels of disability. The impact of diseases on the child's functioning and participation are not examined in the assessment process, only the predetermined medical diagnoses. The system ignored some medical conditions associated with development in infants and early childhood age, particularly Down Syndrome and Autism. Consequently, these children do not have access to the disability allowance and some social services, such as, day care, rehabilitation, and home-based care.
- Inter-ministerial collaboration: It was found that there was little cross-sectoral and inter-ministerial collaboration and that the purely medical approach to disability status determination made it difficult for the state to implement a need-based social services for individuals with disability and, for children specifically, to put into effect reforms in the education sector to make the system more inclusive for children with disabilities.

2. The Pilot

Initiated by MOIDPOTLHSA and supported by UNICEF Georgia and the Georgian Association of Social Workers (GASW), a nine-month **pilot study of disability assessment and determination of disability status** (for adults and children) was implemented in the Adjara Region in April 2019. The rationale and overall goal of the pilot was to **align the then current system with the social model of disability** – which emphasizes the importance of the person's environment in the experience of disability – and using the **biopsychosocial approach** – a comprehensive, integrative framework for understanding human development, health, and functioning, taking in account inextricably intertwined, biological, psychological, and social dimensions of experience.

The pilot aimed to introduce what was labelled 'functional assessment',¹ a need assessment called

¹ In the ICF, the term used is 'functioning' to identify domains of activities and participation that in light of impairments and health condition can, in interaction with the environment, be limited, that is, are domains of disability. Although it is clear that the pilot was designed to introduce functioning assessment into the system, the term used was 'functional assessment'. We assume henceforth that these are equivalent terms, but to avoid confusion will continue to use the term found across the system, namely 'functional assessment'.

'social assessment' and case management system within the existing system that is based on medical examination. This would require hiring and training multidisciplinary teams composed by the functional assessment specialists, case managers and physicians who would conduct the status determination process focused on the biopsychosocial approach. In order to ensure that pilot addresses the rights of persons with disabilities and requirements of the CRPD, the persons with disabilities would be actively involved in planning and implementing the pilot.

The objective of the pilot was to examine the system of determination of the disability status according to the social model and biopsychosocial approach and to identify the basic resources that are necessary for promoting better functioning and social inclusion of persons with disabilities in Adjara Region. Among the key specific objectives of the pilot were to:

- develop the assessment instruments (aligned with the ICF) and guidelines for children and adults with disabilities based on the biopsychosocial approach,
- determine the necessary knowledge and qualification of the specialists that will ensure the disability assessment and status determination based on the so-called 'Social Model' (i.e., the biopsychosocial approach),
- incorporate the biopsychosocial approach in the status determination process and analyze the role of the case management, and
- create policy recommendations and costbenefit analysis of the piloted biopsychosocial approach.

The methodology of the pilot was based on qualitative data collected by structured interviews and case studies, with interviews based on the functioning and social needs assessment instruments for children and adults. A multidisciplinary team discussed and studied the cases of participants and compared the findings of the medical examination, functioning and social needs assessment. Functional assessment and case management process was evaluated and improved based on the results of the structured interviews and focus groups with participants and multidisciplinary team specialists. Through the purposive sampling, the pilot was based on 500 cases of adults and children with various types of disabilities and their legal representatives.

The system that was piloted was designed for assessment and determination for both adults and children, and used the same procedural steps as before, but substantially changed the methodology and instrumentation. Although the procedure for adults and children was substantially the same, the instrumentation that was piloted was different. From this point on, we will focus only on the situation for children.

2.1 Procedure

Procedurally, the pilot followed the same steps as before, but added two additional kinds of assessors: the Case Manager and Functional Assessment Specialist. Applicants (in the case of children, parents or legal representatives) who wished to undertake the assessment and disability status determination process were (typically) referred by doctors to Case Managers. Applicants were informed of the pilot and if willing to participate were asked to sign a consent form. The role of physician-coordinator remained the same as described in the law On Medical and Social Examination: physicians assessed the overall health condition and functioning of the applicant from the medical perspective and provided a medical diagnosis of the overall health condition and functioning from the medical perspective and provide a medical diagnosis to the participant. The Case Manager conducted the social profile interview for both adults and children and the applicant was then referred to the Functional Assessment Specialist. After this a multi-disciplinary meeting was conducted in which the Physician-Coordinator, Functional Assessment Specialist and Case Manager discussed all collected data and made the decision about the applicant's disability status. For adults, the decision involved a determination of degree of disability. Initially and following the existing rules, no disability degree was determined for children. As the pilot progressed, the assessment tool was finalized, verified and a scoring system corresponding to the degrees of disabilities was developed. Thus, at the later stage of the pilot, and in further pilots, the level of disability of children was determined, as well.

2.2 Instrumentation

At the beginning of the pilot, the medical assessment was retained as before, but the

assessment was expanded by the addition of a Functional and a Social assessment. During the pilot, a medical assessment form, that made medical assessment records more structured than before was introduced. It was developed by the physicians involved in the pilot based on the medical guidelines.

The **Social Profile Questionnaire** is essentially a needs assessment instrument used for both adults and children (see Appendix 2 below). Structurally, the Questionnaire contains a) the medical assessment (principal diagnosis, secondary conditions and impairments: vision, hearing, motor, mental and intellectual; b) basic information about education, employment and residence; and, its primary function, c) a needs assessment that enumerates in detail the following supports and services:

- Assistant/caregiver (for which areas of life, at what intensity)
- Guardian (for which areas of life, at what intensity)
- Physical aids (with list of assistive devices)

- Social services (with list of services)
- Medical services (with list of services)
- Medicines
- Cash allowance/benefit

The **Functional Assessment** for adults is WHO's WHODAS 36 question version. For children it is the **Child Functioning Assessment Tool**, a 57-question instrument based on WHO's Model Disability Survey (MDS) (see Appendix 3). The Functional Assessment Specialist administers these questionnaires, although for children only their parents or legal representatives respond: the children do not directly respond. To ensure a meaningful participation of children in the assessment a specific tool and application guidelines were developed and submitted to the Ministry for approval.

After sections that collect basic demographic and social information, the Child Functioning Assessment Tool is structured similarly to, and uses the same domains and question patterns as the MDS upon which it is based. Like the MDS, it is entirely aligned with the terminology and model of functioning in the ICF.

DOMAIN AREA	SPECIFIC AREA OF FUNCTIONING	ASPECTS OF AREA OF FUNCTIONING
	Eyesight	Long distance; close distance; moving objects
l Sensory	Hearing	Loud sounds; low sounds; voices (in noisy environment; quiet); direction of sound; source of sound
II Breathing	Breathing	
III Energy	Energy	
IV Pain	Pain	
V Behavior	Behavior	Managing own behavior; damaging others; self- harming; ignoring rules; unusual behavior; sharp reaction
VI Emotional field and Emotional field		Indifference; anxiety; improper expression of emotions; understanding others' emotions
adapting to changes	Adapting to changes	Adjusting to usual environment
VII Mobility	Mobility	Walking; inside a building; outside a building; stairs; moving from surface to surface; while holding large things, while holding small things

DOMAIN AREA	SPECIFIC AREA OF FUNCTIONING	ASPECTS OF AREA OF FUNCTIONING
VIII Personal care	Personal care	Putting on/taking off; observing hygiene; toilet; eating or drinking
IX Communication	Communication	With children own age or older; starting communication; receiving consent or rejection; maintaining communication
X Playing	Playing	Using toys; playing independently; with own age children; Observing rules
XI Cognitive skills and academic field	Learning/ teaching	Acquiring and using new information; understanding and following instructions; understanding and completing assignments; accomplishing assessment; coping with problems; quantitative reasoning; understanding text; conveying in writing
XII Public/social life	Public/social life	Participating in gatherings; events; using services; entertainment activities; managing money
XIII Impact on the family		Affecting costs; other kind of problems

Like the MDS, for each domain area, the questionnaire asks applicants what kind of personal assistance, technical aid or medication the child uses, if any. All questions are asked in the **performance mode of the ICF**, that is, the questions ask if the applicant has problems in the specific area or special aspect of the area taking all personal assistance, technical aid, medication and all other features of the physical and social environment (including the attitude and behavior of others) into account. In answering, the applicant is asked about the performance of the activity compared to his or her peers and over the last 30 days. The responses options for all questions are:

No problem	1
Insignificant problem	2
Moderate problem	3
Significant problem	4
Very significant problems or unable to complete an action at all	5
Not applicable	8

Although there are numerical scores provided, there is no mechanism for recording or summing these scores; nor are the scores used systematically to arrive at a conclusion.

Currently, the status is determined in the following way: functional assessment score defines severity of disability, while medical assessment is used to verify that indeed functional profile of the person corresponds to the health condition of the individual. The most problematic are the cases in which the functional specialist and medical professional cannot not agree on the situation of the person. A procedure on how to proceed in such cases is currently being developed.

3. The way forward

The Law on the Rights of Persons with Disabilities was approved by the parliament of Georgia July 2020 (Appendix 4). This law obligates a transition from the current medically oriented system to the social model, based on the lessons learned from the pilot. The bulk of the law merely mirrors the provisions of the CRPD in broad and general language and does not require particular action. However, certain specific obligations are created under Chapter III, the most relevant of which is Article 26 (1):

- "1. The establishment of the status of disability for a person shall be based on a biopsychosocial model. The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia shall develop a biopsychosocial model of mechanism used to establish the status of disability and shall regularly promote its introduction. The status of disability within the biopsychosocial model shall be determined on the basis of the assessment of the functional abilities and health status of a status seeker, as well as on the circumstances indicated in Article 2(k) of this Law."
- "2(k) biopsychosocial model a model for determining and measuring a person's health status and disability and forming a policy which is focused on psychological, biological and social factors, and that considers the relationship between the human body/organic system, behavioral style, cognitive processes, and environmental factors in combination."

Article 37 (2) (a) explicitly requires that the Ministry "ensure the approval of the plan of activities to be implemented with respect to the introduction of a biopsychosocial model mechanism for establishing disability status" before 1 January 2023.

UNICEF Georgia's Review of the Pilot Assessment and Disability Status System in Tbilisi, Georgia: Recommendations for Sustainability and Scale up of the Pilot Program recommends the development of a transition strategy from the pilot to an institutionalized government program that responds to the obligation in the Law on the Rights of Persons with Disabilities, noting the potential for loss of expertise of trained specialists who are essential for a new system of disability assessment and status determination. Making the major shift from an essentially medically based assessment to one that embodies the biopsychosocial approach to functioning also requires a clear legal framework and inter-ministerial coordination at the systems level; and for children this especially means coordinating with the Ministry of Education. UNICEF and its partners need to continue to advocate with the relevant ministries and departments to institutionalize the pilot program.

4. Issues for disability assessment and status determination for children raised by the pilot

Irrespective of the way the responsible ministry decides to go forward, there are issues raised by the pilot in the case of children that will need to be addressed.

4.1 Assessment instruments

The tools used in the pilot program were based on the dimensions, domains and approaches found in the ICF in order to successfully capture the functioning component of disability assessment and status determination, leading to certification. There are ICF body function and structure domains found in the medical assessment, but it is not clear how these are assessed or what role they play in the medical assessment. The purpose of the Social Profile Questionnaire and the Child Functioning Assessment Tool was to implement the conceptual step from a purely medical approach to assessment to one that is aligned with the CRPD definition of disability and the ICF biopsychosocial model of disability. The motivation for the pilot and the reliance on these tools is that disability is more than a medical condition, it is an experience that

results from the interaction between impairments (problems in body function and structure) that are associated with underlying health problems and the individual wide physical, interpersonal, attitudinal, social, and political environment.

Whether this was successfully accomplished is an open question. It is well-established that WHODAS 36, if properly administered, is psychometrically robust and therefore validly and reliably captures functioning in the sense of ICF and CRPD sense. If sufficient data is collected and analyzed using Rasch modelling techniques, moreover, it is possible to measure the summary score of WHODAS to propose a result that is sound (and so a decision that is non-discretionary). Child Functioning Assessment Instrument has also been standardized and validated by the Education Policy and Research Association in 2020.

Going forward it may be necessary translate these tools (already available in Georgian and Russian) into other languages and dialects so that other interested ethnic and language minority groups can access the procedure. Specifically, translating the instruments to Azeri and Armenian would be beneficial. As for the accessibility of the tools in braille and sign language, since these are already available resources, all specialists at field level must be informed that these are readily available resources that they can utilize.

4.2 Concerns about the Child Functional Assessment Tool

During the pilot, concerns were raised that the tool was subjective in the sense that different interviewers might interpret questions differently. Interviewers were unsure whether they had the flexibility to re-word questions if applicants had difficulty understanding them. There was concern as well about the 30-day framing of the questions and whether applicant could remember that long, or when the underlying health condition fluctuates over time, how applicants are supposed to respond. As the questions were not asked to children directly but their parents, there were concerns about the responses did not accurately reflect the experience of the child, and indeed may have downplayed the actual difficulties that the child experienced.

Some of the functional assessment specialists found it **difficult to assign the severity levels of mild, moderate, severe, extreme to the functioning domains**. It was thought that if the tool was more standardized and more thoroughly validated that it would better capture the child's functional status. This suggests that, going forward, the specialists should be better trained to use the guidelines and interview materials for children.

A more appropriate approach would be to statistically determine the psychometric properties of the tool (validity and reliability) and, if possible, use Rasch analysis to model the results of the pilot and create a transformation table that can map summary scores onto a linear scale (0 to 100). Creating a true metric of disability for children in this manner, however, depends on the statistical properties of the Child Functional Assessment tool, which has yet to be determined.

4.3 Staffing issues

The case managers and specialists for the assessment of functioning for the pilot were psychologists, occupational therapists and social workers. The doctors had the same functions as in the current disability assessment and status determination, that is examining and informing applicants of their health condition and medical diagnosis. Going forward in terms of capacity building, the specialists should undergo pre- and in-service training that includes learning about the biopsychosocial approach (that is, the interactional model of functioning and disability in the ICF), introduction to the assessment instruments, and training on how to administer the tools. The training courses should be practical and include simulation exercises. Since case managers administer the so-called Social Profile, which is essential a needs assessment tool, they should be trained on how to identify functioning problems and associated needs. As a multi-disciplinary team, physician-coordinators, case managers and specialists for the assessment of functioning should also receive a group training focusing on team building and collaboration aimed at strengthening of each other's roles and functions. Of particular concern is that the physicians, who may not be convinced that the medical model can be merged with the social approach to assessment and disability status determination, be trained in the use and importance of functioning assessment instruments based on the ICF.

4.4 Collaboration among specialists

During the pilot, it was observed that during the multidisciplinary meetings, the medical specialists sometimes tended to dominate, with the result that the medical diagnosis also dominated the final decision about the disability status. Case managers and specialists for the assessment of functioning, who were quite new in their position, felt less confident about their analysis than medical doctors. The multidisciplinary teams sometimes did not reach an agreement on disability status. To improve this situation, procedures may have to be put into place to ensure that the medical diagnosis does not dominate.

The most scientifically sound way of combining information from medical records about underlying health conditions and associated impairments, with information about functioning in domains of activities and participation would be to **develop an algorithm and a procedure that combines summary scores from each domain**. However, this can only be done if both medical and functioning summary scores derived from medical assessment and functioning assessment have basic psychometric properties of validity and reliability. This can be achieved, but it requires more scientific and statistical analysis than was performed in the pilot. The alternative is a **highly discretionary judgement by an individual or team that meaningfully compares medical information with the results of an assessment of functioning**.

As a general matter, the shift from a medical to a more biopsychosocial approach to disability assessment and determination will take time and a fundamental change of institutional culture. This ultimately is a matter of political commitment, professional buy-in, and training. Towards this end, raising the awareness amongst all stakeholders on the value of including an assessment of functioning into the new system should be a priority.

4.5 Financing

Analysis of the current financial scheme of the disability status determination system revealed several problems. In the universal healthcare program, there may be cost burden on vulnerable individuals who are applying for disability determination. Although some applicants do not have to pay, and their expenses are fully covered by the universal healthcare program; some individuals have to co-pay if require high-tech medical examinations or if they need a more expensive medical assessment of developmental delay. In addition, as the new system of disability assessment and status determination is brought on-line, there will be several categories of new or expanded costs:

- Costs for training and preparation for assessment specialists and provision of the equipment,
- administrative costs, including fees for functioning assessment specialists and case managers; costs for communication with the status claimants and transportation for in-home assessments,
- cost to maintain electronic database,
- costs for diagnosing developmental delays, intellectual disabilities, epilepsy, and other child-related conditions (funded either by municipalities or the central government).

4.6 Involvement of children in assessment

Active participation of children with disabilities was one of the goals of the pilot and GASW

consulted with parents of children and adolescents with disabilities and their organizations to support the development of interview guidelines for children based on the biopsychosocial approach. Unfortunately, children were not actively included in the disability assessment and status determination process itself, but parents or other proxies were the source of information. Both the CRPD and the Convention on the Rights of the Child (CRC) mandate that it is a fundamental right of children to be heard and participate any decision-making that concerns their lives. Involving children directly will, moreover, ensure that there is more accurate data collection, as children themselves know their situation and support needs best. Participation of children should be explored in a manner by which proactive involvement from their end is required as much as possible. As a result of this critical evaluation, UNICEF and GASW tested modalities of meaningful participation of children with disabilities in the assessment process and developed a Guidance for assessment professional on child involvement, which was included in the training programme of professionals.

4.7 Transition and sustainability

Once the current legislative framework on disability and status determination is updated in line with the Law on the Rights of Persons with Disabilities, to ensure proactive involvement of all stakeholders in the development of the new system, there should be a thorough review of the barriers currently experienced by applicants in obtaining disability benefits and the establishment of technical working groups to develop implementation strategies and action plans.

Historically, and in all countries, sustainable interministerial coordination is very difficult to achieve due to difference in agenda and working systems between ministries, even if the target population is the same. Coordination is most difficult to establish between health and education sectors at all levels because of the rigidities of their structures.

A special effort will need to be made to engage the Ministry of Education in the implementation of a new system of disability assessment and status determination. **Procedures for determining special needs for education that are currently in place need to be coordinated with the new system**. Teachers could be brought into the assessment for school age children, as they work with children every day and know their learning progress and issues they are facing. For the needs assessment to be useful, teachers are crucial – they should be the first one to whom the case manager should collaborate with for education additional support measures.

It should be noted that no third party can replace the Government's internal coordination mechanisms, which must be institutionalized, and its functioning monitored.

To ensure system sustainability, UNICEF is working with the Government on:

- Developing a system of professional supervision and support to the professionals involved in the assessment,
- Developing a system of monitoring, quality control and prevention of fraud and corruption,
- System of training/retraining of the cadre of professionals needed nationwide,
- Information management system to support case management as well as planning at the national/ sub-national level.

4.8 Other issues

The pilot left some issues unanswered and these need to be followed up. For example, there is still a **need for a mechanism for identifying children with developmental delay and disabilities below the age of 2 years** to ensure a full scale of early interventions.

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APPENDIX 1: LAW OF GEORGIA ON MEDICAL AND SOCIAL EXAMINATION (No 4298 of 29 December 2006 – LHG I, No 51, 31.12.2006)

Chapter I – General Provisions

Article 1

This Law determines legal, economic and organizational grounds for medical and social examination. The purpose of this Law is to ensure health care for the citizens of Georgia and stateless persons, to determine disability status and to prevent its causes, and to provide proper conditions for the rehabilitation and social integration of that category of persons.

Article 2

The legislation of Georgia on medical and social examination includes the Constitution of Georgia, the international agreements and treaties of Georgia, this Law and other normative acts of Georgia.

Article 3

The terms used in this Law have the following meanings for the purposes of this Law:

a) medical expert – a doctor with a specialist state certificate, who has specialist knowledge in medical and social examination;

b) person with disabilities – a person with substantial physical, mental, intellectual or sensory impairments, which, when exposed to various barriers, may hinder the full and efficient participation of that person in social life on an equal basis with others;

c) cause of disability – medical, biological, and social factors causing disability that have led to the disability of a person and which is verified in accordance with the legislation of Georgia;

d) social protection of persons with disabilities – a system of permanent and temporary economic, social and legal measures guaranteed by the State aiming to provide appropriate conditions for persons with disabilities to overcome their limited capabilities and to enable them to participate in social activities and life;

e) representative of a person with disabilities –
a legal representative of a person with disabilities
(a parent, an adoptive parent, a guardian,
a custodian or an authorized person);

f) profession – a form of labor activity of a person, in which the person is specialized as a result of the knowledge, skills and experience acquired by him/ her from specialist education;

g) medical institution – a legal entity determined by the legislation of Georgia that carries out medical activities in a prescribed manner;

h) capabilities – the ability of self-care, movement, orientation, relationships, self-control, studying and carrying out labor activities;

i) limitation of capabilities – deviation from normal human activities caused by health disorders, which is characterized by the limitation of the abilities of self-care, movement, orientation, relationships, selfcontrol, studying and carrying out labor activities;

j) category of the limitation of capabilities – the degree of deviation from normal human activities caused by health disorders;

 k) special conditions for labor, household and public activities – special sanitary and hygiene, organizational, technical, technological, legal, economic and micro-social factors that enable persons with disabilities to perform labor, household and public activities in accordance with their rehabilitation potential;

I) appropriate medical institution ('the institution') – a medical institution that provides specialized medical services for diseases, and anatomic or mental deficiencies, determined by the subordinate normative act of the Minister of Labor, Health and Social Affairs of Georgia.

Law of Georgia No 4298 of 29 December 2006 – LHG I, No 51, 31.12.2006, Art. 408

Law of Georgia No 5665 of 28 December 2011 – website, 11.1.2012

Law of Georgia No 2102 of 7 March 2014 – website, 19.3.2014

Article 4

1. Medical and social examination is an area of interdisciplinary activities that includes medical,

biological, sociological, social, psychological, economic and other aspects.

2. The basic objective of medical and social examination is to determine the category of the limitation of capabilities of a person and define the cause, the terms of verification and the progression of the limitation of capabilities, and to determine various classes of social protection of persons with disabilities established under the legislation of Georgia.

3. The key goal of medical and social examination is to identify the violation of or the degree of loss of medical and social status by a person, the ability to maintain such status and compensation and adaptation possibilities, the actualization of which will facilitate medical, professional and social rehabilitation of persons with disabilities and will help them to become full members of society.

Article 5

The disability status of a person is identified, and other issues of medical and social examination are decided on the basis of the integrated assessment of clinical and functional, social and household, professional and labour, and psychological data.

Article 6

Medical and social examination is carried out after the implementation of appropriate preventive and curative and rehabilitation measures.

Article 7

An appropriate medical institution shall be responsible for the quality of medical examination and diagnosis of a person who is subject to medical and social examination.

Law of Georgia No 5665 of 28 December 2011 – website, 11.1.2012

Article 8

An institution shall make decisions on medical and social examination issues.

Law of Georgia No 2573 of 23 July 2003- LHGI, №24, 20.8.2003, Art. 176

Law of Georgia No 4298 of 29 December 2006 – LHG I, No 51, 31.12.2006, Art. 408

Article 9 (Deleted)

Law of Georgia No 4298 of 29 December 2006 – LHG I, No 51, 31.12.2006, Art. 408

Article 9¹

1. Under this Law a Legal Entity under Public Law ('the Agency') shall be established on the basis of a normative act of the Minister of Labor, Health and Social Affairs of Georgia which shall carry out its activities within the scope of authority determined by this Law, and internal regulations and other legal acts.

2. The internal regulations of the Agency shall be approved, and an authorized representative of the Agency shall be appointed by the Minister of Labor, Health and Social Affairs of Georgia, and state control over the activities of the Agency shall be carried out by the Ministry of Labor, Health and Social Affairs of Georgia.

Law of Georgia No 5629 of 27 December 2011 – website, 30.12.2011

Chapter II – Concept and Categories of Disabilities of a Person

Article 10

1. Disability comprises substantial physical, psychical, intellectual or sensory impairments, which cause temporary or permanent limitation of capabilities.

2. Limitation of capabilities, depending on their severity, is of the following degrees:

- **a)** mild
- b) moderate
- c) severe
- d) major.

3. Disability status is established on the basis of moderate, severe and major limitation of capabilities.

4. The procedure for determining disability status shall be developed and approved by the Ministry of Labor, Health and Social Affairs of Georgia.

5. The disability status of a person with disabilities before reaching the age of 18 shall be "child with disability status", in accordance with the procedure developed and approved by the Ministry of Labor, Health and Social Affairs of Georgia.

Law of Georgia No 2102 of 7 March 2014 – website, 19.3.2014

Article 11

1. Where anatomic or mental deficiencies and the functional impairments of the body entitle

a person to compensation, and special or individual working conditions are ensured, such a person with disabilities who has severe or major limitation of capabilities may perform various types of work.

2. The list of diseases, and anatomic and mental deficiencies, with which a person with disabilities may work under special or individual conditions, shall be drawn up and approved by the Ministry of Labor, Health and Social Affairs of Georgia.

Chapter III – Terms for the Verification of Disability Status

Article 12

1. In the case of insubstantial and reversible morphological changes and functional impairments of the body systems and organs, and in order to carry out observation over the progression of the disease and the effectiveness of rehabilitation measures being taken, the disability status of a person shall be periodically verified:

a) once a year – in the case of moderate and severe limitation of capabilities;

b) once in two years – in the case of major limitation of capabilities.

2. Disability status may be established for the term of six months on the basis of clinical and social prognosis and the expected outcome of the rehabilitation measures being taken.

Article 13

The disability status of a person shall be established before the first day of the month following the month of the scheduled verification.

Article 14

Disability status shall be established without verification (for an indefinite term) for the following persons:

a) a person with disabilities who has substantial and irreversible morphological changes of the body systems and organs and functional impairments caused by health disorders, where the rehabilitation measures being taken are ineffective, and the impaired capabilities are not restored or improved after at least five years of observation at an institution;

b) a man with disabilities over the age of 55 or a woman with disabilities over the age of 50, who has suffered injuries or diseases while performing official military duties, or due to accidents at military or civil nuclear facilities;

c) a person with disabilities, irrespective of age, who has suffered any degree of radiation disease due to accidents at the Chernobyl Nuclear Power Plant or at other military or civil nuclear facilities;

d) a person over the retirement age, except where this person has a favorable clinical prognosis, where insubstantial and reversible morphological changes and functional impairments of the body systems and organs are present, and where rehabilitation measures may have a positive effect;

e) a person whose disability status is established on the basis of diseases, and anatomic and mental deficiencies, determined on the basis of the list approved by the Ministry of Labor, Health and Social Affairs of Georgia.

Law of Georgia No 2573 of 23 July 2003- LHGI, №24, 20.8.2003, Art. 176

Law of Georgia No 4298 of 29 December 2006 – LHG I, No 51, 31.12.2006, Art. 408

Article 15

1. The disability status of a person with disabilities or a person whose disability status is established for an indefinite term, shall be verified ahead of schedule in the case of alterations to health status or capabilities, or if a controlling body reveals the unjustified issuance of the original opinion on disability status and there is a reasonable belief therein.

2. For persons above the retirement age determined by Article 14(d) of this Law, for whom disability status has been established for an indefinite term, the status shall be verified only on the basis of their application, or where the opinion on disability status was issued on the basis of fraudulent documents as confirmed by a duly authorized body.

3. The Agency may summon a person with disability status for verification purposes.

4. If the person fails to appear after being summoned, his/her disability status shall be suspended.

Law of Georgia No 4298 of 29 December 2006 – LHG I, No 51, 31.12.2006, Art. 408

Law of Georgia No 5629 of 27 December 2011 – website, 30.12.2011

Chapter IV – Causes of Disability

Article 16

1. When establishing disability status, the institution shall determine the following causes:

a) common diseases

- b) work-related injuries
- c) occupational diseases
- d) disabilities from childhood

e) disabilities related to injuries or diseases suffered during the performance of military duties;

f) disabilities not related to injuries or diseasessuffered during the performance of military duties;

g) disabilities related to accidents at the
 Chernobyl Nuclear Power Plant or other military
 or civil nuclear facilities;

h) other causes determined by the legislation of Georgia.

2. Disabilities may be deemed related to a common disease if they are not related to the causes determined by paragraph 1(b-h) of this article.

3. Disabilities may be deemed related to workrelated injuries if an accident has occurred in the following circumstances:

a) while performing official duties (including during a business trip), or any other duties in the interests of the employer;

b) on the way to or from work;

c) during an internship;

d) on the territory of the employer or at any other place during the workday, during the set break and/or at any other time necessary for putting the workplace in order, before starting or after finishing work;

e) near the employer's territory during working hours or the set break, unless the presence at that place contradicts internal regulations;

f) while performing public or social assignments;

g) while saving a human life;

 h) while protecting state property or ensuring public order; i) while performing the functions of a donor.

4. Disability status related to occupational diseases shall be established for a person who has suffered a severe or chronic disease due to exposure to harmful factors characteristic to a given profession, or due to the work conditions at the enterprise where the person worked.

5. Disability status from childhood shall be established for a person who has been disabled before reaching the age of 18.

6. Disability status related to injuries or diseases suffered during the performance of military duties shall be established for retired military service members, or for other equally positioned persons under the legislation of Georgia, if such duties are related to the protection of the interests, the territorial integrity and sovereignty of Georgia and the former USSR, or to the performance of other military or operational duties, and to injuries, maims, blast injuries or diseases suffered in the local combats of other countries.

7. Disability status not related to the performance of official military duties shall be established if the injuries or diseases are suffered during compulsory military service and are not related to the performance of official military duties. In this case disability status shall be established if it has been established during the period of compulsory military service or within three months from discharge, and/or after three months from discharge if the injuries or diseases were suffered during the period of compulsory military service or within three months from discharge.

8. Disability status related to accidents at the Chernobyl Nuclear Power Plant or other military, or civil nuclear facilities shall be established for a person whose disabilities were caused by his/her participation in the liquidation of accidents or who was exposed to radiation in a place contaminated with radioactive substances.

9. During the verification of the disability status of a person with disabilities the institution may change the cause of his/her disability status if the nature of the disease and/or maim presents grounds for determining various causes of disability. In such a case the cause of disability status shall be determined upon the discretion of the person with disabilities or the cause for awarding a higher pension shall be determined.

Law of Georgia No 4298 of 29 December 2006 – LHG I, No 51, 31.12.2006, Art. 408

APPENDIX 2: SOCIAL PROFILE QUESTIONNAIRE FOR CHILDREN

Social Profile Questionnaire for children (Completed with a child's legal representative)

*Instructions for an interviewer are provided in italics

Assessment date:	/// Day / Month / Year
Case manager/ Interviewer	First name
	Last name

1. INFORMATION ABOUT THE CHILD:		
1.1. First name		
1.2. Last name		
1.3. Age	0-6.11	
	□ 7-17.11	
1.4. Date of birth		
1.5. Gender	🗆 Male	🗆 Female
1.6 Nationality/Ethnic origin		

2. INFORMATION ABOUT THE CHILD'S LEGAL REPRESENTATIVE

2.1. Name	
2.2. Last name	
2.3. Personal number	
2.4. Contact details	Tel
2.5. Relationship with the child	 Parent (Mother, father) Other family member (Grandmother, grandfather, aunt) Foster parent Other legal representative

3. ADDRESS:	
	Region
	City
	Municipality
3.1. [Name]'s Actual address	Village
	Street
	House
	Apartment
	Region
	City
3.2. [Name]'s Legal	Municipality
address	Village
	Street
	House
	Apartment

4. THE PURPOSE OF THE REFERRAL:		
4.1. [Name]'s purpose for referring to a medical establishment	□ Status determination (First assessment)	
	□ Status review	
	Other, specify	
4.2. [Name]'s purpose for referring to the Pilot	□ Receive information	
	□ Full participation in the Pilot	

5. INFORMATION ABOUT HEALTH:	
5.1. [Name]'s principal diagnosis (ICD 10)	
5.2. [Name]'s other secondary disease /diseases	

6. IMPAIRMENT TYPE: Is filled out based on the interview with a physician as well as based on medical documentation, if applicable. Circle one or more answers				
6.1. Vision	Blind		Low vision	
6.2. Hearing	🗆 Deaf		Hard-of hearing	
6.3. Physical/motor	Upper limb		□ Lower limb	
impairment	□ Both upper limbs		Bother lower lim	bs
🛛 6.4. Mental health impai	irment			
□ 6.5. Intellectual impairm	ient			
7. EDUCATION:				
		🗆 Pre-sch	hool	Vocational
7.1. The steps of education a	ttained by [Name]	Primary	ý	🗆 Higher
Circle one or more answers		🗆 Basic		 Resource-school with a specialized profile
		🗆 Full ger	neral	Other (Specify)
7.2. Is [Name] currently engaged in education? If the answer is positive, continue asking the following questions under the section, if the answer is negative, move to Section 8		 Yes, specify No, specify 		
7.3. In which establishment does [Name] get education		□ The name of the establishment		
7.4. Does the school step correspond to [Name]'s age? The question is relevant, if [Name] is a school student		 □ Yes □ No □ Other (Specify) 		
7.5. If the school step does not correspond to [Name]'s age, indicate the difference in age: The question is relevant if [Name] is a school student		years		
7.6. Vocational education		[Name] is learning the following profession/trade		
(One or more answers are marked) The question is relevant if [Name] is involved in vocational education /learning a trade/profession		[Name] is learning the trade in a non-formal manner		
7.7. Higher education The question is relevant if [Name] is a student of a higher educational institution		[Name] studies at the following department		
7.8. The frequency of attending lessons/lectures Frequency: Circle one or more answers		schedu [Name] [Name]	ıle?	

8. RESIDENCE:

compared to his/her peers?

	Own/shared apartment
	Rented apartment
	Own house
	□ Rented house
8.1. Current residence status where [Name] lives currently	□ Small family type setting
Circle only one answer	□ Social housing
	□ Shelter
	□ Foster family
	□ 24-hour community service
	Penitentiary facility
	Other (Specify)
8.2. Co-living with others Is filled out only in case [Name] lives in a family Circle one or more answers	 Parent/Parents Sister-brother Relative Friend Members of a foster family
8.3. Ability to live independently and higher need for assistance compared to peers <i>Circle only one answer</i>	 [Name] lives together with another person and independently [Name] lives together with others and requires considerable assistance compared to peers [Name] lives together with others and requires minor assistance compared to peers
8.4. The need for adapting [Name]'s residence	 □ Yes □ No □ Other (Specify)
9. THE NEED FOR ASSISTANCE/CARE:	
9.1. Does [Name] require caregiver/assistant more than his/her peers? <i>In case of a negative answer, move to Section Ten.</i>	□ Yes □ No
9.2. At which intensity does [Name] require a caregiver/ assistant?	 24 hours Several hours a day
9.3. Does [Name] have anyone who cares for him/her/helps with activities inside and outside more,	□ Yes

🗆 No

9.4. Who cares for/assists [Name]? Circle one or more answers	 Family member Fellow human being (relative, neighbor, friend, etc.) Service Legal representative Other (Specify)
9.5. In which case does [Name] need a caregiver/assistant?	 Self-care Mobility Household activity Receiving education Communication with people Encomment in activity/while life
Circle one or more answers	 Engagement in social/public life Employment Rest Leisure Other (Specify)

10. GUARDIANSHIP / CUSTODY:

Guardian/custodian is an individual who is designated by the Social Service Agency, LEPL Guardianship and Custodianship Service. Guardianship or custody is assigned to a child for their education, for protection of personal and proprietary rights and interests. Guardianship is assigned to a child, who has not reached seven years; custody is assigned to a minor from seven up to eighteen years. ?? is designated to a minor from the age of seven to eighteen.

Guardians and custodians shall care for the maintenance of the ward, create necessary living conditions for him/her, provide care and medical treatment for him/her, and protect his/her rights and interests (The Civil Code of Georgia)

10.1. Does [Name] have an appointed guardian/custodian?	🗆 Yes
If the answer is positive, answer the following question	🗆 No
10.2. Who is [Name]'s guardian?	 Family member Relative Other (Specify)

11. AIDS:	
11.1. Does [Name] need an aid or aids? If the answer is negative, move to Section 12 If the answer is "I do not know", move to the Question 11.3	 □ Yes □ No □ I do not know
11.2. Does [Name] currently have an aid or aids? If there is a need and the person does not have it, move to the Question 11.4	□ Yes □ No

11.3. What type of aids does [Name] use: <i>Circle one or more answers</i>	Information related to the use of aids Circle one or more answers	The source of funding of an aid: <i>Circle only one answer</i>
□ Walking stick	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
Elbow or armpit crutch	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
Fixation device – for upper limb, lower limb or lumbar corset, shoulder strap/ belts, lumbar support belts	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector

11.3. What type of aids does [Name] use: <i>Circle one or more answers</i>	Information related to the use of aids Circle one or more answers	The source of funding of an aid: <i>Circle only one answer</i>
 Pressure relieving cushions (For wheelchair or bed) 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
Pressure relieving mattress	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
Lower limb prosthesis	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector

11.3. What type of aids does [Name] use: <i>Circle one or more answers</i>	Information related to the use of aids Circle one or more answers	The source of funding of an aid: <i>Circle only one answer</i>
Upper limb prosthesis	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
 Walking frame or a rolling walker 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
Shower, bathroom or toilet chair	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector

11.3. What type of aids does [Name] use: <i>Circle one or more answers</i>	Information related to the use of aids Circle one or more answers	The source of funding of an aid: <i>Circle only one answer</i>	
Mechanical wheelchair	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector 	
 Electric wheelchair (The question is relevant for 6-18 year old child) 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector 	
 Products necessary for fecal and urinary incontinence (diapers, sanitary pad, catheter) 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector 	

11.3. What type of aids does [Name] use: <i>Circle one or more answers</i>	Information related to the use of aidsThe source of funding of aCircle one or more answersCircle only one answer	
 Magnifying glass, special magnifying glass 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
Glasses; optical lens	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
 White walking stick (For the blind) 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector

11.3. What type of aids does [Name] use: <i>Circle one or more answers</i>	Information related to the use of aids Circle one or more answers	The source of funding of an aid: <i>Circle only one answer</i>	
 Hearing device, cochlear implant 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector 	
 Therapeutic shoes – diabetic, neuropathy, orthopedic 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector 	
Communication boards, books or cards	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector 	

11.3. What type of aids does [Name] use: <i>Circle one or more answers</i>	Information related to the use of aids Circle one or more answers	The source of funding of an aid: <i>Circle only one answer</i>	
□ Smartphone	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector 	
 Adapted computer, speaking/screen reading programs, adapted keyboard and mouse. 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector 	
□ Other (Specify) 	 [Name] uses it in a full-fledged manner The aid is not of a relevant size and fitted to [Name] The aid is not adequate to [Name]'s home or environment The aid is not safe The aid has been damaged Needs repair or replacement The aid is improvised, for addressing the problem temporarily Nobody has explained and shown to you how the aid should be used/fitted by [Name] [Name] needs another person's assistance for using the aid [Name] shares the aid with other people 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector 	

11.4. Does [Name] need additionally (an)other aid/aids? *If an answer is negative, move to Section twelve.*

If the answer is positive, circle one or more aids

Walking stick	
Elbow or underarm crutch Fixation device- for upper limb, lower limb or lumbar corset, shoulder strap/belts, lumbar belts/back support belts Pressure relieving cushions (For a wheelchair or bed) Pressure relieving mattress Lower limb prosthesis Upper limb prosthesis Walking frame or rolling walker Shower, bathroom or toilet chair Mechanical wheelchair Electric wheelchair (The question is relevant for 6–18-year-old child)	Products for managing fecal and urinary incontinence (Diapers, sanitary pad, catheter) Magnifying glass, specialized magnifying glass Glasses; optical lens White walking stick (For the blind) Hearing device, cochlear implant Therapeutic shoes- diabetic, neuropathy, orthopedic Communication boards, books or cards Smartphone Adapted computer, speaking/screen reading programs, adapted keyboard and mouse. Other (Specify)

11.5. What is the reason/are the reasons that explain the best why [Name] does not have an aid/aids they need or may need?

Circle one or more answers

 $\hfill\square$ You do not have information about aids

- \Box You do not know where to get aids
- $\hfill\square$ The existing aids are not adapted to [Name]'s needs
- $\hfill\square$ You do not want [Name] to use an aid
- ☐ The aids that [Name] needs are for fee, and you are unable to pay the cost/co-fund
- Other (Specify) _____

12. SOCIAL SERVICES:		
12.1. Does [Name] currently receive any social service? <i>If the answer is negative, move to the last question of the section</i>	□ Yes □ No	
12.2. Which social service/services does [Name] receive?	How adequate is the service to [Name]'s needs and interests?	Source of funding of the service
 Early childhood development support program – early intervention 	 Fully adequate Partially adequate Is not adequate (Indicate the reason) 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
Children rehabilitation/habilitation program	 Fully adequate Partially adequate Is not adequate (Indicate the reason) 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector

12.2. Which social service/services does [Name] receive?	How adequate is the service to [Name]'s needs and interests?	Source of funding of the service
Day center services subprogram	 Fully adequate Partially adequate Is not adequate (Indicate the reason) 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
 Home care sub-program for children with severe and profound developmental delay 	 Fully adequate Partially adequate Is not adequate (Indicate the reason) 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
 Rehabilitation program for children with Autistic Spectrum Disorder 	 Fully adequate Partially adequate Is not adequate (Indicate the reason) 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
Other (Specify)	 Fully adequate Partially adequate Is not adequate (Indicate the reason) 	 State/government Local self-government Family Non-commercial Legal Entity (NCLE) Private sector
12.3. What other service does [Name] need? <i>Circle one or more answers</i>	 Early childhood development support p Day center program Rehabilitation/habilitation program Home care Service for supporting the communicati Crisis assistance Personal assistant's service Services for supporting the blind Other (Specify) 	
12.4. What is the reason/are the reasons that explain best why [Name] does not receive the needed social service? Circle one or more answers		
 You are not aware of social services/pr You do not know where [Name] should 	-	

- service/program
- □ The needed social service/program is not available in your municipality
- ☐ The needed social service/program is for fee and you cannot pay for its cost/co-fund it
- □ The existing social service is not adapted to [Name]'s needs

- □ [Name] cannot be enrolled timely since he/she is in the waiting list
- □ [Name] cannot be transported to the social service venue
- $\hfill\square$ You do not want $[{\it Name}]$ to use social service
- Other (Specify) _____

13. MEDICAL SERVICE:	
13.1. Does [Name] currently receive any medical service? <i>If the answer is negative, move to the Question 13.3</i>	□ Yes □ No
13.2. How much does medical service alleviate [Name]'s health condition?	 Absolutely not Partially Fully
13.3. Does [Name] need additional medical service? Circle one or more answers	 □ Yes □ No □ I do not know
Please specify additionally what type of medical service do	pes [Name] need
13.4. What is the reason/are the reasons that explain the be <i>Circle one or more answers</i>	st why [Name] does not receive needed medical service?
 You were not aware about the relevant medical service Relevant medical service is not available in your region You cannot afford to pay for medical service You do not know where [Name] should receive relevant medical service You thought that [Name] did not qualify for the relevant medical service 	 The relevant medical service cannot be provided timely to [Name] [Name] cannot be transported to medical service venue The non-adapted environment and barriers at the establishment prevent receiving medical service You do not want [Name] to use medical service Other (Specify)
14. MEDICINES:	
14.1. Does [Name] currently take any medicines? If the answer is negative, move to the last question of Section 14	 Yes (Specify) No
14.2. Who covers the cost of [Name]'s medicines?	 State/government Municipality Family NCLE Private sector
14.3. How much the medicines alleviate [Name]'s health condition?	 Absolutely not Partially Fully

14.4. What other medicines does [Name] need, in your opinion, in addition to the ones he/she is taking?		 No If yes, which one Do not know
14.5. What are the reasons that best explain why [Name] is unable to receive necessary medicines?		
 The medicine is not available in your city/ municipality You cannot afford the medicine 		The medicine causes side effects /ou do not know where to find the medicine /ou do not want [Name] to use the medicine Other (Specify)
15. CASH ALLOWANCE/BENEFIT:		
15.1. Does [Name] currently receive cash allowance?		Yes No
15.2. What type of cash allowance does [Name] receive and what is the amount of the benefit? Circle one or more answers		
 Social package (Specify the amount)	int)	

[Name] attended the interview	□ Yes □ No

Important information about **[Name]'s** attendance: (E.g.: what was significant in case of **[Name]'s** attendance? What were the difficulties associated with the child's attendance for him/her? For the parent?)

Other additional information:

APPENDIX 3: CHILD FUNCTIONING ASSESSMENT TOOL

Identification number of an interviewer:	
Name of the organization responsible for the assessment:	
Name of the institution:	
Address of the institution:	
District:	
Assessment date:	
Assessment start time:	
Assessment end time:	

Part 1 – Informed consent form

Introduction	At the initiative of the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia, the United Nations International Children's Fund (UNICEF Georgia) and the United States Agency for International Development (USAID Georgia), the Association for Educational Policy and Research is conducting a survey, whose aim is to develop a standardized tool for a child functioning assessment. In terms of the survey the interviews will be conducted with the parents of the children aged 2 to 18.
Goal	The questionnaire used in terms of the survey assesses the child functioning in a daily life in the recent past (on average during the last 30 days). This is a modified version of the tool developed by the World Health Organization (WHO).
Duration	Average duration of the interview is 60 minutes.
Sampling	The survey is carried out in all regions of Georgia. The participants of the survey were randomly sampled. You are one of them.
Confidentiality	Information provided by you is strictly confidential and will be used only for the purposes of the survey.
Voluntary participation	Your participation in the survey is voluntary and you can stop participating even after you have given your consent on participation. You can refuse to answer any of the questions given. If you tick "I agree", it means that you are aware of what the goal of the survey is and are willing to participate in it.
Consent on participation	I was explained what the informed consent form is, and I agree / disagree to participate in the survey.
l agree	□ I don't agree □
Name of the intervi	ewer: Signature:
Name of the respor	ident: Signature:

Part 2 – Demographic data

INFORMATION ABOUT THE RESPONDENT:	
Name, surname: _	
Phone number:	
RELATIONSHIP WITH THE CHILD:	
Parent (mother, father)	□ 1
Other family member (grandmother, grandfather, aunt)	□ 2
Caretaker (nanny, teacher)	□ 3
Fosterer	□ 4
Other legal representative of the child	□ 5

INFORMATION ABOUT THE CHILD:

Name, surname: _		
Gender:		
Female 🗆	Male 🗆	Age:

How many times has the child been assessed by using this tool? (for the first, second time, etc.)

Medical diagnosis of the child:

Part 3 – Social profile

P3.1 [NAME]'S PLACE OF RESIDENCE OR PERMANENT PLACE OF RESIDENCE AT THE MOMEN	T OF THE ASSESSMENT
Own/ shared apartment or house	□ 1
Rented apartment or house	□ 2
Institution/ children's home/ boarding school	□ 3
Small family house	□ 4
Social housing	□ 5
Shelter	□ 6
Foster family	□ 7
24-hour community service	□ 8
Penitentiary institution	□ 9
Hospital	□ 10
Other:	□ 11
P3.2 [NAME] CURRENTLY STUDIES /GOES TO	
Kindergarten	□ 1
Public school of general education	□ 2
Private school of general education	□ 3
Special school	□ 4
Vocational school	□ 5
Higher educational institution	□ 6
At home	□ 7
Other:	□ 8
Doesn't study	9

P3.3 [NAME] CURRENTLY APPLIES FOR THE FOLLOWING SERVICES Talk about all possible options	
Early development program	□ 1
Personal assistant program	□ 2
Day center services	□ 3
Rehabilitation/habilitation program	□ 4
Home care program	□ 5
Autism program	6
Deaf communication support program	□ 7
The blind support program	□ 8
Program of auxiliary facilities	9
Other	□ 10
None	□ 11
P3.4 [NAME] IS CURRENTLY THE RECIPIENT OF THE FOLLOWING SOCIAL ASSISTANCE	
Subsistence allowance	□ 1
Subsistence allowance Social package for people with disabilities	□ 1 □ 2
Social package for people with disabilities	□ 2
Social package for people with disabilities IDP allowance	□ 2 □ 3
Social package for people with disabilities IDP allowance Other	□ 2 □ 3 □ 4
Social package for people with disabilities IDP allowance Other None	□ 2 □ 3 □ 4
Social package for people with disabilities IDP allowance Other None P3.5 EMPLOYMENT (IF THE RESPONDENT IS MORE THAN 16 YEARS OLD)	 2 3 4 5
Social package for people with disabilities IDP allowance Other None P3.5 EMPLOYMENT (IF THE RESPONDENT IS MORE THAN 16 YEARS OLD) Employed at a paid job	 2 3 4 5 1
Social package for people with disabilities IDP allowance Other None P3.5 EMPLOYMENT (IF THE RESPONDENT IS MORE THAN 16 YEARS OLD) Employed at a paid job Self-employed	 2 3 4 5 1 2

Before starting the functional assessment, explain to the respondent that:

This questionnaire assesses the degree of difficulties / problems in the daily functioning of a child caused by his/her **health condition**.

Specify what is meant by health condition and problems:

- Health condition implies various health-related problems – both long-term and short-term diseases; frequent illnesses, injuries; physical, sensory, mental or emotional problems; also, problems connected with consumption of alcohol or other substances.
- Problems imply the need for extra effort during some activity / action, discomfort or pain, activity / action slowing down and other changes in the performance of the activity in the usual way. In addition, problems refer not only to the health of the child, but also to the problems connected with the physical and social environment the child lives in, including attitudes and behaviors of the people surrounding him /her that affect the child's daily life.

While answering the question, please recall the child's **usual way** of functioning and compare his / her daily functioning with the functioning of his / her peers.

Explain what is meant under the usual way:

The usual way implies the way of performance which [name] mostly uses. Usual way of functioning for one person can mean functioning by using assistance, for another – functioning without additional assistance. For example, if a child moves around using a wheelchair on a daily basis, this is a usual way for him/ her to move around; usual way of moving for another child of the same age may be walking independently or with the help of the mother.

Note: Additional help means using more help than is needed for a child of the appropriate age – any support [name] uses or the medication he / she is taking, as well as the people who assist him /her.

When assessing the difficulties emerged in daily functioning, think about the average degree of this difficulty compared to his/her peers, what is the significance of this difficulty. Rate the quality on a scale from 1 to 5, where: 1 means "No problem", 2 – "Insignificant problem", 3 – "Moderate problem", 4 – "Significant problem" and 5 – "Very significant problem or unable to complete an action at all".

When answering questions, please consider the functioning of [name] in the recent past (on average for the last 30 days).

SUPPLY THE RESPONDENT WITH THE INFORMATION CARDS

Part 4 – Assessment

I. SENSORY AREA								
We begin the assessment of [name]'s daily functioning	g with the se	ensory are	ea (sight, he	aring).				
Eyesight								
A. Does [name] receive any assistance due to the prolassistance we mean assistance of a person or using s medications.					Yes	No		
If the answer is "No", skip point "B"						□ 2		
 B. Please state concretely what kind of assistance [name] uses. 1 Assisting person								
<i>Remind the respondent that we are assessing</i> [name]'s Compared to his/her peers how much problem [name]		-	-	s:				
	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A		
 Due to the difficulty of seeing an object or objects at a long distance? It means how hard it is for him/her to see people, time on the clock, inscriptions, traffic lights, road signs, etc. from one end of the room to another or on the other side of the street. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		

Comment:_____

 2. Due to the difficulty of seeing an object or objects at a close distance? Refers to seeing images, objects, people, etc. at a distance of an outstretched hand. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
3. Due to the difficulty of seeing a moving object or objects ? It refers to a rolling ball, a flying balloon, a moving vehicle, a walking person, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
 While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 4. How much problem [name] encounter in this area if he/ she doesn't use any assistance? 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						

Hearing							
A. Does [name] apply any kind of assistance due to difficul assistance we mean both assistance of a person and us medication.		-		Yes		No □ 2	
lf answer is "No", skip point "B"							
 B. Please specify what kind of assistance [name] uses. 1 Assisting person)			
*Remind the respondent that we are assessing [name]'s usual way of functioning. Compared to his/her peers how much problem [name] encountered for the last 30 days:							
	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A	
 Due to the difficulty in hearing loud sounds (verbal and nonverbal) in the everyday activities? We mean loud conversation, sound of trumpet, etc. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							
2. Due to the difficulty in hearing low sounds (verbal and nonverbal) in the everyday activities? <i>We mean whisper, rustle of leaves, etc.</i>	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							
3. Due to the difficulty in hearing the voice of a companion in the street or a crowded place because of the background noise (the noise in the environment)?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	

C	~			~	-	4.
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4. Due to difficulty in hearing the voice of a companion in the quiet, silent environment?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
5. Due to the difficulty in determining the direction of sound ? <i>It means to determine where the sound is coming from.</i>	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
6. Due to the difficulty in identifying the source of the sound ? (What or who does the heard voice belong to) <i>We mean to recognize (or understand?) that the sound he/</i> <i>she hears is: the parent's voice, the sound of a car, the</i> <i>barking of a dog, etc.</i>	□ 1	□ 2	□ 3	□ 4	□ 5	8
Comment:						
While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 7. How much problem [name] encounter in this area if he/she doesn't use any assistance?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						

II. BREATHING								
A. Does [name] use any kind of assistance due to breathing Assistance includes both assistance of a person and use of or medication.	•		/	Yes No □ 1 □ 2				
If the answer is "No", skip point "B"						Z		
B. Please specify, what kind of assistance [name] uses.								
 1 Assisting person								
Breathing								
	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A		
1. To what extent, compared to his/her peers, has [name] encountered problems due to breathing difficulties for the last 30 days?	□ 1	□ 2	□ 3	□ 4	□ 5	8		
While a child is functioning in a usual way and he/ she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 2. How much problem [name] encounter in this area if he/she doesn't use any assistance?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		

Comment:

III. ENERGY								
A. Does [name] use any kind of assistance due to difficultie energy? Assistance includes both assistance of a person a aids and / or medication. <i>If the answer is "No", skip point "B"</i>		No						
 B. Please specify, what kind of assistance [name] uses. 1 Assisting person								
Energy								
	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A		
1. To what extent, compared to his/her peers, has [name] encountered problems due to insufficient or surge of energy for the last 30 days?	□ 1	□ 2	□ 3	□ 4	□ 5	8		
While a child is functioning in a usual way and he/ she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 2. How much problem [name] encounter in this area if he/she doesn't use any assistance?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		

Comment:

IV. PAIN								
A. Does [name] use any kind of assistance due to difficulties connected with pain sensation? Assistance includes both assistance of a person and use of additional aids and / or medication. Yes N If the answer is "No", skip point "B" I I								
 B. Please specify, what kind of assistance [name] uses. 1 Assisting person								
Pain								
	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A		
1. To what extent, compared to his/her peers, has [name] encountered problems due to pain sensation or vice versa, due to absence or decrease of pain sensation for the last 30 days?	□ 1	□ 2	□ 3	□ 4	□ 5	8		
While a child is functioning in a usual way and he/ she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 2. How much problem [name] encounter in this area if he/she doesn't use any assistance?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								

V. BEHAVIOR								
Now we will assess [name]'s behavior.								
Behavior								
A. Does [name] use any kind of assistance due to diffine Assistance includes both assistance of a person and a medication.				,	Yes	No		
If the answer is "No", skip point "B"								
B. Please specify, what kind of assistance [name] use	S.							
 1 Assisting person								
* <i>Remind the respondent that we are assessing</i> [name]'s <i>functioning in a usual way</i> Compared to his/her peers how much problem [name] encountered for the last 30 days:								
	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A		
1. Due to the difficulty of managing own behavior ? For example, he/she acts impulsively, does what he/she wants without considering the situation; when he/she is not given an item he/she desires, he/she reacts sharply, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								
2. Due to a behavior that damages others ?								
For example, is too conflicting, tries to irritate or oppress others; reveals physical aggression – hits, bites, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								
3. Due to self-harming behavior? For example, banging his/her head, biting or scratching oneself, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								

4. Due to ignoring the requirement to observe the rules?For example, unfulfillment of concrete specific instructions, such as "Behave this way", "Do this")	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
 5. Due to unusual, repetitive behavior, obsession with objects or actions? For example, constantly moving a hand strangely, swinging back and forth, repeating unusual sounds, words or phrases, over-manipulation with objects, etc. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
 6. Due to sharp reaction to ordinary sounds, visual irritants, touch and smell? For example, cries, covers his/her ears with hands, etc. when he/she hears various household sounds, speech, music, song, and other sounds, sees flickering light, bright colors, touches certain textures. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
 While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 7. How much problem [name] encounter in this area if he/she doesn't use any assistance? 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						

VI. EMOTIONAL FIELD AND ADAPTING TO CHANGES								
The following questions highlight emotional field and t	he process	of adjustii	ng to chang	es.				
Emotional field and adapting to changes								
A. Does [name] use any kind of assistance due to diffic Assistance includes both assistance of a person and u medication.		Yes	No					
If the answer is "No", skip point "B"								
B . Please specify, what kind of assistance [name] use	S.							
 1 Assisting person								
Emotional field *Remind the respondent that we are assessing [name]'s functioning in a usual way. Compared to his/her peers how much problem [name] encountered for the last 30 days:								
	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A		
1. Due to indifference, bad mood?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:				, , , , , , , , , , , , , , , , , , ,				
2. Due to anxiety, fear or lack thereof?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								
 3. Due to improper expression or management of emotions? For example, he/she cries, gets angry, laughs, his mood changes dramatically, etc. inappropriately for the situation. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								

 4. Due to difficulty to understand and take into consideration emotions of others? For example, fails to notice emotions of others; does not care why a family member (or any other person) is crying or is sad, does not express sympathy, etc. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
Adapting to changes						
5. While adjusting to a change in usual environment, regime, or plan? Refers to changes to a residential place, room, kindergarten, school or changes in the schedule of a meal plan. Also adjusting to new people.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
 While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 7. How much problem [name] encounter in this area if he/she doesn't use any assistance? 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						

VII. MOBILITY

The following questions assess **[name]'s** mobility, particularly, problems connected with motor function, movement, and displacement.

Remember that when answering questions, you should keep in mind that assistance involves using more help than is needed for a child of a relevant age.

A. Does [name] use any kind of assistance while moving? Assistance includes both assistance of a person and use of additional aids and / or medication.	Yes	No
If the answer is "No", skip point "B"	□ 1	□ 2
B. Please specify, what kind of assistance [name] uses.		
□ 1 Assisting person		
2 Additional aids and/or medication:		
uses crutches or canes		
uses gripping handles		
\Box uses hand or foot holder		
uses prothesis		
uses limb prosthesis		
uses wheelchair		
uses a white cane		
uses medications		
uses other aids ()		

Mobility

*Remind the respondent that we are assessing **[name]'s** usual way of functioning. Compared to his/her peers how much **problem [name]** encountered for the last 30 days:

	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A
1. While walking? (take into consideration that we mean walking on foot)	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:	` 					
 2. While moving on the smooth surface inside the building? It means moving around in an empty space, bypassing some furniture (table, desk, cupboard, etc.), changing direction. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						

 3. While moving on the smooth surface outside the building? It means moving around on an uneven surface, going up and down, overcoming a barrier, climbing a street curb. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
4. While ascending or descending stairs?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
 5. While moving from one place, surface to another? For example, from a wheelchair to a chair, from a bed to a wheelchair, from a toilet/pot to a chair, etc. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
6. While taking, holding, moving/carrying and putting medium-sized or big things? For example, a ball, a soft toy, a book, a bag, a chair, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
7. While taking, holding, putting small things and manipulating with them? For example, taking a button, a pebble and putting it on the table, taking a piece of mosaic and inserting it, thumbing through a book, lowering the door handle, opening the container, holding a pencil, using a keyboard.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
 While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e., the answer of the respondent to the question "A" is positive), ask a respondent to assess: 8. How much problem [name] encounter in this area if he/she doesn't use any assistance? 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						

VIII. PERSONAL CARE		
Now let's talk about personal care.		
Personal care		
A . Does [name] use any kind of assistance in the process of personal care? Assistance includes both assistance of a person and use of additional aids and / or medication.	Yes	No
If the answer is "No", skip point "B"	□ 1	□ 2
 B. Please specify, what kind of assistance [name] uses. 1 Assisting person		
 uses adapted utensils uses gripping handles uses adapted toilet/pot 		
 uses prothesis uses adapted table and chair 		
 uses wheelchair uses bladder catheter uses hygienic diapers 		
uses other additional aids (]		

Personal care

*Remind the respondent that we are assessing **[name]'s** usual way of functioning.

Compared to his/her peers how much **problem [name]** encountered for the last 30 days:

	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A
1. While putting on/ taking off?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8

Comment:

2. While observing personal hygiene? For example, cleaning teeth, combing hair, washing hands and face, bathing, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								
3. While using a toilet?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								
4. While eating or drinking?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								
 While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e., the answer of the respondent to the question "A" is positive), ask a respondent to assess: 5. How much problem [name] encounter in this area if he/she doesn't use any assistance? 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								

IX. COMMUNICATION								
Let's talk about communication.								
Communication								
A. Does [name] use any kind of assistance in the process of communication? Assistance Yes No includes both assistance of a person and use of additional or alternative aids.								
If the answer is "No", skip point "B"					□ 1	□ 2		
 B. Please specify, what kind of assistance [name] uses. 1 Assisting person								
Communication *Remind the respondent that we are assessing [name]'s usual way of functioning. Compared to his/her peers how much problem [name] encountered for the last 30 days:								
	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A		
1. While communicating with children of his/her age and elder children?								
For example, to understand himself/herself or to make others understand what is being said conveyed by a word, sign or other way.	□ 1	□ 2	□ 3	□ 4	□ 5	8		
Comment:								
2. While starting communication with familiar or unfamiliar people?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8		
Comment:								

3. While receiving consent or rejection to his/her own wishes, request?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
The following question should be asked, If the child is	4 years old	or more.				
4. While maintaining communication? For example, not to stop talking abruptly, talk about the topic, not to deviate from the topic of the conversation inappropriately.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
 While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 5. How much problem [name] encounter in this area if he/she doesn't use any assistance? 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						

X. PLAYING The following questions refer to the field of games and entertainment. Playing A. Does [name] use any kind of assistance while playing? Assistance includes both Yes No assistance of a person and use of additional aids. □ 1 □ 2 If the answer is "No", skip point "B" B. Please specify, what kind of assistance [name] uses. □ 1 Assisting person **2** Additional aids and/or medication: □ uses a wheelchair □ uses glasses □ uses adapted keyboard uses adapted table and chair □ uses protective helmet or other protective clothes □ uses other additional aids (Playing *Remind the respondent that we are assessing [name]'s usual way of functioning. Compared to his/her peers how much problem [name] encountered for the last 30 days: Very significant problems or unable to complete an nsignificant problem Significant problem **Moderate** problem N/A Vo problem action at all 1. While using toys and other entertainment things for the purpose intended? □ 1 □ 2 □ 4 For example, constructing a tower from blocks; driving / rolling a car; brushing a doll; playing cards or other board games. **Comment:** 2. While playing or entertaining himself/ herself □ 1 □ 2 □ 4 independently? **Comment:**

3. While playing with children of his/her age?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
The following question should be asked, If the child is	4 years old	or more.				
4. Observing rules while playing with another child or others or while playing a team game?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 5. How much problem [name] encounter in this area	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
if he/she doesn't use any assistance? Comment:						

XI. COGNITIVE SKILLS AND ACADEMIC FIELD							
Using the following questions we will assess cognitive	e skills, aca	demic field	d.				
Learning / teaching							
A. Does [name] use any kind of assistance in the learning/teaching process? Assistance includes both assistance of a person and use of additional aids and / or medication.YesNo							
If the answer is "No", skip point "B"					□ 1	□ 2	
B. Please specify, what kind of assistance [name] uses	S.						
 1 Assisting person 2 Additional aids and/or medication: hearing aids glasses or magnifier adapted keyboard adapted table and chair adapted writing aids sound program large font printed means uses medication uses other additional aids () 							
Learning / teaching *Remind the respondent that we are assessing [name]'s usual way of functioning. Compared to his/her peers how much problem [name] encountered for the last 30 days:							
	No problem Insignificant problem Moderate problem Significant problem Significant problem Complete an action at all complete an action at all						
1. While acquiring new activities and using new information?	□ 1	□ 2	□ 3	□ 4		□ 8	
It refers to using new words, new facts.							
Comment:							
 2. While understanding and following instructions / directions? It means that the task, instructions are performed correctly / adequately. Examples of instructions / assignment: take the toys and put them in a box; open the book and complete the task, clean the desk / environment, etc. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							

3. While understanding and completing class assignments and / or home task, instructions? Implies performing the task correctly / adequately.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
4. Due to the difficulty in accomplishing the class assignment and/or home task? <i>Implies making effort to accomplish the task.</i>	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
5. Due to the difficulty to cope with the problem that he/she faced? <i>Implies asking others for help to get some toys down,</i> <i>to assemble construction toys, to learn what his/her</i> <i>home task is from a friend or a teacher, to find school</i> <i>things if he/she lost them or left them at home, etc.</i>	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
The following question should be asked, if the child is	7 years old	or more.				
 6. In quantitative reasoning, quantity perception and calculating? For example, counting, calculation and perceiving whether numbers are more or less, etc. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
7. While understanding/realizing a text relevant to						
his/her age? Understanding the gist of the text, the content of	□ 1	□ 2	□ 3	□ 4		
-	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8

8. While conveying some ideas in a written form ?	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						
 While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e,. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 9. How much problem [name] encounter in this area if he/she doesn't use any assistance? 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8
Comment:						

XII. PUBLIC/SOCIAL LIFE		
The following questions are aimed at learning about the involvement of [name] in the public	: life.	
 A. Does [name] use any kind of assistance while participating in public/social activities? Assistance includes both assistance of a person and use of additional aids and / or medication. If the answer is "No", skip point "B" 	Yes	No
B. Please specify, what kind of assistance [name] uses.		
 1 Assisting person		

Remember that when answering questions, you need to consider **[name]'s** health condition, as well as the physical and social environment (including the attitude and behavior of the people around him/her) in which he/she has to live.

*Remind the respondent that we are assessing **[name]'s** usual way of functioning. Compared to his/her peers how much **problem [name]** encountered for the last 30 days:

	No problem	Insignificant problem	Moderate problem	Significant problem	Very significant problems or unable to complete an action at all	N/A	
 While participating in the gatherings of friends/ relatives/ close people? For example, to attend (and/or participate the birthday, baptism, etc. 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							
2. While participating in the activities, events ? For example, to attend (and/or get involved) the celebrations, religious, entertainment and sports events, exhibitions and sales, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							

3. While using various services ?							
Implies to behave in compliance with his/her age while using the following types of services: dentistry, beauty salon, healthcare and social services, services of 112, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							
The following question should be asked, if the child is	7 years old	or more.					
4. Due to lack of relevant resources while carrying out certain entertainment activities independently?							
For example, is unable to attend the event he / she wants to because the building does not have a ramp; to play on the swings, or in the sand because they are not accessible; can't watch the desired movie because most of them do not have subtitles for the deaf; or cannot read the desired book because the local library does not have books in a large print, or Braille, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							
5. While managing money independently?							
Implies targeted spending, reasonable distribution of money, use of cards, etc.	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							
 While a child is functioning in a usual way and he/she needs assistance of an assistant person or some additional aids (i.e. the answer of the respondent to the question "A" is positive), ask a respondent to assess: 5. How much problem [name] encounter in this area if he/she doesn't use any assistance? 	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							

XIII. IMPACT ON THE FAMILY							
How has the health condition of [name] during the last 30 days:							
	Not affected at all	Insignificantly affected	Moderately affected	Significantly affected	Very significantly affected	N/A	
1. Affected the financial costs of the family? <i>Refers to the expenses incurred by a family member or</i> <i>a relative, close person from own savings or current</i> <i>income.</i>	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							
2. Other kind of problems that the family faced? <i>Refers to physical, social, emotional problems that the family experience.</i>	□ 1	□ 2	□ 3	□ 4	□ 5	□ 8	
Comment:							

WRITE DOWN THE END TIME OF THE INTERVIEW ON THE FIRST PAGE

APPENDIX 4: THE LAW ON THE RIGHTS OF PERSONS WITH DISABILITIES LAW OF GEORGIA ON THE RIGHTS OF PERSONS WITH DISABILITIES

The State shall promote the realization of the human rights and fundamental freedoms of persons with disabilities and ensure the protection of their inherent dignity, for which it shall act in accordance with the Constitution of Georgia, the UN Convention on the Rights of Persons with Disabilities ('the 'Convention on the Rights of Persons with Disabilities'), universally recognized human rights, the norms provided for by international law, and the legislative and subordinate normative acts of Georgia.

Chapter I – General Provisions

Article 1 – Scope of the Law

This Law defines the basic principles and mechanisms of accessibility for persons with disabilities to living independently and participating fully in all aspects of life without discrimination and on an equal basis with others, in order to:

a) ensure the realization of the right to individual autonomy and independence, including to the freedom to make their own choices, the liberty of movement, and the respect for privacy, the home and the family, including the freedom to choose a place of residence;

b) promote opportunities to live independently and fully participate in public life;

c) combat and prevent stereotypes in society relating to persons with disabilities;

d) protect persons with disabilities from all forms of exploitation, violence, abuse and discrimination;

e) ensure access to services in any area.

This Law determines the rights and duties of administrative bodies and entities under private law in the process of implementing the principles and mechanisms provided for by this Law.

Article 2 – Definition of terms

The terms used in this Law shall have the following meanings:

a) person with disabilities – a person with substantial physical, mental, intellectual or sensory impairments which, when combined with various barriers, may hinder his/her full and effective participation in society on an equal basis with others; **b)** disability – the lack of capacity for the personal development and self-actualization of a person with physical, mental, intellectual or sensory impairments on an equal basis with others, and that is conditioned by a combination of environmental, attitudinal and other factors;

c) reasonable accommodation – a principle which involves necessary and appropriate modification and adjustments without imposing a disproportionate or undue burden or obligation, and where needed in a particular case, ensures that persons with disabilities exercise all human rights and fundamental freedoms on an equal basis with others;

d) universal design – the design of products, environments, trainings, programs and services to be usable by people without the need for special adaptation and a specialized design. Universal design shall not exclude assistive devices and/or other support for particular groups of persons with disabilities where needed;

 e) sign language – a non-verbal, visual language, where information is coded by manual means and mimicry;

f) accessible environment – a combination of physical, institutional and social conditions, which provides a person with disabilities with an equal opportunity to benefit from all public goods, including participation in cultural, sports, political or other activities in a public gathering place, as well as from transport, information and communication facilities on an equal basis with others;

g) direct discrimination on the grounds of disability – such treatment or the creation of conditions due to disability that puts a person exercising rights established by the legislation of Georgia in an unfavorable position compared to other persons exercising similar rights, or that puts persons in substantially unequal conditions in equal conditions, except for cases where such a treatment or the creation of such conditions serve a purpose determined by law for protecting public order and morals, has an objective and reasonable justification, and is required in a democratic society, and the means used are proportionate to the achievement of such purpose;

h) indirect discrimination on the grounds of disability – a situation where a provision, criterion or practice that is neutral in its form, but discriminatory in its essence, puts a person with disabilities in an unfavorable position compared to other persons, or puts persons in substantially unequal conditions in equal conditions, except for cases where such provision, criterion or practice serves a purpose determined by law for protecting public order and morals, has an objective and reasonable justification, and is required in a democratic society, and the means used are proportionate to the achievement of such purpose;

i) independent life – the autonomy of a person with disabilities, the freedom to choose, to make decisions and control his/her own life, and the realization thereof, if necessary, and where possible, with the help of others, including by means of providing various services;

j) personal assistant service – a service that provides adequate assistance to a person with disabilities in order to help improve the quality of independent life and increase control over his/her own life, including in education, at the workplace, when using public services, and when carrying out daily activities;

k) biopsychosocial model – a model for determining and measuring a person's health status and disability and forming a policy which is focused on psychological, biological and social factors, and that considers the relationship between the human body/organic system, behavioral style, cognitive processes, and environmental factors in combination.

Chapter II – Rights of Persons with Disabilities and Guarantees for the Exercise thereof

Article 3 – Equality before the law

The State shall ensure the equality of a person with disabilities before the law, and guarantees the

exercise of his/her rights on an equal basis with others in all areas of public life.

For the purpose of the exercise of the rights of persons with disabilities, the State shall take appropriate measures. The State shall support the development of such mechanisms which are oriented towards the rights of persons with disabilities and are adjusted to their needs.

The measures related to the exercise of his/her rights by a person with disabilities shall envisage relevant and effective guarantees for the prevention and preclusion of any abuse of those rights and potential conflicts of interest. Such guarantees shall ensure that the measures directed towards the exercise of the said rights are immediately oriented to the needs of a person with disabilities, are relevant and adjusted to his/her condition, and are protected against undesirable impacts. In addition, the above guarantees shall be proportional to the goal of the prevention of abusing the said rights and the preclusion of potential conflicts of interest.

The State shall protect women and girls with disabilities against discrimination in all areas of public life and shall provide them with appropriate conditions for exercising rights, freedoms and opportunities which are equal for both women and men. Any action taken in respect of said category of persons shall be based upon principles of gender equality, taking into account the specific needs of women and girls.

Article 4 – Independent life

The State shall promote the independent life of a person with disabilities and his/her full participation in all areas of public life on an equal basis with others, as well as provide access to a range of supporting services and public facilities, and the means of communication required for his/her full participation in public life. Means of communication shall include language, displayed text, Braille, tactile communication, large font, available multimedia, as well as writing and audio devices, simplified language, readers, enhanced and alternative communication methods, means and formats, including available information and communication technologies.

In order to ensure the achievement of the goals provided for by paragraph 1 of this article, personal data shall be processed in accordance with the requirements of the Law of Georgia on Personal Data Protection. When performing the duties prescribed by the legislation of Georgia, the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia shall have the right to process the personal data of a person with disabilities, and if necessary, transfer those data to another person/organization in order to allow a person with disabilities to obtain a relevant benefit.

The State shall recognize the right of a person with disabilities to independently choose a place of residence. The coercion of a person with disabilities to reside at a specially designated place shall be prohibited, unless it is based upon a necessity provided for by the legislation of Georgia, and/or by the requirements of the penitentiary system.

The State shall guarantee the inviolability of the private life and family life of a person with disabilities and shall prohibit arbitrary or unlawful interference in his/her private and family life, correspondence and other types of communication.

The State shall promote the development and introduction, by authorized entities within their competence, of services, standards and regulations which are required for the independent life of a person with disabilities, in order to ensure:

a) the elimination of practical barriers, obstacles and stereotypes which prevent a person with disabilities from leading an independent life;

b) the use of personal assistant services;

c) the use of facilities necessary for leading an independent life;

d) the use of information, support and consultation related to leading an independent life;

e) the opportunity to participate in the social, cultural, sports, economic and political life of the country on an equal basis with others;

f) access, on an equal basis with others, to the physical environment, buildings, roads, transport, information, housing, medical facilities, workplaces, communication technologies and systems, open public facilities, and emergency and other services;

g) adherence to the standards and guidelines for access to public facilities, public institutions, and other services for a person with disabilities;

h) the participation of persons with disabilities in the development of the action plans and

programs provided for by this Law, as well as of persons whose activities are related to the protection of the rights of persons with disabilities and to the improvement of their conditions.

Article 5 – Inadmissibility of discrimination

Any type of discrimination defined by the Law of Georgia on the Elimination of All Forms of Discrimination on the grounds of disabilities shall be prohibited. Discrimination shall also include the refusal to make reasonable accommodation in accordance with this Law.

The State shall take all appropriate measures to promote the equality of persons with disabilities, including reasonable accommodation, and shall ensure the elimination of discrimination.

All persons with disabilities shall have the right to the protection of their physical and mental inviolability on an equal basis with others.

Article 6 – Women with disabilities

The State shall ensure the exercise of the basic rights and freedoms of women and girls with disabilities on an equal basis with other women.

The State shall protect women and girls with disabilities against discrimination in all areas of public life and shall ensure the creation of adequate conditions for them to exercise rights, freedoms and opportunities which are equal for both women and men. Any action taken with respect to persons of this category shall be based upon principles of gender equality, taking into account the specific needs of women and girls.

The State shall promote the access of women with disabilities to the right to reproductive health care on an equal basis with others.

Article 7 – Children with disabilities

The State shall ensure the exercise of the basic rights and freedoms of children with disabilities on an equal basis with other children.

In any action related to children with disabilities, the best interests of a child shall be taken into account as a first priority.

The State shall allow children with disabilities to freely express their opinion about all issues important to them, on an equal basis with other children, taking into account their age and level of development. When exercising this right, they shall be provided with disability and age-specific assistance.

The State shall ensure for children with disabilities, and in their best interests, the establishment of mechanisms necessary for obtaining continuing education, and full participation in public life, and living in a biological family, as well as for protection against discrimination and violence.

The State shall provide a child with disabilities with the right to live in a family on an equal basis with others. In order to ensure the smooth exercise of this right, as well as to prevent the concealment, abandonment, neglect or segregation of a child with disabilities, the State shall take all necessary administrative, social and educational measures, including the preliminary provision of a child with disabilities and his/her family with comprehensive information, relevant services and assistance.

If the family is unable to care for a child with disabilities, the State shall be obliged to take all measures to organize alternative care within a wider family circle, and if this is not possible, the State shall be obliged to provide for the child such an environment that is close to a family environment, taking into account the upbringing, birthright, ethnicity, religious and cultural affiliation, and mother tongue of the child. For the purpose of alternative care, a child with disabilities shall be accommodated in accordance with the Code on the Rights of the Child, unless otherwise provided for by this Law.

Article 8 – Education

By introducing appropriate and effective mechanisms and using technologies, techniques and educational resources relevant to the needs of persons with disabilities, the State shall ensure the introduction of an accessible and qualitatively inclusive education system that will allow persons with disabilities to obtain continuing education, develop their personality and creative skills, and realize their mental and physical abilities.

The State shall provide access to technical and vocational orientation programs, and vocational and continuing education, for persons with disabilities.

Article 9 – Healthcare

Taking into account the individual needs of persons with disabilities, the State shall, in accordance with the legislation of Georgia, provide them with equal access to healthcare services, which means: a) access to a healthcare institution;

b) the implementation of various healthcare programs;

c) supporting the introduction of relevant
 standards and methods which allow persons with
 disabilities to have access to specific services;

d) the provision of preventive and early diagnosis, and treatment and rehabilitation services, that ensure the identification of the general causes of limitations and the minimization of disabilities.

Article 10 – Habilitation and rehabilitation

The State shall promote the creation of such services and programs, and the development of mechanisms by relevant public agencies, which ensure the maximum independence of persons with disabilities, and the use and enhancement of their physical, sensory, mental and professional abilities, taking into account age, gender, and the degree and type of disability.

In order to fulfil the obligations provided for by paragraph 1 of this article, the State shall promote the development of habilitation and rehabilitation services, and programs in the field of healthcare, employment, education and social services, in a manner that ensures that the said services and programs:

 a) are carried out at the earliest possible stage and are based on the evaluation of the needs of an individual;

b) allow the participation and integration of a person with disabilities in all areas of public life.

The State shall promote the professional training and retraining of specialists and personnel employed in habilitation and rehabilitation services.

Article 11 – Labor and employment

The State shall provide persons with disabilities with employment opportunities in the open market on an equal basis with others, including by the use of interim measures in order to achieve this goal.

The State shall protect and promote the exercise of the right to work for persons with disabilities, including employment in contractual/precontractual relations, and ensure that persons with disabilities have, on an equal basis with others, a right to fair and favorable labor conditions, a safe and healthy working environment, and a right to protection from forced labor and discrimination. The State shall promote the development of employment programs which ensure the selfemployment of persons with disabilities and the organization of their own entrepreneurial activities.

The State shall promote the employment of persons with disabilities in the public and private sectors by developing appropriate action plans and programs, which, together with other activities, may involve introducing preferential mechanisms for employers, conducting special training and retraining of a person with disabilities, adapting the environment, and providing financial support to a program initiated by an employer, as well as other benefits.

In order to promote the employment of persons with disabilities in the public sector, the Legal Entity under Public Law called the Civil Service Bureau shall, within its competence, provide access to the services it administers.

Article 12 – Protection from exploitation, violence and degrading treatment

The State shall ensure the protection of persons with disabilities, including women and children, from exploitation, violence and degrading treatment.

The State shall take measures to prevent all forms of exploitation, violence and degrading treatment of persons with disabilities, and shall provide assistance and support to persons with disabilities, and their family members and carers, in preventing exploitation, violence and degrading treatment, taking into account age and gender.

The State shall ensure that the persons with disabilities exposed to exploitation, violence or abuse have access to physical and psychological rehabilitation and social reintegration programs.

Article 13 – Inviolability of private and family life

The State shall ensure the elimination of discrimination against persons with disabilities in respect to all matters of private and family life, including, *inter alia:*

 a) the exercise of the right of persons with disabilities of marriageable age to marry and create a family, based on a free choice of spouses, and on informed consent;

b) the exercise of the right of persons with disabilities to make free and responsible

decisions with regard to the number of children and the interval between their births, and to obtain information and education on reproductive health and family planning, relevant to their age.

Article 14 – Participation in political and public life

The State shall ensure the equal and full participation of persons with disabilities in the political and public life of the country, directly or through a representative selected on the basis of the expression of free will, as well as the right of persons with disabilities to vote and be elected without discrimination on an equal basis with others.

A person with disabilities shall be able to have access to the public information required to exercise a voting right. Issues relating to the provision of proper conditions required for the unhindered exercise of a voting right by a person with disabilities shall be regulated by electoral legislation.

The State shall recognize Georgian sign language. Georgian sign language is a means of communication with deaf and hearing-impaired persons residing in Georgia, based on a visualmanual modality. The State recognizes Georgian sign language as a means of communication between people, as well as one of the means of education of deaf and hearing-impaired persons and shall ensure the creation of the conditions necessary for the use and development of Georgian sign language.

The State shall promote the operation of representative organizations, the main goal of which is to exercise and protect the rights of persons with disabilities, as well as such organizations whose management processes involve persons who are mainly persons with disabilities and/or their legal representatives.

Article 15 – Social protection

Guarantees for the social protection of persons with disabilities shall be determined by this Law, the international treaties of Georgia, and other legislative and subordinate normative acts of Georgia.

The State shall provide adequate living conditions for persons with disabilities, which, among other measures, shall include the development and implementation of programs aimed at social protection and the eradication of poverty.

Article 16 – Participation in cultural, sport,

entertainment and other public activities

The State shall promote the creation of opportunities for persons with disabilities to participate in recreational, leisure, cultural, sport, entertainment and other public activities on an equal basis with others, and the development of mechanisms which provide them with:

- a) access to relevant information and materials;
- b) the availability of services;
- c) full inclusion.

The State shall promote the development of appropriate mechanisms for the use and development by persons with disabilities of their creative, sport or other potential.

Article 17 – Awareness raising

In order to raise public awareness, the State shall ensure:

a) the promotion of the potential and contribution of persons with disabilities to a public life;

b) the development and implementation of educational programs relating to the rights of persons with disabilities, as well as the provision of the families of such persons and various interested groups of society with relevant information on the rights of persons with disabilities;

c) the implementation of long-term programs which help to counter stereotypes which cause discrimination on the grounds of disability;

d) that adequate modern and international standards and requirements focused on the rights of persons with disabilities are reflected in educational and informational materials, which shall be mandatory for all institutions regardless of their organizational legal form.

The State shall, together with other organizations, carry out the measures specified by paragraph 1 of this article by means of public broadcasting as well.

Article 18 – Access to legal proceedings

The State shall provide access to legal proceedings for persons with disabilities, including the establishment of appropriate procedural mechanisms, as well as any reasonable accommodation, to allow persons with disabilities to fully participate in all types of administrative proceedings, notarial actions, and in investigations, trials, the alternative resolution of disputes, and/or the process of enforcement.

The State shall support the provision to persons with disabilities of territorial services and divisions by law enforcement authorities, and by the Legal Entity under Public Law called the Legal Aid Service that provides access to both infrastructure and services.

Article 19 – Special plaintiff

An organization holding the status of a special plaintiff is an interested party in administrative bodies and courts, in matters regarding the protection of the rights of persons with disabilities, without being authorized to conduct legal representation in administrative and civil cases.

Organizations holding the status of a special plaintiff shall be authorized to conduct administrative and civil disputes and apply to relevant agencies in respect of complaints and lawsuits, in cases concerning the elimination of discrimination against persons with disabilities, and/or in the interest of developing legal practice in this area.

Organizations holding the status of a special plaintiff shall exercise the powers referred to in this article even if there is a collective or alleged violation of the rights of a person with disabilities.

A special plaintiff shall be a non-entrepreneurial (non-commercial) legal entity that, in accordance with this Law, is registered as a special plaintiff in the Registry of Entrepreneurs and Non-Entrepreneurial (Non-Commercial) Legal Entities.

A non-entrepreneurial (non-commercial) legal entity with at least 3 years' experience defending persons with disabilities in the field of civil and/or administrative proceedings may be registered as a special plaintiff. The period of registration of the status of a special plaintiff shall be 3 years, after the expiry of which such registration shall no longer be invalid, unless the entity submits a request for the extension of the registration period, accompanied by documentation confirming the activity of the previous 3 years in the field of civil and/or administrative proceedings to protect the rights of persons with disabilities. The form of such documentation and the procedure for its submittal shall be determined by an order of the Minister of Justice of Georgia.

Article 20 – Personal assistant

The standards and procedures for the management of personal assistant services, including the criteria for the selection of a personal assistant, shall be approved by the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia.

A personal assistant shall be an adult and a legally competent person, who expresses his/her consent to provide to a person with disabilities the services he/she requires, in order to improve the quality of his/her independent life, and to increase control over his/her life when obtaining education, and using public services, and carrying out daily activities, and/or at a workplace.

A personal assistant service shall be provided by a municipality, which shall determine the scope of such service, and develop the procedure for its delivery in a manner prescribed by the legislation of Georgia.

Chapter III – Obligations of an Administrative Body and a Legal Entity under Private Law

Article 21 – Obligations of an administrative body

An administrative body shall be obliged to:

a) ensure the introduction of the universal design of existing buildings and buildings under construction, and other types of infrastructure, and/or the adaptation thereof in accordance with universal design for persons with disabilities, in order to ensure full access to all institutions under its governance;

b) ensure full access to all relevant services in its system for persons with disabilities, including offering programs and materials customized and adapted to relevant needs (such as audio books, books printed in Braille, sign language interpretation, subtitles);

c) develop and approve an action plan to ensure adaptation and universal design, for the fulfilment of the obligations determined by subparagraphs (a) and (b) of this paragraph, with an indication of measures to be taken and relevant deadlines, as well as provide supervision over their implementation;

d) promote, within its competence, the implementation of a unified strategy and action plan approved by the Government of Georgia;

e) ensure the continuous retraining of corresponding personnel for the development of the skills which are required for communicating with persons with disabilities;

f) participate, within its competence, in the development of normative acts, strategies, action plans and instructions provided for by this Law, and facilitate the implementation thereof;

g) exercise other powers provided for by this Chapter.

Article 22 – Legislative government

The Parliament of Georgia shall, in accordance with the Constitution of Georgia, international treaties, and other legislative and subordinate normative acts of Georgia, determine the main directions of state policy in the field of the protection of the rights of persons with disabilities, ensure the creation and development of a legislative framework, and control the activities of bodies which are accountable to the Parliament of Georgia on issues of equality.

Once a year, the Government of Georgia shall present to the Parliament of Georgia a written report on the exercise of the basic rights and freedoms of persons with disabilities, including measures for the exercise of their social rights.

Based on the report submitted by the Government of Georgia, the Parliament of Georgia shall have the right to develop recommendations for the improvement of the activities of the Government of Georgia in the areas referred to in paragraph 1 of this article.

The Parliament of Georgia shall provide parliamentary control over the implementation of the Convention on the Rights of Persons with Disabilities.

Article 23 – Judicial authority

To ensure the fulfilment of the obligations provided for by this Law, the High Council of Justice of Georgia shall develop and approve standards and methods for working with persons with disabilities who are participating in a trial, taking into account the specifics of court reviews of relevant cases.

Article 24 – Executive authority

The Government of Georgia shall, within its competence, ensure:

the approval of and supervision over the execution of the Convention on the Rights of Persons with Disabilities, the unified strategy supporting the implementation of this Law, and the relevant action plan; the establishment of an Interagency Coordination Committee responsible for the implementation of the Convention on the Rights of Persons with Disabilities, that shall be composed of the heads of relevant ministries, other relevant agencies, the Legal Entities under Public Law called Legal Aid Service and National Statistics Office ('the Geostat'), as well as of representatives of the legislative, judicial and local authorities of Georgia, and relevant organizations with the status of invited members.

Organizational and legal support for the operation of the Interagency Coordination Committee shall be provided by the Administration of the Government of Georgia.

The representatives of organizations whose activities are related to the protection of the rights of persons with disabilities and/or to the improvement of their conditions may be invited to the Interagency Coordination Committee.

Article 25 – Ministry of Justice of Georgia

For the purpose of the full implementation of the Convention on the Rights of Persons with Disabilities, the Ministry of Justice of Georgia shall ensure the examination of the available legislative framework, and if necessary, the organization of drafting legislative amendments in coordination with relevant institutions.

The state sub-agency under the governance of the Ministry of Justice of Georgia called the Special Penitential Service shall ensure the protection of the rights of a person with disabilities placed in a penitential institution, taking into account his/her specific needs.

Article 26 – Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia

The establishment of the status of disability for a person shall be based on a biopsychosocial model. The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia shall develop a biopsychosocial model of mechanism used to establish the status of disability and shall regularly promote its introduction. The status of disability within the biopsychosocial model shall be determined on the basis of the assessment of the functional abilities and health status of a status seeker, as well as on the circumstances indicated in Article 2(k) of this Law. State programs in the field of healthcare and social protection, as well as the services delivered within the said programs, shall be based on the following principles:

a) the provision of access to healthcare, including mental health care, as well as social services for all persons with disabilities, regardless of the degree of disability, in a manner established by the legislation of Georgia;

b) the promotion of the diversity and geographical availability of healthcare, habilitation or rehabilitation, and social services.

The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia shall develop social services adjusted to the needs of persons with disabilities, which promote the provision of social services on an equal basis with others.

The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia shall:

 a) promote the delivery of services to women, girls and children with disabilities in the framework of healthcare and social programs, taking into account their individual needs;

b) develop the professional standards of medical personnel who provide services/assistance to persons with disabilities;

 c) within its competence, promote the development of healthcare and social community services for persons with disabilities;

d) for the promotion of the employment and career growth of persons with disabilities in the labor market, develop and implement appropriate programs, and deliver to persons with disabilities:

a. professional consulting, and definitions of relevant profiles and services relating to career planning;

b. participation in professional training and retraining programs;

c. the opportunity to find and/or retain a job independently, or with assistance;

d. integration into the open labor market, taking into account their qualifications.

Programs for persons with disabilities shall be developed on the basis of a consideration of their needs.

The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia, together with the Ministry of Education, Science, Culture and Sport of Georgia, shall provide persons with disabilities with access to vocational orientation programs, employment services, and vocational and continuing education.

The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs and the Ministry of Economy and Sustainable Development of Georgia, as well as other administrative bodies, shall, within their competence, ensure the development of employment policies and programs which aim to promote the self-employment and entrepreneurial activities of persons with disabilities.

Article 27 – Ministry of Education, Science, Culture and Sport of Georgia

The Ministry of Education, Science, Culture and Sport of Georgia, within its competence, shall provide for persons with disabilities access to all stages of education and areas of culture, including art education, arts, creativity, cultural activities, and cultural tourism, and all areas of sports, as well as participation in cultural and sport life that considers:

a) developing and approving an action plan for the development of inclusive education, and supervising its implementation at all stages of education in public and private educational institutions, for persons with disabilities, as well as providing access to cultural and sport infrastructure and developing action plans for the provision of adapted programs and materials, and developing adaptation standards and methodologies;

b) drafting work standards/instructions for personnel employed in public and private educational institutions of all stages, and cultural and sport facilities and organizations, as well as in youth organizations, and retraining said personnel in order to obtain the skills required for working with persons with disabilities, within their competences.

In order to achieve the goals, set forth by paragraph 1 of this article, the Ministry of Education, Science, Culture and Sport of Georgia shall, on the basis of international experience and with the participation of persons with disabilities working in the relevant field, and of experts with adequate qualification, develop for all stages of education:

 a) standards and methodology for research and evaluation of specific approaches towards the needs of persons with disabilities;

b) the qualification requirements for practicing specialists required for working with youth with disabilities, including school children/students/ vocational students, and which are mandatory for both public and private educational institutions;

c) relevant training modules for raising the qualifications of working specialists, which are mandatory for both public and private educational institutions.

The Ministry of Education, Science, Culture and Sport of Georgia shall examine the need for the adaptation of educational and material resources at all stages of education, on the basis of which:

 a) necessary training and material resources shall be made available;

b) training methodologies shall be developed.

In order to achieve the goals determined by paragraph 1 of this article, the Ministry of Education, Science, Culture and Sport of Georgia shall develop recommendations for the development of a paralympic movement on the basis of international experience, and with the participation of persons with disabilities, and experts holding relevant qualifications who work in the relevant field.

The Ministry of Education, Science, Culture and Sport of Georgia, together with the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia, shall, in cooperation with persons working in this field, develop and approve a program for the certification of sign language interpreters.

Article 28 – Ministry of Economy and Sustainable Development of Georgia

The Ministry of Economy and Sustainable Development of Georgia, together with the relevant agencies, shall, within the scope of powers granted by the legislation of Georgia, provide support to the participation of persons with disabilities in state programs promoting entrepreneurship, and shall, within its competence, participate in the development of mandatory mechanisms for the reasonable accommodation and adaptation of universal design standards to the needs of persons with disabilities in relevant construction standards/ regulations.

When elaborating and implementing state policy for tourism development, the Legal Entity under Public Law called the National Tourism Administration of Georgia, under the state control of the Ministry of Economy and Sustainable Development of Georgia, shall ensure that the needs of persons with disabilities are taken into consideration.

In order to achieve the goals determined by paragraph 2 of this article, the National Tourism Administration of Georgia, on the basis of international experience, and with the participation of persons with disabilities, and experts holding the appropriate qualifications who work in the relevant area, shall ensure that:

a) in the framework of the legislation of Georgia, the needs of persons with disabilities are taken into account in the development of the tourist infrastructure it has created and/or designed;

b) its official website and the audio-visual material developed thereon are adapted to the needs of persons with disabilities.

Article 29 – Ministry of Finance of Georgia

The Ministry of Finance of Georgia shall, within its competence, participate in the development of the normative acts, strategies, action plans and instructions provided for by this Law, and shall promote the implementation thereof.

Article 30 – Ministry of Regional Development and Infrastructure of Georgia

The Ministry of Regional Development and Infrastructure of Georgia shall, within its competence, participate in the development of mandatory mechanisms for the reasonable accommodation and adaptation of universal design standards in the relevant construction standards/ regulations to the needs of persons with disabilities.

The Ministry of Regional Development and Infrastructure of Georgia shall, within its competence, promote the implementation of the principles defined by this Law in its relations with municipal bodies.

Article 31 – Investigative authorities

Investigative authorities shall, within their competence, allow persons with disabilities to have access to legal proceedings that will facilitate the effective performance of their role in a relevant process, including as a witness, at the stage of investigation.

To allow persons with disabilities effective access to legal proceedings, investigative authorities shall develop the following instructions:

a) standards and methods for working with a witness, a victim or an accused with disabilities;

b) standards and methods for working with a minor witness, a victim or an accused with disabilities.

The standards and methods referred to in paragraph 2 of this article shall include consideration of relevant specifics in the process of questioning and examining persons with disabilities, as well as in the preparation of a case for court hearing.

Investigative bodies shall ensure the protection of the rights of a person with a disability placed in a temporary detention facility, taking into account his/her specific needs.

Article 32 – Emergency Management Service

The state sub-agency within the governance of the Ministry of Internal Affairs of Georgia called the Emergency Management Service shall provide supervision over and support for the implementation of measures oriented towards the needs of persons with disabilities in emergency management plans, for the purpose of the protection of persons with disabilities during potential emergency situations.

Article 33 – Legal Aid Service

The Legal Entity under Public Law called the Legal Aid Service shall ensure that a public attorney provides advocacy services to a person with disabilities in court for civil, administrative and criminal cases, as well as representation during administrative proceedings, and legal consultation.

Article 34 – Geostat

All establishments and organizations defined by this Law shall, in respect of issues falling within their competence, be obliged to provide the Geostat with necessary data/information, in accordance with the list and periodicity provided for by a statistical work program approved by the Government of Georgia for the respective year.

The form of processing/providing statistical data shall be approved by the Geostat.

The Geostat shall, in accordance with established procedure, provide access to summarized statistical data.

When processing statistical information on persons with disabilities, the provisions of the Law of Georgia on Personal Data Protection shall apply

Article 35 – Municipal bodies/agencies

Municipal bodies/agencies shall, within their competence, be obliged to develop and implement programs supporting the independent life, and social inclusion programs with the involvement, of persons with disabilities, and to take into account their individual needs, in order to ensure:

a) the full participation of persons with disabilities in social, political, social, economic, cultural and sporting life at a local level, the delivery of services supporting an independent life, including personal assistant services, and the implementation of habilitation/rehabilitation programs;

b) the participation of persons with disabilities in the process of the development of programs/ projects for relevant activities for the exercise of powers granted by law at all stages of the elaboration and making of decisions;

c) mandatory access to both infrastructure and educational programs of early and preschool educational institutions for children with disabilities under their control.

Municipal bodies/agencies shall be obliged to:

a) promote the activities of local organizations for persons with disabilities, in which persons with disabilities and/or their legal representatives constitute the majority of both the members of the organization and the governing/decisionmaking bodies thereof, who work to improve the quality of the independent life of persons with disabilities;

b) promote the introduction and development of information, consulting and supporting services for the independent life of persons with disabilities, together with other establishments/ organizations with relevant functions, who work in the territory of the respective municipality.

The powers of municipal bodies/agencies provided for by this Law (which are not powers granted under the Organic Law of Georgia, Local SelfGovernment Code) shall be powers delegated by the State to the municipality, the implementation of which shall be supervised by the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia, in accordance with procedures established by the Organic Law of Georgia, Local Self-Government Code.

Article 36 – Competence of an entity under private law

An entity under private law, regardless of its organizational legal form and ownership, shall, taking into account reasonable accommodation, be obliged to ensure compliance with and the performance of the mandatory standards/norms established by this Law and by administrative bodies on the basis of this Law.

The standards/norms provided for by this article shall be established with the maximum participation of an entity under private law.

Chapter IV – Transitional and Final Provisions

Article 37 – Transitional provisions

Before 1 January 2021:

a) the Government of Georgia shall ensure the development and approval of the Unified Strategy and Annual Action Plan for 2021-2035, with an indication of activities to be carried out by the relevant bodies/institutions, and deadlines for the implementation thereof;

b) the Government of Georgia shall ensure the establishment of an Interagency Coordinating Committee responsible for the implementation of the UN Convention on the Rights of Persons with Disabilities;

c) the Ministry of Justice of Georgia shall ensure the approval of a form and procedures for the submission of documents certifying the activity in the field of civil and/or administrative proceedings for obtaining/extending the status of a special plaintiff in order to protect the rights of persons with disabilities;

d) the Ministry of Education, Science, Culture and Sport of Georgia shall ensure the development and approval of a program for the certification of sign language interpreters. The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia shall:

a) before 1 January 2023, ensure the approval of the plan of activities to be implemented with respect to the introduction of a biopsychosocial model mechanism for establishing disability status;

b) before 1 January 2024, ensure the approval of standards and procedures for the management of personal assistant services, including the criteria for the selection of personal assistants.

The bodies/institutions defined by Chapter III of this Law shall:

a) before 1 April 2021, ensure the development and approval of annual action plans, as provided for by the relevant articles of, and in order to fulfil obligations under, the Unified Strategy for 2021-2035 provided for by this Law and paragraph 1(a) of this article, with an indication of mandatory measures, and the time limits for their performance;

b) in accordance with the Unified Strategy for 2021-2035 provided for by paragraph 1(a) of this article, take all necessary measures to ensure the fulfilment of relevant obligations and the full entry into force of this Law in the period from 1 January 2021 to 31 December 2035;

c) before 31 December 2035, gradually adapt buildings and other types of infrastructure existing before the entry into force of this Law, as well as existing services, to universal design in order to ensure full access thereto for persons with disabilities; if a building may not be adapted for objective technical reasons (confirmed by an appropriate expert opinion), the bodies/ institutions shall additionally consider alternative means for action in the plan determined by subparagraph (a) of this paragraph in order to ensure full access for persons with disabilities.

The obligation provided for by Article 3(c) shall not apply to buildings and other types of infrastructure owned/used by an entity under private law determined by Article 36 of this Law, and to the other types of infrastructure which do not deliver services.

Municipal bodies shall:

a) before 1 January 2025, provide a draft program of personal assistant services, determine the scope of the services, and develop procedures for the delivery thereof to persons with disabilities;

b) ensure the provision of personal assistant services from 1 January 2025.

From the moment of the promulgation of this Law, buildings shall be designed and constructed in compliance with the requirements of the Code of Spatial Planning, Architectural and Construction Activity, and legal acts approved on the basis thereof.

Article 38 - Acts to be declared null and void

From 1 January 2021, the Law of Georgia on the Social Protection of Persons with Disabilities of 14 June 1995 shall be declared invalid (Parliamentary Gazette of Georgia, 1994-1995, NN 27-30, Art. 633).

Article 39 - Entry into force of this Law

This Law, except for Chapters I-III, shall enter into force upon promulgation.

Chapters I-III of this Law shall enter into force from 1 January 2021.

President of Georgia Salome Zourabichvili

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